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Executive Summary

The Institute of Aging of the Canadian Institutes of Health Research (CIHR) was honoured to present the Regional Seniors' Workshop on Research for the Atlantic Region in Halifax, on November 16th and 17th, 2004. This Regional Seniors' Workshop on Research was the second in a series to be hosted across Canada. The workshops aim to formally initiate knowledge exchange and networking on the topic of research on aging among seniors, seniors' organizations, service providers and the Institute of Aging. More specifically, the Institute of Aging's goals are to:

- increase participants' awareness about the CIHR, the Institute of Aging, and regional activities related to research on aging;
- gather input on health issues that are priorities for research on aging in different Canadian regions;
- increase participants' understanding of the research process and its benefits to their lives;
- increase participants' understanding of established processes to protect individuals involved in research (ethics);
- gain insight on guiding principles and expectations for an ongoing engagement strategy linking the Institute of Aging, seniors' organizations, service providers, and seniors in their communities;
- increase participants' commitment to research on aging through planned engagements, participation and support of research on aging.

The Regional Seniors' Workshop on Research for the Atlantic Region offered participants a range of presentations aiming to enlighten them on the research process and the various research initiatives on aging in the Atlantic Region. Other topics included turning research results into products or services and the Canadian Longitudinal Study on Aging.

Among the networking activities, participants of the Regional Seniors' Workshop on Research for the Atlantic Region took part in two breakout sessions. The first allowed participants to express their views on which health or social issues should be priorities in research on aging. The main issues that arose were: nursing homes and home support services; health promotion and disease prevention; housing; societal perception of aging and ageism; and knowledge translation. In the second breakout session, the participants discussed essential elements and best practices for ongoing engagement between the Institute of Aging and communities of seniors, seniors' organizations, and service providers. The strategies brought forward were: include provisions for senior and community involvement in IA-funded research projects; create an information clearinghouse; name regional representatives for knowledge exchange; and capitalize on the print and electronic media as well as on existing networks.

Through the hard work of all involved, the Regional Seniors' Workshop on Research for the Atlantic Region succeeded in realizing its objectives. This two day exchange shed new light on regional health research activities and needs, initiated discussion on processes for sharing research information, and offered participants unique opportunites for networking and dialogue.

Word from the Scientific Director

March, 2005

In May 2003, the Institute of Aging of the Canadian Institutes of Health Research (CIHR) held a National Seniors' Forum for Research in Ottawa. The forum was designed to inform Canada's seniors about the Institute of Aging and its strategic directions, provide information on ways in which older people can be involved in research, and, most importantly, to engage forum participants in discussions of recent trends in research on aging and the identification of gaps in research. As the first step in an on-going consultative process, information on these gaps and concerns is to be brought to the scientific community to inform the future priorities of the Institute of Aging.

One of the principal outcomes of the National Forum was a recommendation that regional workshops be held across Canada to engage a broader community of seniors and governmental and voluntary organizations in these discussions. The first Regional Seniors' Workshop on Research focused on the Prairies Region, and was held in Regina in June 2004. This, the second Regional Seniors' Workshop on Research, focused on the Atlantic Region and was held in Halifax on November 16th and 17th, 2004. Over 60 seniors, representatives of seniors' organizations, advocates and governmental representatives from Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island participated in this two day event.

On behalf of the National Organizing Committee, the Atlantic Regional Implementation Committee and the Institute of Aging, I am pleased to present the Proceedings of the Regional Seniors' Workshop on Research for the Atlantic Region. Committee members and Institute of Aging staff and volunteers are listed in the Annexes to this Report. I sincerely thank them, and the active and engaged workshop participants, for their contributions to this endeavour.

Anne Martin-Matthews
Scientific Director,
Institute of Aging

The Regional Seniors' Workshops on Research

Background

The Institute of Aging of the Canadian Institutes of Health Research (CIHR) held a National Seniors' Forum on Research in May 2003 to discuss national research priorities on aging and health with seniors and representatives of seniors' organizations across Canada. At the conclusion of the meeting, there was general agreement on the need to hold similar regional workshops across the country. Hence, the Institute of Aging (IA) is introducing a series of Regional Seniors' Workshops on Research (RSWR) across Canada. The IA wants to hear seniors' views as to the needs and the priorities in terms of research on aging across Canada. The IA also wants to connect with Canadian seniors, seniors' organizations and service providers, and find ways to stay connected. Regional workshops are to be active, interactive and relevant to seniors and those who work with seniors.

Participants

Participants of the RSWR are mainly seniors, representatives from seniors' organizations and health, social and community services providers. The number of participants at a regional workshop is typically limited to 50.

Objectives of the RSWR

Give participants an opportunity to:

- express which health or social issues should be priorities in research on aging;
- become familiar with various research projects on aging in their region;
- find out why taking part in research projects is important;
- be informed of their rights as participants in research and researchers' responsibility;
- help plan for a strategy to connect the Institute of Aging with seniors, seniors' organizations and service providers.

Key Topics

- Turning research results into services, products or policies;
- Privacy and informed consent in research;
- The roles of seniors in research;
- Research and ethics;
- The Canadian Longitudinal Study on Aging.

Breakout Sessions

Breakout Session #1 - Regional Perspectives on Priorities in Research on Aging

The purpose of this session is to provide a forum for identification and discussion of regional health issues that should be priorities in research on aging.

Breakout Session #2 - Developing an Ongoing Engagement Strategy

The purpose of this session is to get input from participants about essential elements and best practices for ongoing interactive engagement and consultation processes between the Institute of Aging and seniors, seniors' organizations, and service providers.

Seniors' Panel: Sharing Research Experiences

The purpose of the Seniors' Panel is to increase awareness of various roles seniors can play in the research process and to promote future engagement of seniors in such a process. Four seniors who have contributed in one role or another to research on aging present their individual experiences. The presentations are followed by a question and answer period. Panel members are selected based on having experience with one or more of the following roles:

- Participants/human subjects;
- Research staff;
- Advisors on user perspectives;
- Members of research ethics boards;
- Participants in selection panels for research grants/contracts;
- Participants in identification of research needs or policy redirection;
- Participants in application or transfer of research results;
- Seniors who returned to school later in life to obtain graduate degrees and are now doing research.

For more information: **www.cihr.gc.ca/e/25710.html**

Atlantic Region: Day One

Introduction

The Regional Seniors' Workshop on Research for the Atlantic Region was held on November 16th and 17th, 2004, in Halifax, at the Holiday Inn Harbourview. Approximately 60 invited participants from Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island took part in the two-day event.

Program

Day One

8:00 to 9:00	**Breakfast**
9:00	**Welcome Address** *Presented by Regional Implementation Committee Co-chairs*
9:10	**It's Time for Research on Aging** *Presented by Anne Martin-Matthews, Scientific Director, Institute of Aging*
9:25	**Supporting Research on Aging** *Presented by Susan Crawford*
9:40	**From Concept to Results; Oral Health Program for Seniors** *Presented by Mary McNally*
10:00	**Networking Break**
10:30	**Breakout Session #1: Research Priorities in the Atlantic**
12:15	**Lunch**
1:30	**Breakout Session Reporting**
2:30	**Seniors' Panel**
3:30	**Impressions of Day One**
5:00	**Dinner Presentation: From "Problem to Product"** *Presented by Geoff Fernie*

CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada
IA IV
Institute of Aging / Institut du vieillissement
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Opening Remarks

In welcoming participants, Mr. Stephen Coyle, from the Senior Citizens' Secretariat, Government of Nova Scotia, and Co-chair of the Atlantic Regional Implementation Committee (RIC), emphasized that the experience, knowledge, and influence of Atlantic seniors would greatly contribute to the day's discussion. Mr. Coyle noted that the workshop was the second in a series of cross-country consultations on research on aging, and outlined the workshop objectives.

It's Time for Research on Aging: An Overview of the Institute of Aging and the Canadian Institutes of Health Research

Dr. Anne Martin-Matthews, Scientific Director of the Institute of Aging of the Canadian Institutes of Health Research, reiterated Mr. Coyle's welcome. She said she suspected that many would have been unfamiliar with the IA and the Canadian Institutes of Health Research before this event, and therefore would present a brief overview of both.

The Canadian Institutes of Health Research

The Canadian Institutes of Health Research (CIHR) is Canada's major health research agency. It has transformed the way health research is conducted in Canada. As part of the Government of Canada's commitment to research, CIHR was created in 2000 as Canada's health research funding agency. The objective of CIHR is "to excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products and a strengthened Canadian health care system." The emphasis on the "translation" of research knowledge to those who can use and benefit from it makes CIHR unique. When CIHR's performance is evaluated and deemed successful, the essential criterion will not be solely based how much research has been funded, but also whether it translated into improved health for Canadians.

CIHR's work is guided by four broad themes that reflect the expanded mandate of CIHR and cover the full spectrum of health research:

- biomedical
- clinical
- health services and systems
- health of populations (societal, cultural, and environmental dimensions of health)

Cooperation, partnership and excellence, Dr. Martin-Matthews continued, are the principles that guide CIHR. Individual researchers, research teams, universities, hospitals, the federal, provincial and territorial governments, research agencies, the voluntary health sector, health charities, industry and the public are all partners in their implementation. A total of 13 Institutes within CIHR address domains of health research of immediate and identifiable importance to Canadians. They are each headed by a Scientific Director and guided by an Institute Advisory Board consisting of volunteers from all parts of the health community. The institutes are:

- Aboriginal Peoples' Health
- Aging
- Cancer Research
- Circulatory and Respiratory Health
- Gender and Health

- Genetics
- Health Services and Policy Research
- Human Development, Child and Youth Health
- Infection and Immunity
- Musculoskeletal Health and Arthritis
- Neurosciences, Mental Health and Addiction
- Nutrition, Metabolism and Diabetes
- Population and Public Health.

The Institute of Aging

The Institute of Aging (IA), said Dr. Martin-Matthews, supports research to promote healthy and successful aging and to address causes, prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions associated with aging. The fundamental goal of the IA is the advancement of knowledge in the field of aging to improve the quality of life and health of older Canadians. To achieve this goal, the IA aims to:

- lead in the development and definition of strategic research directions for Canadian research on aging;
- develop and /or support high quality research programs and initiatives related to aging;
- build research capacity in the field of aging;
- foster dissemination and exchange of knowledge and its translation into policies, interventions, services and products.

The IA focuses on five priority areas of research:

- Healthy and successful aging;
- Biological mechanisms of aging;
- Aging and maintenance of functional autonomy;
- Cognitive impairment in aging;
- Health services and policy relating to older people.

An Institute Advisory Board provides advice to the Scientific Director on strategic directions for the Institute. Board members are recruited from universities, government, the private sector, voluntary organizations and seniors' groups across Canada. Current Board Members are listed in Annex D. Dr. Martin-Matthews introduced Advisory Board members who were present, and thanked outgoing member Sheila Laidlaw for her contributions to the Board and this event.

Dr. Martin-Matthews also acknowledged the excellent work of the Atlantic Regional Implementation Committee members, then introduced the National Organizing Committee members and IA staff present (listed in Annex B, C and D respectively). She noted that there would be three more workshops in 2005, and that all the reports would be analyzed and reviewed by IA to develop a strategy to help move forward on priority areas.

Research Supported by the Institute of Aging

Dr. Susan Crawford, Assistant Director of the IA, presented examples of research supported by the IA. She opened by noting that the IA supports research through a number of programs. "We encourage them to team up and find different ways of looking at issues relevant to aging," she said. She explained that the Institute supports research in a variety of

ways:

- Strategic Training Program grants, designed to entice younger researchers into the field;
- New Emerging Team grants and Interdisciplinary Health Research Teams grants, bringing researchers who have not worked together before into cross-disciplinary teams—"We put biologists with economists with engineers!";
- Pilot Project grants, providing one year of funding to enable researchers to flesh out ideas and lay the ground work for turning them into multi-year major projects;
- Training and Investigator awards, particularly aimed at providing a decent wage for younger researchers;
- The development of the Canadian Longitudinal Study on Aging.

Dr. Crawford presented two of the larger research projects funded by IA: CanDRIVE and Optimizing Balance.

CanDRIVE

CanDRIVE aims to ensure that decisions on licensing older drivers are based on their actual skills, not age. Its cross-country team, based in Ottawa, is:

- identifying health-related issues associated with driving safety in seniors who have functional (visual, auditory, physical) and medical (including drug-related) impairments;
- developing a screening tool to assess seniors' ability to continue operating a motor vehicle, so that clinicians can fairly assess their true skills;
- investigating psychosocial, cultural, language, and medical/legal issues.

Exciting early outcomes of the two-year old CanDRIVE project include acquisition of a major partner, the Canadian Council of Motor Vehicle Transportation Administrators, and development of a database of national research to gather scattered pockets of knowledge. In the longer term, CanDRIVE aims to enlighten public attitudes about older drivers and increase vehicular safety for all road users.

Optimizing Balance

The team focusing on how to optimize balance wants to: better understand issues around balance and falling; find appropriate and cost-effective approaches to optimize balance and mobility; and encourage safe mobility and independence (including mobility devices that are safe and effective). These are being achieved through:

- developing and testing a number of new interventions to prevent falls and promote safe mobility;
- taking these interventions out of the lab, and evaluating them in clinical and community settings;
- transferring the new tested technologies and information to homes, institutions, and the marketplace.

The team is investigating stairs and other places posing a high risk of loss of balance and falling, and has already generated interesting outcomes. In particular, the study has shown that mobility aids often have an adverse effect on falling. Some walkers are associated with problems in sideways falls; people tend to grip canes too tightly when they start to lose their balance, rather than dropping them and grabbing for a secure hand rail.

Knowledge Transfer

Knowledge transfer (KT) is the act of putting research discoveries to work. It is a key part of CIHR's mandate and a high priority for the IA— "We're trying to improve the health of older

Canadians, not just keep researchers at work," commented Dr. Crawford. The objective is to translate new knowledge into improved health for Canadians, more effective services and products, and a stronger Canadian health care system.

Along this vein, the IA aims to accelerate the flow of research results into beneficial health applications, so seniors can benefit from researchers' knowledge. Bridging the gap between health researchers and users and enhancing mechanisms for knowledge exchange are critical, said Dr. Crawford. "It's not just a one-way process such as you telling us or us telling you—it's a two-way exchange of views, not just in this workshop, but throughout the research process."

For more information: www.cihr.gc.ca/e/8671.html

From Concept to Results: The Nova Scotia Oral Health of Seniors Project

Dr. Mary McNally, from the Faculty of Dentistry at Dalhousie University, spoke on the Nova Scotia Oral Health of Seniors Project. Her presentation served as an illustration of the complete research process through the example of this two-year collaborative community-based project. The study was led by the Faculty of Dentistry, Dalhousie University and the Atlantic Health Promotion Research Centre, with other partners including the Nova Scotia Seniors' Secretariat.

Dr. McNally opened by stating that oral health has always been marginalized in the health care system and the IA-funded Nova Scotia Oral Health of Seniors Project was designed to address that problem.

The Research Issue

The project's purpose was to determine the key components of a health service model that would improve the oral health of seniors and deliver good oral health care. Participants were volunteers, and the proposal was evaluated and approved by the Dalhousie Research Ethics Board.

No formal oral health care delivery system exists, except for young children, which means there are serious gaps in essential care. Research on seniors' oral health was urgently needed because:

- oral health impacts overall health and quality of life (pain, disability, nutrition, the link between gingivitis bacteria and cardiovascular disease, etc.);
- seniors are the fastest growing segment of the population;
- more seniors are retaining their natural teeth;
- policies and practices are non-existent for managing seniors' oral care.

The Research Approach

The project involved four phases. Phase I involved an evaluation of existing services in Nova Scotia's major cities and four towns. Phase II included a scan of promising practices using the Internet, literature searches, and interviews. Also reviewed were oral health delivery programs, geriatric dental education, oral health promotion, dental insurance plans, and oral health policies. Phase III and IV were projects arising from the research outcomes of Phase I and II, and included respectively an Oral Health Policy Forum and the public release of the results in a final report in the second week of November, 2004.

Findings from Phases I and II:

- No provincial or federal responsibility exists for seniors' oral health care;
- Accessible services are seriously lacking, especially in rural areas and for seniors in long-term care;
- Cost of oral health care is a barrier;
- Research data on seniors' oral care are lacking;
- Education is lacking at all levels of geriatric care;
- Many serious policy implications are involved;
- Many sectors are affected: seniors, government, insurance, long-term care, education, research, dentistry, and health professionals must all be involved;
- Lack of awareness: oral health is overlooked as an essential component of overall health by all sectors;
- Collaboration is essential: no one sector can solve the problems on its own.

Phases III and IV:

The Oral Health Policy Forum drew more than 70 participants and identified major priority issues: innovation in service delivery is critical; the existing practice model is inadequate; creative financial solutions must be developed immediately; and the provincial government is responsible for spearheading this type of initiative. Other priorities were more research, education and training opportunities, and raising awareness. A copy of the Oral Health for Seniors Final Report is available on Oral Health for Seniors, A Nova Scotia Project web site: http://www.ahprc.dal.ca/oralhealth.

For more information: www.ahprc.dal.ca/oralhealth

Breakout Session: Research Priorities in the Atlantic

Participants broke out into groups representing the Atlantic Provinces for the purpose of identifying priorities in health research on aging from a provincial perspective. Each group reported its top items to the full plenary session for discussion.

New Brunswick Priorities

- Nursing home and home support services: reliability, costs, effectiveness, legislations, and jurisdiction of services.
- Best practices in health promotion, disease and injury prevention, and education relevant to healthy aging.
- Societal perception of aging and seniors: aging being equated with sickness, impact of "ageism" on seniors' quality of life, changing attitudes towards the elderly, cultural and racial differences in attitudes toward aging, and mandatory retirement.
- Affordability and choice in housing: housing and health, effect and cost-benefits of suitable housing (co-op housing, supportive housing, nursing homes).
- Single seniors (both female and males).

Newfoundland and Labrador Priorities

- Cost-benefits of healthy aging programs and initiatives: health promotion, training of health professionals, and involvement of seniors.
- Affordable, accessible, and acceptable housing: effectiveness of the "provincial home repair program", seniors' co-op housing program, senior isolation and emergency response availability (in relation to depopulation of rural areas and small towns).
- Transportation and accessibility of services: depopulation of rural areas and small

towns, mobile services, increased use of nurse practitioners, physician exchange programs, age appropriate services for various geographical areas.
- Volunteerism and caregiving: adequate support for caregivers and volunteers (financial, respite care, etc) and translation of research results into adequate policies.
- Medication management for seniors: affordability, accessibility, tracking, alternatives to over-the-counter drugs, better awareness of both therapeutic effects and side effects, involvement of pharmacists, equity of medication costs—rural areas versus larger centres.
- Universal standards for nursing homes, home care, etc. across the provinces: assessment of the current state of affairs, standards and their enforcement.

Nova Scotia Priorities

- Independent living and mobility: successful aging in place, support homes, physiotherapy and foot care, extramural hospitals, ability to die at home, cost-benefits (health, social, cultural and financial) of home care and hospital care.
- Health behaviour modification: "some people are born old, some people never get old", factors encouraging seniors to be active or inactive, intergenerational activities (e.g., "adopt-a-grandparent" programs).
- Proactive, not reactive health care: alternative/complementary health care, senior-specific and unbiased (not originating from the pharmaceutical industry) education of doctors and pharmacists, medication management.
- Mental health/isolation of seniors especially in rural areas: senior suicide, factors and determinants of isolated seniors engagement, transportation for rural seniors, effects of weather on isolation, emergency response to isolated areas, "volunteer x hours per week" prescriptions.
- Standards of practice: nationwide continuity of care standards, identification of best practices and benchmarking care to seniors, client and caregiver relationship and communication (adequate home care wages and caregiver education).

Prince Edward Island Priorities

- Myths, attitudes and ageism: roots and intransigence of myths and attitudes, their effects on Canadians' attitudes towards seniors and aging, creation of a profile of Canadian seniors (to disprove myths and change attitudes).
- Residency options: other than one-size-fits-all housing "I didn't want to share a room in university residence so what makes you think I want to share one now in a nursing home?", various housing options for various stages of life (to accommodate changing needs), suitability of long term care options available today for current or upcoming population of seniors, engagement of seniors in housing design and policy development.
- Knowledge translation and communication: dissemination of critical information and resources, translating research into actions and policy changes, creation of a central clearinghouse for research and resources relevant to aging.
- Enhancement of public profile on seniors' issues: position seniors' issues on political agenda (best practices or models for influencing government policy and decision making).
- Elder abuse: definition of elder abuse, implications of current and future policy decisions (increased burden on nursing home staff, zero tolerance policy), reporting process of elder abuse.

Seniors' Panel: Sharing Research Experiences

Chair: Sheila Laidlaw, former Head of University of New Brunswick Libraries and former IA Advisory Board member.
Panellists: Rosemary Lester, Olive Bryanton, Claude Gervais, and Shirley Nicholson

Ms. Sheila Laidlaw opened the Seniors' Panel discussion by noting that seniors have often been seen in the past as only on the receiving end of services and not as active participants in the research process. She noted that the Seniors' Panel aims to demonstrate the different roles that seniors themselves can play at various points in the research process. Ms. Laidlaw stated that seniors are certainly not a homogeneous group and the composition of the Seniors' Panel before her was proof of that. "Seniors," declared Ms. Laidlaw, "are more than just beans to be counted!" She counselled the seniors to think carefully, speak up, and make sure their ideas are heard.

Ms. Rosemary Lester

Ms. Rosemary Lester, a former nurse in both Canada and the UK, is currently the Executive Director of the Seniors Resource Centre in St. John's, Newfoundland. The Seniors Resource Centre is a major province-wide not-for-profit organization whose mission is to promote the well-being and independence of older persons through the provision of information and advocacy. It has implemented many projects with research components and also has partnered in research undertakings at the provincial, Atlantic, and national levels. Ms. Lester presented a few examples, and noted that most seniors are actively taking part in these endeavours, but did not see themselves as contributors to research. There is "still the myth that research is something that is carried out in ivory towers", and that the term "research" can often be quite intimidating to someone with little or no formal education.

Ms. Lester described one research project involving focus groups examining literacy and various forms seniors are often required to complete. This endeavour was funded by the National Literacy Project in partnership with the local library. Findings from this research brought about changes to some of these forms: e.g., the Better Business Bureau rewrote its consumer complaint forms. A second project, "Building Bridges: Health Care for All," funded by Health Canada, had 120 participants fill in a questionnaire approved by the Ethics Board of Memorial University. This research produced results that were presented to health care boards and also generated future opportunities to work with different ethnic groups in the province. A third project involved the collection of both qualitative and quantitative data on 86 caregivers through both phone and personal interviews. Results of this study enabled the centre to access funding to develop the Regional Caregivers Network. Ms. Lester noted that it is best if the community is involved right from the planning stage of community-based research, to avoid any false expectations.

Ms. Olive Bryanton

Ms. Olive Bryanton, formerly a nurse, is now a master's student in education at the University of Prince Edward Island (UPEI). She noted that she often gets strange looks or silence when she tells people that she is a student at her age. Sadly, she said, senior students are often seen as challenging social norms or somehow being deviant in their pursuit of greater learning. They frequently face questions concerning the appropriateness of their decisions and end up abandoning their goals. Ms. Bryanton herself is a staunch supporter of lifelong learning for everyone, including seniors.

She noted that her own interest in research on aging stems from her close relationship with older people, having lived with her grandparents, cared for elders, worked with seniors

in the community, and advocated on behalf of seniors. She is also acutely aware of the gaps in research on aging. Her decision to pursue her master's degree in education arose partly from the self-perceived need to improve her research skills. Ms. Bryanton juggles her studies with part time work at the UPEI Centre of Health and Aging. In addition to coordinating ongoing research with her professors, she also coordinates research activities at the centre. She described her research work as focusing on falls, challenged seniors, interviewing seniors in nursing homes, and a pilot study on seniors and physical activity. Ms. Bryanton said that her work with seniors has provided her with an appreciation for the great contribution of seniors to our communities. Seniors never cease to amaze her with their willingness to share both their time and their knowledge.

Mr. Claude Gervais

Mr. Claude Gervais, former school teacher/superintendent and currently associate professor in education at l'Université de Moncton, opened his presentation by asking whether seniors are the subjects or the objects in research on aging. When talking about research on aging, two questions come to his mind. First, who will benefit from the research—the researcher, sponsor, or seniors? The answer that all three of these should benefit from the research is evident, but one might ask what aspects might be of greater benefit to seniors. Second, are seniors concerned by and involved in the research process? Certainly seniors are involved in research when they are the subjects of experiments in the hands of researchers who try to better understand them as objects to answer the questions under study. In this case, someone else, not seniors themselves, is responsible for the delivery of information and the implementation of programs.

On the other hand, the principle of "participatory research" rests with the "active involvement of various parties in the actual work and decisions about the research process." It requires continuous exchange of knowledge, skills, and resources between the researcher and participants. The unique knowledge of participants and the cultural context of the research must then be acknowledged. In participatory research, there is always an intentional learning and educational process taking place between the external researcher and the community throughout the duration of the project. The time has come, Mr. Gervais declared, for a research process that involves seniors as active participants or agents, and that aims for wellness promotion. The concept of wellness promotion, also known as "salutogenesis" was developed and promoted by Dr. Aaron Antonovsky. Salutogenesis is a process that focuses on activities that are at the origin of health. The concept of wellness promotion encompasses an educational process leading to a capacity to seek meaning to one's own learning and also to the development of a sense of coherence between learning and the environment of the individual. This leads to a perception of control over one's environment and favours personal involvement in one's own wellness. Participatory or "action research" is thus seen as empowering, a way to promote wellness.

Mr. Gervais noted that there are many seniors interested in taking part in research as a way to maintain their cerebral activity, lauding the efforts of the participants before him. He encouraged their ongoing active participation in research on aging, noting that "the fact of being old affects us less than that of being perceived to be old." He stated that decline with aging arises more from a societal than from a biological perspective. The younger generation needs to constantly be reminded that "old person" does not necessarily equate with "sick or disabled" and that older persons can take charge of their own "wellness."

Ms. Shirley Nicholson

Ms. Shirley Nicholson sits as a community member on the Mount Saint Vincent (MSV) University Research Ethics Board. Her presentation centred on the ethics review process for

human research conducted under the auspices of that institution. She noted that all research affiliated with MSV University must receive certification of approval from its research ethics board before being undertaken (as is true for all Canadian universities). She explained the reason for the creation of the Research Ethics Board, its composition, and the process of research proposal review. Ms. Nicholson emphasized that the board exists to protect the rights and safety of all research participants and must adhere to federal policy guidelines.

The Research Ethics Board is composed of one ex-officio member (nonvoting), six full time tenured faculty members including two members at large and one volunteer member from the community appointed for three-year staggered terms. The purpose of the board is to approve, reject, propose modifications to, or terminate any research project conducted by research-members of the institution. The leading principle in considering research proposals is that of proportionate review. Each research proposal is screened by the two co-chairs and the more risk involved in participating in the research, the greater the scrutiny of the proposal by the board. If the research is classified as minimal risk, it is reviewed by two reviewers; if greater than minimal risk, the proposal undergoes review by the full board.

All the requirements for informed consent by the research participant (subject) must be met for any research proposal approval, to ensure that participation is free and voluntary and that the participant's medical and legal rights are protected. Informed consent refers to the process of freely and voluntarily agreeing to take part in a research project with full understanding of what the research involves, including risks and benefits, the effects on participants, and participants' rights. Informed consent forms must therefore include: institutional affiliation;

- researchers' names and contact information;
- research sponsors;
- purpose of the research;
- research methods and tools to be used;
- what is involved in taking part, including the time commitment;
- the potential beneficial outcomes (both individual and general);
- outline of potential and actual risks;
- steps taken to ensure confidentiality;
- rights of participants;
- information on the dissemination of research results.

Impressions of Day One

Ms. Pamela Fancey, Atlantic RIC Co-Chair, commented on the great deal of energy and engagement that she had observed among conference participants over the course of Day One. She thanked them for their enthusiasm for meeting new people and doing some serious "cross-provincial chatting." Ms. Fancey noted that participants had heard the voices of all four Atlantic provinces—the similarities among them, the differences among them and also the intra-provincial differences between rural and urban areas. Different types of research such as evaluative, cost benefit, and best practices, had also been covered.

Ms. Fancey stated that, both implicitly and explicitly, the message coming through from delegates was loud and clear. It is important to do research on aging, but not just for the sake of doing research. She noted that participants were now keen to move on to the next step in the process. "How do we communicate research results and translate them into action?" Ms. Fancey remarked that it was very evident that the IA was keen to work with seniors to bring about the dissemination of research. In order to effect change and actualize

research results, research must find its way into the hands of those who can generate the political will for action. “Seniors unite!” she urged.

Dinner Presentation: From Problem to Product

Dr. Geoff Fernie, Vice President of Research, Toronto Rehabilitation Institute presented “From Problem to Product”, taking the audience through the research steps involved in designing and ultimately marketing mobility aid products.

Dr. Fernie opened by telling participants that the total amount of research spending in Canada was about $1 billion, compared to almost $9 billion in the U.S. However, the number of patents generated per million dollars spent was approximately the same in both countries. The Canadian health care system depends on research, without which cures for new illnesses, special joints, and organ transplants would not exist. Many studies have shown that research spending is an excellent investment whether or not results are immediately apparent.

Dr. Fernie stated that he continues to be a strong believer in the value of basic sciences research. However, he noted that there is a growing impetus towards research that can generate tangible commercial results in shorter periods of time. Dr. Fernie explained that his presentation would focus on research from this perspective.

Research Issues and Solutions

The development of products to solve problems related to aging is important to maintaining quality of life in an aging society. Dr. Fernie delineated eight distinct steps in the journey from problem to product:

- understanding the problem;
- developing concepts;
- building prototypes of the concepts;
- developing a business case;
- protecting the intellectual property;
- licensing the intellectual property;
- completing development, testing, certification, etc.;
- supporting the product, including marketing.

Two of the common problems associated with aging are difficulties for the elderly in moving around safely and independently; and difficulties for caregivers in moving and lifting the elderly and disabled without injuring themselves.

Problems with Balance

Dr. Fernie stated that people don’t necessarily trip up more as they age, but that they recover less well from balance disturbances. Finding a solution to preventing falls starts with the study of balance in the laboratory. Describing moving platforms in the laboratory and analysis of real life videos, Dr. Fernie demonstrated how balance is both lost and recovered. Losing balance sideways is worse than losing it forwards or backwards, and more likely to result in falling and breaking a hip. One of the reasons balance worsens with age is that the feet become less touch (or contact) sensitive due to skin thickening and decrease in the number of nerve endings. One solution developed by Dr. Stephen Perry and Dr. Brian Maki is called the Sole Sensor—an insole with raised tubing running around its outer edge, sort of a counterpart to the “drunk bumps” placed on highway shoulders to keep people from veering off the road when their attention wavers.

Dr. Fernie also described how balance deteriorates as people approach walls. A simple solution is to place grab bars near elevators and other public places where needed. A spin-off from this research has been new standards for banking machines requiring vertical grab bars. Another solution developed was the Saskapole, a vertical gripping pole that can be wedged between ceiling and floor in bathrooms or other areas. When issues of safety and liability over the pole were raised, the name was changed to SturdyGrip, a simple marketing ploy that dissipated such concerns. SturdyGrip became the first mass produced safety pole, and a prototype for many that have followed.

An alternative solution to a problem may be to revisit and improve upon an existing but inadequate solution. An example of this is the Toilevator, a simple permanent device to raise the toilet at the base rather than at the seat, such as by the thick, ugly, unsanitary, and unsafe removable pad currently used. Another example described was the accessible bathtub with built in side entrance seat and grab bar. The challenge here was to design the tub in such a way that it was stackable, making for easier and more economical shipping, decreased cost, and greater marketability.

Moving and Lifting Seniors

Dr. Fernie noted that back injuries from lifting patients are a big problem in an aging society. Back injuries among nurses account for a huge proportion of worker compensation claims, surpassing those associated with farming in Manitoba or with forestry in BC. Lifting any weight greater than 50 to 60 pounds puts people at risk of back injury, no matter whether they are practicing proper lifting technique or not. In fact, Dr. Fernie claims attending back school gives most people a false sense of confidence regarding the weight they can safely lift. He described various products that have been developed to lift patients including the electric powered overhead lift, which, although providing dignified service, is too costly. The SturdyLift, a battery operated lifting device is similar but also portable and less expensive. In some patient care facilities, these kinds of lift devices are becoming mandatory.

Protecting and Marketing Research Concepts and Results

Protecting intellectual property once it is developed can be frustrating and costly. Granting procedures can interfere with the protection of intellectual property by requiring full disclosure of research results for grant renewal. Patenting is very expensive, and over and above the cost of patenting, issues such as quality control and skyrocketing liability insurance can dramatically increase the costs of bringing new products to market. A stackable special mobility cart called a STAXI for use in facilities such as airports ended up costing $800,000 to protect the patents and launch.

Problems may also arise when seeking appropriate financial partners to help bring research products to market. Many existing large companies are not interested in assuming the risks associated with launching a new product when it is much less costly to buy-out a successful small start-up company that has the desired product in its portfolio.

Towards a Strategy to Develop Assistive Technology

Dr. Fernie declared that the time has come to build on Canada's track record of innovation with a bold, coordinated new strategy to create assistive technology that will provide greater functioning to those with physical, cognitive, and sensory deficits. This would be a win-win strategy for the research community, and would support an important emerging industrial sector. Assistive technologies are vital to the whole community, and will become more important as the population ages.

Current assistive technologies may not work well, particularly in the snow and ice of Canadian winters. More research is required to develop assistive technologies that actually work for those who need them. In order to achieve this, Dr. Fernie stated that Canada would need facilities where both research and the technology-based outcomes can be designed, tested, and developed to the point of commercialization.

The Toronto Rehabilitation Institute and the University of Toronto brought forward a concept called "iDAPT" to further this endeavour, and the first phase of the project has already been funded. The theme of iDAPT is "developing technologies for challenging environments." These environments include stairs, winter conditions, roads at night (especially in the rain), and homes. Dr. Fernie described one of the new design labs currently under development, which is being constructed 60 feet underground. It contains a huge simulator that can be used for studying balance, stairways and falls in a controlled environment. The lab is built for the purpose of understanding problems, prototyping and testing solutions, and then validating and commercializing the solutions if partners agree. It is helpful to have individuals with physical, cognitive, and mobility challenges participate in the research and the design lab.

Another potential approach for helping individuals remain in their residential environments longer and more successfully is to use rapidly developing computer monitoring technologies to facilitate and support their success. Dr. Fernie noted that computer processing power and speed double every 18 months; by the year 2017, a laptop computer will have as much computing power as the human brain.

Dr. Fernie reiterated his message that the translation of research into useful products is very important and not just a fringe activity, particularly as need increases for innovative technologies that actually work in challenging environments. Although he remains very much in favour of basic science research, he stressed that other types of research, such as those with a commercial focus, are also needed. "The key is to be constantly asking ourselves if we are using our resources well to enable a good quality of life for all, elderly and disabled included," he said.

There is going to be a Celebration on Aging in Canada in 2007 including a Festival of International Conferences on Aging, Disability and Technology (www.FICDAT.ca). This conference will look at all dimensions of aging including:

- growing older with a disability;
- advances in neurorehabilitation;
- technology and aging;
- caring for the caregiver.

For more information: **www.torontorehab.com/research/index.html**

Atlantic Region: Day Two

Program

Day Two

8:00 to 8:30	**Breakfast**
8:30	**Agenda for Day Two** *Presented by Regional Implementation Committee Co-chairs*
8:45	**Overview of Research on Aging in the Atlantic Region** *Presented by Janice Keefe*
9:10	**Breakout Session 2: Ongoing Engagement Strategy**
10:40	**Networking Break**
11:00	**The Canadian Longitudinal Study on Aging** *Presented by Susan Kirkland*
11:20	**Breakout Session Reporting**
12:20	**Lunch & Closing Remarks**

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IA IV
Institute of Aging / Institut du vieillissement
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Research Issues, Themes, and Projects in the Atlantic Region

Dr. Janice Keefe, Canada Research Chair in Aging and Caregiving Policy, at Mount Saint Vincent University, provided an overview of research on aging underway in the Atlantic region. The one caveat, she noted, was the great difficulty in picking and choosing which researchers to highlight as examples of ongoing research in aging.

After touching upon the various institutions doing health research and the major funding agencies, Dr. Keefe noted that research in aging and health crosses many disciplines and involves experts in biology, gerontology, health administration, health promotion, law, medicine, nutrition, psychology, sociology, and many others. There are currently three major themes in research on aging:

- The aging body: diseases and conditions associated with aging;
- Healthy aging: health of seniors, healthy lifestyles, and the aging process;
- Family and health policy: service delivery and needs of seniors, as well as family caregivers and care receivers, with implications for public policy.

The Aging Body

With regard to heart disease, researchers such as Dr. Susan Howlett at Dalhousie University are looking at reducing heart disease, studying heart function, and making advances in diagnosis, especially for women. Researchers in cognitive impairment such as Dr. Ken Rockwood and Dr. Douglas Rasmussen, both at Dalhousie, are examining drugs for Alzheimer's disease, the different types of cognitive impairment, and the impact of cognitive impairment on health. Researchers examining brain function focus on how the brain works, brain diseases such as MS, and the treatments available. Dr. Keefe featured Dr. Sultan Darvesh from Dalhousie, who is studying the role of protein processing in brain function and Dr. John Fisk, who is researching measurement of cognitive loss. On the subject of stroke, attention is on prevention, improving recovery after stroke, and the role of drugs. Dr. Dale Corbett at Memorial University of Newfoundland is a leading researcher in rehabilitation drug therapy and stem cell use to enhance the brain repair process. Work is also ongoing to see if medications to treat depression, which often occurs after stroke, will help with recovery from the stroke as well.

Healthy Aging

Dr. Keefe commented that research around the theme of healthy aging examines falls prevention, physical activity, oral health, the aging process itself (especially looking at the "oldest old"—those over 80 years of age), as well as nutrition, pharmaceutical use, and housing (specifically, rehabilitation and rural). Researchers in falls prevention are asking about the implications of falls, who falls and why, and how to prevent and reduce falls. Dr. Keefe highlighted the multidisciplinary team of the Falls Prevention Initiative at the PEI Centre on Health and Aging and Dr. Shanthi Johnson at Acadia University who is studying the role of exercise and nutrition in fall prevention. Research on physical activity in seniors focuses on the benefits of exercise, community facilities, and ways of encouraging exercise. The Cardiac Prevention Centre at Dalhousie promotes research and education on non-pharmacological prevention of cardiac disease. Oral health researchers such as Dr. Renée Lyons, of the Atlantic Health Promotion Research Centre, and Dr. Mary McNally, who are both associated with the Oral Health Seniors Project, are asking about current oral care approaches, challenges to seniors accessing oral health care and how to better meet the needs of seniors. As for the aging process, research is looking at the way people age, health status change, reducing illness and disability, and future health care needs. The researcher featured by Dr. Keefe in this area was Dr. Susan Kirkland, of the Canadian Longitudinal Study on Aging. With respect to the oldest old, research is focused on factors impacting health, frailty,

and longevity through the Fredericton 80+ Study and the Nova Scotia Centenarian Study by Dr. Chris MacKnight, from Dalhousie University.

Family and Health Policy

Family and health policy research looks at care from family and friends, continuing care, and palliative/end of life care. Research on care by family and friends looks at paid and unpaid work, health impacts of caregiving and policy options to support caregivers. Examples of research in this area are the Healthy Balance Research Program being carried out by Atlantic Centre of Excellence for Women's Health and the Nova Scotia Advisory Council on the Status of Women. With respect to continuing care, researchers such as Dr. Keefe are asking about future service needs, human resource issues (funded by the Nova Scotia Health Research Foundation), and new care options. In the area of palliative care/end of life, researchers are studying the role of health professionals, quality and costs of care, and ethical and research issues. Featured research in this area is the End of Life Project, involving Dr. Jocelyn Downie and Dr. Fiona Bergin. This project is sponsored by the Max Bell Foundation and the N.S. Health Research Foundation.

Dr. Keefe concluded her presentation by stressing that all this research has practical implications for seniors through: improving medical care, preventing disease and disability, and changing public policy. She noted that research tells only one side of the story; the critical issue is getting research translated or taken up into practice, policy and programs for seniors. She encouraged all seniors to play a part in making this happen by advocating for change, participating in their own organizations and linking with other partners, taking part in research themselves, and supporting the work of others.

The Canadian Longitudinal Study on Aging

Dr. Susan Kirkland, Associate Professor and Clinical Research Scholar in the Departments of Community Health and Epidemiology and Medicine at Dalhousie University, provided an overview of the proposed Canadian Longitudinal Study on Aging (CLSA).

Dr. Kirkland opened by noting that the CLSA concept has been in development since 2001. It is a research priority that has been identified by researchers and policy-makers alike; very few national longitudinal studies with such a broad perspective on aging have been conducted, and no such comprehensive studies. There is a continuing need to plan for seniors of today and tomorrow, and the CLSA will be an essential tool.

The CLSA is a large, national, long-term study designed to examine health patterns and trends and to identify ways to reduce disability and suffering among aging Canadians. The development of the CLSA was initiated by the IA, and the research team is under the leadership of three principal investigators: Dr. Susan Kirkland (Dalhousie University, Nova Scotia), Dr. Parminder Raina (McMaster University, Ontario) and Dr. Christina Wolfson (McGill University, Quebec). The CLSA research team includes experts from across Canada in biomedical and clinical research, social sciences, psychology, health services and population health. The CLSA will be one of the most complete studies of its kind undertaken to date, both in Canada and around the world.

The CLSA team is also working with CIHR and Canadian experts in fields such as ethics, law and sociology, to ensure that all research is done in an ethical manner, respecting the values of Canadian society and the rights of those involved in the study. Health Canada, Statistics Canada, the Canadian Institute for Health Information, the Canadian Association on Gerontology, the Health Charities Council of Canada, Merck Frosst Canada and the other

CIHR Institutes have joined in the planning and overseeing of the study's development. Because of the size and scope of the CLSA and the amount of information that will be produced, more partners will become involved as the study progresses.

The CLSA plans to follow a group of approximately 50,000 Canadian men and women aged 40 and older for a period of at least 20 years. The study will collect information on the changing biological, medical, psychological, social, and economic aspects of their lives. These factors will be studied in order to understand how, individually and in combination, they have an impact on aging. By studying adults over a number of years (before they even enter the older-age population and as they age) researchers will be better able to understand the roles these factors play in both preserving health and in the development of disease and disability.

CLSA researchers will analyze the information collected at different times over the 20 years of the study and report their findings to the public on a regular basis. The CLSA will seek Canadian men and women from age 40 years and older, from across the country, to participate in the study. Unfortunately individuals cannot volunteer to be part of the CLSA, because the study design requires that potential participants be selected at random.

Dr. Kirkland concluded by reviewing the direct benefits of the CLSA which will include new knowledge on the processes and factors that affect health and aging. Health care providers and government policy makers will use this knowledge to identify ways to prevent disease, promote healthy aging and improve health services for older Canadians. The CLSA also stands to benefit Canada by contributing to:

- a healthier nation overall and better quality of life for individuals;
- a strengthened and responsive health system;
- challenging careers for young Canadians;
- rewarding work to keep our best and brightest researchers, and educators in Canada;
- rapid adoption of sound research into health practice, programs and policies;
- stimulation of economic development through discovery and innovation;
- recognition of Canada's position as an international leader in health and health research.

For more information: www.fhs.mcmaster.ca/clsa

Breakout Session Reporting: Ongoing Engagement Strategy

Groups were asked to list their top five recommendations for an ongoing engagement strategy aimed at connecting the IA with Canadian seniors, seniors' organizations and service providers, and identifying mechanisms for staying connected. Mr. Stephen Coyle, co-chair of the Atlantic RIC, explained that participants had broken into four groups to identify processes and priorities for information exchange between IA and seniors' organizations, answering the questions, "How can the IA make a difference? What will its legacy be?" The four groups with a random mix of participants provided the following recommendations:

Group 1

- Permit research applications to include the cost of senior and community involvement and consultation in their budgets.
- Communicate through local and provincial newspapers, including senior-specific publications. Use advocates in related groups and community organizations.
- Establish an information clearinghouse.
- Capitalize on face-to-face meeting opportunities.

- Post information on current and proposed research for the region on the CIHR website, and have a link on other websites. (Caveat: many seniors still do not have and do not want Internet access.)
- Make use of the Nova Scotia Seniors' Secretariat and Group of Nine lobby group models.

Group 2

- Have a physical presence in community to provide face-to-face exchange: follow the National Research Council model.
- Appoint regional reps for two-way flow of information.
- Use media and web-site to disseminate information.
- Distribute fact sheets in plain language; IA needs PR and a bulletin geared towards seniors.
- Create/renew provincial networks.

Group 3

- Put forward a CIHR IA inventory of information/research and best practices: with links to government and universities (e.g., web-site, e-mail, two-way communications).
- Appoint local representatives to make presentations to local seniors' groups.
- Hold twice yearly (spring and fall) consultations (e.g., Gerontology Association of Nova Scotia meeting).
- Participate in existing annual face-to-face roundtable or meetings.
- Create an aging research committee in constant communication with the IA: under the Division of Aging and linked with the rural secretariat, to rally and link seniors, seniors' organizations and other stakeholders in the community.

Group 4

- Electronic communication mechanisms: Interactive, research listserves with abstracts & reports of completed research, newly funded projects, call for participants, electronic databases (clearinghouse of who's who), links between CIHR IA website to Canadian Health Network-Seniors health information and other relevant websites.
- Ambassador/Advocate/Liaison: enhance visibility of IA Advisory Board members in the region, use IAB members in liaison role with stakeholders.
- Existing seniors' organizations & networks as conduits: group of 9; Atlantic Seniors' Health Promotion Network; Women's Institute (includes seniors); Aboriginal Seniors' organization; NSPF, CARP, CPC, FSNA; Catalyst.
- Written Press: Seniors' organizations' newspapers e.g., Voice for Island Seniors; Bulletins of NS Senior Secretariat.
- Personal Contacts: teleconferences, face-to-face.
- Applied research programs to bring together researchers and seniors/community groups.

Closing Remarks

Dr. Martin-Matthews shared a comment she heard in one of the breakout groups that had particularly struck her: "We want the opportunity to influence CIHR research—and be influenced by it." Absolutely, she agreed, two-way dialogue is essential. Dr. Martin-Matthews summarized the proceedings of the workshop by reviewing the original objectives outlined on day one, and relating them to what had been learned and discussed:

Objective #1: Provide an opportunity to identify health issues that are priorities for research on aging in the Atlantic Region.

"You identified several key priority areas," Dr. Martin-Matthews said, "and they have all been captured for the workshop report." There are similarities with those from the workshop

conducted in the Prairies, like caregivers/home support, mental health, and wellness, but also unique regional issues, such as societal perceptions of aging and ageism, and proactive health care (alternative and complementary health care). "These may have traditionally fallen off the health research radar, and we are very grateful for such insights" Dr. Martin-Matthews noted. The IA has also come away with a strong message regarding knowledge translation.

Dr. Martin-Matthews noted that participants had identified important regional issues that are outside The IA's research mandate, including the need for national and provincial standards of care, and concerns about how seniors' issues are parcelled out in the political structures. "We will be engaging in dialogue with the provincial ministers of health, and the ministers responsible for seniors' issues, where those exist, and although these are outside our mandate, they need to be pointed out, and we will commit to doing that."

Objectives #2 and #3: Increase overall awareness about research on aging, the CIHR Institute of Aging, and why research and involvement in research is important.
Dr. Martin-Matthews expressed her hope that the presentations of the researchers (Dr. Keefe on Atlantic activities in research on aging, Dr. McNally on oral health in Nova Scotia, Dr. Kirkland on the CLSA, and Dr. Fernie on the broader processes of research and product development) had given delegates a useful overview and appreciation, towards meeting these objectives.

Objective #4: Inform participants about research ethics, the obligations of researchers, and the rights of individual participants in research.
Dr. Martin-Matthews affirmed that this area was well explored by the Seniors' Panel, with its lively discussion on ethics and rights.

Objective #5: Develop an ongoing engagement strategy linking the IA, organizations, service providers, seniors and communities.
"This recommendation was a challenge to you," Dr. Martin-Matthews said, "and you have risen to it this morning." The CIHR was only created on January 1, 2001, she noted. "We are all babies who are still learning. We are making up the processes as we go along, dealing with this huge shift from a medical research council to a health research council." She said the IA knows it has a tremendous amount to do around communications, and the ideas from this workshop are very helpful.

Dr. Martin-Matthews then outlined the next steps:

- The proceedings of the RSWR for the Atlantic Region will be disseminated in both official languages;
- The information from each of the regional workshops will be compared and contrasted to identify what is generic throughout the country, and what is unique to each region. "These workshops are the beginning of a national dialogue", she said, noting that, "there will be another national meeting to discuss strategic priorities for IA. The regional workshop results will feed directly into this process."

In closing, Dr. Martin-Matthews once again thanked all those who were involved in the planning and production of the Atlantic Regional Seniors' Workshop on Research, as well as those who participated so energetically over the two days. Dr. Martin-Matthews stressed, that community-university research alliances were of critical importance, and that the IA is committed to helping researchers link with seniors and their communities, "Once research is funded and undertaken, the resulting knowledge dissemination must involve many of this meeting's participants". She challenged each one to work with the Institute of Aging.

ANNEXES

ANNEX A
RSWR ATLANTIC REGION - LIST OF PARTICIPANTS*

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Annex B
Atlantic Regional Implementation Committee Members

- Stephen Coyle (Co-Chair), Senior Citizens' Secretariat, Government of Nova Scotia;
- Pam Fancey (Co-Chair), Research Associate, Family Studies & Gerontology, Mount Saint Vincent University;
- Lynn Bryant, Policy Development Specialist (Seniors) Department of Health & Community Services Government of Newfoundland & Labrador;
- Olive Bryanton, Coordinator of the PEI Falls Prevention Initiative and Director of the Centre on Health & Aging;
- Janice Keefe, Associate Professor and Canada Research Chair in Aging & Caregiving Policy, Mount Saint Vincent University;
- Sheila Laidlaw, former Head of University of New Brunswick Libraries;
- Irene Rose, Program Consultant, Health Canada (Atlantic Regional Office);
- Reg MacDonald, National Advisory Committee on Aging;
- Mary Cooley, National Advisory Committee on Aging;
- Sophie Rosa, Communications Officer, IA.

Annex C:
National Organizing Committee Members

- Anne Martin-Matthews, Chair, Scientific Director, Institute of Aging;
- Flora Dell, former Provincial Consultant for Special Populations in the New Brunswick Provincial Government;
- Elizabeth Esteves, Ontario Seniors' Secretariat, Ministry of Citizenship, Government of Ontario representative of Federal-Provincial-Territorial Committee of Senior's Officials;
- Sheila Laidlaw, Retired, former Head of University of New Brunswick Libraries, and Institute of Aging Advisor Board member;
- Barry McPherson, Wilfrid Laurier University, President, Canadian Association of Gerontology;
- Linda Mealing, Assistant Director, Partnerships, Institute of Aging;
- Louise Plouffe, Manager, Knowledge Development, Division of Aging and Seniors, Health Canada;
- Patricia Raymaker, National Advisory Council on Aging (Chair);
- Jean-Guy Soulière, Coordinating Committee of the National Congress of Seniors' Organizations (Chair);
- Sophie Rosa, Communications Officer, Institute of Aging.

Annex D:
Institute of Aging

The Institute Advisory Board Members:

- Dorothy Pringle (Chair), University of Toronto;
- Howard Bergman, McGill University;
- Phillip Clark, University of Rhode Island;
- Max Cynader, University of British Columbia (appointed September 2004);
- Geoffrey R. Fernie, Toronto Rehabilitation Institute;
- Yves Joanette, Institut universitaire de gériatrie de Montréal;
- Janice Keefe, Mount Saint Vincent University;
- Daniel Lai, University of Calgary;
- Sonia Lupien, Douglas Hospital Research Centre, McGill University;
- Mary Ellen Parker, Alzheimer Society of London and Middlesex;
- Louise Plouffe, Division of Aging and Seniors, Health Canada;
- Douglas Rapelje, Welland, Ontario, Consultant (appointed September 2004);
- Karl T. Riabowol, University of Calgary;
- Kenneth Rockwood, Centre for Health Care of the Elderly, Dalhousie University;
- Jane Rylett, Robarts Research Institute, London;
- Huber Warner, U.S. National Institute on Aging (appointed September 2004);
- Betty Havens, University of Manitoba (2001-2004);
- Sheila Laidlaw, former Head of the University of New Brunswick Libraries (2001-2004);
- Graydon Meneilly, University of British Columbia (2001-2004).

IA Staff:

- Anne Martin-Matthews, Scientific Director;
- Susan Crawford, Assistant Director, Vancouver;
- Linda Mealing, Assistant Director, Partnerships;
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Annex E:
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