

**Review of the Centre on Aging and Health
University of Regina
(2002-2007)**

Executive Summary:

Based on the evaluation below, the Review Committee (H. Tuokko, Centre on Aging and Department of Psychology, University of Victoria and R. Blake, Department of History, University of Regina) conclude that the Centre on Aging and Health (CAH) at the University of Regina has successfully achieved its primary mandates (i.e., to encourage research related to aging and health, enhance graduate education, and engage in community outreach). In addition to continuing ongoing activities in these areas, it is recommended that the Centre on Aging and Health (CAH) at the University of Regina consider opportunities to extend and expand its involvement with individuals and groups on and off campus in ways that would enhance the visibility of the CAH's research activities and public profile. To do this, the CAH will require core support from the University's central administration to allow the Director to maintain a focus on research leadership and maintenance of his own program of research.

Preamble

It is well known, from a demographic perspective, that adults aged 65 years and older are one of the fastest growing segments of the Canadian population. The proportion of Canadians in this age group has grown from 1 in 20 in 1921 to 1 in 8 in 2001, and is expected to reach 1 in 4 by 2041. This change of the population structure is likely to bring new challenges and opportunities within communities across the country. At the national level, one of the Canadian Institutes of Health Research, the Institute of Aging, was designed to support research targeted to the needs of the aging population. The University of Regina, through its timely development of the CAH and its strategic emphasis on health research, has positioned itself well to provide leadership locally, nationally and internationally in research that addresses various aspects of aging with an emphasis on health-related concerns.

A. Evaluation of the extent to which the CAH has achieved its primary mandates

At its inception in 2002, the CAH was mandated to encourage research related to aging and health, enhance graduate education and engage in community outreach. The review below briefly addresses the CAH's achievements in each of these domains based on the information provided to the review committee through the *Unit Review Self-study, Fall 2007* prepared by the Director of the CAH, Dr. T. Hadjistavropoulos; interviews with students, faculty and community members (see Appendix A); a description of the Gerontology Program's Governance structure; University of Regina's *Building on Progress; The plan for 2004-2009* (strategic plan); and the University of Regina's *Research Centre and Institutes Guidelines, Policies and Procedures*.

Aging and Health Research

The primary indicators of success in research are grantsmanship and scientific productivity. It is clear that, over the past 5 years, the CAH has attracted researchers from across the campus to become actively involved in research on aging and health. This extends well beyond the Director's own personal line of research (*pain and aging*) to include *aboriginal health and aging* and *ethical issues in aging and health*. All three of these areas have attracted external research funding and appear to be thriving in their own right with the involvement of a number of researchers. There was ample evidence of scientific productivity in each of these areas with national and international involvement. It was particularly evident the leadership provided by the CAH was welcomed by faculty members involved in these research teams and that the CAH was seen as a fertile, supportive environment.

Enhance Graduate Education

The primary indicators of success related to graduate education are direct teaching/program-related activities and the broader range of capacity-building activities related to graduate education. On both these fronts, the CAH has played a leadership role and has made great strides in 5 years.

In 2005, the first graduate students were admitted to the only specific MA/MSc interdisciplinary graduate program in gerontology on the prairies. The program is a partnership of three faculties and is coordinated through the CAH. The program presently has 6 students enrolled, 2 being admitted over each of the last 3 years. This is an admirable start for a new program such as this.

The CAH has undertaken a broad range of other capacity-building strategies related to graduate education. We heard from students receiving research training on a variety of projects related to aging and health. In addition, a number of students have received research scholarships to support their research from donations to the CAH. The availability of these scholarships provides the students with the knowledge that they are working in a highly valued area research. In the past, a research post-doctoral fellow was associated with the CAH. Students associated with CAH have been encouraged to take part in other national aging-related training opportunities (e.g., CIHR Institute of Aging Summer Institute), through such opportunities, have been able to be ambassadors for the University of Regina.

Community Outreach

Perhaps one of the greatest challenges for academic institutions is to engage with the surrounding community in win-win growth opportunities. The CAH has excelled in this regard as was evidenced by the tremendous enthusiasm exhibited by the community partners who attended this review. Certainly, the organizations in the local community concerned with seniors, seniors health, and the aging of the population were delighted that the CAH was developed at the University of Regina and with the high-level of

engagement the CAH has maintained with the community through joint research-related activities including research dissemination (e.g., lectures, report to research participants, media reports, newsletters, website), active involvement in joint-research projects (e.g., Regina Qu'Appelle Health Region), and co-sponsorship of events (e.g., Seniors Education Centre). In addition, graduate students reported that they have the opportunity to interact with community agencies through participant recruitment, sitting on planning committees and preparation of materials for the website and newsletters.

B. Recommendations to Support the CAH in Fulfilling its Mandates (2007-2012)

Aging and Health Research

Certainly, the CAH must continue to encourage and foster researchers in the pursuit of research activities related to aging and health. It is recommended that the successful strategies used to date be continued (e.g., CAH as a supportive environment that provides seed funding and advice to those new to aging research) and new opportunities be sought. To assist in this endeavor, it is recommended that the CAH's constitution be re-visited and re-considered. It may prove beneficial to include Vision and Mission statements that address the intended scope for the CAH. The review committee members heard many different interpretations of the scope of the mandate for the CAH. Some viewed the CAH as only involved with health-related problems of aging whereas others held broader views (e.g., aging issues not necessarily related to health). Statements that allow others to see, or situate, themselves within CAH's mandates may facilitate continued growth. It may also prove beneficial to streamline and focus the Goals of the CAH (Constitution Article 2a) to the three mandates addressed in this review ((i.e., to encourage research related to aging and health, enhance graduate education, and engage in community outreach) with specific targets identified on a yearly basis. This allows for more flexibility in meeting the Centre's mandate and charting its evolution over time. It may also prove useful to re-conceptualize the roles and responsibilities of the Director with an aim to clearly distinguishing the Directorial role (i.e., administrative duties and responsibility involved in providing leadership to the CAH) from the role of the faculty member (i.e., program of research and research expectation of any faculty member). In addition, it may be timely to re-evaluate the Steering Committee's roles and seek ways to enhance the active engagement of the committee in moving the CAH's mandate forward. The Steering Committee might be re-constituted as a Board of Directors. The President of the University's role in the appointment of the chair of this committee could be instrumental in ensuring that this committee has the necessary composition to realize its potential. However, any changes in the structure of the committee must serve to enhance the reputation of the CAH and help the Director achieve greater success.

It was evident during the interviews that there are other, untapped, research areas that are likely to emerge that will broaden the faculty's involvement with the CAH. Moreover, given the CAH's research success, it may prove beneficial to target new faculty recruitment with CAH involvement as a priority. To date, most of the research presently addressed by the CAH focuses on health conditions or disorders related to aging. These are important, relevant and highly valued directions for research. Health promotion,

healthy aging, and diversity in aging are growing areas of research interest that may complement the current focus of the CAH. Uncovering ways to maximize healthy aging across a broad range of constituents through research is of interest and importance to seniors and health authorities as well as researchers, governments and society at large. The burgeoning seniors population, that includes active baby boomers seeking new ways to “add life to years”, brings with it many opportunities for learning in collaboration. For example, the Canadian Network for Third Age Learning (CATALIST), a network of older adult learning organizations that fosters and promotes third age learning through shared knowledge, expertise, research, and resources, is affiliated with the University of Regina and is leading the way nationally. Given the strengths, commitment and enthusiasm of those with an interest in aging and health at the University of Regina and the surrounding community, the future of the CAH’s research agenda looks bright. However, any broadening of the function of the CAH must be managed effectively and not be permitted to diminish the current research capacity of those leading the CAH.

Enhance Graduate Education

Apparently, a review of the MA/MSc interdisciplinary Gerontology Program was undertaken by the Faculty of Graduate Studies after its first year of operation. From our interviews, there appeared to be some lack of clarity around the intent of the program and its target audience. It may prove beneficial for those responsible for Program Governance to clarify any concerns there may exist to ensure the program is meeting developmental targets. It was not clear to the review committee that the MA/MSc was meeting its objective. The degree currently has an academic/research focus and this type of graduate degree might not be attractive to those students seeking a clinical or professional/administrative training.

Scholarship funding for graduate students is a worthy activity of the CAH that will permit recruitment and retention of high-quality graduate students. Students who receive scholarships in their first year have a basis from which to apply for training funds from outside agencies for subsequent years in training (e.g., CIHR). Another possible use for donations is to support post-doctoral fellows in specific research areas who may then transition into faculty appointments. Certainly, the capacity for future fellows remains strong in terms of suitable supervisors.

Community Outreach

Although the CAH is well recognized within the community, community partners are available to assist the CAH in furthering its mandates. Specific recommendations include the development of a regular mechanism for updates on the status of research going on at the CAH. This might take the form of an open-house showcasing posters or short talks held in conjunction with another regular event or launched specifically to celebrate the Day of the Older Person each year. A second recommendation is that seniors and community organizations be invited to play active roles in the CAH through involvement on an Advisory Board or Steering Committee and in this way develop win-win partnerships for moving the CAH’s mandates forward.

C. Recommendations concerning Financial and Administrative Support from the University's Central Administration

The tremendous achievements that the CAH has realized over the past 5 years have been accomplished with minimal resources from the University's central administration. It appears that the CAH has a current operating budget of \$12,500, part of which goes toward a teaching release for the coordinator of the MA/MSc Interdisciplinary Gerontology program. It was unclear to the review committee whether this arrangement is to continue in perpetuity or if this arrangement will evolve into something different in future. In addition, secretarial support funds from the Vice-President Research and International office is provided through the Faculty of Arts to CAH. It was unclear to the review committee exactly how these funds had been administered to the CAH (e.g., amount per year, secretarial duties undertaken). This arrangement needs to be clarified and the exact nature of the support requirements articulated. Additional administrative activities (e.g., newsletter production) of the CAH have been undertaken with the assistance of volunteers or through unappropriated research funds. Moreover, the CAH has limited space in which these activities take place. The CAH has been instrumental in fund raising for the University of Regina to support students and a research chair (Director presently holds this term-limited position). To date, then, the success of the CAH has been almost totally dependent on research-related funding obtained by the Director and volunteers.

To move CAH forward as a national and international leader in research related to aging and health will require additional support for the Director in terms of dedicated administrative personnel. This will provide the necessary consistency, institutional history, and reliability required as the CAH matures. The Director's role is clearly one of leadership and research productivity (as a faculty member affiliated with the CAH) and Dr. Hadjistavropoulos has excelled in these roles. Administrative assistance would allow the Director to maintain a focus on these activities. Other essential activities, such as extending and expanding that CAH's involvement with individuals and groups on and off campus in ways that would enhance the visibility of the CAH's research activities and public profile, could be undertaken by administrative personnel (from the Administrative, Professional and Technical Group at the University of Regina) supervised by the Director. In addition, such an addition to the CAH may also result in the pursuit of funding through other sources (e.g., contracts, funds to enhance infrastructure). Given the limited space available for CAH activities, any growth in personnel would require additional space in which to operate. Given the amount of revenue of different kinds that CAH has generated over the past five years, the allocation of resource to provide administrative assistance to the CAH would appear like a sound investment.

Appendix A

List of students, faculty and community members interviewed (in the order interviewed)

Doug Durst, U of R Social Work faculty member, CAH Steering Committee Member
(provided input via email as well)

Nana Bonsu, Gerontology Grad Student

Megan Kaytor, New Gerontology Grad Student

Theresa Dever, Psych Grad Student, CAH Webmaster

Lynn Wells, Associate Dean (Research), Faculty of Arts

Michelle Bourgault, Grad Student, CAH Newsletter Editor

John Barden, Kinesiology/Health Studies, Faculty Member Coordinator Gerontology Program

Dr. Klassen, retired physician (geriatrics)

Ronald Martin, Former CAH post-doc, U of R Educational Psychology, Faculty Member

Sue Neville & Dan Kohl, Regina Qu'Appelle Health Region

Dr. Helen Christiansen, UR Professor Emeritus, Education affiliated with the U of R
Seniors Education Centre (provided written input as well)

Kerry Strathy, Head, Seniors' Education Centre, U of R

Mary Hampton, Psychology Faculty Member Faculty Member, Cluster Leader Aboriginal Aging
and Health (provided written information about the Canadian Aboriginal End of Life Care
Research Network)

Rod Kelln, Dean of Graduate Studies