

Building an Evidence-Based Framework for the Development of a Newfoundland and Labrador Centre on Aging

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Executive Summary

Background

Life expectancies are increasing and populations are aging in all western industrialized countries. Given the demographics, the health and well-being of older adults and the provision of services for seniors are major priorities for all levels of government and will become increasingly so. Newfoundland and Labrador (NL) has one of the highest proportions (13.9%) of seniors of any province and that percentage is expected to increase to 20% by 2017 (Provincial Healthy Aging Policy Framework, 2007). Statistics Canada has recently projected that by 2031, NL will have the highest proportion of older adults in Canada. The Government of Newfoundland and Labrador has acknowledged the need to address the challenges of an aging population in the Healthy Aging Policy Framework.

There are approximately 18 Canadian research centres involved in the study of aging. *The only province without a centre dedicated to the study of aging is NL*¹. The establishment of a NL Centre on Aging would be an important development given the demographics and the unique circumstances of the province and its people. A NL Centre on Aging would facilitate aging-related research and education, thereby assisting the government of NL in achieving the goals of the Healthy Aging Policy Framework.

The present document describes a qualitative descriptive investigation funded by the Healthy Aging Research Program (HARP) of the NL Centre for Applied Health Research (NLCAHR) and by the Grenfell Campus of Memorial University.

Research goals and method

The general goals of this study were:

- to gather information concerning the establishment and activities of a representative sample of Canadian Centres on Aging through site visits and interviews with key personnel and,
- to use the gathered information to guide the establishment, structure, and activities of a proposed NL Centre on Aging.

Ten Canadian Centres on Aging located in seven Canadian provinces were visited. Eight of the Centres are located at universities and two in health-care institutions. Interviews were conducted with 38 key personnel including directors, an associate director, coordinators, research affiliates, and individuals from the community.

Findings

Most Centres were established by a small group of champions. Initially, Centres tended to be small;

¹The NL Centre for Applied Health Research (NLCAHR) supports research on aging through the Healthy Aging Research Program funded by the provincial government. The Centre also supports a Research Affinity Group on Aging. Although NLCAHR is not a Centre devoted solely to the study of aging, synergy and cooperation between NLCAHR and a Centre on Aging will be critical.

however, over time, they expanded considerably. For university Centres, sources of establishment funding included the university, the provincial government, federal government grants, private corporations, foundations, and endowments/donations. One hospital-based Centre received establishment funding from the provincial government while the second hospital-based Centre was funded by the provincial government, donors, and the hospital board.

Centres' mandates generally include research, education, and community outreach. Interdisciplinary research focuses on older adults and covers a wide variety of topics. All Centres are involved in the education of students. Six Centres are located at, or affiliated with, universities that offer degree programs in aging. Most Centres hold speakers' series and host academic conferences. Community outreach activities include public lectures, open houses, workshops, newsletters, and websites. Two Centres offer awards for older adults. Two Centres have offered direct services to older adults. Most Centres will advise community groups and collaborate with the community on research projects.

In terms of staffing, all Centres have a director. Directors tend to be high-profile researchers who are very successful in securing research grants and attracting research affiliates to the Centre. At some Centres, other administrative positions include an associate director or a coordinator. Centres vary considerably in numbers of support staff. All Centres have research affiliates and three Centres have core faculty/researchers in residence. Centres typically have partners from other academic institutions, government, the health care sector, and the community.

In terms of governance structures, the majority of the Centres have an advisory committee which includes external representatives from the community (including seniors' organizations) and often representatives from the health care sector and government. Three Centres have an internal management/operations/steering committee.

At university Centres, operational funding for the salaries of core staff is usually provided by the university. Centres and their research affiliates obtain research funding from a variety of sources including the federal government, provincial government, charitable organizations, and foundations. Some Centres provide seed funding to research affiliates.

Advice received

Advice offered on the establishment and operation of a NL Centre on Aging included:

- Develop a network of partners. Work with government and community partners to identify research needs.
- Affiliation with a university is important and the commitment of university administrators and faculty is essential.
- Strong support and core funding for a Centre's infrastructure, including staff, is critical to its success.
- Obtain as much infrastructure funding as possible in the beginning as it may be difficult to obtain

later.

- An interdisciplinary approach is critical to the study of aging. Maintain a broad research focus.
- The director should be an active researcher, well recognized in the field, with a sound research record and the respect of the community.
- An advisory committee, with representation from external stakeholders, is useful.

Conclusion

Centres on Aging create new knowledge about aging through research. Centres also support health policy decision-making and practice by governments and health authorities, and partner with community organizations to provide education and outreach activities for older adults. The government of NL has clearly recognized the importance of such activities including aging research and education in the Healthy Aging Policy Framework.

Over the past 20 years, community, academic and provincial government groups have agreed that a Newfoundland and Labrador Centre on Aging would provide the leadership to address the challenges of the province's aging population. The current study provides a sound framework to guide Memorial University and the Government of Newfoundland and Labrador in the establishment and activities of a Newfoundland and Labrador Centre on Aging.

Recommendations

Based on the information gathered and analysis of that information by the research team, a set of recommendations related to the establishment and operation of a NL Centre on Aging are offered:

1. A Newfoundland and Labrador Centre on Aging should be established.
2. The Centre on Aging should be located at Memorial University.
3. The Centre should have a core staff which includes a director and a coordinator.
4. The Centre should be supported by core operational funding.
5. The Centre's mandate should include excellence in research, education, and community outreach.
6. The Centre should be inclusive and should adopt a broad research focus.
7. The Centre should have community outreach as a key priority.
8. The Centre should strive to attract and support research affiliates.
9. The Centre should engage multiple partners in its activities.
10. The Centre should implement a representative governance model.

The rationales for, and further discussion of, these recommendations are offered.

Building an Evidence-Based Framework for a Newfoundland and Labrador Centre on Aging

In Canada, seniors (defined as those 65 years of age and over) comprised 13.9% of the population in 2009 (Statistics Canada, 2010)². In 2007, Newfoundland and Labrador (NL) had one of the highest proportions (13.9%) of seniors of any province and that percentage is expected to increase to 20% by 2017 (Provincial Healthy Aging Policy Framework, 2007³). Statistics Canada has recently projected that by 2031, NL will have the highest proportion of seniors in Canada⁴.

Shifting demographics point to the need for legislation, policies, programs, and services that respond to changes as the population ages.

Provincial Healthy Aging Policy Framework, Government of Newfoundland and Labrador.

Given the rapid growth of the aging population, a better understanding of aging and of seniors' mental and physical health issues, coupled with the provision of services for seniors are major priorities for all levels of government. The Government of Newfoundland and Labrador has acknowledged the need to address the challenges of an aging population in the Healthy Aging Policy Framework, portions of which are cited in text boxes throughout this document.

The website of the University of Manitoba's Centre on Aging lists 18 Canadian research centres on aging (www.umanitoba.ca/centres/aging/links/canada/659.htm). *The only province without a centre dedicated to the study of aging is NL*⁵. The establishment of a NL Centre on Aging would be an important development given the demographics and the unique circumstances of the province and its people. A NL Centre on Aging would facilitate aging-related research and education and outreach to the community, thereby assisting the government of NL in achieving the goals of the Healthy Aging Policy Framework.

Background to the Current Investigation

There has been a long history of efforts to establish a NL Centre on Aging. In the 1980's there was a Gerontology Centre in the Psychology Department of Memorial University (St. John's campus). The Seniors Resource Centre of NL grew out of the Gerontology Centre. In 1999, a community forum was held to discuss a Centre on Aging at Memorial and a working group was created headed by Dr. Elizabeth

² Statistics Canada (2010). *Canada Year Book 2010*. Catalogue # 11-402-X. Retrieved from www.statcan.gc.ca/pub/11-402-x/2010000/pdf/seniors-aines-eng.pdf, July 16, 2011.

³ Government of NL, Aging and Seniors Division (2007). *Provincial Healthy Aging Policy Framework*. Retrieved from <http://www.releases.gov.nl.ca/releases/2007/health/0711n04HA%20Policy%20Framework.pdf>, July 16, 2011

⁴ Statistics Canada (2010). *Population Projections for Canada, Provinces and Territories: 2005-2031*. Retrieved from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2010001-eng.pdf>, July 16, 2011.

⁵The NL Centre for Applied Health Research (NLCAHR) supports research on aging through the Healthy Aging Research Program funded by the provincial government. The Centre also supports a Research Affinity Group on Aging. Although NLCAHR is not a Centre devoted solely to the study of aging, synergy and cooperation between NLCAHR and a Centre on Aging will be critical.

Dow, director of the School of Social Work at Memorial. In 2005, a meeting was held to discuss a Centre on Aging with representatives from the Seniors Resource Centre of NL, the provincial government, Eastern Health, and Memorial University. A subcommittee was formed to develop terms of reference for a proposed Research Centre on Aging and Seniors.

The most recent initiative originated in Corner Brook beginning in 2007. Dr. Leslie Cake approached the administration of the Grenfell Campus of Memorial University with the concept of establishing a NL Centre on Aging. A study commenced in June 2008 with the goals of reviewing the activities of existing Centres and assessing the feasibility and desirability of establishing a Centre on Aging at the Grenfell Campus of Memorial University.

The Grenfell study assessed operational feasibility via extensive consultations with groups and individuals at Grenfell, the Western Regional School of Nursing, and Western Health. Dr. Cake also met with a group of community, government, and academic representatives based in St. John's. Approximately 50 academics, health care professionals, and representatives of community groups expressed research and other interests in a provincial Centre on Aging during the course of these initial consultations. The consultations indicated that a NL Centre on Aging is operationally feasible in that it has the potential to engage in all of the activities normally associated with existing Centres on Aging, primarily aging-related research, education, and community outreach. The desirability of establishing a provincial Centre on Aging was assessed positively in terms of consistency with the priority directions and goals of the Healthy Aging Policy Framework, and with the strategic plans of the Grenfell and St. John's campuses of Memorial University. A final report was submitted to the administration of the Grenfell campus in December, 2008⁶.

In 2009, some of the people with aging-related research interests identified during the Grenfell study, including some members of the Research Affinity Group on Aging, agreed to work collaboratively toward the development of a provincial Centre on Aging. We formed a research team with province-wide representation that includes academics from the St. John's and Grenfell campuses, professionals from health authorities (Eastern and Western Health), and community collaborators (Seniors Resource Centre of NL, Seniors Wellness Committee, and Labrador Friendship Centre). The team submitted a successful seed grant proposal to the Healthy Aging Research Program and the current study began in July, 2010.

The Current Investigation

Sites Visited

Using a purposive sampling strategy, the research team identified 12 Canadian Centres on Aging that varied in terms of geographic region, size, and research foci. Table 1 provides an overview of the 10 Centres visited. The Centres were located in seven Canadian provinces.

⁶ Cake, L.J. (2008). *A Centre for the Study of Healthy Aging at Sir Wilfred Grenfell College: A Feasibility and Desirability Study*. Corner Brook, NL.

Table 1

Centres Visited, Mandate/Mission, and General Type of Research Focus

Centre's Name and Date Established	Mandate / Mission ⁷	General Type of Research
McGill Centre for Studies in Aging, Montreal, Quebec. Established in 1985.	To study and treat the social and medical consequences of aging, so that the disabling effects can be prevented and postponed. Finding solutions for healthy aging.	Biomedical and Psychosocial
Centre de recherché sur le vieillissement. D'Youville hospital, Sherbrooke, Quebec. 1988. Affiliated with Université de Sherbrooke	To encourage the development of new knowledge on aging in order to prevent, delay or alleviate loss of autonomy of seniors; to disseminate knowledge and its applications in clinical and community environments; and to train future care providers, researchers and clinician researchers.	Psychosocial and Biomedical
Rotman Research Institute, Baycrest Hospital for Geriatric Care, Toronto, Ontario. 1989. Affiliated with University of Toronto	Baycrest is dedicated to achieving excellence in providing the best possible experience and care for the physical and mental wellbeing of people during their journey of aging.	Cognition and Aging
Institute for Life Course and Aging, University of Toronto, Toronto, Ontario. 1979.	To conduct basic and applied interdisciplinary social science research on aging and to provide graduate education or training in aging and the life course.	Psychosocial
PEI Centre on Health and Aging, University of Prince Edward Island, Charlottetown, Prince Edward Island. 1988.	To improve the lives of seniors, their families and caregivers through fostering, conducting and disseminating community and institutional-based research on aging. Collaborate with faculty, government and community to respond to the aging research needs in the province.	Psychosocial
Nova Scotia Centre on Aging, Mount St. Vincent University, Halifax, Nova Scotia. 1992.	Three-part mandate of research, education, and community consultation in age-related issues.	Psychosocial, Applied Research, and Policy
Centre on Aging and Health, University of Regina, Regina, Saskatchewan. 2002.	To encourage research related to aging and health, enhance graduate education, and engage in community outreach. To become a world leader in gerontology research and increase the visibility of such research within Saskatchewan.	Psychosocial
Centre on Aging, University of Manitoba, Winnipeg, Manitoba. 1982.	Conducts, stimulates and promotes research on aging, provides an interdisciplinary focus for the research activities in aging at the universities in Manitoba, and supports the teaching of students in aging. The Centre serves as the focal point for the integration and dissemination of research on aging in Manitoba.	Psychosocial
Centre on Aging, University of Victoria, Victoria, British Columbia. 1992.	To advance knowledge in the field of aging based on the twin standards of scientific rigor and applied relevance.	Psychosocial
Gerontology Research Centre, Simon Fraser University, Vancouver, British Columbia. 1982.	Together, the Gerontology Research Centre and the Gerontology Department serve as a focal point for research, education, and information on individual and population aging and maintain an active publications program to promote utilization of existing knowledge in five thematic areas.	Psychosocial

⁷ The mandate/mission was obtained from Internet sites and/or print materials provided.

The Centres visited varied considerably in their infrastructure including physical space. The two hospital-based Centres have a very large physical space with many offices and laboratories. Five of the university-based Centres have either their own building or a significant amount of space within a building. Three university Centres have a relatively modest physical space.

This document describes the research questions, methods, and findings of the current investigation and concludes with recommendations for the establishment, structure, and operation of a NL Centre on Aging.

Research Questions and Methods

Two general research questions reflect the purpose and objectives of this qualitative descriptive study:

- 1) What was the evolution of these Centres on Aging and what are their current activities?
- 2) How can these evolutions and current activities inform the development of a NL Centre on Aging?

More specifically, evidence was gathered related to Centres':

- establishment,
- research and other activities,
- partners,
- staffing,
- funding,
- management and governance structures.

Interviewees were also asked to describe lessons learned and to offer advice related to the above categories of information. Additional details regarding the specific information gathered during interviews are presented in the interview guide for directors and coordinators/administrators (see Appendix B) and the interview guide for research affiliates (see Appendix C).

Scheduling of Site visits and Interviews

Initial contact was made via an email to the director of the Centre. The email outlined the purpose of the site visits and the interview guide for directors was attached. If a positive response was received, a visit date was arranged via follow-up telephone calls to the director. The director was also asked to identify research associates/affiliates and community partners for possible interviews and these individuals were then contacted. A few interviewees were contacted directly by the research team as the interviewees' research interests matched those of the interviewers.

Additional interviews were conducted with personnel at the Seniors College of PEI, the Lifelong Learning Centre of the University of Regina, the Survey Research Centre at the University of Victoria, and the Tong Louie Living Lab at the British Columbia Institute of Technology. The interview guide for directors was used for these interviews.

Two other Centres were approached about a site visit but we were unable to schedule visits during the time frame of this study.

Ethical Considerations

The Ethics Review Board of the Grenfell campus of Memorial University approved this study. Those who agreed to an interview were provided with the study information sheet (see Appendix A) and the appropriate interview guide prior to the interview. The study information sheet described the background, purpose, and method of the current study and included an informed consent form. The study information sheet informed interviewees that the interviewers would take notes and asked for permission to audio record the interview to ensure the accuracy of the written notes. Interviewees were informed that the final report would contain aggregate data, a list of all Centres visited (see Table 1), and a list of interviewees' positions (see Table 2). Interviewees were also informed that the final report would not contain identifying information about individuals in order to provide anonymity.

Interviews

Interviews were conducted by the principal investigator accompanied by one other member of the research team. Table 2 presents a summary of numbers of individuals interviewed in various positions across all Centres.

Table 2

Numbers of Individuals Interviewed in Various Positions across all Centres

Founding Director	Current Director	Associate Director	Administrator /Coordinator	Research Affiliates	Scientific Assistant to the Director	Vice-President Research	Representatives of Seniors' Education Programs	Head/ Manager of Affiliated Research Labs
6	9	1	4	11	1	1	3	2

In total, 38 people were interviewed with the length of interviews varying from approximately 30 minutes to 2 hours (including a site tour). Five sessions involved interviewing two people simultaneously.

The interview began with a review of the objectives of the study as outlined on the study information sheet previously provided by email. Interviewees were asked if they had any questions about the study or the previously provided interview guide. All interviewees signed the informed consent form and all agreed to the audio taping of the interview. In addition to the audiotape, both interviewers took notes. Interviews followed the interview guides as closely as possible; however, some variation in the sequence of questions occurred to allow for a more "natural" conversation. Not all information in the guides was covered in all interviews due to time constraints. At all but one site, we were also provided with a physical tour of the Centre including the laboratories at some sites. All interviewees were sent a thank you letter

for their participation and all Centres will be provided with a copy of this final report.

Interview summarization and verification

Following each interview, one of the interviewers from the research team summarized the interview using his or her written notes and the audiotape⁸. That summary was then sent to the other interviewer from the research team for editing, using the other interviewer's notes and the audiotape of the interview. The edited summary was then provided to the interviewee(s) for possible additions and corrections in order to ensure accuracy. We received feedback/verification from 17 interviewees. Finally, a third member of the research team who had not been present at the interview reviewed the final verified (or unverified) summary of the interview and created a summary of key points.

Other information

Interviewees from several sites also provided us with print materials. These materials included annual reports, newsletters, and, for some sites, external reviews of the Centre. Internet sites for the Centres were also used to collect some additional information.

Analyses of Interviews

Summary tables for individual interviews

For each interview with a director or coordinator, 11 summary tables were created by members of the research team using the final interview summary. Each summary table contained one of the major categories of information from the interview guide. Those categories and the corresponding summary tables for interviews with directors and administrators were:

- establishment and development of the Centre including sources of funding,
- mission/mandate of the Centre,
- research activities of the Centre,
- research funding,
- Centre involvement in academic programs/academic outreach,
- other outreach activities of the Centre,
- partners of the Centre,
- personnel/staffing of the Centre,
- operational funding,
- committees and management/governance structure of the Centre,
- lessons learned and advice on establishing and operating a Centre on Aging.

⁸ Due to an equipment malfunction, there were no audio recordings of all of the interviews at one Centre and for two of the interviews at another Centre. Hence, for these sites we had to rely on our written notes for creating interview summaries and on the verifications of these summaries by the interviewees.

For each of the interviews with research affiliates, a single summary table was created by a research team member based on the interview summary. Each summary table for interviews with affiliates included the following information:

- nature of the affiliate's involvement with the Centre,
- the benefits of the affiliate's involvement for both the Centre and the affiliate,
- the challenges in being involved with a Centre,
- current research activities of the affiliate, research partners and funding sources,
- affiliate's involvement in education of students through the Centre,
- affiliate's involvement in the Centre's outreach activities,
- advice or comment on establishing, operating, or working within a Centre on Aging.

Supertables

In order to collate the information gathered and to identify similarities and differences among Centres, the summary tables from interviews with directors and administrators were then combined across all Centres to create 11 "supertables", one for each of the categories from the interview guide for directors (see previous page). For example, one supertable contained information about the establishment and development of all 10 Centres visited; another contained information about the mission/mandate of each Centre; the research activities of each Centre and so on.

The individual summary tables from interviews with research affiliates were also combined across sites to create a single research affiliates' "supertable". This supertable contained information for each of the categories from the interview guide for research affiliates as outlined in the above bulleted list.

Feedback from community collaborators

A draft of this report was forwarded to community collaborators for their feedback. Community collaborators were asked to review the document to identify themes and activities relevant to a NL Centre on Aging; and also to note elements not present in the data but significant to aging in NL. Their input is reflected throughout this report, particularly in discussions of community outreach and engagement.

Findings and Discussion

Findings and discussion are organized according to the major categories of information contained in the interview guide for directors as previously described (p.13). Findings include information gathered from all interviewees including research affiliates. For each category of information, advice offered by interviewees and implications for a NL Centre on Aging are also described.

Establishment and Development of the Centres

Eight of the ten Centres visited are located at universities and two are located in hospitals (see Table 1). Both hospital-based Centres are affiliated with a university. The Centres were established between 1979 and 2002. One Centre was established in 1979, six Centres started in the 1980's, two Centres in the 1990's and one Centre in 2002 (See Table 1). Two of the Centres were established in 1982 through a Social Sciences and Humanities (SSHRC) initiative which helped fund the establishment of five Centres on Aging. The Centres took 2 to 10 years to establish with most Centres taking 2 years to get established and working well. While each Centre has its own unique history and unique course of development, most started small and expanded in size over the years - some considerably.

One interviewee reported that the general impetus for the establishment of their Centre was the realization that the province had a substantial older population and that a Centre was needed to conduct and stimulate aging-related research and to serve as a central source of information. This interviewee developed a successful SSHRC proposal to establish a Centre after leaving another university which did not adequately support the development of a Centre there.

One hospital-based Centre grew out of a Centre of Excellence within a university. The second hospital-based site was established due to a decision by the hospital board to be involved in research, coupled with the leadership and considerable support of a private sector philanthropist.

Many Centres were developed by a small group of dedicated champions. The champions included university administrators, faculty members, individuals from government and, in one case, members of the province's gerontology association.

For university Centres, sources of establishment funding generally included the university, the provincial government, federal government grants, foundations, and endowments/donations. One Centre received some establishment funding from private corporations. One hospital-based Centre was established by the provincial government while the second hospital-based Centre was established with funding from the provincial government, donors, and the hospital board.

Lessons learned and advice on establishing and developing a Centre on Aging

The interview guides for both directors and research affiliates solicited information on lessons learned and advice about establishing a Centre on Aging and there was considerable discussion of this in several interviews. The lessons learned and advice included the following:

- A Centre should be prepared to change during the course of its development. For example, one interviewee reported their Centre recently underwent a reorganization of its research themes. Another interviewee stated, "The life cycle is about 15 years for a research stream and it has to evolve and change in order to have impact."
- An interdisciplinary approach is critical in the study of aging. One interviewee advised, "Try to

avoid silos (departmental isolation) and to find others with aging-related interests.”

- Affiliation with a university is important. An interviewee at a hospital-based Centre reported, “The Centre had some early difficulties in recruiting researchers on 3-5 year contracts because they were not affiliated with a university and researchers at the university were hesitant to give up tenure”. This Centre is now affiliated with a university. Another Centre that was originally based outside of a university in the community ceased operations.
- It is important to network with others to promote the Centre and to increase awareness.
- It is important that the Centre has an academic director; this facilitates the ability to secure research funding. One interviewee reported that their Centre which had “non-academics” as directors for several years had problems in securing research funding during those years.
- A large research grant can be an important impetus for the establishment of a Centre. One interviewee reported that “the real catalyst for the formation of the Centre was a grant from CIHR.”

Other advice on establishing a Centre on Aging included:

- Involve dedicated persons to lead the establishment effort.
- Use the current demographics to justify the need for a Centre on Aging.
- Obtain the commitment of university administrators and faculty.
- Gather a broad base of good researchers from a variety of disciplines.
- Develop an extensive network of interested partners.
- Develop a good communications system for increasing awareness of the Centre, particularly in the beginning.
- Consider building a charitable trust for donations.
- Obtain as much funding as possible in the beginning.

Advice from hospital-based Centres included considering the advantages of housing the Centre within a health care facility. Potential advantages could include infrastructure support and flexibility in hiring.

Directors were queried about the possibility of a virtual NL Centre on Aging. None of the Centres visited were completely virtual in the sense that all had a physical location. One interviewee noted that it is necessary to have a core group in a physical location, although research associates can be involved in virtual partnerships. As another interviewee put it “Research is done by the researchers. It is crucial to have the physical space to house them. You can have virtual communications but many things happen in corridors and dining rooms. Research projects often start in the elevators where people meet and discuss their ideas. Virtual communication does not enable this informal chat.”

Several interviewees did suggest that virtual communications (email, videoconferencing, webcasting of lectures, etc.) are useful for some purposes and would be particularly useful in NL given its geography.

Implications for a NL Centre on Aging

Based on the current demographics, a NL Centre on Aging should be established to conduct and to stimulate aging-related research, education, and outreach in the province. The NL Centre would recognize the challenges of the changing demographics of NL, be sensitive to the unique social and cultural circumstances of its residents, and assist government in achieving the goals of the Healthy Aging Policy Framework. The NL Centre should have a physical location(s) and be affiliated with a university. Additional recommendations for the establishment of a NL Centre on Aging are presented and discussed in the recommendations section.

Mission/Mandate of the Centres

Table 1 includes the mission/mandate of the Centres visited. All Centres emphasize interdisciplinary research in aging. Two of the centres link this research mandate to their primary objective - to improve the quality of life of older persons. Three Centres also have knowledge dissemination as an aspect of their mandate. Six of the Centres have undergraduate and graduate education and training as an explicit component of their mandate, although most Centres are engaged in this activity. Three sites include community engagement. Interestingly, only one Centre explicitly mentions partnering with government in its mission/mandate statement.

In line with their mission statements and mandates, most Centres for Aging tend to focus on three types of activities:

- aging-related research and the dissemination of research results,
- involvement in education related to aging (courses and degree/diploma/certificate programmes),
- community outreach.

Advice on mission/mandate

Each Centre has a unique mission/mandate. No specific advice was offered concerning what the mission/mandate of a NL Centre should be.

Implications for a NL Centre on Aging

The mission/mandate of the NL Centre on Aging should be based on the province's unique demographics, circumstances and geography. The mandate should include aging related research and dissemination of research results, involvement in education, and community outreach and engagement.

Research Activities of the Centres

Aging-related research is a primary mandate of the Centres on Aging visited and all are engaged in a variety of aging-related research projects. While aging is a life-long process, research

Research informs policy and supports planning. A strong focus should be placed on research in aging in seniors. ... It should be collaborative. Research should involve potential recipients and providers of services.

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at most Centres focuses on older adults.

A small sample of research themes and projects of the Centres visited is described in Appendix D. Most of the Centres visited have a psychosocial research focus. None of the Centres identify themselves as having a solely biomedical research focus but three sites do use biomedical techniques such as blood collection and neuroimaging. One site conducts clinical trials.

Aging-related research areas and topics at the 10 visited Centres included but were not limited to:

- neurodegeneration of the aging central nervous system (including neurodegenerative diseases such as Alzheimer and Parkinson disease),
- neuroendocrinology of aging,
- nutrition and healthy aging,
- cognitive functioning (e.g. memory) in older adults,
- stroke recovery,
- best practices in care of older adults, e.g. the National Initiative for Care of the Elderly (NICE),
- aging-in-place in a changing neighbourhood,
- falls and fall prevention,
- caregiving,
- aboriginal issues in aging,
- ethical issues in aging,
- pain and aging,
- age-friendly communities,
- Canadian Longitudinal Study on Aging (CLSA),
- health policy,
- institutional care of older adults, e.g. long-term care and nursing homes,
- driving behavior of older adults,
- social inclusion of the oldest-old,
- senior`s housing,
- aging and mental health,
- elder abuse.

Advice on establishing a research focus

Advice on establishing a research focus at a NL Centre on Aging included:

- develop a research focus,
- maintain a broad focus to include all disciplines,
- focus on excellence in a research area,
- build on the strengths of the Centre's director and the research affiliates,
- create focus groups to foster team development and define priority research areas and,

- keep community in mind when deciding on a focus,
- consider investigating the differences in aging in rural and urban environments as a broad research focus.

Implications for a NL Centre on Aging

Most researchers at the Centres visited conduct psychosocial research on a variety of topics, some of which are listed earlier in this section. This reflects a general recognition of the importance of psychological and social factors in aging as well as biomedical factors. A NL Centre on Aging could investigate psychosocial and biomedical factors in aging. Further discussion of potential research foci is provided in Recommendation 6. In general, the NL Centre would facilitate collaborative research on topics that are relevant to the aging population of the province.

Dissemination of Research Results

A primary means of disseminating the research results of Centres' researchers and affiliates is through publishing in refereed journals. Some Centres also use their newsletters and websites to disseminate research results in plain language. Most Centres are also involved in hosting national and international conferences, symposiums, summer institutes, lecture/speaker series, and seminars. Some of these events are open to the public.

Advice on dissemination

Several interviewees advised that hosting conferences is an excellent way for a Centre to build a reputation and to raise revenues.

Implications for a NL Centre on Aging

Like other Centres, the NL Centre on Aging would disseminate research results through peer reviewed journals, conferences, symposia, public lectures, a website, and a newsletter. Strong partnerships with government and community would facilitate knowledge translation, dissemination, and mobilization to a wide audience and enhance the research-policy-practice interface.

Academic Programs and Courses

Six of the Centres have the education of students as an explicit component of their mandate (see Table 1) and six Centres are located at, or affiliated with, universities that offer undergraduate and graduate degrees in aging. Further information about the academic programs offered by the Centres of Aging visited is presented in Appendix E which also contains information on student scholarships and awards managed by Centres.

Faculty or research affiliates at Centres which do not offer gerontology degree programs are nonetheless involved in the supervision of undergraduate students, graduate students and post-doctoral fellows doing aging-related research.

Three research affiliates discussed their involvement in undergraduate and graduate degree programs. The graduate students of one affiliate have received awards from their Centre and attend talks at the Centre. This affiliate advises students to consult the list of affiliates on the Centre's website as possible candidates for their theses' committees. A third affiliate noted that students working at the Centre should learn useful skills and not just serve as "labourers". The same affiliate commented on the common, well recognized problem of attracting students to aging-related areas and added that students' awareness of their Centre needs to be heightened.

Advice on involvement in academic programs and courses

One affiliate stated that a NL Centre on Aging could be a focal point for developing graduate degrees in gerontology. Another affiliate suggested a NL Centre could consider the possibility of offering students awards/scholarships.

Implications for a NL Centre on Aging

A NL Centre on Aging would create additional educational opportunities for students. The Centre could participate with Memorial University in exploring opportunities for enhancing aging-related curricula and for offering degree programs, including graduate programs⁹. The NL Centre should seek funding for student awards/scholarships including funding from the private sector.

Community Outreach

All Centres on Aging are engaged in community outreach activities, including:

- websites,
- newsletters,
- public lectures and webcasts,
- open houses,
- workshops,
- plain language publications, including fact sheets,
- development of educational materials e.g. a tool kit for age-friendly communities,
- awards for seniors.

The majority of Centres articulated the importance of connection to, and partnership with, the community and most had community outreach as part of their mission statements and goals. The manner in which these objectives are carried out varies in practice.

All ten Centres have websites and six produce newsletters that are available online. Most newsletters

⁹ Cake, L. J. (September, 2010). Opportunities for Post-Baccalaureate Degrees in Aging at the Grenfell Campus, Memorial University. Available from author. This report discusses opportunities for aging-related degree and certificate programs, consistent with Goal 27 of the Healthy Aging Policy Framework.

include articles and announcements relevant to the seniors' community and report on research undertaken by the Centre.

Public lecture series are regularly delivered by the majority of Centres. Some lecture series utilize alternate technology such as webcasts along with standard lecture presentations. Videos or summaries of lectures are archived on some Centres' websites. Those Centres that partner with the community on public lectures appear to have closer relationship with specific groups from the community, e.g. a retiree's organization and specific not-for-profit agencies (see Appendix F).

Some Centres host public forums and some offer workshops/courses for health care professionals. Some Centres are involved in developing educational materials such as toolkits, fact sheets, and other publications covering a wide variety of topics, e.g. care of older adults, caregivers, and age friendly communities. In some instances, the creation of educational materials was a direct output of specific funded projects proposed by community agencies and groups.

Most Centres provide personnel to sit on committees and provide advice to community groups and governments if requested to do so. Many Centres partner with community groups to develop grant proposals and to collaborate in aging-related research.

Appendix F presents more detailed information about the community outreach activities of the Centres visited.

Advice on community outreach

Several interviewees noted the importance of community outreach and offered advice which included:

- Understand that community-based participation is tough and time consuming but important.
- Build connections with older adults through relevant outreach activities.
- Recognize that university researchers are seen by community as being "up on a pedestal"; this may lead to reluctance on the part of the community to become involved. Connections between seniors and students can address some of this reluctance.
- Identify the interests of older adults.
- Conduct research that community would like to see done, not only what academics or funders want done.
- Offer public educational activities; make the educational activities relevant and evaluate their success.
- Work with seniors groups as they can provide a resource for research, e.g. volunteer participants for research studies.
- Consider cultural sensitivity issues in community participation in the Centre.
- Use webcast resources to reach a wider community.

One interviewee suggested that a good way to genuinely involve older adults is to have seniors sit on

Centre committees including hiring committees. Further advice regarding working with community groups is described in the “advice on partnerships” section of this report.

Implications for a NL Centre on Aging

Community outreach and engagement has been identified as a priority of a NL Centre on Aging (see recommendation 7). A NL Centre would offer outreach activities similar to those described while paying special attention to the diverse needs of the province’s rural and aboriginal communities. Of particular importance is to identify a process to include Labrador in community outreach and engagement. Our collaborators from the Labrador Friendship Centre noted that a NL Centre on Aging would need to be considerate of the cultural diversity of their region to ensure the inclusion and involvement of older persons. Community collaborators emphasized that it is important that the community has meaningful opportunities for participation and engagement including representation on matters related to the governance of the Centre.

It is also important to take into account the strengths of existing resources in this province such as the provincial government’s Office of Aging and Seniors, the Seniors Resource Centre of NL, the Seniors’ Wellness Committee, the Labrador Friendship Centre and various other organizations concerned with the well-being of older adults. By engaging older adults and other stakeholders as active contributors and collaborators, a NL Centre on Aging will work to ensure that it is not duplicating existing services or programs.

The next section of this report describes the personnel and funding that enable Centres on Aging to engage in the research, education, and outreach activities described.

Staffing at Centres on Aging

Appendix G presents a summary table of numbers of core and support staff and research affiliates at the visited Centres. All Centres have a director, a position identified as critical to the success of a Centre. Directors are typically high-profile researchers who are very successful in securing research grants and in attracting research affiliates to the Centre. At all Centres visited (including hospital-based sites), the director also holds a faculty position within a university department. These departments include Community and Health Sciences, Family and Nutritional Sciences, Family Studies and Gerontology, Gerontology, Neurology and Neurosurgery, Psychology, Nutritional Sciences, Psychiatry and Social Work, reflecting the interdisciplinary nature of aging research. Most directors benefit from a teaching load reduction. Some directors are research chairs and receive a reduction for this position.

The roles of the directors include obtaining research funding, conducting research, disseminating research results, linking and networking with researchers with a common interest in research on aging, and communicating with constituencies including government and community groups.

At most Centres, the director is supported by another senior administrator. Two of the sites visited have an associate director. Five Centres have a coordinator/administrator/manager to assist the director. The coordinator position was viewed as critical for the stability and successful operation of the Centre. Specific responsibilities of coordinators/administrators include communications (e.g. producing newsletters), representing the Centre on various committees, budgeting, identifying funding opportunities, and assisting with grant applications. Three Centres also have directors of research units.

In terms of staffing, three Centres have core researchers directly attached to the Centres in addition to the Centres' research affiliates. The other seven Centres have research affiliates but do not have core researchers in residence. One interviewee indicated that the core researchers are expected to do the work of the Centre and to bring in research grants in return for teaching relief. Another interviewee suggested that having a core group of researchers allows for some faculty at the Centre to have a research "dry spell" as others can pick up the slack and maintain good overall research productivity for the Centre.

Sites vary considerably in terms of other support staff (project coordinators, research assistants, statisticians, IT personnel, communications personnel, budget officer, etc.) ranging from no support staff to 122 research personnel and 14 other support staff at a larger Centre.

Advice on staffing

Several interviewees pointed out the importance of the continuity of staff and suggested that core funding for staff is needed to achieve this continuity.

Advice related to the key director's position was that the director should:

- be an active researcher, well recognized in the field, and a charismatic leader,
- have the respect of the external community,
- have experience in building a Centre and in building a teaching program,
- be a faculty member and receive course relief,
- be appointed for no more than a 5 year period.

One interviewee stated that a one-course relief should be awarded for the directorship and any other course relief should be tied to the director's research load and to the number of graduate students supervised. Another interviewee reported that their founding director argued successfully that a full-time director with no teaching responsibilities was needed in the initial years. That person felt that, once a Centre is firmly established, the director should do some teaching to maintain contact with students.

Advice related to other positions included:

- Recruit a coordinator/ administrator with good writing skills which are useful for providing

assistance with grant proposals and preparing newsletters.

- Recruit a Master's prepared coordinator/ administrator with strong community contacts including seniors.
- Provide an administrative assistant for the director.

Implications for staffing a NL Centre on Aging

The importance of an active and collaborative founding director of a NL Centre on Aging cannot be overstated. The ability of the director to attract researchers and research grants will be critical to the success of a NL Centre. The director should be an academic who is well recognized in the field and with the respect of the external community. The director would benefit from support from an associate director or a coordinator. In addition to researchers, a NL Centre for Aging will require stable core funding to ensure the continuous presence of an adequate number of qualified support staff such as a coordinator and an administrative assistant.

Research Affiliates

All Centres have research affiliates/associates who are engaged in aging-related research. Research affiliates provide the critical mass required for research at Centres on Aging. Interviews were held with 11 research affiliates during the site visits. The number of research affiliates at the Centres visited ranged from 7 to 82 (see Appendix G). At university-based Centres, most affiliates are faculty members from the Centre's university. At hospital-based Centres, most affiliates come from other health care institutions and affiliated universities. Most Centres also have external affiliates from other universities or from other institutions. One reported advantage of having external affiliates is that the Centre can be involved in research projects for which the external researchers have received funding.

Research affiliates come from a variety of disciplines reflecting the interdisciplinary nature of research in aging. We interviewed affiliates from psychology, sociology/anthropology, family studies and gerontology, kinesiology and health studies, community health sciences, social work, and law.

The process of becoming a research affiliate varies considerably from no formal appointment procedure to more formal procedures involving submitting an application to the Centre's director. Letters of support from Centre collaborators are sometimes required for external affiliates.

Our interviews with both directors and research affiliates revealed several benefits for the Centres and for their affiliates. From the Centre's viewpoint, research affiliates can bring prestige to a Centre and they form part of the critical mass necessary for research. Successful grant applications by affiliates contribute to the reputation and resources of the Centre. Connections made by affiliates with community groups and others can prove useful to the Centre.

The numerous benefits of being associated with a Centre that were reported by affiliates included:

- Centres help assemble interdisciplinary groups of researchers with similar research interests and facilitate the establishment of research networks. Affiliation with a Centre facilitates collaboration with Centre staff, other on-campus researchers, researchers at other institutions, government, and community groups. One interviewee stated that the Centre provides “a physical presence and an opportunity to conduct research in aging”. Another interviewee stated, “Without the Centre there would not be the same degree of collaboration in aging research. The Centre is a place where people can come together.”
- A Centre’s connection to community groups can result in invitations from the community for a research associate to become involved in research. This, in turn, can result in future collaborations. One research associate stated that affiliation with the Centre brought “legitimacy with the community.”
- Association with a Centre increases the affiliate’s credibility and potential success in grant applications. Two affiliates partly attributed their success in obtaining grants to the Centre’s director being a co-applicant on a grant proposal.
- Several Centres provide infrastructure for affiliates, including research space and equipment. As one interviewee stated “having a place for a project that is separate from the academic office is very valuable.” Some Centres also provide assistance in preparation of grant applications and in record-keeping for grantees (e.g. budget tracking).
- Two affiliates attributed the development of their current research focus to involvement with their Centres.
- Some Centres offer seed grants/awards to affiliates.
- Several Centres host a speakers’ series with presentations by research affiliates and others. One affiliate praised the speakers’ series put on at their Centre as being very useful for learning about the aging-related research of others on campus and elsewhere.
- Centres can help affiliates to identify graduate students who are interested in aging-related projects and assist graduate students to identify affiliates to serve as supervisors or as members on these committees.

One interviewee suggested that there is a lack of awareness about opportunities for research on aging through their Centre partly because faculty members often fail to see how their particular research area applies to aging. This interviewee felt that awareness about opportunities for applying a faculty member’s research to aging could be better promoted by the Centre.

Another interviewee described the challenges of being an adjunct professor/research affiliate including isolation. The interviewee spoke about the uncertainty associated with working project to project. This interviewee also felt that running from project to project and the need to constantly prepare grant applications makes it more difficult to publish in peer reviewed journals and thereby develop a prestigious scholarly reputation in a particular area.

Advice regarding research affiliates

One interviewee cautioned that adding a large number of associates can become unwieldy and that a Centre needs to make sure affiliates offer at least as much to the Centre as the affiliates get in return. Another person echoed this view stating that affiliates must be added strategically and must be productive.

A research affiliate distinguished between two types of affiliates, those that are centrally and consistently involved and those that are more peripherally involved. Another research associate confirmed this distinction stating that many research affiliates are “marginal” and not much involved with the Centre.

Some affiliates suggested that Centres could do a better job in recruiting research affiliates. One affiliate who initiated an association with the Centre suggested that this is the typical situation. This affiliate felt that if the Centre had the resources it could do more in terms of recruiting affiliates – particularly new faculty – by contacting them and making them aware of the benefits of being an affiliate.

Implications for a NL Centre on Aging

A NL Centre on Aging should endeavour to attract research affiliates who would be actively involved with the Centre. There should be benefits of affiliation for both the NL Centre and its affiliates similar to the benefits outlined at other Centres.

Other Partners of the Centres

In addition to research affiliates, Centres typically have research partners from universities (or other academic institutions), government including the health care sector, and the community. Some Centres receive funding from corporate partners.

University partners

Universities encourage collaborations and Centres on Aging are no exception. Three Centres work closely with gerontology departments at their university. Some Centres collaborate with other Centres at their university. There is also collaboration among different Centres on Aging on projects, such as the Age Friendly Rural and Remote Communities project and the Canadian Longitudinal Study on Aging (CLSA). One Centre is the secretariat for a provincial network for aging research which includes six other universities in the province as well as numerous other partners. Two Centres reported on international collaborations.

Two of the Centres visited have affiliated research laboratories. The University of Victoria's Centre on Aging houses the Survey Research Centre (SRC) which was initially established by the founding director of the Centre on Aging. Currently, the SRC operates on a cost-recovery basis assisting clients in creating their survey instruments, conducting surveys, and analyzing survey results. Undergraduate and graduate students are trained and employed in the lab. While the current research of the Centre on Aging does not

require as great a need for the survey lab services as in the past, the SRC is currently involved in work done at the Centre for the CLSA.

The Gerontology Research Centre (GRC) at Simon Fraser University is affiliated with the Dr. Tong Louie Living Lab which was established through the collaborative efforts of Simon Fraser University (including the GRC) and the British Columbia Institute of Technology (BCIT) and its Technology Centre. The \$1 million endowment for the Lab is split between the University and BCIT – a polytechnic. The University manages the funds and the interest from the endowment is split between the Living Lab and the Centre. One goal of research at the Living Lab is to create environments and products that facilitate independent living, sensitive to the needs of older adults and persons with disabilities.

In 2002, the current director of the NS Centre on Aging was awarded funding from the Canada Foundation for Innovation to develop the Maritime Data Centre for Aging Research and Policy Analysis which is housed in close proximity to the Centre on Aging at Mount St. Vincent University.

Most Centres also welcome sabbaticants and visiting scholars.

Government partners

Directors of Centres and research affiliates described a variety of partnerships with provincial and federal governments. Often the government partners provide research funding. Across all sites, provincial government partners included the Department of Seniors, the Seniors and Aging Secretariat, the Ministry of Health, the Ministry of Healthy Living, the Seniors Secretariat of PEI, the Ministry of Research and Innovation, and the Department of Community and Social Services.

Several Centres and their research associates also collaborate with hospital-based research centres and with provincial health authorities and boards. One interviewee noted that their Centre on Aging has a relationship with most of the health centres in the region and that most research affiliates work with the health centres. This work facilitates obtaining participants for research.

Federal government partners of Centres and their affiliates included the National Advisory Council on Aging, Veterans' Affairs Canada, Human Resources Development Canada, Public Health Agency of Canada, and Health Canada. The reported benefits of these partnerships included receiving funding related to work on aging policy issues and facilitating partnerships with other researchers. One interviewee described the benefits of partnerships with government as mutual, citing the Centre's work on Age Friendly Communities.

Community research partners

Most Centres reported that they collaborate with community agencies or groups on research projects. Examples of such collaborative activities include:

- Centres collaborate with and receive funding from national organizations such as The Alzheimer

Society and The Heart and Stroke Foundation on research projects of mutual interest.

- Centres collaborate with local community organizations on research projects on topics of mutual interest including: home care; meals on wheels; older parents of children with disabilities; ethnicity, aging, and health; aboriginal culture and end of life care; age-friendly communities; and long-term care.
- Centres advise community and government partners on aging related research and policy issues.

Private sector partners

Some centres receive funding and other support from the private sector including support from:

- foundations,
- financial institutions,
- pharmaceutical companies,
- other businesses including continuing care providers.

Partners of research affiliates

Research affiliates described a variety of partners. Academic partners included Centre staff, researchers at the affiliates' institution, researchers at other institutions (including a collaborator at another Centre for one affiliate), and international collaborators. Four affiliates reported on research projects involving community partners including the Seniors Resource Centre of NL. Another affiliate who reported partnerships with the federal, provincial, and municipal governments has worked with NL Housing. Two affiliates reported having research partners from the health care sector. One affiliate has worked with the province's Ministry of Health.

Advice regarding partnerships

Advice was offered concerning partnerships, particularly partnerships with community groups. Advice on community partnerships included:

- define the roles of community partners; people must see where they fit in the Centre,
- give credit to community partners for their role in research,
- work with community partners to identify their research needs,
- include appropriate research partners, e.g. seniors' groups, from the beginning and throughout the entire research process,
- disseminate research findings back to community groups involved in the research,
- provide information to community groups on the nature of applied academic research – especially program evaluation – to build a better understanding of research,
- be clear on the kinds of activities that a Centre will, and will not, be involved in with community (e.g. research but not services),
- recognize that while partnerships look easy on paper, they may be difficult to achieve.

Interviewees reported a number of benefits in working with community. One person suggested that when older adults are involved with determining the research question, the research has very practical applications. Two interviewees noted that many granting agencies (e.g. CIHR) now require community partners for certain funding programs.

While all affiliates seem to enjoy working with community groups and recognize the value of this work, some affiliates commented on challenges in working with community groups. One affiliate who has considerable experience in working with community groups pointed out that funding for community organizations is tenuous. Other challenges reported by that affiliate were related to difficulties in maintaining relationships and contacts due to a high turnover in personnel and the fact that many community organizations fold or take a different direction after several years. This interviewee also noted that work with grass roots organizations reaches a maturation point and researchers then have to look for new partners and research ideas.

Another interviewee pointed out a risk for research affiliates who focus on community activities and ignore producing publishable research thereby disadvantaging their promotion and tenure evaluations. This interviewee, who has a wealth of experience and a well developed protocol for doing research in the community while collecting publishable data, described individuals from the community as “practical minds” who can help in interpreting research data and in writing non-technical reports.

One affiliate felt that service to community should be a major priority of a Centre on Aging. In some cases, community groups do not receive requested assistance from their Centre because the needs of the groups do not fit perfectly with the interests of the Centre. This affiliate would like to see their Centre take on a new direction and become a “community research action Centre.”

Another interviewee cautioned that the community can put a lot of demands on a Centre and its faculty. In addition to the challenges reported by interviewees, our community collaborators cautioned that Centres need to be mindful of the excessive demands that can be placed on community organizations by researchers.

In terms of government partners, an interviewee noted that external evaluators of the Centre approved of the Centre’s strong contact with government but stressed the “need to not become a contractor for government” and to maintain the independence of the Centre’s research. A research affiliate spoke to the importance of government and academia working together and suggested inviting government to participate from the beginning to determine government’s needs. This helps with the direction of research because government can indicate the kinds of information they need. “Government partners can be champions.”

When asked for advice about private sector partnerships, one interviewee described a period of time when corporate sponsors were not accepted by their Centre due to concerns that their involvement with

corporations might compromise research. Eventually they realized “their scientists would not be biased” and corporate sponsorships are now accepted for funding dissemination events and knowledge mobilization. The Centre is very careful to ensure maximum transparency exists in their work with the corporate sector.

Implications for a NL Centre on Aging

Like other Centres, the NL Centre on Aging should strive to form strong partnerships with university groups, community organizations and groups, the health care sector (including health authorities), governments (federal, provincial and municipal), and the private sector. The development of strong and meaningful partnerships with government and with community groups could distinguish a NL Centre.

While it is recognized that multi-sector partnerships are essential to the success of a NL Centre on Aging, it is also understood that the capacity for individuals and organizations to participate will vary with respect to resources and other restrictions. A key role of the administrators of the NL Centre will be to develop and monitor partnerships to ensure responsibility is shared and limitations are recognized and respected.

A NL Centre should also collaborate with existing Centres on Aging and with their research affiliates. Indeed, a number of interviewees expressed interest in collaborating with a NL Centre.

Committees and Governance

General information regarding committees and governance structures was obtained for all 10 sites visited. As would be expected, the larger Centres have more complex committee and governance structures. Six Centres have an advisory committee. Advisory committees include external representatives from the community – including seniors’ organization – and often the health care sector and government. Occasionally, the private sector is represented on the advisory committee.

Three Centres reported having an internal management/ operations/ steering committee. Sites have a variety of other committees including:

- education (3 Centres),
- research (3 Centres),
- research ethics (2 Centres),
- research communications/newsletter (2 Centres),
- liaison (1 Centre),
- scientific advisory (1 Centre),
- scientific conferences (1 Centre),
- awards (1 Centre),
- fundraising (1 Centre).

In terms of governance, at four university-based Centres the director reports to the Vice President

Research who provides funding to the Centre. At three other university Centres, the director reports to the Dean of the associated faculty. At one hospital-based Centre, the director reports to the affiliated university, to the hospital, and to the provincial government's health research funding agency.

Advice concerning committees and governance

One suggestion regarding committees was that they should be fluid as they will evolve and change directions as required. Most interviewees believed that an advisory committee with external representation from the community is useful and can help provide direction to a Centre. Another interviewee suggested that the advisory committee should be inter-departmental in makeup. One interviewee suggested that their Centre's Advisory Board may only provide an "illusion" of community involvement with the Centre as it meets infrequently.

In terms of governance, most university Centres report to the Vice-President Research or to the Dean of a faculty. Directors preferred this arrangement as the Vice-President or Dean can champion their needs. Centres that report to, and receive funding from, the Vice President Research appear to prefer this arrangement.

Several interviewees felt that it was useful for the Centre to be independent and separate from a particular faculty or department and to receive a separate budget. The Centre might then be immune to budget cuts to the faculty or department.

One university-based site does not have official Centre status and the director does not report to anyone as the Centre receives no core funding from the university. An interviewee reported that this Centre enjoys their independence.

Implications for a NL Centre on Aging

A NL Centre on Aging should have an internal management committee and an external advisory committee. Recommendation 10 discusses the compositions of these committees. Our community collaborators emphasize that all levels of the governance model of a NL Centre on Aging should uphold the principle of inclusion and involvement of older persons and the community.

Research Funding

Centres and their research affiliates obtain research funding from a variety of sources including the federal government, provincial government, charitable organizations, and foundations.

Researchers at all 10 Centres have received federal government funding from various sources including the Canadian Institute of Health Research, the Canadian Foundation for Innovation, Networks of Centres of Excellence, the National Sciences and Engineering Research Council, the Public Health Agency of Canada, Human Resources Development Canada, Health Canada, the Social Sciences and Humanities Research Council, and Veteran Affairs Canada.

Provincial funding sources include provincial Ministries of Health, Fonds de la Recherche en Santé (Quebec), provincial health authorities, Seniors Secretariat (PEI), the Nova Scotia Health Research Foundation, and the Manitoba Health Research Council.

Several Centres receive research funding from charitable organizations such as the Heart and Stroke Foundation and the Alzheimer Society.

Various foundations have supported research and operations at a number of Centres. These include the Michael Smith Foundation for Health Research in British Columbia (University of Victoria and Simon Fraser University), the Vitae Foundation (Sherbrooke), the Baycrest Foundation (Rotman Institute), the Max Bell Foundation and the McKinnon Endowment Fund (Nova Scotia Centre). At least one Centre has received funding from an international foundation in the U.S.

One Centre received \$600,000 in private donations through the university's capital campaign program. Their university believed that the Centre would be an attractive area for donations and included the Centre as a specific item on its menu for donors. Several other Centres receive private donations with donors being recognized with a plaque on a "donors' wall" within the Centre.

While we didn't gather detailed information from most sites on exact amounts of research funding received, some highlights gathered from the Internet, Centre reviews and annuals reports follow:

- From 2007-2009, one Centre received in excess of 6.7 million dollars in research grants.
- During the period 2008-2010, a second Centre's research funding totalled more than \$13 million from 24 new and continuing grants.
- During the period 2001–2009, a third Centre secured more than \$10 million in grants with the director or research affiliates as principal investigators and \$36 million with the director or affiliates collaborating with researchers at other institutions as co-investigators.

Affiliates reported receiving research funding from a variety of federal and provincial funding agencies. One affiliate received a \$10 000 faculty research grant from their Centre on Aging and a \$100 000 establishment grant from the province's Health Research Council which awards millions of dollars for health research annually. Five Centres provide – or did provide in the past – seed funding to research affiliates for pilot projects to facilitate success in larger grant competitions.

Advice regarding research funding

Advice applied mostly to infrastructure funding since research funding for most Centres depends on grants to the directors and research associates. The importance of infrastructure support – salaries for core support staff, space, information technology – to the research efforts was stressed. Additional advice on securing research funding included the following:

- obtain a dedicated budget from the beginning and include funding for research,
- have a research focus to improve the chance of securing grants,
- check national funding initiatives,
- partner with community organizations with funding but no research capacity; many granting agencies now require community partners for certain grant programs,
- a Centre must be successful in obtaining research grants to establish credibility and attract researchers,
- biomedical research receives the largest funding but it is also the area of greatest competition.

One interviewee suggested trying to find a mechanism whereby the Centre receives credit for research affiliates' grants rather than the credit going solely to the affiliates' home department.

Operational Funding

At most university Centres, the funding for academic salaries (director, associate director, and research affiliates) is provided by the university as the individuals are faculty members in a department.

Sometimes a portion of the director's salary is a budget item of a non-departmental unit (e.g. the VP Research) and the remainder is an item in the department's budget. An exception occurred at one Centre where the university covered the full-time director's salary in the early years. Two current directors are Canada Research Chairs – one of whom also holds an endowed Chair position – and receive salary support for those positions. Another director holds an endowed Research Chair position. At six university Centres funding for other core staff (e.g. coordinators and administrative assistants) is provided by the university.

There are two university Centres with core faculty/researchers in residence. At one Centre the salaries for the researchers in residence are covered by the Centre itself with interest from an endowment, donations, grants, contracts, monies raised by hosting conferences, and the sale of publications. At the other Centre the salaries of core faculty are covered by the faculty member's department.

At one hospital-based Centre, the director and the scientists have appointments at the affiliated university and the university funds their salaries. Most of the funding for the salaries of the large research staff (including technicians, administrative assistants, a statistician – but not research assistants) comes from infrastructure funding awarded competitively by the health research funding agency of the provincial government. The hospital covers a small proportion of research staff salaries. At the other hospital-based Centre, the hospital covers salaries that cannot be obtained through research grants; secretaries, administrative staff, and scientist salaries if necessary.

At all Centres, funding for non-core support staff such as research assistants depends on the research grants of directors and research affiliates. At one Centre salaries for support staff was partly funded through a research foundation. When funding from the foundation was discontinued, the Centre had to

reduce support staff considerably.

All university-based Centres receive in-kind support from the university such as space, information technology, financial services, and utilities. The amount of this support varies considerably depending, in part, on the size of the Centre.

Operational funding is sometimes provided by other sources including endowments. One Centre was included in the University's capital fund campaign early in the Centre's history and received donations that were placed in an endowment fund. That Centre continues to operate on the interest from that endowment which pays half of the director's salary. As mentioned, another Centre has also benefitted from being included as an item in the university's capital campaign.

Advice regarding operational funding

Advice received with relation to securing operational funding included:

- secure a dedicated budget rather than have unpredictability in funding from year to year,
- obtain core funding for a director and a coordinator,
- obtain provincial government funding for core staffing,
- access or build a charitable foundation to create an endowment to generate income for the Centre,
- establish an endowed chair position,
- leverage funds by partnering with other organizations such as hospitals,
- continue to keep generating funding and resources,
- host conferences to generate revenues,
- request funding for travel for face-to-face meetings of personnel if a Centre has more than one location,
- try to be less dependent on government and university funds.

Implications for funding at a NL Centre on Aging

Core funding for infrastructure including salaries for core staff will be required. Funding for the research of the Centre and its affiliates will come mainly from the federal granting agencies. A small proportion of research funding may come from provincial sources such as the provincial government and the NL Centre for Applied Health Research. The NL Centre on Aging should explore opportunities to obtain research and operational funding from foundations, donors, charitable organizations, and the private sector. Memorial University could consider including the Centre on Aging in its capital campaign.

This concludes the description and discussion of the information received during interviews augmented by information from annual reports, external reviews, newsletters, and the Internet.

Conclusion

Centres on Aging create new knowledge about aging through research, assist in the education of students, support decision-making about health policy within governments and health authorities, and partner with communities to provide outreach activities for older adults. The government of NL has clearly recognized the importance of such activities in the Healthy Aging Policy Framework.

Over the past 20 years community, academic and provincial government groups have agreed that a provincial Centre on Aging could provide the leadership to address the challenges of the province's aging population. The current study provides a sound framework to guide Memorial University and the Government of Newfoundland and Labrador in the establishment, structure, and activities of a Newfoundland and Labrador Centre on Aging. The following section offers some recommendations in this regard.

Recommendations

This final section presents and discusses 10 recommendations for the establishment and operation of a NL Centre on Aging. These recommendations are primarily intended for consideration by decision makers within the provincial government and Memorial University. The recommendations are based on the research team's analysis and interpretation of the information gathered from the 10 visited Centres.

1. A Newfoundland and Labrador Centre on Aging should be established.

The establishment of a NL Centre is appropriate given the demographics and the unique circumstances and environments of the province and its people. The Government of Newfoundland and Labrador has acknowledged the need to address the challenges produced by an aging population in the Healthy Aging Policy Framework. The establishment of a NL Centre on Aging is completely consistent with that Framework and will assist in forwarding the goals of that Framework. For example, priority Direction 6 is Employment, Education and Research. Goal 28 requests that improved knowledge of aging and seniors is reflected through evidence gained through research. One suggestion for how to accomplish this goal is to "support a working group to explore research models, develop a framework, and promote research on aging and seniors. This will include government, education, community, and regional health authorities (p. 49)." A NL Centre on Aging could provide a mechanism for these activities.

A NL Centre on Aging could also generate economic benefits including reduced health care costs through improved, evidence-based knowledge regarding healthy aging. A NL Centre on Aging could stimulate the economy by attracting and employing highly-qualified persons and support staff. In addition, the study of aging is a priority area for federal research funding (e.g. the Canadian Institute for Health Research) and significant funding for research is available. Researchers bring grant money to their Centres, resulting in economic benefits to their communities. Further, researchers from other provinces have conducted aging

research in NL, resulting in lost research opportunities and research dollars for NL researchers. One example of the strong economic potential of a Centre on Aging is the Research Centre on Aging in Sherbrooke, Quebec. From 2007 - 2009 this Centre, which employs over 100 research and support staff, obtained more than \$6.7 million in research grants and bursaries providing a strong boost to the local economy.

2. The Centre on Aging should be located at Memorial University.

We recommend that the NL Centre on Aging be established at Memorial University. While two of the visited Centres are housed in health care institutions, most are located at universities. The fact that universities have research and education as primary goals and have considerable research expertise supports the recommendation to locate a NL Centre at Memorial University. In order to foster interdisciplinary research, the NL Centre should not be located within a particular university department, school, or faculty but rather be pan-institutional.

A NL Centre on Aging is consistent with the results of Memorial's recent strategic planning exercise which identified health and well being as an area of research strength. A NL Centre is consistent with the 2009 strategic plan of the Grenfell campus of Memorial which includes the following in its vision statement, "We will promote ourselves as a liberal arts and science university with a strong environmental, **health** and fine arts focus and programs serving the needs of the region but with relevance to the national and international communities". The 2007-2012 strategic plan of the St. John's campus includes the following statement about the Grenfell campus: "Grenfell will develop a stronger research mandate consistent with its strengths and the needs of the communities it serves".

A NL Centre on Aging also fits other aspects of the 2007-2012 strategic plan of the St. John's campus. That plan states: "Research activity will grow and there will be much greater levels of cooperation and collaboration across disciplines, across campuses, and with other institutions. New areas of research specialization will have emerged along with exciting new educational programs." A NL Centre on Aging would facilitate other goals of the Memorial, St. John's strategic plan by meeting the needs of the province, providing outreach, promoting economic development, and fostering provincial partnerships and linkages. Finally, a NL Centre of Aging will reflect Memorial University's longstanding emphasis on its "special obligation" to the people of Newfoundland and Labrador.

We should note that significant amount of aging-related research is currently being conducted at Memorial University including participation in the Canadian Longitudinal Study on Aging, research being conducted in the Cognition, Memory, and Aging Laboratory (Psychology Dept.), and the many projects being carried out by individual faculty and by teams of researchers. Memorial is also host to a Canada Research Chair in Healthy Aging. A NL Centre on Aging would bring these researchers together and develop new networks of collaborators, thereby facilitating the development of new and exciting aging-related research projects.

Where the Centre would be located within Memorial is a related question. There is interest in locating the Centre at the Grenfell campus of Memorial as identified during the Grenfell study (Cake, 2008). That study identified aging-related research interests and found support for a NL Centre on Aging among 41 individuals including a significant number of faculty at the Grenfell campus and the Western Regional School of Nursing and professionals at Western Health. There is also interest in locating a Centre on Aging at the St. John's campus of Memorial as identified during the Grenfell study and as reflected in the membership of this research team. In addition, there are a significant number of Memorial faculty and others located in St. John's who are members of the Research Affinity Group on Aging.

One possibility is for the NL Centre on Aging to have two branches or nodes like the University of Victoria's Centre on Aging; one at the Grenfell campus and one at the St. John's campus. One interviewee suggested that the NL director could be located at one campus and the associate director at the other campus with a rotation occurring every 5 years. While located at Memorial, the NL Centre on Aging would recognize the importance of external partnerships.

To forward the establishment of a NL Centre on Aging, an Advisory Committee should be formed immediately.¹⁰ The Advisory Committee should include representation from all stakeholders: the provincial government, the university, the health care sector, the community, and the private sector. The decision on the location(s) of a NL Centre could be determined with guidance from this Advisory Committee.

3. The Centre should have a core staff which includes a director and a coordinator.

We encountered two staffing models for Centres on Aging during the site visits. In one model, Centre core staff (typically a director, coordinator, and support staff) are augmented by core researchers directly attached to and housed at the Centre on Aging. This is an atypical and expensive model, albeit a model that most Centres would prefer. In theory, the presence of core faculty could greatly increase the research productivity of a NL Centre on Aging and help to quickly build a strong reputation for the Centre. The second, more common, model involves Centre core staff with research affiliates attached to the Centre. This is the recommended model for a NL Centre on Aging.

Like all Centres visited, the NL Centre on Aging will require a dynamic director with a strong interdisciplinary focus and a prestigious reputation who can attract research funding and research affiliates. The director should be an academic who has a good research track record and who is a good collaborator. The director of the NL Centre could be attached to a university department and receive teaching remission for the directorship. In the first few years, it would be advisable to award the director a

¹⁰ This research team forms the core of a visioning group for the establishment of a NL Centre on Aging. Other members include representatives from the provincial government, health authorities and community groups across the province. Appendix H presents the goals and current members of this group which might serve as a useful Advisory Committee.

full teaching remission to get the Centre established and operating effectively. The director's term should be 5 years (renewable).

The director should be supported by a Centre coordinator (or associate director) and an administrative assistant. In addition to the minimal core staff, another useful position would be a communications coordinator who would be responsible for maintaining the Centre's website, producing a newsletter, and liaising with the media and the public. Research assistants and other staff could be funded through the research grants of the director and research affiliates.

4. The Centre should be supported by core operational funding.

Funding for the research of the Centre and its affiliates will come mainly from the federal and provincial granting agencies. However, core operational funding will be required to ensure continuity of Centre staff and to ensure success. It has been estimated that salaries for the director, coordinator, and administrative assistant and other costs for infrastructure (equipment, heat and light) would be approximately \$350,000 per annum¹¹. Memorial University and the provincial government of NL could consider sharing the costs of establishing and operating a NL Centre on Aging. The Centre could be provided with core funding and infrastructure support through the office of the Vice President Research as occurs at four other Centres on Aging. The NL Centre on Aging should seek additional funding from private donors, charitable organizations, and the private sector.

5. The Centre's mandate should include excellence in research, education, and community outreach.

The mission/mandate statements of the NL Centre on Aging should include:

- Fostering, conducting and disseminating research on aging. Researchers will collaborate with partners including government and community to determine and to respond to the aging research needs in the province.
- The education of undergraduate and graduate students.
- Community outreach and engagement.

A NL Centre on Aging would engage in the typical activities of other Centres on Aging. The research of Centre staff and affiliates will be published in refereed journals. The NL Centre would have a speaker's series open to the public and would host academic conferences and symposia on aging. The Centre could also have space for visiting scholars. Further discussion of community outreach is included with Recommendation 7.

The Centre should avoid duplicating services provided by other community groups (e.g. the Seniors Resource Centre of NL) and by the provincial government, although the Centre may want to assist in

¹¹ This estimate was derived for a strategic initiative to establish a Centre on Aging at the Grenfell Campus of Memorial. The initiative was submitted in 2010.

offering such services if invited to do so. For example, program evaluation is a concern of both government and community groups and a NL Centre on Aging could provide the expertise for this type of activity.

6. The Centre should be inclusive and should adopt a broad research focus.

The NL Centre on Aging should foster and conduct interdisciplinary research on aging and, therefore, should be open to researchers from educational institutions, the health care sector, government, community, and the private sector. An initial step will be to identify and recruit researchers to the Centre and a considerable amount of ground work has been done in this regard by Research Affinity Group on Aging and by this research team.

With regard to the research focus (or foci) of the Centre, in line with the suggestions of several interviewees, the focus should be broad and build on the strengths of the Centre's staff and research affiliates and the interests of the provincial government and community. One possible broad focus for a NL Centre on Aging suggested during interviews was comparisons of aging in rural and urban environments. Another potential focus could be aging in aboriginal communities. There could be many research themes related to these broad foci. Further refinement of research focus and the recruitment of research affiliates will be a primary task of the first director of the NL Centre on Aging.

Calls for research activities from the Healthy Aging Policy Framework:

assess and improve infrastructure in long term care homes,

support research into palliative care models,

research dementia care,

use education and research to promote proper use of medication by seniors,

support research on the abuse and neglect of older adults.

7. The Centre should have community outreach as a key priority.

Like other Centres, the NL Centre would be engaged in community outreach and engagement. Outreach activities could include plain-language lectures designed for the public and an annual open house for describing the results of Centre research. The NL Centre would have a website and a newsletter containing materials relevant to older adults. The NL Centre and its research affiliates should work closely with community organizations and seniors' groups on research projects. This collaboration should be genuine and involve the community organization throughout the research cycle; in defining the research question, in gathering and interpreting data (as appropriate), in disseminating results, and in advising on actions and policy suggested by the research results. The NL Centre could consider the possibility of training members of community and seniors' groups to be active researchers.

While focusing on research, the NL Centre on Aging should also explore other activities that the Centre could offer. For example, the Centre could act as a clearinghouse for information related to aging research. The Centre could advise community groups, the health care sector, and government departments on aging-related research in a particular area (e.g. older workers, driving behavior of older

adults, seniors' housing, age-friendly communities, and aging in rural communities).

Community outreach and engagement will be priority areas for a NL Centre on Aging. A significant effort was made to include input from the community in the current project. Further, in 2010, the previously described "visioning group" (see footnote 10, p. 37) conducted a survey of the interests of attendees at the provincial government's Seniors and Retirees Networking session in a Centre on Aging. A number of presentations regarding a NL Centre have been made to seniors' organizations and to the provincial government's Inter-departmental Working Group for Aging and Seniors (see Appendix I for further details). We recommend that a provincial forum be held to disseminate the findings of this project and to seek further input from community, government, academia, the health care sector, the private sector, and other potential partners regarding a NL Centre on Aging.

8. The Centre should strive to attract and support research affiliates.

One responsibility of the director will be to identify and attract research affiliates. The benefits of being a research affiliate will have to be made clear. Benefits would include access to a network of other researchers and government and community partners, improved credibility and success in grant applications, and infrastructure support such as research space. If feasible, the Centre should provide the opportunity for affiliates to apply for seed funding to enhance success in obtaining larger grants.

Affiliates would be internal to Memorial (from any department) or external. External affiliates can include academics from other universities and colleges, professionals from the health care sector, government affiliates, community affiliates, and private sector affiliates. Appointment of research affiliates to the Centre should involve an application procedure that is not cumbersome. A review of affiliate status should occur occasionally (e.g. every three years) to ensure that the affiliates are genuinely engaged with, and contributing to, the Centre.

9. The Centre should engage multiple partners in its activities.

By engaging multiple partners, the NL Centre on Aging would ensure that its activities will meet the needs of the citizens of the province. Like other Centres, the NL Centre on Aging should strive to partner with community groups, the health care sector (including health authorities), government (federal and provincial), and the private sector in all its activities. A NL Centre should also collaborate with existing Centres on Aging and with their research affiliates. Indeed a number of interviewees expressed interest in collaborative research with a NL Centre. The formation of such partnerships should be a primary responsibility of the director.

10. The Centre should implement a representative governance model.

A NL Centre on Aging should have an internal management committee and an external advisory committee. The internal management committee should include the director, the coordinator, the Vice

President Research of Memorial, and representatives from university departments with research affiliates of the Centre. The external advisory committee should include the director and representatives from the community, government, the health care sector, and the private sector. Community partners should have meaningful opportunities for participation and engagement including representation on matters related to the governance of the Centre. Other committees can be created as required.

The director of the Centre should report directly to the Vice President Research of Memorial. Directors at Centres visited reported preferring this governance arrangement.

This concludes the recommendations section of this report.

List of Appendices

Appendix A: Study Information Sheet including Informed Consent Form

Appendix B: Interview Guide for Directors and Coordinators/Administrators

Appendix C: Interview Guide for Research Affiliates

Appendix D: A Sample of Research Themes and Projects of the Centres Visited

Appendix E: A Sample of Academic Programs

Appendix F: A Sample of Community Outreach Activities

Appendix G: Staffing and Research Affiliates at Visited Centres

Appendix H: Visioning Group for a NL Centre on Aging

Appendix I: List of Site Visits, Consultations, Presentations and Media Events (2008 – 2011)

Appendix A: Study Information Sheet including Informed Consent Form

This information sheet and consent form has been created to ensure that you are fully informed about the purpose of the research and the process of this interview. Prior to our scheduled interview, please take the time to read the information provided below. You have also been previously provided with the interview guide which contains specifics of the information we are seeking. Before we begin the interview we will invite you to ask about any other details about the study not mentioned here, or about questions you have in relation to the interview guide.

The Ethics Review Board of Sir Wilfred Grenfell College, Memorial University has approved this study.

Background to the Present Study

Given the rapid growth of our seniors' population, it is a priority for all levels of government to gain a better understanding of aging and the provision of services for seniors. Statistics Canada has projected that by 2031, NL will have the highest proportion of seniors in Canada. *Given the demographics, it is noteworthy that the only province without a Centre/Institute dedicated to the study of aging is NL¹².* The Government of NL has acknowledged the need to address the opportunities and challenges associated with our aging population in the Healthy Aging Policy Framework and Implementation Plan.

In 2008, Dr. Leslie Cake, the principal investigator, conducted a review of existing Canadian Centres on Aging and evaluated the feasibility and desirability of establishing a NL Centre on Aging at Sir Wilfred Grenfell College, Memorial University. Information about existing Canadian Centres on Aging was gathered from Internet sites supplemented by site visits to the NS Centre on Aging and the Third Age Centre in NB. Group and individual consultations in the province of Newfoundland and Labrador (NL) identified approximately 50 academics and health professionals with interests in a provincial Centre on Aging. Expanded provincial consultations are ongoing.

The two site visits, while useful, were limited. The present study involves site visits to a larger, more representative sample of Canadian Centres on Aging with more controlled gathering and interpretation of evidence relevant to the potential development of a NL Centre.

Purpose of the Present Study

The general purpose is to gather information from Canadian Centres on Aging concerning their historical

¹² NLCAHR funds applied health research and organizes a Research Affinity Group on Aging. Although NLCAHR is not a centre dedicated solely to the study of aging, cooperation and synergy between NLCAHR, its Affinity Group on Aging, and a Centre on Aging will be critical. Other interested university, community, and government agencies in the province are currently being consulted.

development, current operations and partnerships. More specifically, information will be gathered related to:

- The process of establishment for each Centre
- Mission statements and mandates
- Their research foci and other activities (e.g. services for seniors)
- Funding requirements; existing and potential sources of funding
- The development and operation of university, government, and community partnerships
- Current staffing and infrastructure (including space and equipment)
- Management and governance structures
- Successes of existing Centres and “lessons learned”

It is important to note that the research team is not, in any way, evaluating existing Centres or individuals. Rather, we are trying to learn from the experiences of existing Centres. Please refer to the detailed interview guide that was sent to you for details on to-be-requested information. We also hope to gather information on your Centre’s physical layout and infrastructure (e.g., equipment, library, resource materials for seniors) via a physical tour if that can be arranged. The information gathered will help inform the potential establishment of a Centre for the Study of Aging in Newfoundland and Labrador and assist in defining its precise nature, structure and activities.

Method

Research Questions

The following general research questions reflect the purpose and objectives of this study.

1. What is the historical evolution of each of the Centres on Aging visited and what are the current activities and structures?
2. How can these evolutions, activities and structures inform the development of a NL Centre on Aging?

Data Collection. Using a purposive sampling strategy, we have identified a sample of Centres that vary in terms of geographic region, size, research foci and activities. Your Centre/Institute was identified during this process. Information will be gathered from site visits to approximately 13 Canadian Centres.

Your participation in this interview is completely voluntary. Some items on the interview script may not be applicable to your Centre or to your role or situation. You can choose to not respond to any of the individual items and are free to discontinue the interview at any time. You may also ask for clarification or more information throughout the interview. Subsequent to the interview, you are invited to contact the principle investigator at any time if you have any questions about the study or process of the research. You will be interviewed by two members of the research team. The interview may take up to 90 minutes, depending upon how many items in the interview script are relevant to your circumstances. Your

responses will be recorded in written form by the interviewers. With your permission, the interview will be audio-recorded to ensure accuracy of the written notes. The interviewers' written notes will be provided to you to check for accuracy as soon as possible after the interview. Inaccuracies will be corrected.

Only the interviewers and the PI will have access to any original data which identifies Centres and interviewees by name. Codes will be used for the names, sizes, and locations of the Centres and for interviewees' names and their positions/ roles. The coded data will be kept in a password protected file. Only the research team and a research assistant will have access to the coded data.

Reporting of Results. While the results will be reported in aggregate form, the final report will include a list of all Centres visited during the study and a list of interviewees' roles across all Centres (e.g. "a total of 11 research associates were interviewed across all Centres"). We will **not** report interviewees' roles at a particular Centre. In reporting results or providing quotations neither you nor your Centre will be identified by name. We would also like to remind you that you can choose to not respond to any particular question during the interview.

Qualitative techniques (e.g. content analysis) will be used to analyse some of the information collected. We will identify commonalities and differences among the Centres on Aging visited. Information collected and used by the research team will be stored at Sir Wilfred Grenfell College, Memorial University for five years. Dr. Leslie Cake, the principal investigator, is the person responsible for keeping it secure.

Potential Benefits. Each participating Centre will receive a copy of our final report. Thus, one potential benefit of your participation is to learn more about the structures and activities of other Centres. Another benefit is the opportunity to contribute to the potential development and design of a NL Centre on Aging. Each of these benefits has the potential to lead to future collaborative activities and outreach.

Dissemination of Results

The information gathered will be used in preparing a final research report for our funding agency, the Newfoundland and Labrador Applied Health Research Center, The final report will include descriptions of characteristics of Centres on Aging visited and contain options and recommendations for developing a NL Centre on Aging that fits the needs of the province and potential funding sources.

We have also been invited to present our findings at a meeting of the NL Provincial Advisory Council on Aging and Seniors. We hope to present the results of our study to other relevant, interested parties in NL to further the establishment of a NL Centre on Aging.

Finally, data collected may be used in aggregate form in scholarly presentations (journal articles, conference presentations, presentations at meetings).

Signature Page

Study title: Building an Evidence-Based Framework for the Development of a Newfoundland and Labrador Centre on Aging.

Name of principal investigator: Dr. Leslie Cake, Honorary Research Professor, Sir Wilfred Grenfell College, Memorial University. Tel. 709-637-6276. Email: lcake@swgc.mun.ca

To be filled out and signed by the participant:

Please check as appropriate:

- | | | |
|--|---------|--------|
| I have read the information sheet/consent form. | Yes { } | No { } |
| I have had the opportunity to ask questions/to discuss this study. | Yes { } | No { } |
| I have received satisfactory answers to all of my questions. | Yes { } | No { } |
| I have received enough information about the study. | Yes { } | No { } |
| I have spoken to the research team and they have answered my questions | Yes { } | No { } |
| I understand that I am free to withdraw from the study | Yes { } | No { } |
| • at any time | | |
| • without having to give a reason | | |
| I have given permission for the interview to be audio-recorded | Yes { } | No { } |
| I understand that it is my choice to be in the study and that I may not benefit. | Yes { } | No { } |
| I agree to take part in this study. | Yes { } | No { } |

Signature of participant

Date

To be signed by the investigator or person obtaining consent

I have explained this study to the best of my ability. I invited questions and provided answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

Signature of investigator/person obtaining consent

Date

Telephone number: _____

Appendix B: Interview Guide for Directors and Coordinators/Administrators

A: Original Development of the Centre/Institute

1. Please describe the history of the development of your Centre

- When was the Centre established?
- How long did it take to establish the Centre?
- What was the impetus for establishing your Centre/Institute

- Who was involved and what was the nature of their involvement?
 - University level
 - Administrators
 - Faculty
 - Others
 - Government including government agencies
 - Health Boards / Agencies
 - Community including seniors groups

- Were development committees formed?
 - Composition of committees

- Sources of funding for establishing the Centre?
 - University
 - Governments
 - Other

- Any lessons learned in establishing the Centre?
- General advice on procedure for establishing a Centre?

B: Current Partners of the Centre/Institute

2. Determine partners that are actively working with the Centre/Institute

- University
 - Departments
 - Other Institutes/ Centres involved

- Provincial Health Boards/Agencies?

- Other provincial government departments

- Partners from the Federal Government?

- Community partners?
 - Seniors' organizations
 - Other organizations

- Corporate/private partners?
- Any virtual partners / networks?

- Benefits to the virtual partners/networks
- Benefits to the Centre
- Any advice or lessons learned regarding involvement with virtual partners/networks?
- Adjunct appointments?
 - How appointments are made
 - Benefits for adjuncts
 - Benefits for the Centre
- Any advice or lessons learned with relation to involving individuals or agencies with the Centre?

C: Current Activities of the Centre/Institute

3. Please describe the current research activities of the Centre

- **What types of research (foci of research)?**
 - Biomedical
 - Psychosocial
 - Other
- Any advice on developing research foci?
- **Who does the research?**
 - Are research staff at the Centre involved in research?
 - Are university researchers involved in research?
 - Nature of involvement
 - Involvement of health professionals?
 - Nature of involvement
 - Is the community (e.g. seniors' organizations) involved in research?
 - What community organizations are involved
 - Nature of involvement in research
 - Participatory role in research?
 - Grant preparation
 - Data collection
 - Data interpretation
 - Advisory Role in research?
 - Any other role?
 - Benefits for community organizations
 - Benefits for the Centre

- Are government (provincial, federal) departments or agencies involved in research?
 - What departments/agencies
 - Nature of involvement
 - Benefits for government department
 - Benefits for the Centre

- Are provincial health boards/agencies involved in research?
 - Nature of involvement
 - Benefits for health boards or agencies
 - Benefits for the Centre

4. Are consulting services (e.g. aging-related policy analyses) offered by the Centre?

- Nature of consulting services and for whom.
- Sources of funding and approximate amount per annum
- Any advice or lessons learned in offering consulting services?

5. Determine if the Centre is involved in aging-related educational activities.

- Involvement with undergraduate or graduate degree or certificate programs?
 - Nature of involvement
 - Any advice or lessons learned regarding involvement in academic programs?

- Education activities for/with seniors?
 - Lectures?
 - Types of lectures
 - Sources of funding
 - Courses?
 - Types of courses
 - Sources of funding
 - Workshops?
 - Types of workshops
 - Sources of funding
 - Developing educational materials for seniors?
 - Types of materials
 - Sources of funding

- Other educational activities?
- Any advice or lessons learned from offering educational activities for/with seniors?

6. Determine other outreach activities of the Centre

- Website or newsletter for seniors and others?
- Awards for seniors?
- Any other outreach activities (conferences, public forums, etc)?
- Do community organizations participate in outreach activities of the Centre?
 - Nature of participation?
- Any advice or lessons learned from involvement in outreach activities?

D: Funding for the Centre/Institute

7. Sources of funding for research

- Support from federal funding agencies (CIHR, SSHRC, PHAC, etc.)?
 - Which agencies
- Support from provincial funding agencies?
 - Which agencies
- Support from international funding agencies (e.g. WHO)?
 - Which agencies
- Support from private/corporate sector?
 - Sources
- Other sources of research funding (e.g. foundations or donations)?
- Approximate total amount of research funding attracted per annum
- Does the Centre provide seed funding for researchers?
 - Sources for seed funding?
- Any advice or lessons learned in obtaining research funding?

8. Sources of funding for the Centre's operational costs

- Federal Government grants?
- Provincial Government grants?
- University funding?
 - Contributions to Centre's budget?
 - In-kind support
- International agencies funding for operations (e.g. WHO)?
- Private Endowments?
- Private sector/corporate Contributions?
- Donations?
- Other sources of funding for operational costs?
- Approximate total amount of funding per annum for Centre's operational costs
- Any advice or lessons learned in obtaining funding for operational costs?

E: Operations and Structure of the Centre/Institute

9. How the Centre operates

- Current mission / mandate
 - Any future changes anticipated and, if so, why?
 - Advice on statements?
- Determine current staffing of the Centre
 - Director, Associate Director, Research Director, Budget Officer, Administrative Assistant, etc.
- Sources of funding for staff salaries
- Any past changes in staffing?
- Any future changes in staffing anticipated?
- Advice on staffing requirements?
- Determine current management/governance structure of the Centre. If you could provide an organizational chart this would be appreciated.
 - Management/Operating Committee? Composition.
 - Advisory Committee? Composition
 - Who does the Director report to?
 - Any past changes in structures?
 - Any future changes in structures anticipated?
 - Advice on management/governance structures?
- Determine current space and infrastructure for the Centre
- General advice on structure and operating principles for a Centre on Aging

10. Examples of successes of the Centre/Institute

- Examples of research successes
- Examples of successes in outreach activities/programs
- Examples of successes in consulting (e.g. policy analysis for government or granting agencies)
- Examples of successes in educational activities
- Examples of successes in other activities

Any other information and advice on establishing and operating a Centre on Aging would be appreciated?

- Space requirements?
- Staffing requirements?

Any non-confidential materials (e.g. annual report(s), organizational chart, or similar) would be appreciated.

We will provide you with a copy of our interview notes as soon as possible for your comments and to provide you with an opportunity to add information if you wish.

Thank you very much for your participation in our study of Canadian Centres/Institutes on Aging. Your Centre/Institute will receive a copy of our final report.

Appendix C: Interview Guide for Research Affiliates

A: Researchers' Activities involving the Centre/Institute

1. What is the nature of your involvement with the Centre?

- Nature of appointment
- Benefits of your involvement for the Centre
- Benefits of involvement for you.
- Any advice on how to make appointments to a Centre on Aging?

2. Determine current research activities

- **What are your areas of research / research foci?**
 - Biomedical
 - Psychosocial
 - Other
 - Advice on developing research foci at a Centre on Aging?
- **Do you have colleagues/partners involved in your research?**
 - Academics
 - Nature of involvement
 - Benefits for other academics
 - Benefits for the Centre and for your research
 - Any advice on working with other academics?
 - Health Professionals?
 - Nature of involvement
 - Benefits for health professionals
 - Benefits for the Centre and for your research
 - Any advice on working with health professionals?
 - Community organizations (e.g. seniors groups)?
 - What community organizations are involved
 - Nature of involvement in research
 - Participatory role in research?
 - Grant preparation
 - Assistance in the recruitment of participants
 - Data collection
 - Data interpretation
 - Advisory Role in research?
 - Any other role?
 - Benefits for community organizations
 - Benefits for the Centre and for your research
 - Any advice on working with community groups?

- Partners from the provincial government?
 - Nature of involvement
 - Benefits for government partners
 - Benefits for the Centre and for your research
 - Partners from the federal government?
 - Nature of involvement
 - Benefits for government partners
 - Benefits for the Centre and for your research
- Any advice on working with government partners?
- Any virtual partners / networks?
 - Benefits to the virtual partners/networks
 - Benefits to the Centre and to your research
 - Any advice on working with virtual partners/networks?
- Any other research partners

3. Determine if consulting services (e.g. policy analysis) are offered by the researcher through the Centre?

- Nature of consulting services
- For whom
- Sources of funding and approximate amount per annum
- Benefits for the Centre and for your research
- Any advice related to offering consulting services?

4. Are you involved in aging-related educational activities through the Centre?

- Involvement with undergraduate or graduate degree or certificate programs?
 - Nature of involvement
 - Any lessons learned from involvement in academic programs?
 - Benefits for the Centre and for your research
- Education activities for/with seniors?
 - Lectures?
 - Types of lectures
 - Sources of funding
 - Courses?
 - Types of courses
 - Sources of funding
 - Workshops?
 - Types of workshops
 - Sources of funding
 - Developing educational materials for seniors?
 - Types of materials
 - Sources of funding
 - Other educational activities?
 - Benefits for the Centre and for your research

- Any advice on or lessons learned from offering educational activities for/with seniors?

5. Are you involved in any other outreach activities for seniors through the Centre?

- Website or newsletter for seniors and others?
- Awards for seniors?
- Any other outreach activities (conferences, public forums, etc)?
- Do community organizations participate in outreach activities of the Centre?
 - Nature of involvement?
- Benefits for the Centre and for your research
- Any advice on or lessons learned from involvement in outreach activities?

B: Funding

6. Funding for research

- Funding support provided by the Centre?
 - Has the Centre helped you in any way to obtain research funding? If so, how
 - Does the Centre provide seed funding for researchers?
- Support from federal funding agencies (CIHR, SSHRC, PHAC, etc.)?
- Support from provincial funding agencies?
- Support from international funding agencies (e.g. WHO)?
- Support from private sector?
- Other sources of research funding (e.g. foundations)?
- Approximate total amount of research funding you receive per annum?
- General advice on securing funding for research
- Any advice on or lessons learned in obtaining research funding?

7. Any other information, advice or comment on establishing, operating, or working within a Centre on Aging would be appreciated?

We will provide you with a copy of our interview notes as soon as possible for your corrections and to provide an opportunity to add information if you wish.

Thank you very much for your participation in our study of Canadian Centres on Aging.

Appendix D: A Sample of Research Themes and Projects of the Centres Visited

The following is a small sample of research themes and projects and does not include all research activities of the Centres visited.

McGill's Centre for Studies in Aging is recognized as one of the world's leading research centers in the field of Alzheimer's and Parkinson's diseases, and in the neuroendocrinology of aging. Neurodegeneration of the aging central nervous system and neurodegenerative disease are major themes. Clinical activities include efforts for early diagnosis of neurodegenerative diseases, clinical trials, and a memory clinic. One psychosocial project has investigated Internet access for frail older seniors to improve their psychosocial well being.

Le Centre de recherche sur le vieillissement in Sherbrooke has three major research axes or areas: a clinical axis; a society, populations and services axis; and a biological mechanisms of aging axis. An ongoing major study (NuAge) is investigating nutrition as a determinant of successful aging. This Centre is a telephone interview site for the Canadian Longitudinal Study on Aging (CLSA).

The Rotman Institute has cognition and aging as its general research theme. Sample projects include frontal lobe functioning, the virtual brain, and an investigation of the relationship between bilingualism and the delayed onset of Alzheimer's disease. This Institute is also a partner in the Heart and Stroke Foundation Centre for Stroke Recovery which was created to lead advances in stroke recovery research.

Sample research projects at the University of Toronto's Institute for Life Course and Aging include the National Initiative for Care of the Elderly (NICE) and mapping "aging-in-place in a changing neighbourhood".

Research at the PEI Centre on Aging includes the implementation of a falls prevention initiative for community-dwelling veterans, older adults, and caregivers; a study of social inclusion of the oldest-old; and a study of healthy seniors. This Centre was involved in research conducted by the Atlantic Seniors Housing Research Alliance.

The main applied research areas at the NS Centre on Aging are caregiving, home care, continuing care, and issues around education (dementia care course, legal issues). Example projects include "Partnerships for Health System Improvement" which is evaluating changes in nursing homes. A research affiliate is investigating service needs and gaps for older parents of people with disabilities. This site has established a strong reputation in program evaluation, for example an evaluation of a federally funded project examining the issues and strategies related to the recruitment and retention

of home support workers.

The University of Regina's Centre on Aging and Health has three main research clusters – pain and aging, aboriginal issues in aging, and ethical issues in aging. Sample research projects of research affiliates include investigations of effective resistance training and nutritional intervention strategies for improving properties of aging muscle and bone health, and bereavement and end-of-life issues in aboriginal populations.

The University of Manitoba's Centre on Aging is investigating age-friendly communities and is a CLSA site. One research affiliate is investigating aging and mental health and mindfulness. Another affiliate is working on health policy and the health care system including quality of care in nursing homes.

Researchers at the University of Victoria's Centre on Aging are investigating the evolution of cognitive disorders in older adults and the impact these disorders have on functional competency. Another research topic is the behavior of older drivers. This site is also a telephone interview site for CLSA.

The Gerontology Research Centre (GRC) at Simon Fraser University has 5 research themes:

- aging and the built environment,
- changing demography and lifestyles,
- health promotion/population health and aging ,
- prevention of the victimization and exploitation of older people,
- technology and aging.

The GRC houses the British Columbia Network for Aging Research which has six sites at other universities in the province. This Centre has housed the secretariat for several international organizations and is currently the Secretariat for the International Network for the Prevention of Elder Abuse. The GRC is involved in the Canadian Longitudinal Study on Aging.

Appendix E: A Sample of Academic Programs

Six of the Centres visited have the education of students as an explicit component of their mandate (see Table 1).

The Centre de recherche sur le vieillissement is affiliated with the Université de Sherbrooke which offers a Masters and a Doctoral programs in Gerontology. The typical total enrollment in these programs is 100-150 graduate students (and 17 postdoctoral students in 2009). Some of these students are housed and do research at the Centre which also has a lecture theatre.

The Institute for Life Course and Aging (University of Toronto) offers a collaborative graduate program in Aging, Palliative & Supportive Care across the Life Course to students from a variety of disciplines. The Institute also offers full semester courses in targeted topics in gerontology for practitioners and others. These courses are also offered online with seminars webcast every two weeks across Canada.

Mount St. Vincent University offers a M.A. in gerontology and students may do research or practicums through the Centre on Aging and are provided with space for same. Students work as research assistants on a number of the director's projects and the director puts considerable effort into mentoring students. This Centre also offers continuing education sessions for professional and lay groups and is involved in the production of educational manuals, toolkits, and videos

The University of Regina offers a M.A. and M.Sc. in Gerontology. The Centre received a donation of \$250 000 from the Royal Bank of Canada which is used to offer graduate scholarships. The Centre also facilitates the province's Alzheimer's Society Graduate scholarship for Alzheimer (and related dementias) research. The Centre coordinates the gerontology program and occasionally hires students enrolled in that program. This site also collaborates with the university's Life Long Learning Centre.

The University of Manitoba offers undergraduate and graduate options in Aging. Courses taught in the graduate Specialization in Aging are administered by the Centre but offered through the Centre of Health Sciences. This Centre offers three awards to graduate students.

The Gerontology Research Centre is closely affiliated with Simon Fraser's Gerontology Department which offers a Masters in Gerontology and a deliberately small Ph.D. in Gerontology. The Department also offers an undergraduate minor in Gerontology and a post-baccalaureate diploma.

Faculty at Centres which do not offer gerontology degree programs also supervise undergraduate students, graduate students and post-doctoral fellows doing aging-related research.

Some Centres are involved in the creation of educational materials for professional and community groups. For example, the University of Toronto's Institute for Life Course and Aging has developed

several toolkits for the NICE project. The Nova Scotia Centre on Aging has been involved in the development of a Seniors Legal Information Planning Kit, a Caregivers toolkit, and a toolkit for Age Friendly Communities. The University of Regina Centre on Aging and Health has started to develop “Fact Sheets” in which researchers are putting their research into an easily understandable format for distribution to doctors’ offices and other locations. Research affiliates at the Centre on Aging and Health have created videos which are being used as a medium to talk to aboriginal elders about end-of-life issues. One research affiliate at Simon Fraser’s Gerontology Research Centre has worked with community organizations to develop pamphlets, fact sheets and other educational material including plain language publications on various topics. The Gerontology Research Centre hosts the John K. Friesen Conference in Gerontology which is a source for professional development for those working with seniors.

Appendix F: A Sample of Community Outreach Activities

The following is a sample of community outreach activities and does not include all outreach activities of the Centres.

The McGill Centre for Studies in Aging offers an annual public lecture series (“Brainy Boomers”). This site has provided services for mild or young onset Alzheimer’s clients and currently offers a memory training program for seniors.

Le Centre de recherché sur le vieillissement hosts an open house for the public every two years to present the results of research at the Centre. The Centre collaborates with various community groups on research projects.

Scientists at the Rotman Institute offer public lectures and presentations by job applicants are open to the public.

The University of Toronto’s Institute for Life Course and Aging holds seminars open to the public and an annual public lecture by a distinguished scholar. The Institute has run a breakfast club for older adults from different ethnic backgrounds.

Prince Edward Island’s Centre on Aging was partly responsible for the formation of the very successful Seniors College of PEI which offers a variety of courses for seniors (independently of the Centre).

The director of the Nova Scotia Centre on Aging gives annual presentations at the Provincial Government’s networking day which includes 50 seniors groups. The NS Centre on Aging coordinates public lectures /workshops/exhibits such as the May 2010 public lecture and workshop in support of Caregivers Awareness month. This Centre has also put on workshops for health care professionals examining the realities of family and friend caregivers and considering implications for their respective practice. The NS Centre offered a number of public information sessions presenting a new resource for seniors and care providers regarding legal affairs.

The University of Regina’s Centre on Aging and Health works with community organizations such as the Alzheimer’s Society in co-hosting Brain Awareness Week. This Centre also collaborates with the university’s Life Long Learning Centre (LLC) on the annual Gerontology Institute which is a day-long series of lectures, workshops, and displays. The LLC also helps the Centre to identify older adults who are willing to participate in research projects.

The University of Manitoba’s Centre on Aging has informal relationships with various community and seniors organizations. Most of the seniors’ organizations are aware of the Centre and vice-versa. The Centre has an annual Spring Research Symposium which brings together researchers, students, seniors, and representatives from community organizations, health and social agencies, and government.

The University of Victoria's Centre on Aging puts on an annual "International Day of the Older Person" lecture series. This Centre also partners with the university's Retirees Association in presenting an annual series of lectures. This series consists of one lecture per week for a month. The lectures, delivered by seniors, promote lifelong learning and depict seniors in a strong and positive light. The lecture series utilizes talents in the local community and serves to encourage other seniors to step forward and take leadership roles. The "Friends of the Centre" is a community group that assists in the communication of research results, collaborates with researchers in the dissemination of new knowledge about aging, and assists with various events and awards of the Centre. Finally, this site reported that non-technical reports are produced for funded projects.

The Gerontology Research Centre at Simon Fraser offers a fall and a spring lecture series which is open to the public. Researchers deliver lectures to groups on research findings. The Centre also publishes a newsletter which highlights new developments in seniors' housing and in the built environment.

The University of Victoria's Centre and the Gerontology Research Centre at Simon Fraser are involved in awards for seniors. The University of Victoria's Centre adjudicates two awards; one an annual valued elder recognition award and the other an annual award to a senior-friendly business. One interviewee reported that these awards do not conflict with awards offered to seniors by the provincial government. The GRC offers a Seniors Leadership Award with nominations coming from the community and Elder Abuse to Action Awards to recognize outstanding contributions made by individuals or groups in British Columbia towards advancing senior abuse awareness, prevention, and support.

Appendix G: Staffing and Research Affiliates at Centres Visited

Position	McGill	Sherbrooke	Rotman	Univ. of Toronto	UPEI	NS Centre On Aging	Regina	Manitoba	Univ. of Victoria	Simon Fraser, GRC
Director(s)	1	1	3	1	1	1	1	1	1	1 ¹³
Associate Director						1		1		1
Research Unit Director(s)	1	3					3			
Coordinator-Administrator-Manager				1	1		1	1	1	
Other Staff	3 half-time	~136 support staff	~58	1		8 including 5 project staff		5	~28 including research assistants ~7 at Ladner branch	1 information officer; half-time receptionist
Researchers in residence		34	28						6	4 plus 2 post-doctoral fellows ¹⁴
Research Affiliates / Adjuncts	~70	~20	~42	~55 cross-appointed, emeritus, & associate faculty members	~7	Yes, number unknown	~50	~58 at the university ~5 external	~37 internal ~29 external	Yes, number unknown

¹³ Simon Fraser's Gerontology Research Centre (GRC) also has a Director Emeritus.

¹⁴ All six faculty members of Simon Fraser's Gerontology Department are also members of the GRC.

Appendix H: Visioning Group for a NL Centre on Aging

Please permit us to inform you about an initiative to establish a NL Centre on Aging.

Building on past efforts, a research team has been created with representation from Memorial University, Western and Eastern Health, the Western Regional School of Nursing and seniors' community groups across the province, including Labrador. The research team has been awarded a grant by the NL Centre for Applied Health Research and the Grenfell campus of Memorial University to visit a sample of Canadian Centres on Aging to learn about how they were established and their current activities. This information will be useful in establishing and designing a NL Centre on Aging. This country-wide information will be supplemented by provincial consultations which will include community, seniors' organizations, government, academia and the private sector. Indeed, many consultations have already occurred.

The research team also forms the core of a "Visioning Group for a NL Centre on Aging" formed in the summer of 2009. The objectives of the visioning group are:

- To develop a vision and framework for a NL Centre on Aging, building on evidence from other centres, provincial consultations, and previous and ongoing initiatives. Unique research opportunities within NL will be identified.
- To identify steps to establish a NL Centre on Aging including funding opportunities.
- To engage and communicate effectively with key stakeholders including community, government, academia, and the private sector.
- There is an initial consensus that the Centre would focus on promoting and developing research collaborations and disseminating knowledge from research results, grounded in the inclusion and involvement of seniors in the community.

The Visioning Group (current members)

Les Cake, Psychology, Memorial University – Grenfell campus, Co-convenor (lcake@swgc.mun.ca)

Sharon Buehler, Community Health and Humanities, Memorial – St. John's campus, Co-convenor (skb@mun.ca)

Christine Abbott, Sociology, Memorial University – Grenfell campus (cabbott@swgc.mun.ca)

Suzanne Brake, Office of Aging and Seniors, Government of NL (suzannebrake@gov.nl.ca)

Heather Brown, Central Health (Heather.Brown@centralhealth.nl.ca)

Linda Bowering, past Chair of the Aging Issues Network (linda.bowering@bellaliant.net)

Bernice Buckle, Chair, Seniors Wellness Committee, Corner Brook (bbuckle@nf.sympatico.ca)

Patricia Fleming, Labrador Friendship Centre (pfleming@lfchvqb.ca)

Rosemary Lester, Seniors Resource Centre of NL, (lesters@nl.rogers.com)

Kelli O'Brien, Long-term Care and Rural Health, Western Health (kelliobrien@westernhealth.nl.ca)

Michelle Ploughman, Eastern Health and Memorial University (mploughm@mun.ca)

Peter Stewart, Psychology, Memorial University – Grenfell campus (pstewart@swgc.mun.ca)

Carla Wells, Western Regional School of Nursing (cwells@swgc.mun.ca)

Gail Wideman, Social Work, Memorial University – St. John's campus (gwideman@mun.ca)

Appendix I: List of Site Visits, Consultations, Presentations and Media Events (2008 – 2011)

The following is a list of site visits, consultations, presentations, and media events related to a NL Centre on Aging conducted by Dr. Leslie Cake, Honorary Research Professor, Psychology Department, Grenfell Campus, Memorial University. Visits to Centres on Aging conducted as part of the *Healthy Aging Research Program (HARP) project* are included. Other attendees at meetings and consultations are indicated (except for the current HARP project to protect anonymity of interviewees).

Date	Activity	Description
July-Nov.2008	Consultations	Met individually with professionals who had expressed interests in a Centre on Aging. Individuals were located at the Grenfell campus of Memorial University, Western Regional School of Nursing (WRSON), and Western Health
July 4, 2008	Consultation	Met with Linda Norman-Robbins, Director of WRSON.
July 8, 2008	Consultation	Met with Ken Livingstone, Head of Fine Arts, Grenfell Campus.
July 14, 2008	Consultation	Met with Anne Doyle (Western Health), Regional Director of Long Term Care, Lisa Hoddinott (Western Health), VP, Quality Management and Research, and Carla Wells (WRSON), Research Coordinator.
July 21, 2008	Consultation	Met with Dr. Stephen Bornstein, Director of Newfoundland and Labrador Centre for Applied Health Research (NLCAHR).
	Consultation	Met with an "interest group" of several individuals located in St. John's. There was representation from Memorial University including Dr. Wendy Young, CRC in Healthy Aging, from the Seniors Resource Centre of NL, and from the Government of NL. All had an interest in the concept of a Centre for the Study of Healthy Aging.
July 29, 2008	Consultation	Met with Darlene Hutchings (Regional Research Coordinator, Western Health), Dr. Ken Jenkins (Chief Medical Officer and VP Medical Services, Western Health), and Kelli O'Brien (COE, Long Term Care and Rural Health, Western Health). Dr. Wendy Young, CRC in Healthy Aging (Memorial) attended by teleconference.
Aug. 5, 2008	Consultation	Met with St. John's "interest group".
Sept 17, 2008	Presentation	Divisional meeting, Division of Social Science, Grenfell Campus.
	Presentation	Divisional meeting, Division of Social Science, Grenfell Campus.
Sept. 29, 2008	Presentation	To faculty meeting, Western Regional School of Nursing (WRSON).
Oct. 21, 2008.	Presentation	Department of Visual Arts, Grenfell Campus.
Nov. 26, 2008	Presentation /Consultation	To individuals from Grenfell Campus, WRSON, and Western Health with expressed interests in a Centre on Aging.
June 5, 2009	Media	Grenfell Campus News Release.
June 9, 2009	Media	Interviewed by Brian McHugh, CBC Radio, Corner Brook.
	Media	Interviewed by Leanne Power, CBC Radio, Gander.
June 10, 2009	Media	Interviewed by Tonya Organ, CFCB Radio (K-Rock), Corner Brook.
	Media	Two articles in Western Star newspaper.
	Media	Academica Top 10 report on Centre on Aging initiative.
June 10, 2009	Presentation	Senior Wellness Committee's "Tea, Talk, and Social" at the Pepsi Centre in Corner Brook. Information posted on Grenfell Campus Web Site.
June 28, 2009	Consultation	Met with Dr. Hope Beanlands, Director, National Collaborating Centre for Determinants of Health, Antigonish, Nova Scotia.
June 30, 2009	Consultation	Met with Pamela Fancey, Associate Director of the NS Centre on Aging and toured the Centre.
July 2, 2009	Consultation	Met with Tim Andrew, president of the 3 rd Age Centre and Beverly Andrews, part-time administrative assistant at the Centre located at St. Thomas University,

Date	Activity	Description
		Fredericton N.B.
July 17, 2009	Media	Interviewed by Wendy Woodland on Corner Brook Café, Rogers Cable TV.
July 22, 2009	Consultation	Met with Joy Maddigan, Suzanne Brake, Keith Dyer, Helene Davis, Policy and Program Services Division, DHCS, Government of NL.
July 22, 2009	Letter of Support	From the Director of the Nova Scotia Centre on Aging, Mt. St. Vincent University.
Fall, 2009	Media	Grenfell Connects, Vol. 5, Issue 1. Article on Centre on Aging initiative.
Sept. 2, 2009	Consultation	Met with Susan Gillam (CEO, Western Health), Lisa Hoddinot (VP Research, Western Health) and Kelli O'Brien (COE, Long-Term Care and Rural Health, Western Health).
Oct. 9, 2009	Consultation	Met with Honourable Tom Marshall, Minister of Finance, Government of NL.
Oct. 14, 2009	Consultation	Met with Linda Roche, Executive Assistant to the Premier.
Oct. 18, 2009	Presentation	Presentation to Humber Valley Regional Caregivers Network.
Oct. 21, 2009	Presentation	Inter-departmental Working Group for Aging and Seniors, Government of NL.
Dec. 2, 2009	Consultation	Dr. Ivan Emke (Associate VP Research, Grenfell Campus) and I met with Robert Reid, Director, Newfoundland and Labrador Statistics Agency, Government of NL.
Dec. 3, 2009	Consultation	Dr. Ivan Emke and I met with Dr. Jim Rourke (Dean of Medicine), Dr. Anne Sclater (Faculty of Medicine) and Dr. Stephen Bornstein (Director of NLCAHR).
Dec. 3, 2009	Consultation	Dr. Ivan Emke and I met with Dr. Stephen Bornstein, Director of NLCAHR.
Dec. 3, 2009	Consultation	Dr. Ivan Emke and I attended the founding meeting of the "Visioning Group on NL Centre on Aging". I am co-convener of this group which meets monthly.
January, 2010	Letter of Support	From Dr. Hope Beanlands, Scientific Director of the National Collaborating Centre for the Determinants of Health.
April 8, 2010	Media	Today.mun.ca news release related to <i>Healthy Aging Research Program</i> grant.
April 13, 2010	Consultation	Met with Dr. Ray Gosine, Acting VP Research, Memorial University.
April 13, 2010	Consultation	Met with Rob Greenwood, Director, Harris Centre Memorial University.
April 29, 2010	Media	Memorial University MARCOMM news release related to <i>Healthy Aging Research Program</i> grant.
May 18, 2010	Media	Grenfell Campus news release related to <i>Healthy Aging Research Program</i> grant.
May 19, 2010	Media	Interviewed by Brian McHugh, CBC Radio, Corner Brook concerning <i>Healthy Aging Research Program</i> grant and Centre on Aging.
May 26, 2010	Media	Interviewed by Wendy Woodland on Corner Brook Café, Rogers Cable TV regarding <i>Healthy Aging Research Program</i> grant and Centre on Aging.
May 31, 2010	Consultation	Met with Kelly Heisz, Executive Director, Seniors Resource Centre of NL.
May 31, 2010	Consultation	Met with Dr. Aimee Suprenant, Psychology Dept., Memorial University and toured the Cognitive Aging and Memory Lab.
May 31, 2010	Consultation	Met with Don MacDonald, Senior Director, Research and Evaluation, NL Centre for Health Information.
June 2, 2010	Media	Dr. Carla Wells, a member of the Visioning Group for a NL Centre on Aging served on an aging panel on CBC Radio, Corner Brook.
June 4, 2010	Presentation	Presentation at the Seniors and Retirees Networking session at the Battery Hotel, St. John's. Sponsored by the Government of NL.
June 30, 2010	Media	Article on <i>Healthy Aging Research Program</i> grant and Centre on Aging. MUN Gazette, June 30, 2010, Volume 42 Number 16.
July 19, 2010	<i>Healthy Aging Research Project</i>	<i>McGill Centre for Studies in Aging</i> , McGill University. Co-investigator Carla Wells.

Date	Activity	Description
July 20, 2010	<i>Healthy Aging Research Project</i>	<i>Centre de recherché sur le vieillissement, Sherbrooke.</i> Co-investigator Carla Wells.
July 22, 2010	<i>Healthy Aging Research Project</i>	<i>Rotman Institute, Toronto.</i> Co-investigator Carla Wells.
July 22, 2010	<i>Healthy Aging Research Project</i>	<i>Institute for Life Course and Aging, University of Toronto.</i> Co-investigator Carla Wells.
Aug. 13, 2010	Consultation	Met with Honourable Tom Marshall, Minister of Finance, Government of NL.
Aug. 17, 2010	Consultation	Met with George Power, Account Manager, ACOA, St. John's.
Sept. 14, 2010	Consultation	Reports and other materials related to Centre on Aging sent to Dr. Gary Kachanoski, President, Memorial University.
Sept. 20, 2010	<i>Healthy Aging Research Project</i>	<i>PEI Centre on Aging.</i> Co-investigator Gail Wideman.
Sept. 21, 2010	<i>Healthy Aging Research Project</i>	<i>Nova Scotia Centre on Aging.</i> Co-investigator Gail Wideman.
Sept. 23, 2010	Consultation	Met with Mr. Charles Pender, Director, Grenfell campus Secretariat.
Oct. 20, 2010	<i>Healthy Aging Research Project</i>	<i>Centre on Aging and Health, University of Regina.</i> Co-investigator Kelli O'Brien.
Oct. 21, 2010	<i>Healthy Aging Research Project</i>	<i>Centre on Aging, University of Manitoba.</i> Co-investigator Kelli O'Brien.
Nov. 15, 2010	<i>Healthy Aging Research Project</i>	<i>Centre on Aging, University of Victoria. Survey Research Centre.</i> Co-investigator Linda Bowering
Nov. 16, 2010	<i>Healthy Aging Research Project</i>	<i>Gerontology Research Centre, Simon Fraser University.</i> <i>Tong Louie Living Lab, British Columbia Institute of Technology, Vancouver.</i> Co-investigator Linda Bowering
Jan. 21, 2011	Visioning group consultation	Visioning group met with Dr. Anne Martin-Matthews, Scientific Director, Institute of Aging, Canadian Institute for Health Research.
Jan. 27, 2011	Consultation/ Presentation	Attended Harris Centre Regional Workshop in Corner Brook and gave a brief presentation on the Centre on Aging initiative. Reported in Memorial Gazette, Feb. 3, 2011.
Mar. 22, 2011	Consultation	Reports and other materials related to Centre on Aging sent to Dr. Mary Bluechardt, incoming Vice-President, Grenfell Campus, Memorial University.
May 19, 2011	Consultation	Met with Hon. Keith Hutchings, Parliamentary Secretary to the Minister of Health. Also in attendance were Suzanne Brake, Director, Division of Seniors and Aging, Carla Wells (WRSON), and Gail Wideman (School of Social Work, St. John's campus, Memorial University).
July 5, 2011- Oct., 2011	Consultation	Meetings with Dr. Mary Bluechardt, Vice-President, Grenfell campus, Memorial University and Mr. Charles Pender, Director, Grenfell Secretariat.