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I’m writing this in the middle of a global pandemic. I am thinking of all of you, and hope you and your family members are safe and healthy.

COVID-19 has challenged us to do things differently. Our team members are working remotely. Research is on hold. We are adjusting our workplans and trying to strategize during a time when the future is unknown.

But our challenges are nothing compared to how older adults have been affected. They have been hit disproportionately severely, and none more so than those living in long-term care. We applaud all of the efforts of those working tirelessly to keep older adults safe and connected in long-term care and everywhere. Without these tireless and selfless efforts, the toll would have been much greater.

This report though, is about 2019, before our world changed. The theme is “bridging the gap.” We chose this theme before COVID-19 became our new reality. We had no idea of the heightened significance it would take.

This pandemic has shed light on the depth and breadth of the many gaps that need to be bridged – staffing, orientation and training, loneliness and vulnerability. If COVID-19 has a silver lining it will be a stronger shared resolve to improve care and quality of life for older adults so they are not disadvantaged, especially in times like these.

That is, and always has been, the RIA’s mission – to improve care and quality of life for older adults everywhere.

In these pages you will read how our research and programs are training a caring and skilled workforce; ensuring access to community supports including exercise, dementia care and legal programs; finding ways to reach out to and support people living with dementia in the community and creating connections so older adults feel a sense of belonging and purpose.

Thank you to our partners and donors. Without you we couldn’t do what we do. This work has never been more important, let’s keep the momentum going.

Sincerely,

Josie d’Avernas
Executive Director, Schlegel-UW Research Institute for Aging
I echo Josie’s comments – these are anxious and trying times and never has the work that the RIA does been more important.

As the RIA heads into its final year of its current strategic plan, I find myself reflecting back and looking forward. It warms my heart to see the growth and success of the RIA since it began in 2005. Now with over 25 staff, 10 research chairs, four research specialists and 20 research scientists, our impact on bridging the gap is evident.

The gap I refer to is the research to practice gap. We know that research alone does not make change. It must be applied. The RIA does just that, with applied researchers, knowledge mobilization experts, clinicians, practitioners and policy makers all engaged in collaborative projects that seamlessly integrate knowledge generation, or research, with change – in practice, education and policy. To do this we use the IAM model; incubation, acceleration and mobilization.

You’ll read about one of these success stories on page 18 – Excellence in Resident-Centred Care (ERCC). ERCC is a training program to help long-term care team members learn strategies for person-centered care. What does that mean? It means seeing residents as people, not patients and that fostering well-being is just as important as caring for physical health.

ERCC was developed as a collaboration of the RIA, Conestoga College and Schlegel Villages and is now being offered widely across Ontario and internationally. Older adults around the world will have better care because of this research, education and practice model.

As the RIA heads into strategic planning for the next three to five years, I know the lives of even more older adults will be improved and more gaps will be bridged.

Thank you to our partners and donors, for helping with this work.

Sincerely,

Ronald Schlegel, O.C., PhD, LL.D
Director and Chair, Schlegel-UW Research Institute for Aging
ABOUT THE RIA

At the Schlegel UW Research Institute for Aging our goal is to change the way we age in Canada and around the world. We are leaders in aging research tackling some of the biggest issues facing our aging population.

We are innovators, and our research is solving real-world problems. Using the RIA’s unique approach of integrating research, education and practice, we are bridging the gap for older adults by investigating topics that make a difference and enhance life. Research questions are shaped by the realities of older adults, care partners, health professionals and educators. The results influence practice and policy, and inform education and training.

The RIA is a product of the philanthropic spirit and vision of Ronald Schlegel and the Schlegel family, who founded the organization in 2005. The RIA’s annual operating budget of over $9M is supported by contracts, grants and generous donors.
# RIA Impact in Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>New Research Funding:</strong></td>
<td>$20,826,782</td>
</tr>
<tr>
<td><strong>Annual Research Funding:</strong></td>
<td>$10,230,540</td>
</tr>
<tr>
<td><strong>Tours:</strong></td>
<td>473 People</td>
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<tr>
<td><strong>Visits to Our Website:</strong></td>
<td>98,305</td>
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<tr>
<td><strong>Facebook:</strong></td>
<td>7111 Monthly Reach</td>
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<tr>
<td></td>
<td>(Average number of users who viewed RIA posts per month)</td>
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<tr>
<td><strong>Twitter Engagements:</strong></td>
<td>3238</td>
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<tr>
<td></td>
<td>(Number of times users interacted with posts including likes, retweet, replies etc.)</td>
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<tr>
<td><strong>Government Funding:</strong></td>
<td>$3.7 Million</td>
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<td><strong>125 Publications:</strong></td>
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<td><strong>157 New Followers on LinkedIn:</strong></td>
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<tr>
<td><strong>196 Presentations Made by RIA Researchers and their Teams:</strong></td>
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<tr>
<td><strong>15 Researchers:</strong></td>
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<td><strong>99 Students Mentored:</strong></td>
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<td><strong>167 Collaborators:</strong></td>
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<td><strong>196 New Grants Awarded in 2019:</strong></td>
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## Awards

Our researchers are leaders in their field, and are among the best in the world. Here are some of the honours and awards they received in 2019:

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**Heather Keller,**
Schlegel Research Chair in Nutrition and Aging
Khursheed Jeejeebhoy Clinical Nutrition Award, Canadian Nutrition Society

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**Dr. Linda Lee,**
Schlegel Research Chair in Primary Care for Elders
Canadian Medical Association’s 2019 Joule Innovation Grant: Access to Care award

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**Dr. Joanne Ho,**
Schlegel Clinical Research Scientist
Regional Assistant Dean’s Award for Excellence in Medical Education, McMaster University Waterloo Regional Campus
Behind every innovation at the RIA is an exceptional team of researchers, board members and team members to support and smooth the way for research, education and practice to make the world a better place for older adults everywhere.

The RIA has 15 researchers who offer expertise in key areas related to aging and older adults – geriatric medicine, mobility and physical activity, nutrition and aging, falls prevention, technology and aging, dizziness, dementia, spirituality, arts and workforce development.

The Board of Directors meets quarterly and provides strategic oversight, sets priorities and identifies opportunities for the RIA.

The RIA staff team supports operations and a network of researchers, educators and practitioners.
Dr. Linda Lee,
Schlegel Research Chair in Primary Care for Elders
Dr. Lee improves access to specialized care for persons living with dementia and their care partners.

Dr. Allen Power,
Schlegel Chair in Aging and Dementia Innovation
Dr. Power challenges the status quo to find innovative approaches for supporting people living with dementia.

Carrie McAiney,
Schlegel Research Chair in Dementia
Professor McAiney works with people living with dementia and care partners to improve quality of life and care experiences.

Dr. George Heckman,
Schlegel Research Chair in Geriatric Medicine
Dr. Heckman develops and assesses novel primary and long-term care processes to improve outcomes for frail older adults.

Veronique Boscart,
CIHR/Schlegel Industrial Research Chair for Colleges in Seniors Care
Professor Boscart guides the implementation of best practices and education to support competent and collaborative care teams.

Andrew Costa,
Schlegel Research Chair in Clinical Epidemiology and Aging
Professor Costa uses health data and technology to develop and evaluate better models of care.

Lora Giangregorio,
Schlegel Research Chair in Mobility and Aging
Professor Giangregorio investigates ways of increasing safe and effective physical activity in older adults.

Jennifer Boger,
Schlegel Research Chair in Technology for Independent Living
Professor Boger creates innovative technology with and for older adults and caregivers to support their needs.

Richard Hughson,
Schlegel Research Chair in Vascular Aging and Brain Health
Professor Hughson tests ways to improve brain blood flow to reduce the risk of falls and cognitive decline in older adults.

Heather Keller,
Schlegel Research Chair in Nutrition and Aging
Professor Keller researches how food and the experience of mealtimes enhances the health and quality of life of older adults.

Dr. Linda Lee,
Schlegel Research Chair in Primary Care for Elders
Dr. Lee improves access to specialized care for persons living with dementia and their care partners.

Carrie McAiney,
Schlegel Research Chair in Dementia
Professor McAiney works with people living with dementia and care partners to improve quality of life and care experiences.

Dr. Allen Power,
Schlegel Chair in Aging and Dementia Innovation
Dr. Power challenges the status quo to find innovative approaches for supporting people living with dementia.
**SCHLEGEL SPECIALISTS**

**Kate Dupuis,**
*Schlegel Innovation Leader in Arts and Aging, Sheridan College*
Professor Dupuis explores how the arts can affect the health and well-being of older adults and their care partners.

**Dr. Joanne Ho,**
*Schlegel Clinical Research Scientist*
Dr. Ho researches drug safety in complex older adult patients and supports clinicians to prevent drug-related harm.

**Jane Kuepfer,**
*Schlegel Specialist in Spirituality and Aging*
Professor Kuepfer supports the well-being of older adults and care partners through attention to spiritual needs and resources.

**Dr. James Milligan,**
*Schlegel Specialist in Mobility and Falls*
Dr. Milligan looks for ways to prevent falls and improve mobility to enhance or maintain quality of life.

**Linda Sheiban Taucar,**
*Schlegel Associate Research Chair*
Professor Sheiban Taucar focuses on improving care for older adults and workforce education.

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**BOARD OF DIRECTORS**

These are the members of the Board of Directors during the 2019 calendar year.

**President**
**Ronald P. Schlegel,** Founder

**Members**

**Veronique Boscart,** Executive Dean, School of Health and Life Sciences, CIHR/Schlegel Industrial Research Chair for Colleges in Seniors Care, Director, Schlegel Centre for Advancing Seniors Care, Conestoga College Institute of Technology and Advanced Learning

**Paul Brown,** COO, Schlegel Villages

**Roy Cameron,** Executive Director, Homewood Research Institute

**Josie d’Avernas,** Executive Director, Schlegel-UW Research Institute for Aging

**Barbara Fennessy,** Vice-President of Applied Research, Conestoga College Institute of Technology and Advanced Learning

**Paul Fieguth,** Professor and Associate Dean, Faculty of Engineering, University of Waterloo

**Richard Hughson,** Schlegel Research Chair in Vascular Aging and Brain Health, Professor, Applied Health Sciences, University of Waterloo

**Dr. Joe Lee,** Chair and Lead Physician, The Centre for Family Medicine

**Lily Liu,** Dean, Faculty of Applied Health Sciences, University of Waterloo

**John Milloy,** Community Representative

**James Schlegel,** President and CEO, R-B-J Schlegel Holdings Inc.

**Dr. Tom Stewart,** President and CEO, St. Joseph’s Health System, CEO – Niagara Health

**Elizabeth Witmer,** Community Representative
These are the members of the RIA staff team during the 2019 calendar year, in alphabetical order:

**Emma Bender**, Program Assistant

**Susan Brown**, Director of Research Coordination and Research-Practice Integration

**Tammy Cumming**, Manager

**Josie d’Avernas**, Executive Director

**Kate Ducak**, Project Officer

**Hilary Dunn-Ridgeway**, Director of Communications and Program Manager, Agri-food for Healthy Aging

**Kyla English Leis**, Assistant Research Coordinator

**Noel Gruber**, Communications Manager, Ontario Centres for Learning, Research and Innovation in Long-Term Care

**Gert Hartmann**, Director of Business Development and Community Partnerships

**Jennifer Hartwick**, Director of Strategic Projects

**Holly Hebner**, Project Coordinator

**Nathan Honsberger**, Project Officer

**Emily Lambe**, Project Officer

**Sian Lockwood**, Project Officer

**Amy Matharu**, Assistant Research Coordinator

**Kelly McGuire**, Communications Officer

**Scott Mitchell**, Knowledge Broker

**Nisreen Castillo**, Administrative Assistant

**Liz Snyder**, Interim Director of Communications

**Paul St. Pierre**, Accountant

**Michelle Stillman**, Senior Director of Operations

**Barb Sutcliffe**, Senior Manager of Sales and Marketing

**Audra Thompson-Haile**, Project Officer, Special Projects

**Chelsea White**, Project Officer

**Kate Wilson**, Office Manager

**Neb Zachariah**, Project Manager, Supporting Inclusion through Intergenerational Partnerships

**Dana Zummach**, Evaluation Coordinator, Supporting Inclusion through Intergenerational Partnerships

The RIA team continues to grow. In 2020 AJ Adams joined as the Communications Officer, Ontario Centres for Learning, Research and Innovation in Long-Term Care and Alie Teetzel-Edmondstone came on board as the Communications and Engagement Officer for the RIA. Also joining the team in 2020 for placements, Boris Miler, a University of Waterloo mathematics coop student, and Natalie Phillips a student in International and Global Health and Human Development at University of Victoria.
Innovation often comes from a simple question: can we do this better? At the RIA, our research helps improve real-life practices and is the result of working with older adults, health care team members and care providers to find solutions to real-world issues. In 2019, we started projects to find new ways to encourage physical activity for healthy aging, develop ways to help those with a new dementia diagnosis and find new technologies to support older adults.

"I am very pleased to financially support the RIA. As a former MPP for our community and provincial Minister of Health and Long-Term Care and now as a volunteer board member, I have seen the impact and difference that the work of the Institute has made in the quality of life of older adults."

- Elizabeth Witmer,
  Community Representative, RIA Board
INTERNATIONAL PROJECT WILL IMPROVE DEMENTIA DIAGNOSIS AND POST-DIAGNOSIS EXPERIENCE

There are too often significant gaps during and after a dementia diagnosis. On top of long wait-times to have testing done in the first place, family and care partners are often left in the dark about what their diagnosis is and where they can turn for help afterwards. A three-year international project is aiming to create campaigns and toolkits that can be customized and used across the world to give support and hope to people through the dementia diagnosis process.

Professor Carrie McAiney, Schlegel Research Chair in Dementia, is leading the Canadian portion of this multi-country initiative called COGNISANCE. McAiney’s experience working with people living with dementia and their care partners has shown her the need for new kinds of support. She says some physicians may not even tell their patient about the diagnosis. Or they only tell the family member. Or they don’t fully tell the family member but hint around it instead. Another thing McAiney says she often hears is that a diagnosis of dementia is given with no hope or follow-up supports.

“We know dementia is a very difficult disease, and we know it can eventually be terminal. But we want people to know you can live well with dementia. You can still engage in activities, enjoy life and have a sense of purpose,” she says.

Over the next three years researchers in Australia, Canada, the Netherlands, the UK and Poland will work with people living with dementia, family care partners and health care professionals in each country to create toolkits and campaigns to improve the dementia diagnostic process and post-diagnostic support.

Once these have been created and implemented in each country, the materials will be evaluated. This is the phase of the project that Canada, and McAiney, will lead.

“We’re going to be looking at how the different countries are rolling out these resources and campaigns. What’s working well and what’s not working, and most importantly are these resources making a difference for people with dementia, for families and for health and social care providers?”

Continued on next page
Ultimately McAiney hopes the project provides tools to help physicians share information and make the diagnosis a better experience, but she also hopes as the information they develop spreads, the public will know what to expect.

“We want to see some linkages. If we’re suggesting to physicians that we have shown this is a better approach to share a dementia diagnosis and support your patients with dementia, equally we want the patient to be expecting that type of care.”

Carrie McAiney is the scientific director for the RIA’s Murray Alzheimer Research and Education Program (MAREP). Read more about MAREP’s dementia research and education work on page 17.

This project was awarded by the EU Joint Programme – Neurodegenerative Disease Research Program (JPND) and is funded in Canada by the Canadian Institutes of Health Research and the Public Health Agency of Canada.

**USING TECHNOLOGY FOR A BETTER UNDERSTANDING OF SLEEP**

Sleep is an essential part of every person’s health and well-being – it helps with cognition, mitigates depression and boosts the immune system. Age can impact sleep, and for older adults who live with dementia, sleep can become even more disrupted and harder to track because they may not accurately remember when they slept. Researchers at the RIA are finding ways to use technology to track sleep patterns to better understand how aging impacts sleep and help older adults get a good night’s sleep.

In order to support older adults living with dementia in long-term care, team members are starting to track the sleep of some residents by having them wear a smart watch that can track sleep. This is a more efficient process than the traditional one, which is to write notes in a log every half hour.

Professor Jennifer Boger, Schlegel Research Chair in Technology for Independent Living and her research team wanted to take this a step further. They set out to track circadian rhythms, the biological processes that influence sleepiness and wakefulness. Knowing that wrist temperature is influenced by these biorhythms, they decided to explore the use of wrist temperature bands as a way of determining sleep cycles.

The results confirmed their suspicion that age does affect sleep, but what they didn’t expect to find was the commercially available smart watch they tested that calculates sleep based on movement wasn’t very accurate for older adults, especially those living with dementia. They also found that temperature on its own is a good indicator, but using both movement and temperature together gives much better accuracy than either measurement on its own.

Since they found that the older adults in the study didn’t mind wearing the wristbands, and in fact many chose to keep the smart watches, Boger is optimistic that this a workable way to monitor sleep. Boger and her team hope these findings will encourage smart watch companies to consider how to create products that are better able to detect sleep for older adults, including those living with dementia, to build better strategies to support sleep.
MAKING STRIDES IN ULTRASOUND TECHNOLOGY

Imagine a video replay of a goal scored at a hockey game. By slowing the video down frame by frame, you can see exactly what happened at the moment the goal is scored. The RIA’s research scientist, Professor Alfred Yu and his research team have developed high-frame-rate ultrasound technology that works just like a slow-motion replay. This new ultrasound takes images at such a high rate, the images produced show blood flow patterns that can’t be seen using current equipment.

By increasing the frame rate, this technology can detect cardiovascular aging and risk factors for complications that current scanners can’t see, and may help medical professionals offer solutions before negative health outcomes occur. The team tests this technology on 3D printed blood vessels they print right in the lab. These models are created using real patient scans from both young and old patients with different health conditions.

This new kind of testing will help identify risk factors much earlier, making connections and supporting healthy aging for older adults.

LINKING OLDER ADULTS TO BETTER EXERCISE AND NUTRITION

As we age exercise and nutrition become all the more important to maintaining health and bodily-function. Exercises targeting physical function and balance can reduce falls. Low protein or energy intake contributes to malnutrition. However, many older adults do not participate in balance and functional exercises, or consume enough protein or energy. This information inspired researchers at the RIA to bridge the gap between research and real-world practices related to exercise and nutrition.

MoveStrong is a research study examining how we can use research on exercise and nutrition to design real-world programs for older adults. It is testing the implementation of an eight-week exercise and nutrition program for older adults with chronic conditions. The program, developed by Professors Lora Giangregorio and Heather Keller, Schlegel Research Chairs at the RIA, teaches participants simple weight and balance-based exercises they can complete throughout the day. In addition to exercise, MoveStrong teaches about healthy nutrition and how to increase protein intake.

The MoveStrong study was introduced in several different settings: retirement homes, YMCAs and a family health team and Kinesiology clinic. The research findings are now being evaluated, and will inform future larger studies.
In an ever-changing world, the RIA looks for new ways to support older adults to live well. We work with health care team members, care partners, community organizations and older adults directly to ensure that our work makes a difference that matters. In 2019 we extended our impacts from beyond Canada and the United States to the United Kingdom and brought together people from different generations to develop new relationships and create opportunities to learn from each other.

The RIA is a unique organization that combines cutting-edge research into issues around aging in partnership with an innovative senior living organization. The result is a two-way collaboration of generating research based on client needs and being able to test many of those approaches within these communities. It is a privilege to be part of this exciting institute and I enthusiastically add my financial support.”

~ Dr. Allen Power, Schlegel Chair in Aging and Dementia Innovation
When Ken Murray’s wife Helen was diagnosed with Alzheimer’s, his first question was “What can we do?” He wanted to know how to support his partner through this diagnosis and this time in their lives. And, he wanted to learn how to change the way people living with dementia are viewed in our communities. These questions guided him to create the Murray Alzheimer Research and Education Program (MAREP) and these questions continue to guide MAREP as the program grows at the RIA.

MAREP is a pioneer in supporting people with dementia in knowledge generation and translation. All MAREP research and education initiatives involve collaboration between researchers, people living with dementia, families, staff and community members. This authentic partnership approach encourages communities to engage in research and to work collaboratively and equally to promote social change, equality, and empowerment. Since 1993, MAREP has been improving dementia care practices in Canada and around the world.

In 2018, MAREP joined the RIA as one of its signature programs. Since then, the RIA has been expanding and growing the MAREP program while continuing its original mission of research and education.

The RIA adds many experts to the MAREP team. In 2019, Professor Carrie McAiney, Schlegel Research Chair in Dementia joined the MAREP team as scientific director. In addition to her leadership of the research stream, her work in both dementia research and in dementia policy on the national level has been an asset to the program. This past year, McAiney participated as an expert panelist on the Government of Canada’s national dementia strategy, entitled A Dementia Strategy for Canada: Together We Aspire. As well, Dr. Allen Power, Schlegel Chair in Dementia Innovation continues to work with the MAREP team, bringing his experience in person-centred care to new projects.

MAREP has developed a suite of educational pieces for a variety of audiences to support people living with dementia to live well. The By Us For Us guides are a series of books created with people living with dementia and include helpful information to support others living with dementia and their care partners. LIVING the Dementia Journey is an educational program created in partnership with people living with dementia for team members in long-term care to better understand dementia and provide individualized supports in a person-centred way. Currently the team is working on a LIVING the Dementia Journey program for youth, an interactive online course teaching high school students about dementia and different types of careers working with older adults.

In 2019, MAREP founder Kenneth Murray passed away. While the RIA mourns his passing, his legacy lives on through the work of the MAREP program, as it continues research and innovates new supports for people living with dementia around the world.
We live in a time when pieces of data are being collected about us all the time – from the activity trackers many people wear to corporate loyalty programs. Our health information is also tracked every time we go to the doctor, get a prescription filled, visit the emergency room or see a specialist.

But all of these pieces of data aren’t necessarily connected. That can be problematic if you find yourself in an emergency department, particularly if you are an older adult with multiple, chronic health issues.

Professor Andrew Costa is the Schlegel Research Chair in Clinical Epidemiology and Aging with the RIA. He is creating ways to piece together multiple data sets to help health care professionals look after older adults in a more proactive way. This results in better health outcomes for older adults across the country.

Costa and his research team have mined anonymous sets of data from the public and private sectors and have found clues that can help predict when someone might be at risk of a hospital visit or in need of extra support.

This work has multiple applications, one of which is being used extensively across the country – an alert system attached to existing electronic medical records that lets healthcare providers know when someone is at risk and needs extra support and also lets them know what resources will help.

**CONNECTING HEALTH CARE PROFESSIONALS MEANS BETTER OUTCOMES FOR PATIENTS, CAREGIVERS AND THE HEALTH CARE SYSTEM**

Over 65 per cent of those living in the community with dementia are undiagnosed and untreated. Evidence shows that delays in dementia diagnosis and intervention leads to worse health outcomes for both patients and caregivers.

So, in 2006 Dr. Linda Lee developed an interprofessional Memory Clinic model for diagnosing and managing dementia, now called the Multispecialty Interprofessional Team (MINT) Memory Clinic. In this model a family physician, nurse and other healthcare providers – including pharmacists, social workers and occupational therapists – work together with the patient and caregiver to conduct a full assessment and develop a treatment plan for individuals experiencing memory loss. The MINT Memory Clinics are located within the community and patients are referred by their family physician.

There are currently 115 MINT Memory Clinics across Ontario, many in rural and remote communities, with more to come.

In 2019 a third-party evaluation of the MINT Memory Clinic model was commissioned by the Government of Ontario to support considerations for improving dementia and memory disorder care in Ontario. The results showed that MINT Memory Clinics are associated with a fifty per cent reduction in wait times to access dementia care, as well as cost savings for the system.

By providing patients and caregivers with early intervention for dementia, these clinics avert crisis events that can lead to frequent emergency room visits, hospitalizations and transition to long-term care.

**CANADIAN GROWN CONTENT BRIDGING THE GAP AROUND THE WORLD**

Excellence in Resident Centred Care (ERCC) is a training program delivered by the RIA and Conestoga College. The program is designed for long-term care team members to build practical skills using a person-centred approach. Over 11,900 PSWs in Ontario have gone through the ERCC program, and 303 homes across Ontario have been trained, and it doesn’t stop there.

In 2019, ERCC caught attention overseas. After witnessing the effectiveness of the program, hearing about the outcomes for residents and impact on team members, a UK team knew this Canadian grown content was universal. The RIA and Conestoga College travelled to care homes in the UK and provided training and implementation support to eight care homes there.
BRINGING DIFFERENT GENERATIONS TOGETHER FOR HEALTH, WELL-BEING AND UNDERSTANDING

The RIA brings generations together to make connections between young people and older adults, providing opportunities for generations to learn from each other and create relationships that lead to positive outcomes for all involved. In 2019, a variety of programs built these intergenerational connections:

**Supporting Inclusion through Intergenerational Partnership (SIIP):** A community initiative that brings different groups together to find ways to connect secondary and post-secondary aged youth with older adults living with dementia and their care partners to reduce social isolation and highlight career opportunities in healthcare and aging. Read more about SIIP on page 25.

**Second Annual Curiosity Fair:** Held in partnership with The Village at University Gates, the Curiosity Fair brought together Village residents and students from local elementary schools to showcase science, art and research projects. Participants both young and old were encouraged to ask questions, compare projects and offer each other ideas to build connections and create relationships.

**Special High Skills Major Day:** In 2019 and early 2020, high-school students from Special High-Skills Major programs took part in innovation, creativity and entrepreneurship training days coordinated in partnership with the RIA, Ontario Centres for Learning, Research and Innovation in Long-Term Care and Schlegel Villages. Students learned how long-term care homes operate, took part in experiential learning activities and learned about career opportunities in long-term care.

**Intergenerational Music Jamboree:** Professor Kate Dupuis, Schlegel Innovation Leader in Arts and Aging, has been studying the effects of intergenerational connections in long-term care made through music. This weekly music therapy intervention at The Village of Riverside Glen invites children from the community under the age of four and their caregivers to join residents in making and learning about music, with positive outcomes for Jamboree participants and Village team members.
The RIA sincerely thanks our valued donors who have generously given in support of our mission. Listed below are the donors whose gifts were received from January to December 2019.

**VISIONARY**
Dr. Ronald and Barbara Schlegel and Family

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Conestoga College Institute of Technology and Advanced Learning

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1,000,000 +
McMaster University

**INNOVATOR**
$500,000 - 999,999
Remedy's Specialty Pharmacy
Cowan Foundation

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Dordan Mechanical Inc.
Jobson Family Foundation

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Josie and Francis d'Avernas
Rob Schlegel

**FRIEND**
$1,000 – 9,999
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Canadian Association of Continuing Care Educators
Douglas and Donna Dodds
Lindsay and Ruth Duffield
EBS Geostructural Inc.
Ernst & Young LLP
Ford Keast LLP
Lora Giangregorio
Peter F. Hannam
Richard and Nadia Hughson
Right Honourable David Johnston
Jane and JD Kuepfer

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Linamar  
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John Milloy  
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Pauline and Werner Schmidt  
Jacqueline Sharratt  
Peter G. Smith  
Barb Sutcliffe  
Kerry Townson  
Elizabeth Witmer  

Ronald G. Brown  
Susan Brown  
Martin Buhr  
Mary Buhr  
Linda Bugarsky  
Marguerite Cameron  
Roy Cameron  
John Richard Carter  
Lynda Chester  
Bill and Sandra Clemens  
Jen and Steve Convey  
Andrew Costa  
Marilyn J. Coxon  
Marg Cressman  
Joyce DaRosa  
Hilary Dunn-Ridgeway  
Michele English  
Christine and Luigi Favit  
Benjamin Fear  
Paul Fieguth  
Jane Fish  
John and Joan Foster  
Staci Forwell  
Esther E. Gascho  
Tom Galloway  
Jon Gingerich  
Cathy J. Gregory  
Jamie Groh  
Brad and Mel Griffith  
Judy and Jim Griffith  
William Hackbart  
Michael Hamilton  
Merle Haney Drudge  
Gert Hartmann  
Lori Hayes  
Winston Helwig  
Bill and Marlene Henhoeffer  
Helene Herbst  
Tim and Jane Hicks  
Susan Jarosz  
Jane Kains  
Sandra Keys  
Linda Knight  
Doreen Koenig  
Paul Kreller  
Kevin and Carolyn Kropf  
Annette and Doug Kuhn  
Scott Laban  
Jane and Bob Larkin  
Rosa Lehmann  
Libro Credit Union  
Connie and Wayne Maher  
Skip and Grace Maher  
Mark and Tammy Mallett  
Stephen Mallory  
Elizabeth Maple  
Maple Villa Long Term Care Centre  
Irene Marotta  
Elizabeth and Clarence Martens  
Jeff Martens  
John and Marilyn Martin  
Ray Matthews  
Will and Michelle McTaggart  
Julie McDougall  
Donna Mogg  
Charles Moore  
Janet Morse  
MTE Consultants Inc.  
Pat and Peter Murphy  
Joyce Owen  
M. Lynne Parkin  
Anne Pommer  
Dr. Allen G Power  
Marg Raycraft  
Alistair and Patricia Ricard  
Darren and Brenda Rintoul  
Rogers Communications Canada Inc.  
Barbara Rosser  
Ken Seiling  
Christine Shantz  
Jeff Shantz  
Jean Slater  
Dr. Ronald W and Etta Smart  
Linda and Paul Snyder  
Wayne Tysick  
Mary Ann Urbashich  
Stewart and Shirley Vogel  
Marilyn Whitefield  
Douglas and Ruth Wagner  
Brenda Weber  
Lois and Stu Weber  
Benita Warmbold  
Bernadette Woods  
Carl Zehr  
Bill Ziegler

Our sincere thanks to the friends and family who donated in memory of the following individuals:

Chris Bicknell, Janette Bicknell, Sheila Bossuer, Gary Bradley, Gerald Brown, Joy Heimpel, Rose Marie Le Blanc, Agnes Martin, Kenneth G. Murray, Joan Nolan, Muriel Norster, Carol Parkes, Agnes Reist, Michael Sharratt, Joyce and Don Townson and Doreen Watt
Life changed suddenly for Don Nightingale and Mary Buhr Nightingale six years ago after Don suffered a stroke. In the confusing, emotional and exhausting weeks and months afterward, they negotiated a new world where Don’s mobility was greatly limited and Mary was suddenly not just his wife, but also his care partner.

Eventually they made the decision that Don needed extra care and they looked for a home for him in long-term care. When Don was given a spot to live at the Village at University Gates, they knew it would be hard to be apart, but they also knew it was the best thing for both of them. Don has now lived at The Village at University Gates for four years.

Don and Mary are both extremely optimistic people and see silver linings, even during challenging times. A silver lining in this case? The Village at University Gates is right next to the RIA.

“I love the RIA,” says Mary. “It has given us opportunities to join things that are positive and a new phase of life that we just never would have thought of.”

Don and Mary are active volunteers at the RIA, helping researchers by participating in research projects, and also speaking with students, giving insights about their experiences which will help them become better doctors or engineers.

They also soak up as much knowledge as they can, attending RIA researcher lunches and talks. In fact, after attending a few researcher luncheons, Mary was invited to speak at a caregivers workshop because the RIA team knew she would have great insights to share.

And, Don and Mary donate to the RIA, because they are grateful.

“Something positive came out of Don being in long-term care,” says Mary. “We donate to thank the RIA for giving us a new direction in life. We’ve met new people, learned new things and are helping the next generation by sharing our experiences.”
# Our Financials

## Summarized Statement of Financial Position As of December 31, 2019

<table>
<thead>
<tr>
<th>Assets</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$1,589,614</td>
<td>$3,098,409</td>
</tr>
<tr>
<td>Cash - endowment</td>
<td>$209,874</td>
<td>–</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>$83,864</td>
<td>$146,622</td>
</tr>
<tr>
<td>Government remittances recoverable</td>
<td>$56,824</td>
<td>$111,198</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>$232,379</td>
<td>$249,088</td>
</tr>
<tr>
<td></td>
<td>$2,172,555</td>
<td>$3,605,317</td>
</tr>
<tr>
<td><strong>CAPITAL ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$368,092</td>
<td>$408,419</td>
</tr>
<tr>
<td><strong>RESEARCH FACILITY DEPOSIT</strong></td>
<td>$7,235,039</td>
<td>$6,835,039</td>
</tr>
<tr>
<td></td>
<td>$7,603,131</td>
<td>$7,243,458</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$9,775,686</td>
<td>$10,848,775</td>
</tr>
</tbody>
</table>

## Summarized Statement of Operations For the Year Ended December 31, 2019

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>$4,352,270</td>
<td>$7,361,401</td>
</tr>
<tr>
<td>Donations</td>
<td>1,809,988</td>
<td>1,544,334</td>
</tr>
<tr>
<td>Conference and training</td>
<td>$215,076</td>
<td>$107,136</td>
</tr>
<tr>
<td>Rental</td>
<td>221,715</td>
<td>200,576</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$56,332</td>
<td>72,683</td>
</tr>
<tr>
<td></td>
<td>$6,655,381</td>
<td>$9,286,130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant and research fees</td>
<td>$2,873,009</td>
<td>$2,479,720</td>
</tr>
<tr>
<td>Wages and benefits</td>
<td>1,795,929</td>
<td>1,506,802</td>
</tr>
<tr>
<td>Program</td>
<td>1,507,766</td>
<td>2,668,870</td>
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<tr>
<td>Office</td>
<td>134,133</td>
<td>122,990</td>
</tr>
<tr>
<td>Rent and utilities</td>
<td>112,780</td>
<td>85,160</td>
</tr>
<tr>
<td>Amortization</td>
<td>97,286</td>
<td>105,805</td>
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<tr>
<td>Travel</td>
<td>92,287</td>
<td>70,268</td>
</tr>
<tr>
<td>Legal and audit</td>
<td>53,389</td>
<td>7,461</td>
</tr>
<tr>
<td>Janitorial</td>
<td>83,361</td>
<td>66,146</td>
</tr>
<tr>
<td>Professional development</td>
<td>19,395</td>
<td>25,454</td>
</tr>
<tr>
<td>Sponsorships</td>
<td>16,401</td>
<td>2,300</td>
</tr>
<tr>
<td>Conventions and catering</td>
<td>15,951</td>
<td>20,430</td>
</tr>
<tr>
<td>Insurance</td>
<td>10,039</td>
<td>9,717</td>
</tr>
<tr>
<td>Advertising</td>
<td>2,352</td>
<td>9,803</td>
</tr>
<tr>
<td>Overhead allocation</td>
<td>(218)</td>
<td>(3,863)</td>
</tr>
<tr>
<td>Bank charges and interest</td>
<td>$6,813,860</td>
<td>$7,184,789</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXCESS OF REVENUE OVER EXPENSES</strong></td>
<td>$(1,169,620)*</td>
<td>$768,717</td>
</tr>
</tbody>
</table>

*This deficit is due the timing of our expenses for Government funded projects that are financed based on an April to March fiscal year. These projects are budgeted to balance, leaving a small deficit of $14,012. Complete audited statements are available upon request. Please contact info@the-ria.ca
THINGS TO WATCH

At the RIA, we are innovators. We are constantly looking for new topics to explore and new ways to support older adults. As we reflect on 2019, we are excited to highlight new projects that will become more fulsome in 2020 and beyond. From a system survey on spiritual care to bringing generations together, we will continue to find new ways to enhance life for older adults everywhere.

“...I believe that every person no matter their age, deserves a life filled with good health, joy and life purpose. I also believe that should the need arise, every person should be supported and cared for by passionate and highly-trained professionals. The RIA focuses on supporting the entire aging spectrum to ensure that no matter where or how we live, we matter. This is why I give annually to the RIA.”

~ Gert Hartmann, Director of Business Development and Community Partnerships, RIA
According to the Alzheimer Society of Ontario, the number of people diagnosed with dementia in the Waterloo Wellington Local Health Integration Network is expected to increase to more than 13,500 in 2020. In addition to memory loss and difficulty problem solving, those living with dementia may experience changes in mood and the ability to communicate. This can make it difficult to establish or maintain personal relationships, potentially causing lost connections with friends, family members and the wider community.

Research shows that social isolation is associated with poor mental and physical health, more disability from chronic diseases, greater risk of elder abuse and greater caregiver burden. Socially isolated older adults are also less able to participate in and contribute to their communities, resulting in a significant loss to organizations, communities and society at large.

By making connections between youth and older adults, the RIA hopes to challenge stigmas and highlight programs that make for a more inclusive and understanding community.

BUILDING A COMMUNITY OF BELONGING

Over the next five years the RIA will create opportunities for older adults and youth in Waterloo Region to build connections through an exciting new project – the Supporting Inclusion through Intergenerational Partnerships project, or SIIP.

SIIP will bring generations together to address loneliness and social isolation in older adults living with dementia and their care partners across the community. It will provide opportunities for older adults and secondary and post-secondary aged youth to interact in meaningful ways — sharing skills, expertise and experiences. By identifying groups and organizations working with older adults living with dementia, the RIA will work with and provide funding to those groups to incorporate youth into programs and services.

A community advisory group has been created to assist in project planning with participants from a variety of sectors including dementia advocacy groups, school boards, youth, community groups, service providers, researchers and people with lived experience.

SIIP is funded by the Government of Canada’s New Horizons for Seniors Program.
Kuepfer is working to collect information about the role spiritual care plays across long-term care, who is providing that care and how they are doing it. She started by phoning long-term care homes to learn if they had a staff member responsible for spiritual care, then sent surveys by email to gather more information. Next, Kuepfer will interview chaplains, spiritual care providers and those responsible for providing spiritual programming in homes that don’t employ a chaplain.

“The goal is to start a conversation around spiritual care in long-term care. Once we understand how this care is being delivered, we can look at best practices, guidelines and other ways to improve the way we care for the soul.”

CONNECTING THE DOTS: HELPING OLDER ADULTS NAVIGATE THE LEGAL SYSTEM

Older adults can face barriers to accessing the legal information they may need – perhaps they don’t have family or friends they can turn to, or aren’t aware of what sorts of legal documents they should have in place.

RIA researchers and staff are working with community members and legal professionals to create a program that will help fill this gap. Through Trusted Help, people who have regular contact with residents in retirement homes will be trained to help those residents navigate the legal system. The trusted helpers won’t give legal advice but will make residents aware of legal services available to them and help them access those services. That could mean helping with things like arranging appointments or filling out forms. These people could be chaplains, social workers, physicians or other types of service providers who, over time, have naturally built trusting relationships with residents and may be the only people these residents feel comfortable going to for help.

To start the research team is surveying residents of The Village of Taunton Mills in Whitby to see whether there is a need for this type of service, and if there are enough people to take on the role

FILLING A GAP IN INFORMATION TO IMPROVE SPIRITUAL CARE

There is no shortage of data when it comes to long-term care. Many researchers are conducting studies and compiling data sets across Ontario and Canada hoping to find patterns and new innovations from the information they collect. However, there is an area where there is very little information – spiritual care.

Professor Jane Kuepfer, Schlegel Specialist in Spirituality and Aging saw this gap, and is doing something about it.

“Things have changed a lot in the last twenty years. In the past, most long-term care homes were run by churches and other religious organizations. That isn’t the case anymore. The role of the chaplain used to be very clear-cut, but now we are seeing a large variety in the role across long-term care in Ontario, and many homes don’t have a team member dedicated to spiritual care. With all these changes, I thought it was a good time to gather some data,” she says.

Spiritual care is an important part of life in long-term care. Spiritual care providers can support well-being, promote resilience and provide opportunities for religious practice and rituals.
of trusted helper. If the answer is yes to both questions, the team will apply for funding to develop and trial the program.

While financially supported by The Law Foundation of Ontario, the Schlegel-UW RIA is solely responsible for all content.

BRINGING GOOD TASTE AND GOOD NUTRITION TOGETHER

Researchers at the RIA are finding ways to help older adults get the nutrition they need in foods they prefer to eat by adding healthy ingredients that taste good and are good for you.

Many older adults don’t get enough key nutrients in their diets to support their health and well-being. Professor Heather Keller, Schlegel Research Chair in Nutrition and Aging says there are a number of reasons for that – they may have a poor appetite or chewing may be difficult. In both of these situations that could mean the foods they choose to eat may taste good or be easy to eat, but are poor in nutrition.

Keller and her research team have developed Nutrition in Disguise, a series of recipes that ‘hide’ ingredients you wouldn’t typically find in things like sweets – like putting lentils in brownies, or wheat germ in muffins.

The team worked with chefs and students from the University of Waterloo and the University of Guelph to develop 21 recipes which they tested first at the RIA. The top 10 from that session were tested by residents at three Schlegel Villages who helped whittle the list down to eight.

Recipe cards have been created for those eight foods and are available on the RIA website.

Watch for new resources to come from this research. The Ontario CLRI is scaling up the recipes and, working with culinary students and stakeholders, creating new ones that can be used in long-term care homes.

This project was made possible through the generosity of George Weston Limited and Loblaw Companies Limited.

Find the recipe cards at the-ria.ca/resources/nid