

## Seniors' Health Research Priority Setting Partnership Survey

### Identifying what is important to seniors' health in Alberta

Research studies contribute to our knowledge of health, illness, and disability. Research findings are used to improve healthcare, such as treatments, clinical care practices, and health services. We feel that it is important for research studies to focus on the things that matter most to patients and clinicians.

The Scientific Office of Alberta's Seniors Health Strategic Clinical Network™ is conducting a project to determine the priority areas for seniors' health research. The purpose of this project is to ask patients, their caregivers, and clinicians what they see as *important to seniors' health in Alberta*. We will compare this information to what we already know from research studies and to prioritize research that focuses on the unanswered questions.

You are invited to participate in this survey to identify the questions about seniors' health that are important to you. You are invited to take part if you are:

- an older adult (65 years of age and over),
  - a caregiver of an older adult (spouse; family member; friend; neighbour), or
  - a clinician or health care provider (doctor; nurse; care aides; allied health provider; pharmacist; social worker) working with older adults,
- AND**
- you live or work in the province of Alberta.

Participation in this survey is voluntary. You can complete either a pen-and-paper survey or the online survey (both versions are the same, so you only need to submit your ideas through one method). **You do not have to answer any questions that you do not wish to answer. There are no right or wrong answers and you can leave sections blank.** At the end of the survey, you will be asked if you would like to take part in the next phase of this project by helping to decide which of the topics identified by the survey are most important. If you are interested, you will be asked to provide your name and contact information. If you do not provide your name, your survey responses will be anonymous. If you have any questions about this survey or the project, please contact Billy Zhao, Project Coordinator, by telephone (403-944-3274) or email (bzzhao@ualberta.ca).

*By submitting this survey, you are agreeing to take part in the study.*

**Your unanswered questions about seniors' health**

In this first section, we would like to know about what matters most to you. Please think about your own experiences as an older adult or person working with or supporting an older adult. **What matters most to you about seniors' health?**

The questions below might help you to reflect on your own experiences and think about what matters most to you. **You don't need to provide an answer to each of the questions;** we are interested in learning what you think matters most.

1) What concern(s) do you have about **aging well**?

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2) What concern(s) do you have about **healthcare practices or services** for older adults?

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3) What concern(s) do you have about **preventing illness or disease**?

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4) What concern(s) do you have about the **diagnosis or treatment of illness or disease**?

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5) What concern(s) do you have about **managing symptoms or conditions, or supporting someone** with health conditions?

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6) What concern(s) do you have about **maintaining mental health and social participation** in older age?

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**Thank you for sharing the areas of seniors' health that matter most to you. Please continue with this survey by answering the questions on the next page.**

### A little bit about you

In this next section, we would like to know a little bit about you. The information you provide about yourself will help us to determine which groups have responded and which groups we still need to reach to invite them to take part.

7) What is your gender?

- Male     Female     Transgender     Two-spirit  
 I do not identify with a gender     Prefer not to say

8) Which of the following best describes you?

- Older adult (65 years of age and over)  
 Caregiver of an older adult (spouse, family member, friend, neighbour)  
 Health and/or social care worker  
 Other respondent group, please describe: \_\_\_\_\_
- } Please continue to Question 9.  
} Please skip to Question 14.

9) What is your year of birth?

\_\_\_\_\_ [year]     Prefer not to say

10) How are you filling out this survey?

- On your own  
 With assistance from someone else  
 In a pair or group, please tell us how many people: \_\_\_\_\_

11) Where in Alberta do you live?

Please provide the name of your city/town: \_\_\_\_\_

- Prefer not to say

12) What are your current living arrangements?

- In your own house, apartment, or condo  
 In a seniors' lodge or supportive living accommodation  
 In a long term care facility  
 Other, please describe: \_\_\_\_\_

- 13) What were the ethnic or cultural origins of your ancestors? (check all that apply)
- North American Indigenous (e.g., First Nations, Metis, or Inuk [Inuit])
  - Other North American (e.g., Canadian, American, Quebecois)
  - European
  - Caribbean
  - Latin, Central, or South American
  - African
  - Oceania (e.g., Australian)
  - Asian (e.g., Middle Eastern, South, East, and Southeast Asian)
  - Prefer not to say

**Thank you. Please skip to Page 6.**

*Health and/or social care workers and other respondents, please continue the survey here:*

- 14) What is your primary health and/or social care provider profession?
- Aide (HCA, NA, TA)
  - Nurse (RN, RPN, LPN)
  - Nurse Practitioner
  - Social Worker
  - Allied Health Professional (PT, OT, RT, SLP, Rec.T)
  - Pharmacist
  - Physician
  - Other, please describe: \_\_\_\_\_

- 15) Where in Alberta do you work?  
Please provide the name of the city/town: \_\_\_\_\_
- Prefer not to say

- 16) In what care setting do you primarily work?
- Primary and community care
  - Acute care
  - Continuing care
  - Other, please describe: \_\_\_\_\_

**Thank you. Please continue on Page 6.**

**Your contact information**

In this final section, we would like to know about your interest in further participation.

The next phase of the study involves grouping these topics and sorting them by order of importance. If you would be interested in taking part in the next phase, please provide your contact information. Please note that your contact information will not be used in association with the survey answers you have provided.

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Thank you for taking the time to share your perspective! Please return this survey in the postage prepaid envelope.**

Please visit the Seniors Health Strategic Clinical Network™ website for the latest information and the outcome of the Priority Setting Partnership:

[www.ahs.ca/seniorshealthscn](http://www.ahs.ca/seniorshealthscn)