

Identifying What Matters Most for the Health of Older Adults in Alberta: Results from a James Lind Alliance Research Priority Setting Partnership

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For which topic were research priorities identified?

health of older adults

In which location was the research priority setting conducted?

North America - Canada

Why was it conducted at all?

As the number of older adults (= 65 yr) continues to increase, addressing their health becomes increasingly important for both this population and the health care system. The Seniors Health Strategic Clinical Network in Alberta aims to improve health care services and practices for older Albertans through health system transformation. With the limited availability of research dollars, the identification and pursuit of priority health research questions is vital to improve health outcomes and system sustainability.

What was the objective?

to use direct engagement with older adults, caregivers and health care providers to identify and prioritize the most important topics on the health of older adults that should be addressed by future research

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

January 2018 - August 2018

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: setting up PSPS: stakeholders and partner organizations were identified to promote the PSP. Step 2: collecting research questions: participants were asked to state what mattered most to them about older adults' health within six topic areas determined by the steering committee: "What matters most to you about older adults' health?", over 3000 submissions. Step 3: data processing: submissions were reviewed, duplicates removed, out of scope submissions removed, submissions were categorized by content area, 101 summary questions along 24 content areas formulated, steering group worked in pairs to review the 101 resulting summary questions to ensure the wording captured the underlying raw data, check against evidence: questions assessed against published evidence. Step 4: interim ranking: in parallel with check against evidence, participants asked to review the 101 summary questions and select the 10 they felt to be of greatest importance, four completely answered questions were removed, questions of shared importance by 2 or more stakeholder groups moved forward, interim ranking resulted in 22 final questions moving forward to workshop. Step 5: final prioritization: workshop: using nominal group technique, two rounds of small group discussions and rankings, final round of discussion and ranking in plenary

Which stakeholders took part?

Older adults (≥ 65 yr), caregivers and partners of older adults (e.g., spouse, family member, friend, neighbor), front-line clinicians, social care providers (e.g., doctor, nurse, care aide, allied health provider, pharmacist, social worker, community or social service provider) working with older adults. Survey: 670 participants: 219 older adults, 132 caregivers, 314 health and social care workers (nurses, social workers, allied health professionals, physicians, pharmacists, dieticians). Interim ranking: 232 participants: 66 older adults, 57 caregivers, 109 health and social care workers. Workshop: 22 participants from health administration, nursing regulatory bodies, housing, advocacy and clinical care.

How were stakeholders recruited?

The invitation to participate was circulated through partners, the website of the Seniors Health Strategic Clinical Network, social media and by word-of-mouth. The survey was distributed via Alberta Health Services' web-based resources, contacts with centres for older adults and other not-for-profit organizations catering to older adults, identified from an online directory.

Were stakeholders actively involved or did they just participate?

Older adults not only participated but were also actively involved in the research prioritization process. They were part of a steering group. The steering group consisted of 12 members, 1 JLA adviser and the project team: 2 patients, 3 care partners (daughters), 3 clinicians (1 physician, 2 specialist nurses), 3 representatives from patient organization. The members met monthly to guide the research process and to represent three constituent groups and the organizations serving these groups.

