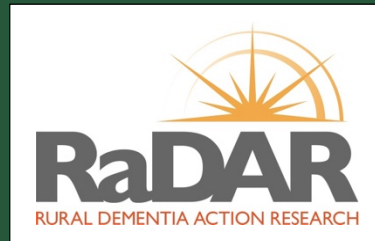
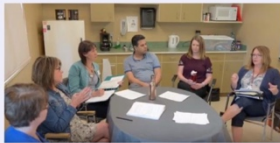


2024 Update

# RaDAR Primary Care Memory Clinics



## Teams (2024)



**Lead: Jean Daku, NP**  
KIPLING (pop. 1,140)



**Lead: Dr. Jared Oberkirch**  
WEYBURN (pop. 11,150)



**Lead: Toni Giraudier, NP**  
BENGOUGH (pop. 332)



**Lead: Laura Wood, NP**  
CARLYLE (pop. 1,500)



**Lead: Nicki Ford, NP (retired)**  
MARYFIELD (pop. 330)



**Lead: Lois Coffey, NP**  
LAMPMAN (pop. 735)



**Lead: Dr. Mandi Nel**  
ESTERHAZY (pop. 2,500)



**Leads: Dr. Omid Yahyazadeh,  
Dan Wlock, NP**  
CANORA (pop. 2,090)



**Lead: Raegan Rasmussen, NP**  
ASSINIBOIA (pop. 2,300)



**Lead: Cheryl Kisters, NP**  
MELVILLE (pop. 4,500)

## Communities (2024)



RaDAR rural primary care memory clinics are offered by primary health care teams within the Saskatchewan Health Authority. The [Rural Dementia Action Research \(RaDAR\)](#) Team at the University of Saskatchewan has collaborated with primary health care teams to implement rural memory clinics in 10 communities: **Kipling, Weyburn, Bengough-Radville, Carlyle, Maryfield, Esterhazy, Lampman, Canora, Assiniboia, and Melville.**

## Welcome to the newest teams

In 2024, three new memory clinic teams completed orientation and PC-DATA™ training with the RaDAR team and Dr. Dallas Seitz, geriatric psychiatrist at the University of Calgary and the developer of PC-DATA™ (Primary Care Dementia Assessment and Treatment Algorithm).

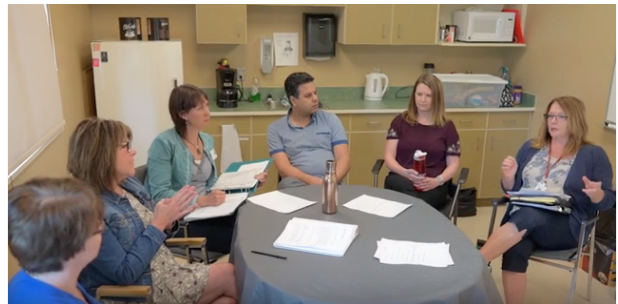


A new memory clinic team has been established in **Canora**, co-led by Dr. Yahyazadeh and Nurse Practitioner Dan Wlock. After receiving training earlier this year and shadowing the Esterhazy team, the Canora team held their first clinic in October. Pictured from left to right are team members Carolee Zorn

(Alzheimer Society First Link Coordinator), Andrea Wionzek (Home Care RN), Charlene Secundiak (Home Care Assessor), Kendra Kerr (Occupational Therapist), and Dan Wlock (Nurse Practitioner).

The **Assiniboia** team participated in orientation and PC-DATA training in August and held a mock clinic in October after shadowing memory clinics in neighbouring Bengough. Led by Nurse Practitioner Raegan Rasmussen, the Assiniboia team is planning their first clinic for early 2025. The **Melville** team, led by Nurse Practitioner Cheryl Kisters, took part in orientation and training in October and also plan their first clinic in 2025.

## Videos of Memory Clinics



Short videos of the Esterhazy and Kipling memory clinics can be accessed on the [RaDAR website](#).

## 2024 Highlights

**10 communities**  
joined to date

**3 communities**  
joined in 2024

**114 clinics**  
held to date

**33 clinics**  
held in 2024

**169 patients**  
seen to date

**59 patients**  
seen in 2024

To date since the first memory clinic was implemented in Kipling, memory clinics have been established in 10 communities. A total of 114 clinics have been held by all teams (full-day and half-day) and an estimated 169 patients have been seen.

In 2024, teams received orientation & training to implement clinics in 3 communities (Canora, Assiniboia, and Melville), **33 clinics** were held by all existing teams, and **59 patients** were seen across all clinics.

### 2024 Highlights:

- ❖ A story on the new Canora memory clinic team is published in [USask College of Medicine News](#), describing the team's motivation to provide clinical care for rural older adults closer to home.
- ❖ The RaDAR Memory Clinic program is nominated for a 2024 Saskatchewan Health Authority Innovation Award in recognition of an innovative approach to a healthcare challenge.
- ❖ An article to raise awareness among rural primary care teams interested in establishing a memory clinic is published in the [SARM Rural Sheaf](#).
- ❖ RaDAR memory clinics are profiled in [Regina Discourse Research Magazine](#) as one of several projects funded under the umbrella of Dementia Supports in Rural Saskatchewan led by Dr. Bonnie Jeffery.
- ❖ The RaDAR team hosts a dementia education webinar, [The MMSE is NOT a Diagnosis: Clinical Diagnosis and Staging of Dementia](#) with Dr. Elizabeth Rhynold, Geriatrician and faculty in the SHA/USask Department of Medicine.
- ❖ A report is released on the implementation of memory clinics in the Yorkton area as part of the Dementia Supports in Rural Saskatchewan initiative: [Scaling up Rural Dementia Action Research \(RaDAR\) Memory Clinics in Rural Saskatchewan](#).

The Rural Memory Clinics expanded to multiple new locations over the course of 2024. The addition of Canora, Melville and Assiniboia have expanded the reach to more rural patients and their families. It is extremely exciting to see the clinics continue to grow and continue to support rural patients with memory concerns.



The Weyburn Team held a value stream mapping meeting to brainstorm solutions for gaps that the team had been experiencing. The dedication, passion and teamwork that was portrayed showed the value of team-based care. Solutions for referrals, time management, patient care and more were discussed and will be implemented in upcoming clinics.

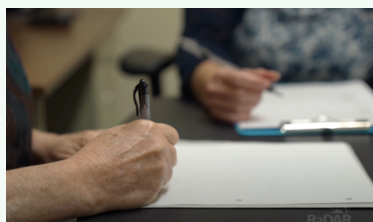
The total number of patients reached across all memory clinics during 2024 was 59, which is double any previous year. With the expansion of new teams, the consistency of existing teams and the dedication of all providers we were able to help more patients than ever before. What a successful year!

*Chelsie Cameron, RaDAR Team*

- ❖ As part of the [University of Saskatchewan's 11<sup>th</sup> Annual President's Lecture Series](#), Dr. Debra Morgan gives an invited presentation: *The Rural Dementia Action Research (RaDAR) Program: Twenty-five Years of Rural Dementia Research*.
- ❖ Dr. Megan O'Connell co-authors a book released by Routledge, titled [How to Live Well with Dementia: Expert Help for People Living with Dementia and their Family, Friends, and Care Partners](#) with Anthea Innes, Carmel Geoghegan, and Phyllis Fehr.
- ❖ Dr. Julie Kosteniuk hosts a round table discussion about the RaDAR rural memory clinics as part of the Saskatchewan Health Quality Council's [Thrive at Home Workshop](#).

## Feedback

*"The memory clinic is a wonderful service that helps people identify if they need more help in those areas and yeah, I'm happy that they're able to give these things in rural Saskatchewan where there may be people that don't get the help they need."* (Patient/Family member)



*"What I was impressed with was how the pharmacy contacted home care, home care got involved. Mom actually went up to see the (clinic lead) about something else. Between her and the home care, they were the ones that suggested RaDAR - I was not aware of it, that that was even available."* (Patient/Family member)

*"...now that we've seen what the different team members do and how they contribute to the assessment process and clinic, even if our client isn't going through the specific memory clinic ... we still go through those same motions."* (Memory Clinic Team Member)

*"I thought the memory clinic was wonderful. What it did for me was, it kind of waylaid some of my fears, because I was thinking, 'does she need Aricept or something?' I know she's a little repetitive and whatnot. But you know, after talking with the people at the clinic and (the clinic lead), no, she's not at that point. So, that's good. It really gave me peace of mind that I was doing ... together, my mom and I, we were doing the best we can."* (Patient/Family member)



*"The memory clinic was good and it just - well, I knew what the issues were, but my son was there, and it just made - probably lightened - (gave) him more idea of what's going on."* Patient/Family member)

*"I came back reassured and felt that there was support out there."* (Patient/Family member)

*"...there's more comfort for them. Because they now have their people, so to say, that they know that they can contact, right? So, the process is started, so we now have a baseline of kind of where they're at. 'If things change, can I call you?' Well, absolutely give us a call."* (Memory Clinic Team Member)

*"It helped the family make the decision and move forward with power of attorney and moving Mom to where she could be better looked after... And it made it a little easier on everybody when we went through the memory clinic, that we were making the right decision to (transition to) the care home."* (Patient/Family member)

## RaDAR Memory Clinic Model

### Interprofessional care

- **Interprofessional team** (e.g., FP/NP, HC/SW, OT, PT, Alzheimer Society First Link Coordinator)
- **Coordinated clinic day assessment**
  - › Team huddle, team meeting with patient and family to discuss appointment
  - › Patient assessments and care partner interviews
  - › Team debrief, team meeting with patient and family to discuss care recommendations
- **Shared electronic medical record (EMR) templates**
- **Team decisions and recommendations**

### Decision support

- Assessments are guided by the **Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA™)** developed by Dr. Dallas Seitz, based on Canadian guidelines
- **EMR templates** based on PC-DATA™ are available to memory clinic teams in both provincial systems, with a separate section for each team member to guide patient assessment and inform the final case conference between team, patient, and family
- The **RaDAR Handbook** is a key resource for clinic teams with documents that include clinic processes and team member roles, patient forms, scripts, work standards, and the PC-DATA manual and other educational resources.

### Specialist-to-Provider support

- **PC-DATA™ education** with Dr. Dallas Seitz (Geriatric Psychiatrist, UCalgary)
- Continuing education webinars on dementia-related topics
- Clinical and research services from the **specialist Rural and Remote Memory Clinic** (USask)
- Telephone consultation with Saskatoon geriatricians (polypharmacy and falls assessment)

**RaDAR memory clinics** are an ongoing collaboration with Saskatchewan Health Authority primary health care teams intended to reduce travel and wait times for specialist appointments, providing coordinated care and support for patients and families in their home communities.

**One-day memory clinics are held every 1-2 months or as needed as part of regular services in each community.** The **interprofessional teams** are led by physicians and/or nurse practitioners. Depending on local availability, teams include home care nurses/assessors, social workers, occupational therapists, physical therapists, pharmacists, dietitians, and Alzheimer Society First Link Coordinators. Each half-day clinic appointment begins with a team huddle, followed by a team meeting with the patient and family to discuss their concerns. Team members then assess the patient and consult with accompanying family member(s). The appointment ends with a team debrief followed by a discussion with the patient and family to review the recommendations and care plan.

Memory clinic teams access point-of-care **decision support** in EMR templates (Med Access and Accuro) informed by the Primary Care Dementia Assessment and Treatment algorithm (PC-DATA™). A RaDAR handbook provides supporting materials (e.g., PC-DATA education manual, work standards, scripts, and customizable letters/forms). **Specialist-to-provider support** for health professionals is offered by the specialist [Rural and Remote Memory Clinic](#) at the University of Saskatchewan.

## Support from the RaDAR Team

The goal of the [Rural Dementia Action Research \(RaDAR\)](#) team is to improve care for individuals with dementia and their families who live in rural and remote areas. These areas tend to have a higher proportion of older individuals at risk for dementia, yet limited access to supports and services.

Before implementing a memory clinic, primary health care teams take part in **orientation and PC-DATA™ training** with the RaDAR team and Dr. Dallas Seitz, the PC-DATA developer.

**Shadowing and mentorship** opportunities are available to new memory clinic teams with peers in neighbouring communities. **Operational support** is offered by Memory Clinic Coordinator

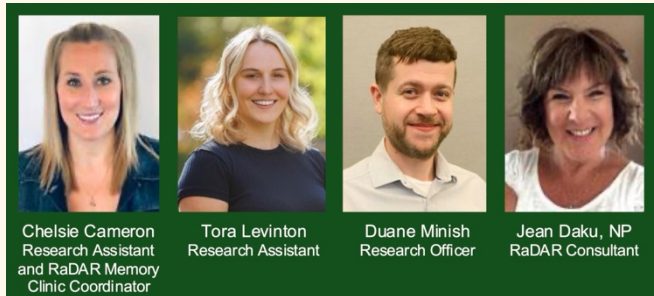
Chelsie Cameron, who attends memory clinics in all communities. To date, Chelsie has travelled 17,010 km across all communities, including **3,314 km in 2024**. RaDAR holds **workgroup meetings** with new teams in the first year to provide support in the early stages, and ongoing **check-in meetings** with PHC facilitators and managers. RaDAR team

members Tora Levinton and Duane Minish assist with meeting events and **educational opportunities**, and Nurse Practitioner Jean Daku promotes **spread and sustainability** of the clinics.



**Travel by RaDAR Team**  
for memory clinic development

- **22,645 km** from 2013-2019



**Travel by Chelsie C**  
for data collection and clinic support

- **17,010 km** from 2019-2024
- **3,314 km** in 2024

## Continuing education

RaDAR offers continuing education webinars with specialists and other experts on subjects related to dementia care. Examples of past education topics include clinical diagnosis and staging of dementia, deciding when to refer to the specialist Rural and Remote Memory Clinic, and end of life issues in advanced dementia.

## Resources

To ensure memory clinic teams have the necessary resources for operation, RaDAR provides funds for purchasing equipment and testing materials, and assists with the cost of training and travel for health professionals.

## Dementia Working Group

The Dementia Working Group was established in 2013 and continues to meet every 3 months. Members include SHA leadership and management, health professionals, the Alzheimer Society of Saskatchewan, and RaDAR members. The mandate of the Group is to share initiatives and opportunities for improvement in dementia care, and to improve public awareness. The Group also supports RaDAR in sustaining and spreading the memory clinics.

# Research Project

## Family Care Partner Self-efficacy and Service Needs Before and After a Memory Clinic Assessment

### Objectives

- To compare self-efficacy ratings and service/support needs of family care partners at initial assessment in a rural memory clinic (clinic day) and at 1-month post-assessment.
- To investigate family care partner perceptions regarding receiving adequate information about particular topics and services at initial assessment.

### Methods

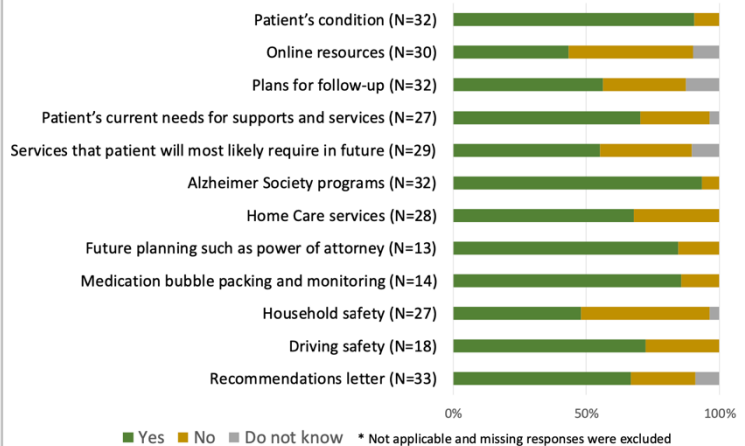
- Semi-structured interviews with 33 care partners from November 2019 to March 2024 at two timepoints:
  - Clinic day in-person at initial assessment in memory clinic
  - 1-month by telephone
  - 33 of 53 care partners (62%) completed both timepoints

## Results

Figure 1. Care Partner and Patient Characteristics, Initial Assessment

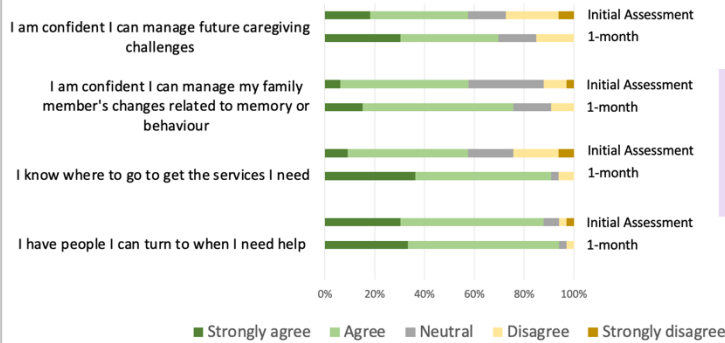
Care Partner (N = 33)	n (%) or Mean (SD, range)
Female sex	20 (60.6)
Age, years(SD, range)	66.5 (10.9, 42-88)
Relationship to family member	
Spouse	18 (54.5)
Child	13 (39.4)
Other	2 (6.1)
<b>Patient (N = 33)</b>	
Female sex	19 (57.6)
Age, years	79.0 (9.9, 41-94)
Cognitive and functional scores	
MMSE	23.9 (4.0, 13-30)
MoCA	17.0 (5.2, 6-24)
FAQ	13.5 (9.4, 0-30)
KATZ	5.6 (1.4, 0-6)

Figure 3. Received adequate information about particular topics and services during initial assessment\*



- More than 50% of care partners reported receiving adequate information on 10/12 topics/services.
- The proportion of care partners who reported receiving adequate information about particular topics or services during a memory clinic assessment ranged from 43.3% (online resources) to 90.6% (patient's condition and Alzheimer Society programs).

Figure 2. Care Partner Self-Efficacy, Initial Assessment and 1-month



• Care partner self-efficacy mean score increased significantly from 14.4 (SD = 2.8) at Initial Assessment to 16.1 (SD = 2.4) at 1-month ( $t = -3.58$ ,  $p = <.001$ , Cohen's  $d = -.62$ ).

Table 1. Any services/supports considered beneficial but not yet received, Initial Assessment and 1-month

	Initial Assessment n (%)	1-month (%)	p value
Yes	16 (48.5)	8 (24.2)	.02
No	14 (42.4)	22 (66.7)	
Do not know	3 (9.1)	3 (9.1)	

• At Initial Assessment, 48.5% of care partners reported they had not yet received services/supports they considered beneficial. This decreased significantly to 24.2% at 1-month ( $p = .02$ ).

**Services/supports considered beneficial but not yet received**  
**Illustrative Quotations**

**Initial Assessment**

Information/education /support group	Well I think there's some education, because I did speak with (staff) from the Alzheimer's Society. My sister and I did last Thursday. And she had suggested looking up on the website, and some information that way. And somebody shared something on Facebook too. And so I did a little looking that way. And there are definitely some virtual sessions I would like to attend with her, no doubt.  I'm looking forward to talking more to the Alzheimer's Society and seeing if — I know they've got lots of good information.
Housecleaning or yardwork	She'd likely get somebody in to clean house, but I don't know if there's anybody around. She doesn't usually mess up much, and I just clean that up.  Yard work, we talked about...and maybe getting a housecleaner in, or something. So that-'cause Dad enjoys cooking and he does all of the cooking.
Home care/bathing assistance/medication check/meal prep	I think homecare, checking on meds. (CP1) Yeah, that's a big one, is the meds. (CP2)  We would benefit from- Well that's got to do with the bathing at the, they pick him up, and he had that opportunity but he wouldn't go.
Lifeline/safety check	I can't leave her for ... an extended period of time. She's ok if she's overnight, a couple days, and as long as I have everything set out. Freezer meals, everything done, I'm good...But it's that after the two or three days that it is when I have to have somebody make sure that she's still on the same day as on her packs.
Respite	Just to get away ...that's why I got home care. I went in once for a lunch with my girlfriends and once for a massage. But I should do it at least once a week.

**1-month**

Home care exercises/Occupational therapy	I think once they participate in some of the Home Care exercises and whatnot, that would be beneficial for mom, particularly. But that is kind of already on the list and we've already been in discussions, so I don't know that that's necessarily new.
Housecleaning	Well we could have somebody come in and house clean. But we're doing okay. We'll use services when we need them.
Counselling	[...] Just to talk with someone, I guess
Lifeline	Yes, and one that we're looking into, it's the helpline. You know, if you fall and it records.
Respite	Well, like I said, it would be wonderful to have the day hospital on the days that I do cards.

**Conclusions**

- Care partners who accompanied their family member to a memory clinic assessment demonstrated moderate improvement in caregiving self-efficacy related to managing caregiving challenges and knowledge of services.
- By 1-month after a memory clinic assessment, care partners were less likely to identify beneficial services/supports they had not yet received.
- The majority of care partners reported receipt of adequate information on 10 of 12 key topics/services during the memory clinic assessment.



# Research Project

## Registered Dietitian Involvement in Rural Primary Care Memory Clinics:

### A Qualitative Descriptive Study

**Objective:** To explore and understand the facilitators and barriers to Registered Dietitian involvement in primary care memory clinics and other community settings that provide nutrition care for people living with dementia.

**Methods:** This study used a qualitative descriptive design. Six focus groups took place between June and July 2024: three with RaDAR memory clinic teams, one with PHC managers and facilitators and two with Registered Dietitians covering memory clinic communities. Twenty-three individuals participated in the focus groups. Of the memory clinic teams that participated, one team included a dietitian and two did not. Data were analyzed using Braun and Clarke's (2022) six-step reflexive thematic analysis.

#### Preliminary findings

##### Four themes were developed:

- **It's a matter of perspective:** Nutrition may not be perceived as a priority issue, and therefore the potential role of the dietitian in dementia care may not be recognized. However, with increased dietitian involvement, health care professionals realize the extent nutrition is impacted and recognize the influence dietitians can have on the nutrition status of persons living with dementia.
- **We are on the same team:** Memory clinic teams value a team approach to health care. Teams work together, possess an interdisciplinary spirit, and perceive the health of memory clinic patients as the responsibility of each team member. Since dietitian involvement has increased in the clinics, many health care professionals recognize the value dietitians contribute as members of the memory clinic teams.
- **What does rural have to do with it?:** Health care delivery in rural areas has key differences compared to urban areas. Some differences create challenges for effective health care in rural areas. However, certain aspects of rural health care create opportunities for rural health care professionals to introduce creative solutions and capitalize on the rural opportunities.
- **Structure is the key to success:** Cohesive well-defined procedures and directives are necessary to guide the memory clinic teams on how they should deliver nutrition care and proceed in various nutrition care situations. In the absence of structure, nutrition care may not be delivered consistently, and the teams may not be aware of proper procedures. In addition, systemic healthcare disparities can lead to fewer resources and supports for health care professionals and patients.

**Conclusions:** This study identified several barriers to the involvement of Registered Dietitians such as low familiarity with the dietitian role, lack of a defined dietitian role, and limited access to nutritional resources in rural areas. Conversely, several facilitators were discovered, including the impact of pre-existing knowledge of the dietitian's role, health care professionals' passion to deliver optimal patient care, and the use of a team-based approach. Drawing on the varied perspectives of health care professionals in the team-based memory clinics is important to highlight existing enablers and challenges to nutrition care and will serve to inform recommendations to improve care.

**Poster:** A 4-minute video poster was presented at the annual RaDAR Summit in November, 2024.

**Research team:** Brianna Wickett (BSc Nutrition student), Allison Cammer, Julie Kosteniuk, Erin Fedusiak (BSc Nutrition student), Debra Morgan, and Dana Klapak.

**Funding:** This study was funded by an Interdisciplinary Summer Student Research Award from the University of Saskatchewan College of Medicine and College of Pharmacy and Nutrition, and College of Medicine Start-up Funding to Julie Kosteniuk.

# Research Project

## Implementation and Acceptability of an Active Living Program for Rural Older Adults

**Objective:** To examine the implementation and acceptability of an active living program initiative which aimed to provide in-person physical, cognitive, and social stimulation for older adults living in seniors' housing apartments outside of long-term care in two rural communities.

**Methods:** One focus group and seven semi-structured interviews were conducted between December 2023 and February 2024. The focus group with managers/directors and individual staff interviews were conducted via telephone. Program participants were interviewed face-to-face in their private apartment within the seniors' housing buildings. A 6-step thematic analysis approach was used to analyze the transcripts.

### Findings

#### Five themes were developed:

- (1) **Mind the Gap:** There are known challenges experienced by some community members as they age. The Active Living program was developed with the vision of addressing these challenges, and since its creation it has had reported benefits for program participants.
- (2) **The Program That Brings Us Together:** The program has created more opportunities for social interactions. The initiative is meeting a need for socialization and creating social connections among participants and between participants and staff.
- (3) **Everyone Gets a Seat at the Table:** Program participants gained a sense of enjoyment from the sessions, which went beyond attendance to taking an active role in shaping the program.
- (4) **When Staff Step Up to the Plate:** Staff played an important role in the program's delivery. They were empowered to take ownership of the initiative, which allowed staff to tailor the program to better fit participants' needs.
- (5) **The Future is Unclear:** There are many opportunities where the program could spread and benefit more people. However, challenges related to location, staff capacity, and budget may result in fewer benefits for participants or a reduction in programming.



**Poster:** A 4-minute video poster was presented at the annual RaDAR Summit in November, 2024.

**Research team:** Erin Fedusiak (BSc Nutrition student), Julie Kosteniuk, Allison Cammer, Brianna Wickett (BSc Nutrition student), Debra Morgan, Chelsie Cameron, and Sheila Szakács.

**Funding:** This study was funded by University of Saskatchewan College of Medicine Start-up Funding to Julie Kosteniuk.

## **RaDAR Memory Clinics**

### **Assiniboia Red Coat Primary Health Care Clinic**

131 3<sup>rd</sup> Avenue West  
Assiniboia, SK S0H 0B0  
306-642-4454

### **Bengough Health Centre**

400 2<sup>nd</sup> Street West  
Bengough, SK S0C 0K0  
306-268-2222

### **Canora Health and Wellness Centre**

1219 Main Street  
Canora, SK S0A 0L0  
306-563-5557

### **Carlyle Medical Clinic**

214 Main Street  
Carlyle, SK S0C 0R0  
306-453-6795

### **Esterhazy District Medical Clinic**

300 Gonczy Avenue  
Esterhazy, SK S0A 0X0  
306-745-6681

### **Kipling Primary Health Care Clinic**

200 4<sup>th</sup> Street South  
Kipling, SK S0G 2S0  
306-736-2559

### **Lampman Community Health Centre**

309 2<sup>nd</sup> Avenue  
Lampman, SK S0C 1N0  
306-487-2811

### **Maryfield Medical Clinic**

233 Main Street  
Maryfield, SK S0G 3K0  
306-646-2133

### **Weyburn Health Centre**

36 4<sup>th</sup> Street NE  
Weyburn, SK S4H 0X7  
306-842-8790

## Publications

Morgan D, Kosteniuk J, Bayly M. 2024. Perceptions and outcomes of an embedded Alzheimer Society First Link Coordinator in rural primary health care memory clinics. *BMC Health Services Research*, 24:607. [Google Scholar](#).

Morgan et al. 2022. Factors influencing sustainability and scale-up of rural primary healthcare memory clinics: Perspectives of clinic team members. *BMC Health Services Research*, 22:148. [Google Scholar](#).

Morgan et al. 2019. Barriers and facilitators to development and implementation of a rural primary health care intervention for dementia: A process evaluation. *BMC Health Services Research*, 19:709. [Google Scholar](#).

Morgan et al. 2019. A 5-step approach for developing and implementing a rural primary health care model for dementia: A community-academic partnership. *Primary Health Care Research & Development*, 20 (e29). [Google Scholar](#).

Kosteniuk J., Morgan D., O'Connell M.E., Seitz D., Elliot V., Bayly M., Cameron C., Froehlich Chow A. 2022. Dementia-related continuing education for rural interprofessional primary health care: perceptions and needs of webinar participants. *Primary Health Care Research and Development*, 23 (e32): 1–7. [Google Scholar](#).

Elliot V, Kosteniuk J, O'Connell ME, Cameron C, Morgan D. 2024. Services for older adults in rural primary care memory clinic communities and surrounding areas: a qualitative descriptive study. *BMC Health Services Research*, 24:725. [Google Scholar](#).

## Presentations

Morgan D., Bayly M., Kosteniuk J. The care navigator role in rural primary care memory clinics. A poster presentation at the *GSA 2024 Annual Scientific Meeting*. Seattle, Washington, Nov 13-16, 2024.

Morgan, D., Kosteniuk, J., O'Connell, M.E., Kirk, A., Seitz, D., Elliot, V., Cameron, C. RaDAR Memory Clinics. A poster presentation at the *Dementia Supports in Rural Saskatchewan Windup Summit*. Yorkton, SK, June 20, 2024.

Morgan D., Kosteniuk J., O'Connell M.E. Rural primary health care memory clinics: Past, present, and future. An oral presentation at the *2024 Canadian Consortium on Neurodegeneration Partners Forum and Science Days poster sessions*. March 19-20, 2024. Montreal, QC, Canada.

Morgan D., O'Connell M., Kosteniuk, J. Team 15: Issues in dementia care for rural populations. An oral presentation at *Canadian Consortium on Neurodegeneration in Aging Talking Brains Webinar Series*. Virtual. January 16, 2024.

Kosteniuk, J., Morgan, D., O'Connell, M.E., Cameron, C., Elliot, V., Karunanayake C. Care partners attending rural primary care memory clinics: Service needs and self-efficacy. A poster presentation at the *Knowledge Network in Rural and Remote Dementia Care: 17<sup>th</sup> Annual RaDAR Rural Dementia Summit*. Saskatoon, SK (virtual poster presentation), November 26-27, 2024.

Kosteniuk J., Morgan D., O'Connell M.E., Cameron C., Elliot V., Karunanayake C. Family care partner self-efficacy and service needs before and after a rural memory clinic assessment. A poster presentation at the *Canadian Association on Gerontology 53<sup>rd</sup> Annual Scientific and Educational Meeting*, Edmonton, Alberta, October 24-26, 2024.

Kosteniuk J. RaDAR Memory Clinics. An oral presentation at *Saskatchewan Health Quality Council Thrive at Home Workshop: Re-envisioning Community Supports for Older Adults*, Saskatoon, Saskatchewan, April 29, 2024.

Kosteniuk, J., Morgan, D., O'Connell, M., Cameron, C., Elliot, V. Subjective quality of life and service needs of rural primary health care memory clinic patients. A poster presentation at the *36<sup>th</sup> Global Conference of Alzheimer's Disease International*. Krakow, Poland and online, April 24-26, 2024.

Elliot, V., Morgan, D., Kosteniuk, J., Cameron, C., and O'Connell, M.E. "Put yourself in our shoes": Family care partner perspectives of programs and services for older adults living in and around four RaDAR rural primary care memory clinics. A poster presentation at the *36<sup>th</sup> Global Conference of Alzheimer's Disease International*. Krakow, Poland and online, April 24-26, 2024.

Elliot V., Kosteniuk J., O'Connell M., Morgan D., Cameron C. Services for older adults living in four rural primary care memory clinic communities and surrounding areas: a multi-method qualitative study. An oral presentation at *Canadian Centre for Rural and Agricultural Health Research Seminar*, University of Saskatchewan, Saskatoon, March 5, 2024.

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## Newsletters

Levinton T, Morgan D, and Kosteniuk J. (2024 June). [RaDAR Newsletter: Summer 2024.](#)

Elliot V, Morgan D, and Kosteniuk J. (2024 February). [RaDAR Newsletter: Winter 2024.](#)

## Media

[RaDAR Website](#). The website serves as a repository of RaDAR research, interventions & initiatives, and publications.

[RaDAR Esterhazy Memory Clinic video](#) by Honey Cut Studios. 2023.

[RaDAR Kipling Memory Clinic video](#) by Honey Cut Studios. 2019.

[Issues in dementia care for rural populations](#). Presentation in CCNA Talking Brains Webinar Series. January 2024.

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