5th Annual Research Symposium

Research in Aging, Continuing Care and Beyond

Friday, June 12, 2015
The Canadian Consortium on Neurodegeneration in Aging (CCNA) is a new cross-Canada research hub for all aspects of research involving neurodegenerative diseases that affect cognition in aging, including dementia. It is supported by Canadian Institutes of Health Research (CIHR) and many partner organizations, representing the Canadian component of CIHR’s International Collaborative Research Strategy for Alzheimer’s Disease. The Consortium boasts over 300 dementia researchers and scientists working on 20 different teams focused on prevention, treatment and quality of life. In Nova Scotia, three researchers have leadership roles within the CCNA. Dr. Melissa Andrew leads a team that studies how multiple health problems combine to modify the risk of dementia and the patterns of disease expression. Dr. Sultan Darvesh leads the National Brain Banking Platform which seeks to establish national standards for acquisition, handling and distribution of vital tissues. Dr. Kenneth Rockwood leads both the Quality of Life research theme and the Knowledge Translation and Exchange Program that facilitates rapid translation and communication of new knowledge emerging from the Consortium into useable tools and resources.

### Opening Plenary: Memory Loss and Aging

**Enhancing cognition in healthy aging.**

Several factors have been identified that may slow aging-related changes in cognition, including exercise, engaging in cognitively stimulating activities, and direct cognitive training. This presentation will discuss findings from our studies and others that have examined these factors, both in cross-sectional and longitudinal research. Overall, the findings are positive and suggest that lifestyle factors can enhance cognition. Important questions for future research will be discussed.

**Making memory better for seniors with Mild Cognitive Impairment.**

Mild Cognitive Impairment (MCI) is associated with cognitive (usually memory) problems that are greater than normal age-related changes, but yet do not impair daily functioning. Individuals who show early signs of MCI have a 50% increased risk of developing dementia within five years. The Memory for Life research project looks at the impact of memory training on MCI, using a 10-week program that teaches participants and their study partners (e.g., family member or friend) practical ways to cope with everyday memory challenges (e.g., remembering names, PIN numbers, and appointments). Findings to date suggest that participants show an increase in both their knowledge and use of effective memory strategies after they complete the training. They also describe feeling greater satisfaction and confidence in their day-to-day remembering by the end of the program. This research suggests that memory training may hold promise in the treatment of memory deficits associated with MCI.
10:15 - 10:45  Nutrition Break and Exhibits

10:45 - 11:25  Concurrent Session 1: SAFER Leadership

Although there are many models of leadership that have been applied to occupational health and safety, few of these specifically define exactly what leaders must do to promote workplace safety. The SAFER model identifies the five key behaviors that drive influence safety outcomes. In this presentation I describe the model and present some preliminary research findings.

Concurrent Session 2: Identifying Sources of Decisional Conflict in Patients Choosing a CKD Treatment Option

There are a lack of processes in the clinical setting that help identify patient concerns related to making a definitive decision about which treatment option is best for treating their end stage renal disease. Clinical experience also suggests that many people living with chronic kidney disease stage 5 may experience a reduced quality of life related to an increased symptom burden which also makes choosing a treatment option difficult. In many situations patients undergo numerous procedures because their first choice for a dialysis option was not the most appropriate for their individual situation. This research was conducted to determine whether decision making tools help patients, families and health care professionals align treatment options to individual priorities and preferences. Understanding these issues is important to creating a health care environment that is patient centered and promotes effective use of health care resources.

E. Kevin Kelloway, PhD
Canada Research Chair in Occupational Health Psychology and Professor of Management and Psychology, Faculty of Commerce at Saint Mary’s University

David Landry, MN RN-NP
Capital Health
Concurrent Session 3:

**LGBT individuals and End-of-life preparation: Reflections from the Nova Scotia context**

Lesbian, gay, bisexual, and transgender (LGBT) older adults are more likely to age alone, with limited support, and in a stigmatizing environment where they are often poorly served by traditional social services and hesitant to avail themselves of available supports. The result for many older LGBT persons is poorer overall health and a reduced preparedness for end of life. This TVN-funded national research study examined end-of-life preparation among older LGBT individuals, conducting focus groups with LGBT individuals over the age of 60 as well as service providers in five cities across the country, holding town hall meetings in those sites to present results back to the community, and creating a web-based resource. This presentation will report the Nova Scotia focus groups and town hall meeting findings, and will include an interactive learning exercise for health care providers about heterosexism.

Concurrent Session 4:

**How much time do older patients spend upright during hospitalization? Preliminary findings from the “Uptime in Hospital Study”**

Older Canadians are sedentary for approximately 10 hours per day - more than 70% of their waking hours. Sedentary behaviour is likely more prevalent in hospitalized older patients. The purpose of the “Uptime in Hospital Study” was to examine how long patients spend upright per day during hospitalization and how upright time is associated with adverse health outcomes. To date the study has enrolled 95 patients, aged 65+ years, who were recruited within 48 hours of admission to the Capital Health Emergency Department or the Geriatric Assessment Unit. Time spent upright daily (standing, walking) was objectively measured using movement sensors (ActivPAL accelerometers) until hospital discharge or for a maximum of two weeks. This presentation will discuss preliminary findings from the “Uptime in Hospital Study”.

**Lunch and Exhibits**
Concurrent Session 5:
**From Primary Care to Home Care: Engaging Patients to Bridge the Gap**

Patient safety has become a national and international area of priority following the release of the Institute of Medicine’s report *To Err is Human* in 1999 and the release of the Canadian Adverse Events Study in 2004. While traditionally patient safety efforts and patient engagement have focused on the acute care setting, with incidence rates of adverse events ranging from 5-10%, the need for greater measurement and identification of patient safety implications in home care has been increasingly recognized. The purpose of the research study is to better understand patient, family caregiver, and provider experiences with transitions of care between primary care and home care, to identify key gaps in information during this transition, and to identify areas for greater patient involvement. This research will culminate in the production of a patient journal tool aimed at not only improving patient knowledge regarding their health status and treatments, but also at enabling patients and family caregivers to play a key role in their care transitions.

Concurrent Session 6:
**Nova Scotia’s Provincial Dementia Strategy: why does research matter?**

Nova Scotia is in the process of developing a Dementia Strategy. In this session we will discuss the process leading to the development of the provincial Dementia Strategy and how it was informed by the experiences of other jurisdictions that have Dementia Strategies. We will also discuss the particular relevance of research within Nova Scotia’s Dementia Strategy.

Concurrent Session 7:
**Evaluating frailty by listening to Care Partners: Improving the feasibility of pre-hospital frailty assessment**

Frailty is an important contributor to health outcomes but is often not systematically evaluated in many health care settings. One way to assess frailty is through a Comprehensive Geriatric Assessment (CGA), which can be quantified as a frailty index based on a count of the number of problems a person has. This approach has sometimes been criticized as difficult to implement. To improve its ease of use, we developed a questionnaire based on the CGA that can be completed by family members (or other care partners) in a busy clinical practice. The Care Partner CGA was evaluated in two medical settings: Emergency Medical Services and out-patient.
2:00 - 2:45  Concurrent Session 8:  
**Paratonia: What is it? How should we measure it? Can it predict clinical outcomes?**

Paratonia is a motor problem that sometimes develops in older adults. It can lead to shortening of the muscles or joints and results in a loss of mobility that affects function in daily activities and increases caregiver burden. Identification of paratonia in clinical settings has been hindered by a lack of clear definitions and criteria, and the fact that clinicians receive little education with respect to its detection and relevance. We present the methods and preliminary findings of an on-going, prospective, cohort study conducted in a Geriatric Ambulatory Care setting at Capital Health that examines the reliability of an established paratonia assessment tool and investigates associations between paratonia and dementia, frailty, and mobility.

**Christina MacNamara,** RN MN, NP  
Division of Geriatric Medicine  
Capital District Health Authority

**Aprill Negus,** BScN RN MN NP  
Geriatric Nurse Practitioner  
Geriatric Medicine, Capital District Health Authority

---

2:45 - 3:00  Stretch Break and Exhibits

---

3:00 - 3:45  Final Plenary:  
**Home support workers... The backbone of the Canadian system that needs reinforcement.**

The landscape of home care in Canada is complex, as each jurisdiction develops and administers a range of services to support the growing interest to keep people at home. At the same time, there are challenges ensuring the supply of home support workers for today’s clients and concerns about the expected need in the future. Job satisfaction has been linked to the successful recruitment and retention of workers. However, predictors of job satisfaction in the home care community remain unclear. Based on recent work completed for Health Canada, an overview of different provinces’ services (e.g., scope, accessibility, funding structure, fees) and some of the challenges with cross-jurisdictional analysis will be shared as well as insights into the experience of home support workers from a sample of workers in Nova Scotia, Ontario and British Columbia.

**Janice Keefe,** PhD  
Professor and Lena Isabel Jodrey Chair in Gerontology and Director, Nova Scotia Centre on Aging, Mount Saint Vincent University

---

3:45 - 4:00  Closing Remarks & Door Prizes
Dr. Kenneth Rockwood, MD, FRCPC, FRCP
Kenneth Rockwood has had a longstanding interest in clinical and epidemiological aspects of frailty, dementia and delirium. Over the last 20 years, working with the mathematician Arnold Mitnitski, this has evolved to focus investigations on the complexity of frailty. For the last seven years, in addition to his memory clinics, most of his clinical work is in the Capital District as the Department of Medicine’s Senior Internist, providing internal medicine consultations in the Emergency Department.

Dr. Sultan Darvesh
Dr. Sultan Darvesh obtained his PhD in organic chemistry followed by a postdoctoral fellowship in molecular biology at University of New Brunswick, MD and residency in Neurology (FRCPC) at Dalhousie University and a fellowship in Behavioural Neurology at Baycrest Centre for Geriatric Care, University of Toronto. Dr. Darvesh is a Professor of Medicine (Neurology and Geriatric Medicine) at Dalhousie University and is founder and Director of the Behavioural Neurology Program in the Department of Medicine. His interest is in assessment and management of patients with cognitive impairment. He is cross-appointed in the Department of Medical Neuroscience, Dalhousie University; Research Associate, Department of Chemistry, University of New Brunswick and Adjunct Professor in the Department of Chemistry and Physics, Mount Saint Vincent University. His basic research involves development of innovative strategies for diagnosis and treatment of neurodegenerative disorders. He is co-founder and the Director of the Maritime Brain Tissue Bank and is a scientific co-founder of Treventis Corporation, a biotechnology company focused on diagnosis and treatment of dementias. He was recently installed as the Sobey Chair in Alzheimer Research at Dalhousie University.

Melissa Andrew
Melissa is a staff geriatrician and Associate Professor of Geriatric Medicine at Dalhousie University in Halifax, Nova Scotia. She completed her MD as well as residency training in Internal Medicine and Geriatrics at Dalhousie University. While a resident, she did a Masters of Public Health at the London School of Hygiene and Tropical Medicine on a Commonwealth Scholarship. In 2011, she completed her PhD in Interdisciplinary Studies at Dalhousie University on the subject of social vulnerability in older people. She serves on the Advisory Committee for the Nova Scotia Dementia Strategy and co-chairs (with Krista Connell) the Strategy’s research working group. Melissa also leads a team investigating “How multi-morbidity modifies the risk of dementia and the patterns of disease expression,” under the Quality of Life theme of the Canadian Consortium on Neurodegeneration in Aging.
**Presenters:**

**Dr. Gail Eskes**
Dr. Gail Eskes is a clinical neuropsychologist and Professor in the Departments of Psychiatry, Psychology & Neuroscience and Medicine at Dalhousie University. She received her Ph.D. in Psychology from the University of California at Berkeley and completed postdoctoral research and clinical training in Halifax as well as at the Rotman Research Institute at the Baycrest Centre for Geriatric Care in Toronto. In addition to her clinical activities, Dr. Eskes is an active educator and researcher focused on mechanisms supporting cognitive health in normal aging, as well as those involved in recovery of function after stroke and in other forms of brain injury and disease. Her research has been funded by the Heart & Stroke Foundation, Canadian Institutes for Health Research, and Nova Scotia Health Research Foundation. Currently, she is the leader of a five-year multi-disciplinary research project supported by the Atlantic Canada Opportunities Agency aimed at developing innovative cognitive repair technologies for stroke and Parkinson’s disease.

**Karen Chipman**
Karen Chipman is a staff psychologist on the Neuropsychology Service in the Capital Health Addictions and Mental Health Program. She completed her doctoral degree in Clinical Neuropsychology at the University of Western Ontario, followed by an internship in Clinical Neuropsychology at Baycrest Centre for Geriatric Care. Dr. Chipman holds appointments as an Adjunct in the Department of Psychology and an Assistant Professor in the Department of Psychiatry at Dalhousie University. She is currently the Principal Investigator of a three-year research project supported by the Nova Scotia Health Research Foundation aimed at investigating the effectiveness of a memory training program for Mild Cognitive Impairment.

**Janice Keefe, Ph.D**
Janice Keefe, Ph.D is a Full Professor in the Department of Family Studies and Gerontology at Mount Saint Vincent University. She holds the Lena Isabel Jodrey Chair in Gerontology and is the Director of the Nova Scotia Centre on Aging. From 2002-2012 she was the Canada Research Chair in Aging and Caregiving Policy. Dr. Keefe’s research areas are caregiving policy and practice, continuing care policy and projecting the needs of older Canadians. She has received many awards for her research, particularly her contribution to continuing care in Canada which was recognized by the Canadian Healthcare Association.

**E. Kevin Kelloway**
E. Kevin Kelloway is the Canada Research Chair in Occupational Health Psychology at Saint Mary’s University where he also holds a position as Professor of Psychology. In addition to his academic duties, Kevin is President Elect of the Canadian Psychological Association and maintains an active consulting practice working with private and public sector organizations.

**Andrea Bishop, PhD**
Dr. Andrea Bishop is a Postdoctoral Fellow at the School of Nursing, Dalhousie University with the Strengthening Transitions in Paediatric Care Team. Dr. Bishop completed her doctoral studies at Dalhousie University examining the relationship between patient and provider perceptions of patient safety and patient involvement in patient safety practices. Dr. Bishop recently completed a postdoctoral fellowship at Saint Mary’s University in the area of organizational safety culture.

**Mark Fleming, PhD**
Dr. Mark Fleming is Professor of Safety Culture at Saint Mary’s University. Dr. Fleming is a leading international expert in organizational safety culture with 20 years’ experience conducting research in safety culture development and improvement for a number of industries, including aviation, petrochemical and healthcare. Dr. Fleming has been a member of the Nova Scotia Quality & Patient Safety Advisory Committee and is a member of the Pediatric International Patient Safety and Quality Committee (PIPSQC).

**Áine Humble, PhD**
Áine Humble, PhD, is an Associate Professor in the Department of Family Studies and Gerontology at Mount Saint Vincent University. Her research interests focus on family rituals, women and healthy aging, family dynamic of gay and lesbian individuals, aging LGBT individuals, and qualitative research. She also provides training on MAXQDA qualitative data analysis software through her consulting company, Fada Research Consulting.

**Sarah Paterson**
Sarah Paterson holds a BA in Health Studies and Gerontology from McMaster University and is a MA student in Family Studies and Gerontology at Mount Saint Vincent University. She is currently a research assistant on the TVN funded project ‘Fostering End-of-Life Conversations, Community and Care among LGBT Older Adults’.
Kirk Furlotte, BSc
Kirk Furlotte is a graduate student in Health Promotion at Dalhousie University. His research focuses on men’s health and help-seeking behaviours with a special focus on the needs of gay and bisexual men. Kirk has worked on a number of research studies relating to sexuality, gender, STIs, and health.

David Landry, MN, RN-NP
David Landry is a Nurse Practitioner working for 18 years in Nephrology at Capital Health. Works in Pre Dialysis Clinic and Hemodialysis Implemented and manages Renal Palliative and Therapeutic Harmonization Clinic for Frail Adults. Overall Interests include Frailty and Appropriateness of Care. Current Research projects involve Frailty and Educational/Informational Resources to assist Decision Making.

Judah Goldstein, PhD
Judah Goldstein is the Research Coordinator for Emergency Health Services Nova Scotia, an Assistant Professor with the Dalhousie University Division of Emergency Medical Services (Department of Emergency Medicine, Division of EMS, Dalhousie University) and a Primary Care Paramedic. He has worked in the EHS ground ambulance system since 2000, in both rural and urban locations, serving in continuing education leadership positions, as well as working with Nova Scotia’s EMS research program. He received his Interdisciplinary PhD from Dalhousie University in 2013.

Aprill Negus, BScN RN MN NP
Aprill Negus graduated from the Family of All Ages Nurse Practitioner program at Dalhousie University in 2013. Since then she has worked as a specialty nurse practitioner in geriatrics at the Centre for Health Care of the Elderly at the Capital District Health Authority and teaches in the Nurse Practitioner Program at Dalhousie University. She recently presented her research on paratonia at the Canadian Association of Gerontology conference in Niagara Falls, ON in October 2014.

Jacqueline Gahagan
Jacqueline Gahagan, PhD in Medical Sociology is a Professor of Health Promotion at Dalhousie University and Director of the Gender and Health Promotion Studies (GAHPS) research unit. She holds cross appointments in Community Health and Epidemiology, International Development Studies, Gender Studies, Occupational Therapy, and Nursing. Jacqueline is also affiliated with the Beatrice Hunter Cancer Research Institute, the European Union Centre for Excellence, the Health Law Institute at Dalhousie University, and the Atlantic Health Promotion Research Centre. She is a member of several health-focused boards, advisory groups, professional associations, and non-profit organizations. Dr. Gahagan was recently honoured with the Queen Elizabeth II Diamond Jubilee Medal for her work in HIV/AIDS advocacy and research. Her current research focuses on health disparities related to gender and sexually minoritized populations. Her funded research includes an exploration of the breast and gynecological cancer experiences of LBQ women and transgender people, a study on bullying of LGBTQ youth, understanding HIV/Hep prevention for youth, and rapid point of care HIV testing.

Krista Connell
As CEO for the Nova Scotia Health Research Foundation (NSHRF), Krista Connell is responsible for providing the leadership and professional guidance necessary for the NSHRF to attain its mandate of improving the health of Nova Scotians through health research. She established the ground-breaking REAL (Relevant Excellent Accessible Legitimate) Knowledge Program, designed to address the knowledge needs of decision-makers within the provincial health system. Krista serves on external review committees and is a member of various boards and working groups and has served on a variety of Peer Review Committees, including the Canadian Foundation for Innovation. Krista is regularly called upon to speak at national and international events regarding the many benefits of health research, including its role in supporting evidence-informed decision making. Krista holds a Master of Health Services Administration from the University of Alberta and a Bachelor of Science in Physiotherapy from Dalhousie University. She was awarded a Canadian Progress Club of Halifax Women of Excellence Award in 2012 and was named one of WXN’s Canada’s Most Powerful Women: Top 100 Award Winners in 2013 and one of Atlantic Business Magazine’s Top 50 CEOs in 2014.
Olga Theou, PhD
Olga Theou obtained her Bachelor of Science (BSc) in Physical Education and Sports Sciences at the Aristotle University of Thessaloniki in Greece. She completed her Master of Science (MSc) in Gerokinesiology from the California State University Fullerton and her PhD in the area of Health and Aging from the University of Western Ontario. In 2010 she worked as a postdoctoral fellow at the University of British Columbia Okanagan at the Department of Human Kinetics. Since 2011 she has been a postdoctoral fellow in Geriatric Medicine at Dalhousie University under the supervision of Dr. Kenneth Rockwood. In 2013 she was awarded a Banting Fellowship, which recognizes exceptional individuals deemed likely to contribute positively to Canada’s economic, social and research-based growth. She is also an Affiliated Scientist with Capital Health. Her research interests include aging, frailty and physical activity.

Tina MacNamara
Tina McNamara is a Specialty Nurse Practitioner in the Division of Geriatrics in Capital Health. She graduated from UNB Fredericton in 1990 with her Bachelor of Nursing, and from Dalhousie in 2001, with Masters Degree in nursing. She has been a nurse for 24 years, 17 of them in Advanced Practice as a Nurse Practitioner in Geriatrics. She’s also taught in the Masters program at Athabasca University since 2005. Tina is the past chair of the Nurse Practitioner Association of Nova Scotia and has several years’ involvement on the executive of the Canadian Gerontological Nurses Association. Tina has received the National Team Quality Award for her work in Palliative and Therapeutic Harmonization clinic (PATH) and was published in the Canadian Nurse and the Encyclopedia of Aging. She has presented at Manchester University in England as well and many national presentations. She has done research in NP preparedness for practice that was recently presented at CAAPN and is the primary investigator on a nurse-led research project on Paratonia in older adults.
2015 Northwood Research Symposium

Registration Information
To register, please fill out the form below and mail/fax/email it along with payment to the Northwood Foundation:

Northwood Foundation
130 Eileen Stubbs Avenue, Suite 1 South
Dartmouth, NS B3B 2C4
Phone: (902) 454-3069
Fax: (902) 454-3422
Email: dnorman1@nwood.ns.ca

Name: ________________________________
Position: ________________________________
Organization: ________________________________
Phone #: ________________________________ Fax #: ________________________________
Email: ________________________________
Address: ________________________________
City: ________________________________ Province: ________________________________ Postal code: ________________________________
Manager’s signature of approval: ________________________________________________________
(for Northwood applicants only)

Please check one of the following:

☐ Single registration - $60
☐ Sponsor/Exhibitor/Presenter/Planning Committee Member - No Charge
☐ Student rate - $25
☐ Northwood Staff - No charge

Participant substitution is permitted but no refunds will be given. Payment will not be accepted on the day of the event.
If you have special needs (dietary or otherwise) please contact Debra at 454-3069 to make arrangements.

Payment Information
Payment can be made by Visa, MasterCard or cheque.
Cheques can be made payable to the Northwood Foundation: Cheque Enclosed: ☐
Credit cards may also be taken over the phone.

Credit card: ☐ Visa ☐ MasterCard
Credit card number: __________ __________ __________ __________ Expiry date: _______ / _______
Name on Card: ____________________________________________________________

Cardholder’s signature: ____________________________________________________________