Northwood’s 8th Annual Research Symposium

Research in Aging, Continuing Care and Beyond

Friday, June 15, 2018

Best Western Plus Dartmouth Hotel & Suites,
15 Spectacle Lake Dr.
Burnside, Nova Scotia, B3B 1X7
902-463-2000
Research

Since its inception in 1962, Northwood has led the way as a powerful advocate for seniors and people at risk, committed to helping people live more. For Northwood, it is not just the care we provide, it’s also about the conversation we have while we’re providing care. What does that mean for our clients?

Northwood is a place of “firsts.” When life changes, and society changes, Northwood leads the way, with our commitment to quality and our promise of service. From new ideas to new technologies, we are empowered to do this, because our focus is on people.

One of our values challenges us to “always do better,” to achieve excellence in all our programs and services through learning and applying evidence based knowledge. This way we gain a better understanding of the services we provide by translating knowledge into information we can use at the bedside.

As a leading organization, we investigate, integrate and contribute to the ever-expanding knowledge base of continuing care in Canada. In our pursuit of excellence, and in challenging the status quo, we seek to establish and enhance our understanding of facts, principles and knowledge for the betterment of our clients and the betterment of society.

That commitment to research and working with the academic community has fostered a learning environment at Northwood that benefits all who pass through our doors. It’s a commitment that also extends out into the community. Each year, Northwood hosts a Research Symposium that brings together leading researchers, academics and people working within Continuing Care to look at and discuss critical issues facing our society.

This is our 8th Research Symposium. Our topic, “Research in Aging, Continuing Care and Beyond,” explores some of the exciting new initiatives and ground-breaking research projects that are expanding our knowledge of elder care. We hope you enjoy your day with us and gain a new appreciation of the work being done to help seniors live life to the fullest.
Micro-ethics, Personhood, and Long-Term Care

Ethics in the care of older adults, in both acute health care and long-term residential and nursing care, often focuses on the ‘big’ issues such as life and death, advance directives, and PEG feeding. Decisions around these, of course, are necessary and ethical frameworks such as Principism – the application of the principles of autonomy, benevolence, non-maleficence, and justice – may well be helpful in such circumstances. However, Principism is a limited, and limiting, ethical framework, reducing, as it does, ethics to a sub-set of decision-making theory. Further, it has almost nothing to say about Personhood – a major failing if we embrace the concept of person-centred care (as compared simply to individualized or rights-based care). In this presentation, I seek to outline the benefits of a micro-ethical approach to care: micro-ethics refers to the very small, everyday interactions we have with each other that can support or undermine personhood over time. Micro-ethics is concerned with such things as how we greet people, our tone of voice, the language we use, and those quotidian interactions that are so frequent and habitual that their ethical import goes unnoticed. It is my suggestion that attention to micro-ethics is essential to person-centred care.

NSHA Continuing Care Research Update

This presentation provides a descriptive overview of Nova Scotia Health Authority (NSHA) Continuing Care research projects and priorities, and funding opportunities for research proposals. Research plays a pivotal role in realizing NSHA’s vision of healthy people, healthy communities for generations. Through research, the Continuing Care program advances NSHA’s mission of achieving excellence in health, healing, and learning, through working together. One way it does this is through research leadership and partnerships that generate new knowledge to support person-centred, high-quality, safe and sustainable care, and a healthy, high-performing workforce. Another way is by using research to meaningfully engage Nova Scotians in creating a healthier future together, as advisors and collaborators. Projects cover a range of topics – pathways through home care, remote monitoring technologies that connect community-based older adults and their care teams, experiences and perceptions of caregivers caring for someone living with dementia, and quality of care and quality of life at the end of life in facility-based residential care. All share a common commitment to NSHA’s core values of respect, integrity, innovation, courage and accountability. Within this presentation, findings from Continuing Care improvement pilots and projects are shared to illustrate the real and potential impact of research on a healthier future.
11:00 - 11:40

**Healthy Aging: Perspectives from the Canadian Longitudinal Study on Aging (CLSA)**

The Canadian Longitudinal Study on Aging (CLSA) is a national, prospective study following over 50,000 Canadian men and women aged 45-85 for at least 20 years. Information on the changing biological, physical, psychological, and social aspects of people’s lives is being collected to understand how, individually and in combination, they influence the maintenance of health and well-being, and the development of disease and disability as people age. Understanding healthy aging is a long-term goal of the study. In this presentation I will describe the socio-demographic characteristics of CLSA participants, report on key elements of health and aging, and highlight aspects of ongoing research in healthy aging. I will also consider how individuals perceive their health, and what they think it means to age well.

**Exploring Caregivers’ Experiences and Understanding of Communication with Persons with Dementia**

Persons with dementia living in long-term care experience reduced functional abilities (including communication) and quality of life (e.g., Hickey & Bourgeois, 2018). Clinicians from many disciplines have ventured to provide appropriate and effective interventions to promote functional behaviors and wellbeing in persons with dementia. Behavioral interventions have been shown to be effective for improving meaningful engagement and quality of life without the adverse risks of drug treatments (e.g., Hickey & Bourgeois, 2018; Hickey, Bourgeois, & Brush, 2018). For example, evidence in speech-language pathology has been accumulating that use of external aids/cues (e.g., signs, memory books, and familiar objects) can promote better communication and functioning in persons with dementia. In Nova Scotia, there are no SLPs working in long-term care, and it is unknown whether the communication needs of long-term care residents, particularly those with dementia, are being met by caregivers. Therefore, this qualitative study used Appreciative Inquiry to explore the awareness and perceptions of caregivers of long-term care residents with dementia regarding use of external memory and communication aids, and to explore ideas around implementation of memory and communication aids. This preliminary study is the first step in understanding whether effective communication interventions are being used to support communication and functioning in persons with dementia living in long-term care in Nova Scotia. Both family and staff caregivers of persons with dementia in long-term care were invited to participate in the study.

**Susan Kirkland**, PhD
Professor and Interim Head / District Chief
Department of Community Health and Epidemiology / Nova Scotia Health Authority
Dalhousie University

**Ellen Hickey**, Ph.D., CCC-SLP
Associate Professor, Speech-Language Pathology
School of Communication Sciences and Disorders
Dalhousie University
Thinking Beyond Program Effectiveness to Implementation

Most healthcare organizations and personnel strive to deliver the best care possible for their patients and clients. However, there are challenges to implementing innovative programs. Programs commonly need to be tailored to fit into different settings and this tailoring can be complex, as multi-level factors affect successful implementation. Implementation Science frameworks can be helpful with this tailoring. This presentation will examine how to apply one of these frameworks to pre-identify factors that should be addressed when implementing innovative practices. Examples of how the framework can be used will be drawn from experiences trying to implement novel community-based services for older adults and their families.

Health profiles of young adults at admission to residential long-term care: cues and clues to inform the shift from surviving to thriving?

Younger adults (aged 19-64) with disabilities are living in long-term care facilities (LTC) that are primarily designed to provide 24-hour nursing care to older adults (aged 65+). Younger adults often end up living in LTC not because the services are ideally suited to their needs, but rather because of a lack of available alternatives for housing and care. Younger LTC residents and LTC staff have indicated that beyond surviving, younger residents want to thrive—to take part in productive activities like work, volunteer work, and education, and to enjoy leisure activities that are meaningful to them. Our team is completing a mixed-methods research development grant, funded by NSHRF, about the opportunities for, and barriers to productive and meaningful activity of younger adults who reside in LTC. This presentation will highlight the descriptive analysis of the assessment data of Nova Scotians (N=1401), aged 19-64 yrs, who were admitted to residential long-term care between 2007 and 2016; the data set contained de-identified records of designated variables collected during the admissions process, using the MDS-HC Canadian version, and retained in the SEAscape Database. The World Health Organization International Classification of Function (WHO ICF), and the social determinants of health provided the frameworks to develop the health profiles according to the admissions data. The profiles of the youngest-young (19-34 yrs) and the oldest-young (55-64 yrs) feature similarities and differences in personal and environmental contextual factors related to health status. These findings, interpreted in conjunction with our qualitative findings, support and inform continued attention to client-centered services that protect and promote the health and well-being of this vulnerable population.
Canada’s Dementia Research Hub: Updates from the Canadian Consortium on Neurodegeneration in Aging

The Canadian Consortium on Neurodegeneration in Aging (CCNA) is a Government of Canada initiative uniting top experts studying all aspects of neurodegenerative disease affecting cognition in aging, including dementia. The CCNA is largely supported by The Canada Institutes of Health, as well as several national, provincial and industry organizations. Four years after its inception, the CCNA now includes over 400 dementia researchers working across 20 different teams focused in the areas of dementia prevention, treatment and quality of life. The CCNA’s signature clinical study, the Comprehensive Assessment of Neurodegeneration and Dementia (COMPASS-ND) study, was launched in 2016. This is the largest dementia study in Canadian history. By the end of 2018, 1650 Canadians between the ages of 50 and 90 who are living with or at risk of developing dementia will be enrolled in 30 sites across Canada. This presentation will review progress on the COMPASS-ND study, as well as major knowledge translation deliverables from the CCNA over the past 4 years.

Melissa Andrew, MD, PhD, MSc (Public Health)
Associate Professor, Division of Geriatric Medicine, Dalhousie University
Staff Geriatrician, Nova Scotia Health Authority

Sacha Nadeau, MA
Knowledge Translation & Exchange Manager, Canadian Consortium on Neurodegeneration in Aging

3:30 - 3:45 Concluding Remarks
Keynote Speaker:

Dr. Clive Baldwin

Prior to coming to Canada, Dr. Baldwin was Program Director of the M.A. in Social Work (Mental Health) at the University of Bradford, UK. Before that he was the Program Co-ordinator of the MSc in Dementia Studies at the internationally renowned Bradford Dementia Group, established by Tom Kitwood, the progenitor of person-centred care. His areas of interest and expertise – on which he has presented and published both nationally and internationally – are ethics, personhood, narrative, and dementia. He has recently been involved in two projects exploring ethics in long-term care funded by Mitacs. He is currently working on a project on the experience of Body Integrity Identity Disorder (the desire to acquire a disability), and spiritual identity among members of new religious movements and practitioners of alternative spiritualities. With other members of the Centre for Interdisciplinary Research on Narrative, he is exploring the relationship between narrative and resilience among older adults, and the promotion of narrative care.

Presenters:

Dr. Katie Aubrecht is a Canadian Institutes of Health Research (CIHR) Health System Impact Postdoctoral Research Fellow affiliated with the Nova Scotia Health Authority Continuing Care-Research and Nova Scotia Centre on Aging, Mount Saint Vincent University (MSVU). Her research analyzes person-centred care paradigms in health and social care for older adults and their families, with a focus on people living with a dementia and/or mental health condition. Dr. Aubrecht has a PhD Sociology of Education with a concentration in disability studies from the Ontario Institute for Studies in Education, University of Toronto. She teaches graduate and undergraduate courses as an adjunct professor with MSVUs Department of Family Studies and Gerontology.

Dr. Susan Kirkland is Professor and Interim Head and District Chief of the Department of Community Health and Epidemiology at Dalhousie University. Her research interests relate to the epidemiological examination of health outcomes that are prevalent in older populations, and the exploration of underlying determinants of health, particularly the interplay between the genetic, social, and physical determinants of healthy aging. Dr. Kirkland is one of three principal investigators leading the Canadian Longitudinal Study on Aging, a 20-year study of 50,000 Canadians funded by the Canadian Institutes of Health Research (CIHR) and the Canada Foundation for Innovation (CFI). She is currently leading studies in the areas of healthy aging, HIV and aging, frailty, access to services for vulnerable populations, and best practices for engaging older adults in participatory research. Dr. Kirkland has participated in numerous national advisory boards including CIHR’s Institute Advisory Boards for the Institute of Aging and the Institute of Population and Public Health. She has been a member of the Board of Governors of Northwood since 2008.

Ellen Hickey, Ph.D., CCC-SLP is an Associate Professor in School of Communication Sciences and Disorders at Dalhousie University. She has been a speech-language pathologist for 26 years, with expertise in neurologically-based communication disorders (e.g., due to stroke, trauma, degenerative diseases). Dr. Hickey engages in clinical practice, teaches, and conducts research. Her research interests pertain to the impact of communication disorders on activities and participation in society, and quality of life, and developing or testing interventions to reduce these impacts. Her work also involves staff and family caregiver training. She wrote a textbook, Dementia: Person-centered assessment and intervention, 2nd edition (2018), which emphasizes meaningful engagement and communication. Dr. Hickey strongly believes in community engagement and she has been on the Board of Directors for Rannoch House, the Nova Scotia Aphasia Association, and Women’s Health Organization International. Her mission is to increase awareness of and supports for communication needs of older persons, particularly those living in long-term care with dementia or aphasia.
Dr. Grace Warner is an Associate Professor at the School of Occupational Therapy at Dalhousie University in Halifax, and an Affiliate Scientist with Nova Scotia Health Authority. She conducts applied health services research focused on understanding and facilitating community-based care needs of older adults and their families. She is involved in a range of research projects that involve Nova Scotia Health Authority Continuing Care and Primary Health Care; these include examining remote monitoring of home care clients, assessing frailty in primary health care, self-management strategies for older adults and their caregivers, and how to work across sectors to improve community-based palliative care.

Melissa Andrew MD, PhD, MSc (Public Health) 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 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.

Marie Earl, Ph.D. is a physiotherapist and an assistant professor in the School of Physiotherapy, Dalhousie University. In addition to studying physiotherapy at Western University, she completed undergraduate and graduate studies in kinesiology at the University of Waterloo, where she obtained her PhD researching the neuromuscular control of posture and movement. The primary focus of her teaching and research is on the use of progressive exercise and physical activity to protect or restore balance, mobility and health of seniors, and others whose well-being is threatened by inactivity and complex, chronic health conditions. Her work also addresses the use of collaborative, client-centered practices, and strategies for equitable access to evidence-based health services across the continuum of care.

Sacha Nadeau, attained her MA in Family Studies and Gerontology from Mount Saint Vincent University, drawing on a background in psychology to study long term care residents’ quality of life. She has held various wellness roles in long term care environments, research positions at the Nova Scotia Centre on Aging, and has completed professional training in Scientist Knowledge Translation as well as patient-oriented research. Sacha is passionate about dementia research, linking people and groups with shared interests, and creatively sharing information to move ideas and motivate change. As the Knowledge Translation Manager for the Canadian Consortium on Neurodegeneration in Aging Sacha provides administrative program oversight in the form of (1) website, communications, and social media coordination, (2) logistical support to program staff and contracted vendors, and (3) KTE consultation with research teams on suitable formats, mediums, and visual supports to disseminate their findings. This includes liaising with the KTE Lead, Dr. Kenneth Rockwood; the CCNA Central Office; CCNA research teams across Canada, and various partner organizations.
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Community Partners
2018 Northwood Research Symposium
Friday, June 15, 2018
Best Western Plus Dartmouth, NS

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