



Welcome

...to the Winter 2018 edition of the Geriatric Health Systems Research Group (GHS) Bulletin, which contains recent events and accomplishments of the GHS Group, as well as updates on ongoing projects. We hope that you find the bulletin informative and that it provides material to stimulate dialogue and generate new ideas. For more frequent updates on our work, follow us on Twitter [@GHS_UW](#) or like the [Geriatric Health Systems Research Group - UW Facebook page](#). If you would like to be included in our email distribution of the bulletin or would like further information on the material presented, please complete our Contact Us form on our website. If you no longer wish to receive emails from the GHS group or be included on the bulletin distribution list, please contact us at information.ghs@uwaterloo.ca directly.

Lecture by Anne Martin-Matthews – April 6, 2018



THE NETWORK FOR AGING RESEARCH PRESENTS

A lecture by
ANNE MARTIN-MATTHEWS
Ph.D., O.C., Acting Vice-President, Research, Knowledge Translation and Ethics, CIHR;
Professor, Sociology, University of British Columbia

A (Self) Reflexive Lens on Gerontology: Over Time, Through Change, in Aging

10:00AM | University of Waterloo AHS Expansion Building, RM 1689
Coffee and refreshments served at 9:30AM

Professor Martin-Matthews, Ph.D., O.C.

In addition to current roles at CIHR and UBC, she has served as the Scientific Director of the CIHR Institute of Aging. She has an extensive record of scholarly research on aging and society, health and social care services, and the intersections of formal and informal care.

In December 2017, Professor Martin-Matthews was appointed as an Officer of the Order of Canada, for “extensive research contributions to gerontology, notably in implementing the Canadian Longitudinal Study on Aging”.

This lecture is in honour of Professor William F. Forbes, who was the founding Director of the Gerontology program at the University of Waterloo, Canada’s first English-language graduate program in Gerontology. He was also the founding president of the Ontario Gerontology Association and the Canadian Association on Gerontology.

For more information, and to register, visit the Network for Aging Research event page: uwaterloo.ca/nar/events/william-forbes-lecture

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Canadian
Frailty
Network

Réseau canadien
des soins aux
personnes fragilisées

Transforming primary care for older Canadians living with frailty: Project Update

How can we use apps to support care coordination for older adults?



As a part of the CFN-funded, “Transforming primary care for Canada’s frail elderly” project, Master’s student Paige Fernandes is leading the planning that will lead to the development of *MyCareMapp*, an app to help older adults track their care plan and health information. Through a scoping review, Paige learned about other apps created for smartphones, tablets and computers and some of the gaps that still exist. Although these apps were created for older adults, caregivers and healthcare providers, the end-user has not always been involved in their development. To create a usable app for older adults, Paige is using a co-design process by consulting with older adults, family caregivers and health care providers over the next month to contribute to the design of the app. We have partnered with an Ontario-based app developer who will incorporate these findings into an initial prototype, which will be tested with end users in the spring.

Comment pouvons-nous utiliser les applications web pour soutenir la coordination des soins pour les personnes âgées?

Dans le cadre du financement par le réseau CFN du projet de recherche "Transformation des soins et services de première ligne pour les aînés en perte d'autonomie au Canada", l'étudiante à la maîtrise, Madame Paige Fernandes, dirige le développement de *MyCareMapp*, une application web destinée à aider les personnes âgées à suivre leur plan de soins et à se rappeler des informations associées à leur état de santé.

Grâce à une revue exploratoire et de portée, Paige a découvert l'existence de plusieurs applications similaires créées pour les téléphones intelligents, les tablettes et les ordinateurs; cependant des lacunes en termes d'ergonomie d'utilisation, de connaissances et d'informations sur le sujet précédemment évoqué, persistent. Bien que ces applications aient été créées pour les adultes plus âgés ainsi que pour les soignants et les professionnels de la santé, nous remarquons que ces utilisateurs 'cibles' n'ont pas toujours été impliqué dans le développement de ces applications.

Pour créer une application facilement utilisable par les personnes âgées, Paige utilise un processus de co-conception en consultant les personnes âgées, les proches-aidants et les professionnels de la santé. Et au cours du prochain mois, elle mettra ces utilisateurs à contribution dans la conception de l'application. Pour ce faire, nous avons aussi établi un partenariat avec un développeur d'applications web basé en Ontario et qui incorporera ces résultats dans un prototype initial, qui sera testé plus tard, au printemps, avec le concours des utilisateurs 'cibles'.



Looking Back: Conferences & Presentations

Canadian Association on Gerontology (CAG)



From October 19 to October 21, GHS members attended the CAG Evidence for Action in an Aging World 46th Annual Scientific Educational Meeting in Winnipeg, Manitoba. This annual meeting involved individuals with an interest in the field of aging, who shared ideas and thoughts on their current aging research interests or projects.

GHS group presentations at the event were as follows:

Gordon, A., Elliott, J., Brooks, L., Stolee, P. (2017 October). A community-university partnership to set priorities for research on aging. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

Pauloff, K., Stolee, P., Elliott, J., Boscart, V. (2017 October). Exploring ALS Diagnosis, Disclosure and Advance Care Planning Experiences. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

Hirslund, E., Kuspinar, A., Koch, M., MacNeil, M., Stolee, P. (2017 October). "You don't want it to be more work": Use of smart assistive technologies in rehabilitation practice with older adults. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

Fernandes, P., Elliott, J., Stolee, P. (2017 October). Building mHealth Tools to Improve Care Coordination: A Co-design Process with Older Adults and Healthcare Providers. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

*Afzal, A., Stolee, P., Heckman, G., Boscart, V., Sanyal, C. (2017 October). The Role of Unregulated Care Providers in Canada. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB. *WINNING POSTER**

Giosa, J., Stolee, P., Byrne, K., Meyer, S., Oikonen, K., Holyoke, P. (2017 October). "Gamestorming" our way to more integrated geriatric care planning in home care: A novel approach to co-design. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

McNeil, H., McMurray, J., Byrne, K., Grindrod, K., Sveistrup, H., Stolee, P. (2017 October). Implementation of a framework of priorities for engaging older adults and their caregivers in health and aging innovation ecosystems. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

MacNeil, M., Stolee, P. (2017 October). Can we get there from here? Canada's Aging-Related NCEs and a National Seniors Strategy. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

Brooks, L., DeVries, Z., Elliott, J., Stolee, P., Heckman, G. (2017 October). "When you start dividing it up..." Benefits and Challenges in Chronic Disease Prevention and Management Clinics. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

Kernaghan, A., Stolee, P., Conklin, J., Kothari, A., Forbes, D. (2017 October). Using the PARIHS framework to understand knowledge-to-action processes in communities of practice for care of seniors. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.

McDermott, M., Elliott, J., Ashbourne, J., Stolee, P. (2017 October). A community consultation to develop a regional dementia strategy. Poster presentation at the Canadian Association on Gerontology 46th Annual Scientific & Educational Meeting in Winnipeg, MB.



The Canadian Home Care Association (CHCA) Home Care Summit



From October 30 to October 31, Dr. Stolee attended and gave an invited presentation entitled "Managing the Seams: Care Transitions for Older Adults" at the CHCA Integrated Care Summit in Toronto, ON. The goal of this summit was "making home care better", with the Toronto summit further focusing on integrated care. Researchers from across Canada came together to explore strategies that would help our healthcare system to better meet the complex needs of older adults in the community.



AGE-WELL 2017

From October 17 to October 19, Dr. Stolee, Maggie MacNeil, Melissa Koch, and Alison Kernoghan attended the AGE-WELL 3rd Annual Conference and Annual General Meeting in Winnipeg, MB. This conference was an opportunity for AGE-WELL researchers to share their work with other researchers, as well as partners from industry, non-profit, and government sectors.

GHS group presentations at the event were as follows:

Juzwishin, D., Stolee, P., McMurray, J., Hirdes, J. (2017 October). *Deep Integration: Building a Regional Innovation Ecosystem using Big Data and Activated Community Networks*. Oral presentation at the AGE-WELL 3rd Annual Conference and Annual General Meeting in Winnipeg, MB.

Stolee, P., Juzwishin, D., McMurray, J., Sveistrup, Lee, J., Hirdes, J., Liu, L. (2017 October). *WP7 – Policy Tech*. Oral presentation at the AGE-WELL 3rd Annual Conference and Annual General Meeting in Winnipeg, MB.

Stolee, P., Juzwishin, D., McMurray, J., Sveistrup, Lee, J., Hirdes, J., Liu, L. (2017 October). *WP7 Lunch and Learn: Using ‘Big Data’ to Take the Guesswork out of Disaster Management*. Oral presentation at the AGE-WELL 3rd Annual Conference and Annual General Meeting in Winnipeg, MB.

MacNeil, H., McMurray, J., Byrne, K., Grindrod, K., Stolee, P. (October 2017). *Implementation of a Framework of Priorities for Engaging Older Adults and their Caregivers in Health and Aging Innovation Ecosystems*. Poster presentation at the AGE-WELL 3rd Annual Conference and Annual General Meeting in Winnipeg, MB.

Koch, M., MacNeil, M., Elliott, J., Morita, P. P., Stolee, P. (2017 October). *Aging-related technologies: A multiple case study of innovation processes*. Poster presentation at the AGE-WELL 3rd Annual Conference and Annual General Meeting in Winnipeg, MB.



The Brenda Strafford Foundation (BSF) Strategic Planning Session

On November 15, Dr. Stolee attended the BSF Strategic Planning Session held in Calgary, Alberta and gave an invited presentation entitled “*The Future of Seniors’ Health*”. This planning session called for internal and external stakeholders to contribute to an initial environmental scan that will kick-start the strategic planning process. This is a vital process for the BSF, which aims to provide industry leadership in continuing care and other endeavors that are valued by the foundation and its stakeholders.

New Publications

Boscart, V., Heckman, G., Huson, K., Brohman, L., Harkness, K., Hirdes, J., McKelvie, R., Stolee, P. (2017). Implementation of an interprofessional communication and collaboration intervention to improve care capacity for heart failure management in long-term care. *Journal of Interprofessional Care*, 31(5), 583-592. <https://doi.org/10.1080/13561820.2017.1340875>



After implementing a nursing home pilot intervention called ‘*Enhancing Knowledge and Interprofessional Care for Heart Failure*’, authors employed a qualitative design to investigate preliminary impacts. Information was gained on staff heart failure knowledge, communication, and interprofessional collaboration. Findings revealed increased team engagement, knowledge about heart failure, and improved clinical outcomes. It was suggested that sustainability of this approach with larger samples should be assessed due to the pilot intervention’s success.

Puri, A., Kim, B., Nguyen, O., Stolee, P., Tung, J., Lee, J. (2017). User Acceptance of Wrist-Worn Activity Trackers Among Community-Dwelling Older Adults: Mixed Method Study. *JMIR Mhealth Uhealth*, 5(11), e173. doi: 10.2196/mhealth.8211

As wearable activity trackers continue to gain popularity, there are questions posed around the use of these devices by older adults. As such, the aim of this study assessed the acceptance and use of wearable activity trackers in community-dwelling older adults in Canada. Through a mixed methods design, five major themes were identified. These include less privacy concerns for wearable trackers, increased social support and independence, and more awareness of the amount of physical activity the participants were actually getting day-to-day which in turn motivated them to increase activity. These findings build on emerging research surrounding older adults and their acceptance of health technologies.

Welcome, New Members



Tim Zhang

Tim is a second-year undergraduate student pursuing his Honours BSc. in Health Studies with a Pre-Health Professions Specialization. He is looking to pursue graduate studies in general medicine or medicine-related discipline. On campus, Tim volunteers as a first aid responder and assistant trainer with the UW Campus Response Team. Following a medical outreach trip to Panama during the summer as part of Global Medical Brigades, he is continuing his involvement in the UW chapter as the Medical & Pharmacy Team Lead Coordinator.

In his free time, Tim enjoys rock-climbing and spending time with friends.

Larissa Nagora



Larissa is in the final semester of her BSc in Health Studies degree at the University of Waterloo. Her interest in health research was sparked when she worked at interRAI for a co-op position. Since that time, she has pursued other research opportunities for co-op placements including conducting a systematic review on foodborne illness and another on frailty. She has recently been accepted to the accelerated MSc in Public Health program at UWaterloo, under the supervision of Mark Oremus.

Larissa maintains her wellness by riding motocross and spending time with her niece and nephew.

Awards and Nominations

Congratulations to Arsalan Afzal, who received recognition for his winning poster at the Canadian Association of Gerontology's (CAG) 46th Annual Scientific and Educational Meeting in Winnipeg, Manitoba. His presentation was about the role of unregulated care providers in Canada.

The Role of Unregulated Care Providers in Canada

Arsalan Afzal¹ PhD, Paul Stolee² PhD, George Heckman³ MD, MSc, FRCPC, Veronique Boscart^{4,5} RN, PhD, Chiranjeev Sanyal⁶ PhD

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Background

- Unregulated Care Providers (UCPs) assist older adults with personal support and activities of daily living in a variety of care settings in Canada. As the care needs of an aging population become increasingly complex, the role of UCPs in health care delivery has also evolved.
- UCPs provide up to 80% of direct care to older adults, yet they are an understudied and underrepresented workforce in the literature.
- Our study aimed to explore the role of UCPs in the Canadian health care system, and the potential impact of their role on the quality of care.


Methods

- A scoping review was conducted following the methods outlined by Arksey and O'Malley and Levac et al.
- An iterative search of published and grey literature was conducted from January 2000 to September 2016 using Medline, CINAHL, SCOPUS and Google.
- Grey literature search included drawing targeted webpages from relevant health organizations and agencies as well as a Google search.
- Thematic analysis was performed using directed content analysis which allows key concepts from the research questions to be used as the initial coding categories.

Results

The search strategy resulted in a total of 1513 records, of which 63 studies were included in the final review.

- Of the 63 studies, twenty-five (39.7%) were qualitative studies, nine (14.3%) were organizational reports, seven (11.1%) were government reports, and 12 (19.0%) were other types of studies. The majority of the publications were from Ontario (30, 47.6%) or the Prairie Provinces (25, 39.7%).



Scope of Work & Role of UCPs

- UCPs do not have a clearly defined scope of practice or professional standards.
- The role of UCPs has expanded over time to provide additional activities that were previously performed by regulated professionals, but gaps exist in the support for UCPs in their evolving roles. Such gaps not only create workplace challenges but potentially threaten patient safety and quality of care.

Perceived role of UCPs in inter-professional health care teams

- The review identified a perceived lack of respect for the role of UCPs by other health care providers and a lack of authority for decision-making in patient care.

Important challenges were highlighted including vertical power hierarchies within the teams, isolation and lack of communication, loss of role clarity and a limited role in decision-making in patient care.

Recent studies demonstrated improved teamwork, better communication and increased collaboration are possible when UCPs are part of a team.

System Safety and Quality of Care

- Insufficient training, supervision, and staffing resources are challenges faced by UCPs with potential implications for patient safety and quality of care. UCPs indicate a lack of comfort in performing tasks that they believe should be performed by regulated workers, such as administering medications, restraints, pain pumps, and insulin injections.
- Limited nursing supervision and insufficient staffing often does not allow regulated professionals to train and supervise UCPs on delegated tasks.

Education & Employment Standards

- Significant variability exists across Canada in the training of UCPs, in the absence of national education standards, some provinces continue to have attempted to fill the gaps, but variations remain as education is delivered through several different public and private institutions.
- Not all jurisdictions require an entry examination or skills assessments before entering the workforce. Educational requirements are often set and enforced by individual employers.

Discussion

- This review explored the current and potential role of UCPs and highlights issues with role recognition, gaps in education, employment standards and practices that may risk patient safety.
- The role of UCPs in health care teams should be recognized and efforts should be made to improve education and training on delegated tasks by regulated health professionals.
- Expanding the traditional role of UCPs can lead to increased job satisfaction, knowledge, role recognition and respect providing a sense of purpose and increased self-esteem for UCPs.
- UCPs have the potential to play a role in health promotion, injury prevention and improved activities and physical activity. However, mandatory training and heavy workload limit the capacity of UCPs to fulfill these evolving roles.

Conclusion

We outline a set of recommendations for policymakers based on our review.

- Create more awareness and understanding of the role of UCPs. Efforts are required to better educate public and patients as well as other health care professionals.
- Reduce variations in employment standards to ensure and benefit workforce entry requirements and on-site training between the community and long-term care settings.
- Close the gap for education standards between public and private colleges. Programs should include training on delegated tasks.
- Employers should provide an environment where UCPs have sufficient time to perform tasks including training and ongoing delegated tasks. Leverage use of technology to promote supervisor specializations in the team.
- Promote and support the role of UCPs in health care teams by developing frameworks that define potential roles of UCPs and support collaboration within a team.



Seniors Helping as Research Partners

Our goal is to learn from seniors and their families, to develop a sustainable network, and to advance the development of research priorities and collaborations with the ultimate objective of improving the health care system for older adults.

If you are **55+** and interested in more information or volunteering with the SHARP network, please contact the GHS research group through **Jacobi Elliott** at **519-888-4567 ext. 38982**.

Check out the following video where we collaborated with SHARP members to find out why they choose to volunteer with SHARP:
https://www.youtube.com/watch?v=Amd9bgl_tno



Healthy Recipe: Vegetarian Quinoa Enchilada Casserole

Ingredients:

- 1 cup quinoa
- 1 (10-ounce) can mild enchilada sauce
- 1 (4.5-ounce) can chopped green chiles, drained
- 1/2 cup corn kernels, frozen, canned or roasted
- 1/2 cup canned black beans, drained and rinsed
- 2 tablespoons chopped fresh cilantro leaves
- 1/2 teaspoon cumin
- 1/2 teaspoon chili powder
- Kosher salt and freshly ground black pepper, to taste
- 3/4 cup shredded cheddar cheese, divided
- 3/4 cup shredded mozzarella cheese, divided
- 1 avocado, halved, seeded, peeled and diced
- 1 Roma tomato, diced

Preparation:

1. In a large saucepan of 2 cups water, cook quinoa according to package instructions; set aside.
2. Preheat oven to 375 degrees F. Lightly oil an 8x8 or 2 quart baking dish or coat with nonstick spray.

Amount Per Serving

Calories	285
Total Fat	13.6 g
Saturated Fat 5.3 g	
Sodium	289.5 mg
Total Carbohydrate	29.2 g
Sugar 1.4 g	
Dietary Fiber 6.0 g	
Protein	13.2 g

Serves: 6

Preparation Time: 10 minutes

Cooking Time: 30 minutes

3. In a large bowl, combine quinoa, enchilada sauce, green chiles, corn, black beans, cilantro, cumin and chili powder; season with salt and pepper, to taste. Stir in 1/2 cup cheddar cheese and 1/2 cup mozzarella cheese.
4. Spread quinoa mixture into the prepared baking dish. Top with remaining cheeses. Place into oven and bake until bubbly and cheeses have melted, about 15 minutes.
5. Serve immediately, garnished with avocado and tomato, if desired.

Find a **video** of how to make this recipe at: <https://damndelicious.net/2014/07/07/quinoa-enchilada-casserole/>