



**Report from the  
4th Annual Summit  
of the  
Knowledge Network in Rural  
and Remote Dementia Care**



**October 27<sup>th</sup> & 28<sup>th</sup>, 2011**



**UNIVERSITY OF  
SASKATCHEWAN**



**CIHR IRSC**

Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada



**CCHSA / CCSSMA**



**SHRF**  
SASKATCHEWAN  
HEALTH RESEARCH  
FOUNDATION



## Save the Date

Mark your calendar now for the  
5th Annual Knowledge Network in  
Rural and Remote Dementia Care Summit

November 15<sup>th</sup> & 16<sup>th</sup>, 2012  
Saskatoon

This report summarizes the activities of the 4th Annual Knowledge Network in Rural and Remote Dementia Care in Saskatoon on October 27th & 28th, 2011.

Funding to make this Summit possible was provided by Canadian Institutes of Health Research and Saskatchewan Health Research Foundation.

Support provided by the University of Saskatchewan, and the Canadian Centre for Health and Safety in Agriculture.

The Canadian Dementia Knowledge Translation Network provided funding to evaluate this year's Summit as a Knowledge Translation strategy.

Photos from the Summit and CBPHC meeting used in this report were taken by Liam Richards.

University of Saskatchewan  
Saskatoon, Saskatchewan  
February, 2012

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## Welcome

Dear Knowledge Network Members,

On October 27th and 28th we held the 4th Summit of the Knowledge Network in Rural and Remote Dementia Care in Saskatoon. Forty-five people participated in the Thursday evening poster session and the Friday knowledge exchange meeting. On behalf of the research team, I want to thank everyone who attended and contributed to the success of this year's Summit. We look forward to this opportunity each year to discuss our research findings and our plans for future studies, and we value your suggestions and ideas. I would like to thank our keynote speaker, Dr. Janice Keefe, for traveling all the way from Halifax to present her research, and for judging this year's student poster prize.

At the Summit I provided some background about an exciting new initiative launched by the Canadian Institutes of Health Research, focused on Community-Based Primary Healthcare. This initiative will support research teams to conduct interdisciplinary research to develop, implement, and evaluate innovative models for chronic disease management and improve access to primary healthcare for vulnerable populations. On October 17th 2011 we held a consultation and planning meeting with 53 stakeholders, including family members, healthcare providers, and administrators. The aim of the meeting was to identify gaps in primary healthcare for individuals with dementia and their caregivers in rural and remote settings, and to identify new models of care that could be implemented and evaluated under this new research program. We are using the recommendations from the consultation to develop a team grant, which we are calling Rural Dementia Action Research, or RaDAR.

I would like to acknowledge the Canadian Dementia Knowledge Translation Network, which provided funding to evaluate the Summit as a knowledge exchange strategy. The Canadian Institutes of Health Research, and the Saskatchewan Health Research Foundation also supported the Summit through the CIHR-SHRF Applied Chair in Health Services and Policy Research that I hold.

Sincerely,

Debra Morgan

*If you did not attend the Summit in 2011, and are interested in attending Summit 5 in 2012 please contact Debra Morgan at [debra.morgan@usask.ca](mailto:debra.morgan@usask.ca)*



## Introduction to the Summit

Following the order of events as described in the Summit agenda, which is reproduced on page six, this report summarizes the activities of the 4th Annual Summit of the Knowledge Network in Rural and Remote Dementia Care held in Saskatoon on the 27th and 28th of October, 2011.

The Knowledge Network in Rural and Remote Care held its first face-to-face Summit meeting in 2008. The groundwork for the Knowledge Network started years before the first Summit with an interdisciplinary team focused on research, interprofessional training, and capacity development at the University of Saskatchewan. The Team has come to be known as the Rural Dementia Care team, and includes researchers from a variety of disciplines. The Rural and Remote Memory Clinic at Royal University Hospital operates today because of the team's work to bring a variety of disciplines and technology together to better serve people living in rural and remote areas of the province.

In 2009 Dr. Morgan was awarded a five year jointly-funded CIHR-Saskatchewan Health Research Foundation Applied Chair in Health Services and Policy Research. The aim of the chair, titled *Healthcare Delivery Across the Continuum for Rural and Remote Seniors with Dementia*, is an integrated program of research, mentoring and education, and knowledge translation and exchange. The Knowledge Network in Rural and Remote Dementia Care is a key activity of this applied chair, and the Summit is an important annual opportunity for the Network.

The sharing of knowledge and expertise among members of the Network is an important goal of the annual Summit meetings. The Network includes a diverse mix of: researchers interested in rural and remote dementia care, people who work to provide care to those with dementia in rural and remote areas, and individuals, families, and friends affected by dementia.

As this report outlines, Network members this year had many opportunities to both share their knowledge and learn from one another. On page 14 is Summit attendee's feedback on this year's Summit, and you will find further resources and more information in the appendices at the end of this report.



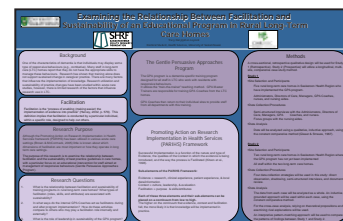
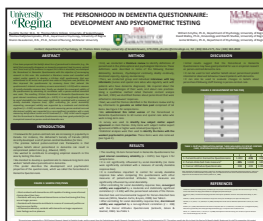
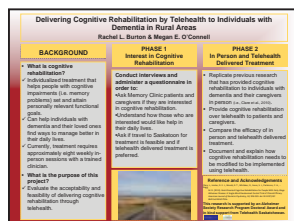
*Not including the Saskatoon-based members of the Network or out-of-province guests, rural members of the Network travelled an average 550 km round-trip to attend the Summit in Saskatoon.*







## Thursday Evening Poster Session



*The list of poster titles and authors as presented at the Summit is reproduced in Appendix D, page 22 of this report.*

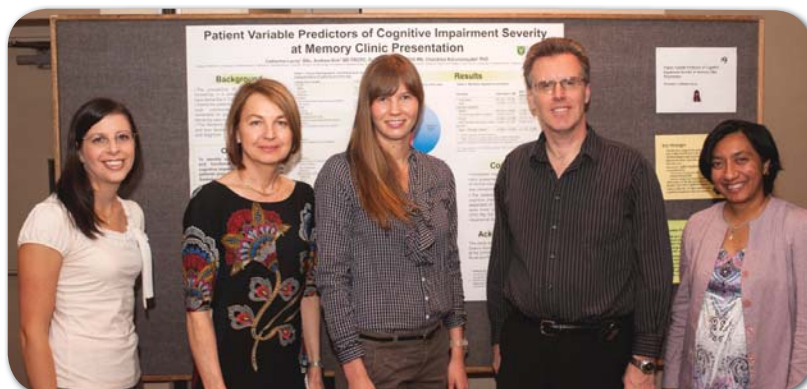
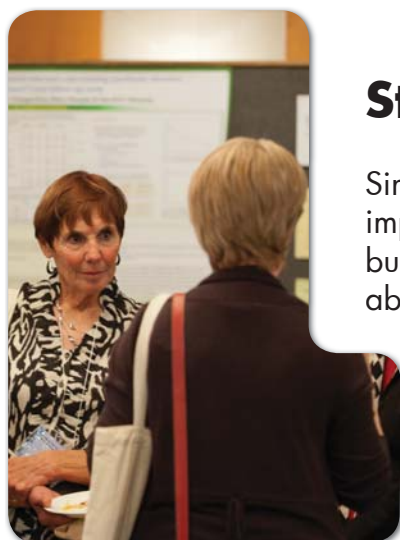
Thursday evening's pre-Summit program included registration, a welcome greeting from Debra Morgan, and an evening-long scientific poster session featuring sixteen posters and displays. The posters and displays featured projects from researchers and decision makers.

Presenters included: Rachel Burton, Allison Cammer, Donna Dalziel and Steve Kowal, Tracy Danylyshen-Laycock, Nicole Haugrud, Paulette Hunter, Julie Kosteniuk, Catherine Lacny, Xiangfei Meng, Megan O'Connell, Hanna St. Denis-Katz, Norma Stewart, Sheena Walls-Ingram.

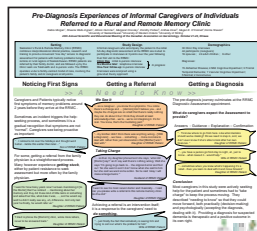
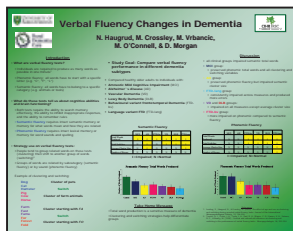
## Student Poster Prize

Since the first Summit in 2008 students from a variety of disciplines have been important participants. The Summit not only provides a learning opportunity, but also an opportunity to strengthen student's communication skills with others about their area of research interest.

This year, thanks to the financial support of Pfizer, the Summit offered a student poster prize. Posters were adjudicated by the Summit Keynote speaker, Dr. Janice Keefe. Catherine Lacny, a medical student from the University of Saskatchewan, won for her poster: Patient Variable Predictors of Cognitive Impairment Severity at Memory Clinic Presentation.



*From l to r: Tracey Jason, Debra Morgan, Catherine Lacny, Andrew Kirk, Chandima Karunanayake pose in front of Catherine's award-winning poster during the evening poster session.*

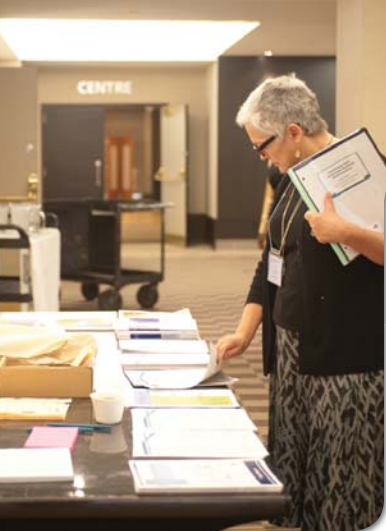


During the evening session it was announced that Debra Morgan had just been named as the 2011 recipient of the CIHR Betty Havens Prize for Knowledge Translation in Aging, with the award presented at the Canadian Association of Gerontology annual meeting in Ottawa. Betty Havens was a leading gerontologist committed to improving the lives of senior citizens, with notable achievements in health service research. The Betty Havens Prize for Knowledge Translation recognizes excellence in knowledge translation, and provides financial support to continue excellence in knowledge translation in Canada.

*A booklet with all of the posters displayed at the Summit is available. See 'Supplemental Resources' on page 15 for more information about how to obtain a copy.*







## Summit Agenda

*As guests registered for the Summit they were provided with a binder of resources and information for the meeting. This included handouts of the slides of each presenter.*

*To request a copy of this information, please see "Supplemental Resources" on page 15.*



### Agenda

Knowledge Network in Rural and Remote Dementia Care  
4<sup>th</sup> Annual Summit  
October 27<sup>th</sup> & 28<sup>th</sup>  
Sheraton Hotel – Saskatoon

#### Thursday, October 27<sup>th</sup> - Sheraton Hotel – South & West Rooms

**7:00 pm – 10:00 pm** Registration, Wine and Cheese Poster session and informal networking. Please join us in the South-West room to review posters which highlight a variety of projects from summit attendees. Appetizers will be served, and a cash bar will be available.

#### Friday, October 28<sup>th</sup> - Sheraton Hotel – South & West Rooms

**8:00 am - 8:25 am** **Registration and Breakfast served in the South/West room**

**8:30 am – 9:00 am** Intro, welcome, and overview of day – Debra Morgan

**9:00 am – 10:00 am** Keynote by Dr. Janice Keefe, Professor in the department of Family Studies and Gerontology at Mount Saint Vincent University - Halifax

**10:00 am – 10:30 am** **Morning Break and Coffee**

**10:30 am – 12:00** Panel Discussion: Roles and Activities of a Continuing Care Consultant  
**Beverly Greenwood, Jean Nelson, and Deb Coleman present followed by moderated discussion period.**

**Noon to 1:00 pm** **Lunch served in the South/West room**

**1:00 pm – 1:45 pm** Donna Dalziel and Steve Kowal present: Active Engagement for LTC Residents

**1:45 pm – 2:30 pm** Dr. Andrew Kirk presents: Diagnosing Dementia

**2:30 pm – 3:00 pm** Allison Cammer presents: Evaluation of The Summit as a Knowledge Translation Strategy.

A **light refreshment** will be provided during this session.

**3:00 pm - 3:30 pm** Results from the October 17<sup>th</sup>, 2011 Consultation to Plan New Models of Rural Primary Healthcare for Persons with Dementia.

**3:30 pm – 3:45 pm** Wrap-up of the Summit – and evaluation.

**3:45 pm** **Adjourn – thank you for your participation and have a safe trip home**



## Meeting Introduction and Overview

Friday morning Dr. Morgan welcomed attendees and spoke about the history of the current Rural Dementia Care research team at the University of Saskatchewan. She highlighted the New Emerging Team (NET) grant that brought the team together in 2003 and funded their activities through to 2009. She also explained how her Applied Chair in Health Services and Policy Research (2009 - 2014) currently funds research activities of the team, and how this annual Summit meeting is an integral activity of her research Chair.

Over the past three years the Summit has played an important role as a knowledge translation and exchange activity annually bringing together both researchers and decision makers to learn from each other. This Summit includes a 'look inward' as attendees will evaluate the Summit itself on its merits as a knowledge exchange activity.

As the team looks toward the future of their research in dementia care, one research area of interest is a **community-based primary healthcare** initiative. More information about this initiative, and an opportunity to gather input was an important activity of the Summit afternoon.

Dr. Morgan brought some important reports to the attention of all attendees at the start of the day: The Alzheimer Society of Canada's 2010 Rising Tide Report, and the World Alzheimer Report 2011. Both reports comment on the rising incidence of dementia, and the expected continued increase in prevalence of dementia both locally and globally. The call, in the reports, for more and earlier action to address the impact of dementia on our community was a poignant note on which to start the day and a point that was echoed by many of the Summit presenters.

Stakeholders from throughout Saskatchewan were present at the Summit, including people who make decisions about or influence health policies or practice (Decision Makers). Participants included representatives from: Rural services, Primary healthcare and chronic disease, Long-term care, Home care, Health Region Administration, Nurse Practitioners, Family physicians, Family members, Research team members and students, and the Alzheimer Society of Saskatchewan.



### Dementia care in rural and remote areas



- age is the main risk factor for dementia
- seniors are over-represented in rural areas
  - 15% of population of cities
  - 22% of towns and villages (SK Trends Monitor, 2007)
- ... but less access to specialized dementia care services in rural and remote areas
- low population density creates challenges in delivering community-based primary healthcare and specialist services

### "Decision Maker"

- an individual who makes decisions about, or influences, health policies or practices
- can be practitioners, educators, administrators, community leaders, elected officials, and individuals within the media, health charities, patient user groups, or the private sector
- individuals who are likely to make use of the results of the research

Reference: CHRR



### The Rural & Remote Memory Clinic Team



Nursing  
Neurology  
Neuropsychology  
Physical Therapy  
Neuroradiology  
Geriatric Medicine  
Sociology  
Internal Medicine  
Geography

Debra Morgan, Andrew Kirk, Margaret Crossley, Vanina Dal Bello-Haas, Sheri Harder, Jenny Basran, Norma Stewart, Carl D'Arcy, Dorothy Forbes, Jay Biem, Lesley McBain, Megan O'Connell

### Goals of this Summit

1. Knowledge exchange between and among decision makers and researchers
  - Poster presentations
  - Keynote: Dr. Janice Keefe
  - Presentations and discussions
  - Evaluation of Summit as KTE
2. Future research directions
  - Community-Based Primary Healthcare Initiative
  - Consultation with Decision-Makers held Oct 17th





## Morning Keynote Dr. Janice Keefe

Dr. Janice Keefe, professor at Mount Saint Vincent University, Halifax, in the Department of Family Studies and Gerontology, and Director of the Nova Scotia Centre on Aging provided the keynote address at this year's Summit.

In her presentation, *Family/Friend Caregivers: Even "the backbone" needs support*, Dr. Keefe spoke about the critical, yet often invisible role of friends and family in providing in-home care to our aging population. Dr. Keefe's research program is focused on the quality of life of older people and their caregivers, including projected demand and supply of chronic care needs over the next 30 years, and evaluating the impact of different financial support policies for family/friend caregivers. Further, her work involves development and practical application of screening tools to assess caregiver needs and risks, and on-line training for professionals who interact with informal caregivers.

Dr. Keefe's research indicates that informal caregivers are essential, and that they need to be given support and choice in their roles. Policy makers need to consider the economic, social, and health care costs of not supporting caregivers.

**Why are they important?**

- Caregivers play a vital role in the continuing care of elderly & persons with a disability
  - unrecognized & undervalued
  - role & expectation of caregivers is ambiguous
- Caregiving does not end when a person goes into long term care
- Caregivers should be supported
  - preventive for own health issues
  - sustain caregiving role
- Lack of standardized tools to understand their needs

**POLICY DOMAINS**

- **Health/Continuing Care**
  - Respite care/Home Care
  - Recognize caregivers as a client
  - Assess caregiver needs
- **Employment/Labour**
  - Leave policy – Employment Insurance
  - Labour Standards policy
- **Health Human Resources**
  - Training and Standards
  - Improve working conditions
  - Focus on Recruitment and retention
  - Wages and Benefits
- **Income Security**
  - **Direct Financial Support:**
    - Caregiver Payment/allowance
  - **Pension Schemes**
    - Reduced penalty for dropout
    - State pays pension credits
  - **Taxation System**
    - Inclusion of care expenses
    - Expansion of Tax Credits
  - **Social Security**
    - State pays employment/sickness insurance

Funding from SSHRC, HRSDC, Health NS, PHAC.

**What do we know already?**

Research has shown that:

- ✓ The number of older adults with chronic disease and cognitive impairment is increasing
- ✓ These seniors rely on support and ADLs from spouses, family and friends
- ✓ There is a link between conjugal caregiving and caregiver burden and psychological distress
- ✓ Spousal caregivers of someone with cognitive impairment have differing experiences
- ✓ There are positive outcomes of caregiver assessment for cgs and practitioners
- ✓ There is limited research on the needs and issues of male caregivers

*Selected articles and references from Dr. Keefe's keynote are reproduced in Appendix E of this report on page 23.*



**Janice Keefe, PhD** is a Full Professor in the Department of Family Studies and Gerontology at Mount Saint Vincent University and holds appointments at Dalhousie University's Faculties of Medicine and Graduate Studies and UNB's School of Graduate Studies. In 2002 she was selected as Mount Saint Vincent's first Canada Research Chair in Aging and Caregiving Policy and has received

provincial and international recognition of her research. In 2006, she was awarded the Lena Isabel Jodrey Chair in Gerontology and appointed Director, Nova Scotia Centre on Aging. Dr. Keefe's research areas are caregiving policy and practice, continuing care policy and rural aging. She currently leads three CIHR-funded research teams - one projecting human resources needed to care for older Canadians over the next 30 years, another with caregivers of spouses with a cognitive impairment and a third which examines nursing home resident quality of life.



## Morning Panel Discussion: Roles and Activities of a Continuing Care Consultant

Following Dr. Keefe's keynote was a panel presentation and discussion about the role of Continuing Care Consultants in the provision of dementia care services in Saskatchewan. Consultants Beverly Greenwood, Jean Nelson, and Deb Coleman shared their expertise and knowledge and explained some of the work that they do in rural communities, the reasons for and process behind referrals made to them, and some of the assessments that they do. They all commented on the impact of dementia and dementia-related behaviours in the communities that they serve. They also each shared strategies to address change in the systems that provide continuing care that are being developed and implemented throughout the province.

After their presentations, there was ample time for discussions with the attendees, and many questions were fielded from the group.

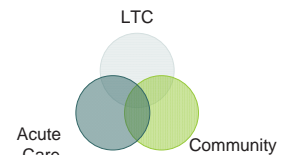
### Responsibilities

- Consultative services for persons with "difficult to manage" behaviours
  - Persons with dementia, ABI, developmentally challenges, mental health diagnoses, addictions
- Participate in evaluating, planning & developing services & programs for current & future needs

CCC Role & Changes Over Time

88

### Consultations - Source of Referrals

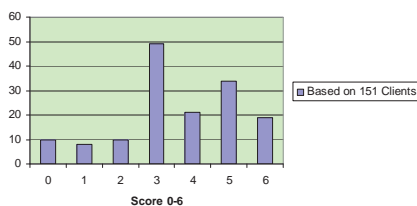


Psychiatrists, Physicians, Nurses, Social Workers, Managers/Operators, Families

CCC Role & Changes Over Time

89

Cognitive Performance Scale – New Clients  
Cognitive Performance Scale 2010-2011



### STRATEGIES FOR IMPROVING DEMENTIA CARE

- \*Provincial vision in regards to program development and enhancement of services.
- \*'Core' provincial \$ to be designated for geriatric services and programming per each health region.
- \* Increase knowledge and awareness of health care professionals.

### STRATEGIES FOR IMPROVING DEMENTIA CARE

- \* Supporting and assisting community / social resources to address issues of boredom and loneliness.
- \* Increase awareness and knowledge for seniors – addictions; gambling; abuse
- \* 'Pooling' of existing resources
- \* Outreach teams
- \* Enhanced services – eg: geriatrician

### FUTURE GOALS

- GPA
- Environmental assessments
- Philosophy of care
- Staff enhancement
- Life story work
- Palliative care
- Indiscriminate use-chemical restraint
- Use of telehealth
- Team approach
- Move community and acute care







## Afternoon Presentation: Active Engagement for LTC Residents

Donna Dalziel and Steve Kowal started the afternoon session with an energetic presentation about their project *Active Engagement for Long-Term Care Residents*.

Last year Donna was a panelist at the Summit and shared her experiences as a caregiver to her husband who is living with frontotemporal dementia. Since last year, Donna and Steve have been working on Active Engagement, and finding ways to enrich the lives of people with dementia living in long-term care. Their message to the attendees is that finding ways to engage people with dementia in purposeful activity is important. Regardless of the complexity of the task, or the carer's perception of the activity, Donna and Steve's experience has shown that people with dementia benefit from the experience and activity.

"Dementia Care Residents typically encounter **40 stimulation episodes** each day while the average healthy individual has more than **300 encounters**"



*"Residents that take part in active engagement activities are more likely to have a good nights sleep."*

SCA

Donna received a \$10 000 award from the Saskatchewan Union of Nurses for this project. With assistance from Steve and Barb Steen, they have been able to put their project into action in a long-term care facility in Prince Albert. They involved students from Prince Albert schools in assisting residents with activities. They have observed that the residents who are engaged in activities enjoy themselves, and that they are subsequently less likely to engage in behaviours that are challenging for care staff. As well, care staff are learning to use activities to engage residents who had otherwise been relatively non-communicative.

Donna and Steve's presentation was dynamic, and they involved Summit attendees as they demonstrated many of the activities and tools they use in long-term care with residents.



Moving through resistance towards expanding the Active Engagement Movement

- Lead with an eye on the future
- Innovation is the key
- Model the way
- Have a passion for the possible



## Afternoon Presentation: Diagnosing Dementia

Dr. Andrew Kirk, department of Neurology Division Head at the University of Saskatchewan, provided an overview of the process of diagnosing dementia.

Dementia can be the result of a number of causes, and understanding the underlying cause is important for planning treatment and can help those with dementia and their families and carers better prepare for the future. A differential diagnostic method is used to identify what may be the cause of dementia in an individual. A multi-disciplinary team approach to diagnosis can be beneficial to the process.

Dr. Kirk highlighted some of the more prominent causes of dementia and the specific symptoms and pathology that accompany each:

- Lewy Body disease
- Frontotemporal Dementia and variants:
  - Progressive non-fluent aphasia
  - Semantic dementia
- Vascular dementia
- Alzheimer Disease

Finally, Doctor Kirk shared some of the current treatment options for Alzheimer Disease, and possible treatments currently being investigated noting that no available treatments halt the progression of the disease, they merely slow it down.



### DEMENCIA

- "an acquired persistent impairment of intellectual function with compromise in at least three of the following spheres of mental activity: language, memory, visuospatial skills, emotion or personality, and cognition (abstraction, calculation, judgement, etc)"

• Cummings and Benson, 1983

### SYMPTOMS

- Memory loss
- Difficulty performing familiar tasks
- Language problems
- Disorientation
- Poor judgement
- Trouble calculating
- Misplacing things

### Direct Cost of AD in Canada

- \$5.5 billion/year
- Per patient costs increase with disease severity
  - \$9,451 for mild
  - \$25,724 for moderate
  - \$36,794 for severe
- Costs increase with severity of mood and behavioral symptoms

Ordysie T, et al. Can Med Assoc J 1994;151:1427-1464.  
Hu MJ, et al. Can Med Assoc J 1996;155:457-465.  
The Canadian Alzheimer Society website (www.alzheimer.ca) Nov. 6, 2003  
Mullan DL, et al. Neurology 2002;59:1721-1728

### DIAGNOSING ALZHEIMER'S DISEASE

- History
  - Patient
  - Family
- Physical examination
- Neurological examination
- Mental status examination
- Blood tests
- CT Scan
- Neuropsychological assessment







## Afternoon Presentation: The Summit as a Knowledge Translation Strategy

In 2011, we received a small grant from the **Canadian Dementia Knowledge Translation Network** to formally evaluate the Rural and Remote Dementia Care Summit as a knowledge exchange activity. The goals of this evaluation project are to:

1. Learn which key features of a knowledge exchange activity make it worthwhile to rural dementia care stakeholders.
2. Aid participants in reflecting on what knowledge exchange does for them, how it informs their work, what they gain from engaging in knowledge exchange, and how capacity is developed among participants.
3. Contribute to the body of evidence on knowledge exchange in rural dementia care and help stakeholders better tailor knowledge exchange opportunities.

### Evaluation of the Summit as a Knowledge Translation-Exchange Strategy

- In your experience, has the Summit been an effective vehicle for knowledge exchange? (Why/Why not?)
- What aspects of the Summit activities have been valuable or useful to you in your role with rural dementia care?
- What would you change about the Summit to make it a better KTE strategy?



In order to accomplish these goals, last fall we conducted twelve semi-structured interviews with group members. Interviewees were asked about their participation in past Summits, what they have gained from Summit activities and how the Summit has impacted their work. At the 2011 Summit, all those in attendance were invited to take part in focus group discussions to evaluate the Summit as a vehicle for knowledge exchange. Five groups were formed and participant-led focus group discussions were conducted and audio-recorded.

Currently, the transcripts of the interviews and focus group discussions are being analyzed. Results of this evaluation project will be presented at the 2012 Summit.





## Afternoon Presentation: Results from October 17, 2011 Consultation

The last session of the Summit was a review by Dr. Debra Morgan of the results from a consultation meeting held on October 17th, 2011 with local, provincial, national and international guests. The consultation was held in preparation for future research focused on primary healthcare providers and dementia in rural and remote communities. The consultation meeting was made possible because of funding from a Community-Based Primary Health Care Planning Grant that was awarded to the team by the Canadian Institutes of Health Research (CIHR).

The researchers leading the consultation will be applying for research team funding from CIHR for a Community-Based Primary Healthcare Team Grant. The two priority areas identified by CIHR are:

- Chronic Disease Prevention and Management in CBPHC
- Access to Appropriate Community-Based Primary Healthcare for Vulnerable Populations.

Dr. Morgan outlined some of the activities of the meeting on the 17th, and shared some of what was learned from the group – valuable feedback that will help the research team shape their research questions and identify key community supporters as they move forward with their team grant application.

The research team members for this initiative include: Debra Morgan, Julie Kosteniuk, Margaret Crossley, Megan O'Connell, Andrew Kirk, Norma Stewart, Vanina Dal Bello-Haas, Dorothy Forbes, Anthea Innes, John Keady, Sridhar Vaitheswaran, and Alan Murdoch. The team members include several researchers based in the United Kingdom, including Dr. Sridhar Vaitheswaran and Alan Murdoch who travelled from Scotland to attend the meeting on October 17th.

The Executive Summary from the report from the October 17th, 2011 meeting: Planning for the Rising Tide: New Models of Rural Primary Healthcare for Persons with Dementia is included in Appendix A of this report on page 16.

*A complete copy of the report from the CBPHC meeting is available by contacting Julie Kosteniuk: [julie.kosteniuk@usask.ca](mailto:julie.kosteniuk@usask.ca) or phone at 306-966-8773*

### Community-Based Primary Healthcare (CBPHC) Initiative funding announcement

1. CBPHC Planning Grants (awarded Oct 2011)
  - Support researchers and decision makers to come together to build collaborations and identify needs and priorities before embarking on a full CBPHC Team Grant application
  - Meeting was held Oct 17, 2011 in Saskatoon
2. CBPHC Team Grants
  - Support interdisciplinary, cross-jurisdictional teams of researchers

### Community-Based Primary Healthcare Initiative: Two Priority Areas

1. Better Systems: Chronic Disease Prevention and Management
  - How do we best prevent, treat, manage, and coordinate care for individuals with chronic illness?
2. Access to Appropriate Community-Based Primary Healthcare for Vulnerable Populations
  - What approaches are effective in improving access and outcomes in high risk groups

### Objectives of the Community-Based Primary Healthcare (CBPHC) Initiative

1. Research
  - develop high-quality research evidence
2. Capacity
  - build new CBPHC capacity
3. Knowledge Translation & Exchange:
  - increase use of research evidence by decision-makers in policy-making, clinical, and community settings



*Panelists at October 17th, 2011 CBPHC meeting.*



*Dr. Sridhar Vaitheswaran (above) and Alan Murdoch present at CBPHC Consultation meeting, October 17th, 2011 in Saskatoon.*





## 2011 Summit Evaluation

Of the forty-five attendees at this year's Summit, thirty individuals completed and returned the Summit evaluation form. Those thirty responses provide valuable feedback on this year's event, and will allow us to improve for Summit 5.

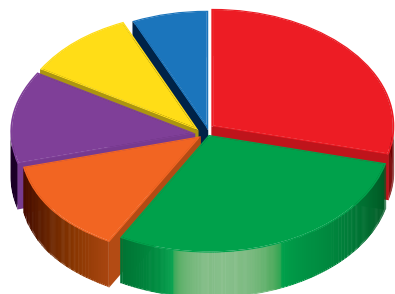
The respondents who attended the poster session on Thursday indicated that the session was a good use of their time, and provided opportunities for them to learn more about research and to interact with researchers and others interested in dementia care. We learned that our efforts to increase the visibility of, and opportunities to interact with, the poster presenters was noticed by attendees - with some positive feedback.

The majority of respondents strongly agreed, or agreed that Friday's Summit was a good use of their time, that the meeting ran smoothly, with opportunities to share ideas, meet other Network members, and that they enjoyed the food and meeting rooms at our host hotel.

We heard that what people enjoyed most at this year's Summit were: the diversity and range of presenters, the guest keynote presenter, the poster session and networking, the chance to hear from other professionals working in the same field, and learning more about the research currently underway.

We heard that next year we can improve on our successes by: communicating the date for next year's Summit well in advance, maintaining a balance of research/clinical/front-line stakeholder presentations, inviting CEOs of health regions and policy makers such as government officials and institution administrators, providing time at the end of the day for interaction with the presenters so that planning and networking can continue before the group disperses.

*We asked evaluation respondents how they would describe their role at the Summit, the responses from the 30 evaluations are graphed below.*



How would you describe your role?

Researcher
Work with people with dementia
Student
Other
Family member
Administrative work in dementia care

*"I look forward to the Summit every year."*

*"Excellent. Wonderful opportunities to discuss research with students and others."*

*"All 4 Summits have been excellent. We all leave with new knowledge and re-motivated to further our work with dementias."*

*"This was my first one, I would like to do it again."*

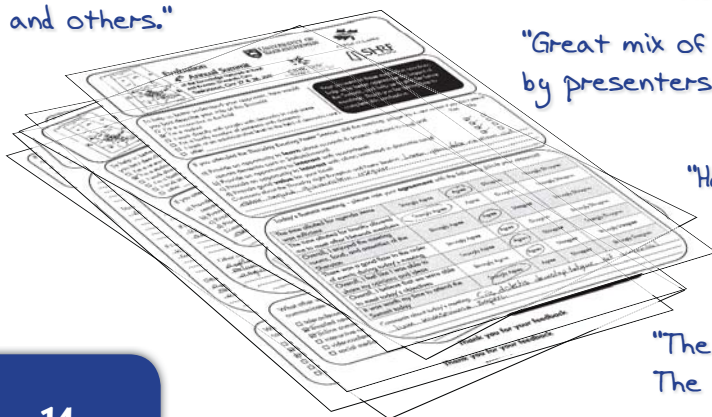
*"Great mix of decision makers and researchers. Very relevant topics by presenters."*

*"It also makes us aware of the big job yet to be done."*

*"Had a great time, learned a lot, look forward to next year!"*

*"The diversity of presentation is really important to get all perspectives on the issues of dementia care."*

*"The guest speaker and the presentation by Dr. Kirk - excellent. The active engagement was excellent and good timing of session."*



## Supplemental Resources

Attendees of the Summit came from around the province and across Canada, and share a common interest in rural and remote dementia care. Pages 20 & 21 of this report include contact information for members of the Decision Maker Advisory Council and Research Team members.

Copies of handouts and information provided during this year's Summit including: biographies of Decision Makers and Researchers, copies of the Poster Session booklet, slide shows as presented during the Summit, and copies of the binder distributed to all participants of the Summit are available. Please contact Duane Minish, Research Assistant, at [duane.minish@usask.ca](mailto:duane.minish@usask.ca) or phone: 306-966-4098 for assistance in obtaining these resources.

The full World Alzheimer Report 2011 The benefits of early diagnosis and intervention, is available for download at: [www.alz.co.uk/research/world-report-2011](http://www.alz.co.uk/research/world-report-2011)

The UK-focused Spotlight on Dementia Care A health foundation improvement report is available for download at <http://www.health.org.uk/publications/dementia-care/>

## Updates

Debra Morgan is collaborating on an International Virtual Centre of Excellence for rural dementia care with: Anthea Innes (United Kingdom), Peter Birkett (Australia), and David Edvardsson (Sweden). The group met and started their collaboration at the Alzheimer Disease International (ADI) Conference in Toronto in 2011. The 2012 ADI conference is being held in London, and the Collaborators will all be there to participate in a Rural Dementia Care Symposium as well as to continue their work on the Virtual Centre of Excellence at a pre-conference meeting at Bournemouth University.

The Rural Dementia Care team in Saskatoon, whose work has been funded in part by the Saskatchewan Health Research Foundation (SHRF), has been chosen as one of five representative case studies exploring and evaluating the impact of SHRF-funded health research. The team has participated in interviews and provided information about their work to date. When a report from this case study is available we will share it with the Knowledge Network group.

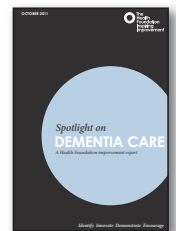
Team members Morgan, Cammer, Stewart, Crossley, D'Arcy, Forbes, and Karunanayake have published a paper titled Nursing Aide Reports of Combative Behavior by Residents with Dementia: Results from a Detailed Prospective Incident Diary. It examines nursing aides's perspectives of specific incidents of combative behaviour from nursing home residents with dementia, particularly their attributions for the behaviours. The paper will be published in the Journal of the American Medical Directors Association, and is currently available on-line. The DOI for the paper is: 10.1016/j.jamda.2011.07.003



Go online and learn more, visit the Team's website:  
[www.cchsa-ccssma.usask.ca/ruraldementiacare/](http://www.cchsa-ccssma.usask.ca/ruraldementiacare/)



*World Alzheimer Report 2011*



*Spotlight on Dementia Care 2011*



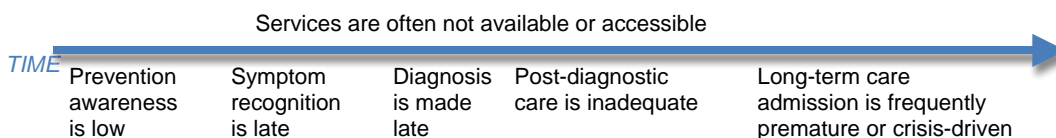


# Appendix A

## Executive Summary - Planning for the Rising Tide: New Models of Rural Primary Healthcare for Persons with Dementia (Planning Session meeting Oct 17, 2011)

### KEY MESSAGES

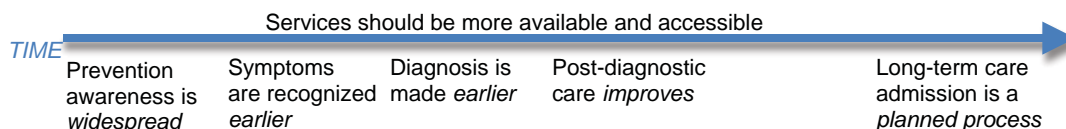
The current picture of healthcare services for rural people with mild cognitive impairment and dementia and their caregivers, according to Planning Session participants:



#### Gaps in healthcare

- ✦ Symptoms of mild cognitive impairment (MCI) and dementia are challenging to recognize early in the disease for families and healthcare professionals, and may be attributed to normal aging. Some people feel that a diagnosis of dementia carries a stigma.
- ✦ Families typically seek help when they have reached a crisis point. As a result, diagnosis is frequently delayed.
- ✦ Post-diagnostic care services are not consistent across the province and can be difficult to access, such as primary care and home care services.
- ✦ Long-term care admission is frequently either premature or crisis-driven. Individuals with dementia and their caregivers do not receive the range of services they need in order remain as independent as possible and to stay in their own homes for as long as possible.

The way healthcare services should look for rural people with mild cognitive impairment and dementia and their caregivers, according to Planning Session participants:



#### Improve healthcare by:

- ✦ Improving early recognition of mild cognitive impairment (MCI) and dementia symptoms among the public and healthcare professionals.
- ✦ Improving access to early diagnosis of MCI and dementia among the rural and remote population.
- ✦ Improving post-diagnostic care for rural and remote people with MCI and dementia and support to their caregivers throughout the continuum of care.
- ✦ Supporting caregivers to allow people with dementia to stay in their homes longer, reduce caregiver distress, and delay admission to long-term care.

#### Key recommendations by participants:

- ✦ Develop dementia care facilitators to provide case management and system navigation
- ✦ Offer education and training to improve the knowledge base of healthcare professionals
- ✦ Establish guidelines to improve prevention, early detection, and diagnosis
- ✦ Introduce care pathways for primary healthcare professionals
- ✦ Support a provincial and national strategy for dementia
- ✦ Lobby provincial government to recognize dementia as a chronic disease

## 1. EXECUTIVE SUMMARY

### Team Objectives

Our team's objectives are to develop and implement an interdisciplinary and cross-jurisdictional (national and international) program of research to improve the delivery of healthcare to persons with mild cognitive impairment (MCI) and dementia and their caregivers in rural and remote primary healthcare settings.

### Background

Our team has been working together since 2003 to deliver services, in person and by telehealth, to persons with dementia in rural and remote (northern) Saskatchewan through the Rural and Remote Memory Clinic in Saskatoon and related projects (e.g. telehealth support group for caregivers). With Dr. Debra Morgan as Principal Investigator, the team was originally funded in 2003 by Canadian Institutes of Health Research (CIHR) as a "New Emerging Team (NET)." Saskatchewan Health has continued to fund the Rural and Remote Memory Clinic's services since the research demonstration project ended in 2009. Since then, the NET team has continued its momentum with research funding from CIHR and the Saskatchewan Health Research Foundation, with guidance from a 27-member Decision-Maker Advisory Council. Other funding organizations have also provided support for research, trainees, and research-related travel.

The Rural and Remote Memory Clinic in Saskatoon provides diagnostic support, management, and follow-up for rural and remote patients presenting with atypical and complex cases of dementia and mild cognitive impairment. However, the clinic also receives referrals for relatively uncomplicated patients, indicating that family physicians are not sufficiently prepared to meet the current need for diagnosing and managing patients with Alzheimer's disease and other dementias. In addition, our team's research over the last several years points to a significant need for new ways to deliver care to people with mild cognitive impairment and dementia, as well as to their caregivers.

The impetus for the October 17<sup>th</sup> Planning Session was supported by a call from CIHR for Planning Grant applications of \$25,000, to enable researchers and stakeholders to meet face-to-face and develop plans for a full Community-Based Primary Healthcare (CBPHC) Innovation Team Grant. CIHR plans to fund a number of CBPHC Innovation Teams in the area of primary healthcare for a minimum of five years, with the possibility of extension to ten years.

### Planning Session Objectives

We had three specific objectives for the October 17<sup>th</sup> Planning Session:

- bring together researchers, stakeholders, family caregivers, and international experts to identify important issues in primary healthcare for people with MCI and dementia and their caregivers living in rural and remote areas
- identify innovative and feasible service delivery models to improve primary healthcare for people with MCI and dementia and their caregivers living in rural and remote areas
- establish relationships with stakeholders who are interested in working with our team to implement future intervention projects in Rural Dementia Care

### Method

The one-day Planning Session was held at the Sheraton Cavalier Hotel in Saskatoon on October 17, 2011. A number of stakeholder groups were invited to the Planning Session, including family physicians and Nurse Practitioners; health region directors of primary healthcare, chronic disease

Community-Based Primary Healthcare Team Grant Planning Session, October 17, 2011  
*Planning for the Rising Tide: New Models of Rural Primary Healthcare for Persons with Dementia*

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# Appendix A

management, long-term care, and Home Care; and selected past participants of the Annual Knowledge Network in Rural and Remote Dementia Care Summit, including family caregivers of Rural and Remote Memory Clinic patients. Prior to the Planning Session, we mailed a binder of meeting documents by post to each participant.

The Planning Session included brief presentations in the morning by Dr. Debra Morgan (Team Principal Investigator), Dr. William Albritton (Dean of College of Medicine, U of S), and Sheila Achilles (Director, Primary Health Care and Chronic Disease Management, Saskatoon Health Region). A session of focus groups and a facilitated panel discussion followed. During the afternoon session, our Team's international collaborators, Dr. Sridhar Vaitheswaran (Consultant Old Age Psychiatrist, Scotland) and Alan Murdoch (Dementia Services Development Manager, Scotland), presented their program of telepsychiatry in dementia service delivery in the remote Shetland Islands in Scotland. This presentation was followed by a second session of focus groups, a facilitated panel discussion, and a self-administered survey of Planning Session participants that identified challenges and solutions to implementing interventions.

Planning Session participants were asked to discuss the following five questions during the morning and afternoon session of the focus groups:

*Thinking of people with dementia and their caregivers in rural and remote areas:*

- *What are the gaps in primary healthcare (i.e., pressing issues or challenges)?*
- *What are the reasons for these gaps?*
- *How can these gaps be resolved?*
- *What objectives should be kept in mind when designing services to provide primary healthcare to this group?*
- *What would an ideal model of rural primary healthcare look like? Which specific interventions should be included in this model?*

Ethics approval was obtained from the University of Saskatchewan Behavioural Research Ethics Board (BEH# 11-192) to collect focus group and survey data during the Planning Session.

## Results

The Planning Session was attended by 53 stakeholders and 13 co-investigators, collaborators, and research assistants. Stakeholders included health region directors, family physicians, nurse practitioners, family caregivers, the Alzheimer Society of Saskatchewan, Health Quality Council, and health region employees.

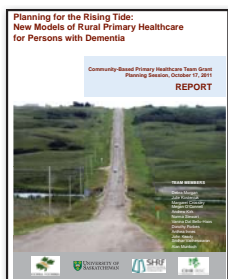
Participants identified the following gaps in primary healthcare for people with dementia and their caregivers in rural and remote areas:

- Symptoms of MCI and dementia are challenging to recognize early in the disease for families and healthcare professionals, and may be attributed to normal aging. Some people feel that a diagnosis of dementia carries a stigma.
- Families typically seek help when they have reached a crisis point. As a result, diagnosis is frequently delayed.
- Post-diagnostic services are not consistent across the province and can be difficult to access, such as primary care and home care services.
- Long-term care admission is frequently either premature or crisis-driven. Individuals with dementia and their caregivers do not receive the range of services they need in order remain as independent as possible and to stay in their own homes for as long as possible.

Community-Based Primary Healthcare Team Grant Planning Session, October 17, 2011  
*Planning for the Rising Tide: New Models of Rural Primary Healthcare for Persons with Dementia*

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*A full copy of the report from the CBPHC meeting is available by contacting Julie Kosteniuk: [julie.kosteniuk@usask.ca](mailto:julie.kosteniuk@usask.ca) or phone at 306-966-8773*





The following reasons for gaps in primary healthcare for people with dementia and their caregivers in rural and remote areas were singled out by participants:

- Insufficient education for healthcare professionals and the general public resulting in inadequate public awareness and stigma
- Rural isolation and a need for travel to access diagnostic and supportive management services in cities
- Human resource shortages
- Rigid health region boundaries, and services that are inconsistent across health regions
- Inadequate public funding for services and costs to rural patients and families to access private services

According to participants, the objectives that should be kept in mind when designing services to provide primary healthcare to persons with dementia and their caregivers include:

- Improving early recognition of MCI and dementia symptoms among the public and healthcare professionals
- Improving access to early diagnosis of MCI and dementia among rural and remote populations
- Improving post-diagnostic care for rural and remote people with MCI and dementia and support to their caregivers throughout the continuum of care
- Supporting caregivers to allow people with MCI and dementia to remain functionally independent, in order to stay in their homes longer, reduce caregiver distress, and delay admission to long-term care

The specific interventions that should be included in rural primary healthcare for persons with dementia and their caregivers, as identified by participants:

- Develop dementia care facilitators to provide case management and system navigation
- Offer education and training to improve the knowledge base of healthcare professionals
- Establish guidelines to improve prevention, early detection, and diagnosis
- Introduce care pathways for primary healthcare professionals
- Support a provincial and national strategy for dementia
- Lobby provincial government to recognize dementia as a chronic disease

## Next Steps

Based on the results of this Planning Session and subsequent meetings, our team intends to develop innovative ways to improve the delivery of healthcare to persons with mild cognitive impairment and dementia and their caregivers in rural and remote settings. Our team intends to:

- ✦ Consult with individual stakeholders to identify primary healthcare interventions that build on existing resources (e.g., Alzheimer Society of Saskatchewan)
- ✦ Lobby the provincial government to provide funding for pilot interventions
- ✦ Work with health regions to further develop feasible and effective primary healthcare interventions
- ✦ Conduct a baseline provincial (and regional level) study to determine current rates of healthcare and social service use, identify gaps in care and support services, and target potential areas for quality improvement
- ✦ Develop a CBPHC Innovation Team Grant proposal to submit to CIHR in Fall of 2012

## **Appendix B**

### **Decision Maker Advisory Council**

### **Contact Information**

Contact information has been removed from this version of the report posted on-line.  
Please contact Debra Morgan at the University of Saskatchewan  
email: [debra.morgan@usask.ca](mailto:debra.morgan@usask.ca) or phone 306-966-7905  
for assistance contacting any of the decision makers.

# Appendix C

## Rural Dementia Care Research Team Members

### Contact Information

Rural Dementia Care Team Contact Information				
Last Name	First Name	Organization	Phone	Email
Burton	Rachel	University of Saskatchewan		rachel.burton@usask.ca
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Enright	Joseph	University of Saskatchewan		joe.enright@usask.ca
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Kirk	Andrew	University of Saskatchewan	306-966-8372	andrew.kirk@usask.ca
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Lacny	Catherine	University of Saskatchewan		chl093@mail.usask.ca
McBain	Lesley	First Nations University of Canada	306-931-1800 ext 7509	lmc-bain@firstnationsuniversity.ca
Meng	Xiangfei	University of Saskatchewan	306-966-8772	xim443@mail.usask.ca
Minish	Duane	University of Saskatchewan	306-966-4098	duane.minish@usask.ca
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Remmen	Moir	University of Saskatchewan	306-655-2343	moiraremmen@hotmail.com
Sewall	Lindsay	University of Saskatchewan		lindsay.sewall@usask.ca
Sigurdson	Kristian	University of Saskatchewan		krs268@mail.usask.ca
Stewart	Norma	University of Saskatchewan	306-966-6254	norma.stewart@usask.ca
Walls-Ingram	Sheena	University of Saskatchewan	306-966-6154	sheena.walls@usask.ca



## Appendix D

### List of Posters Presented at Summit

Poster Presenter	Authors & Poster Title
Rachel Burton	Rachel L. Burton & Megan E. O'Connell Delivering Cognitive Rehabilitation by Telehealth to Individuals with Dementia in Rural Areas.
Allison Cammer	A. Cammer, D. Morgan, N. Stewart, M. Crossley Care Aides Understanding of and Reporting of Aggressive Incidents
Donna Dalziel and Steve Kowal	Donna Dalziel, Steve Kowal, and Frontal Temporal Support Group Frontal Temporal Dementia Support Group's Active Engagement Project
Tracy Danylyshen-Laycock	Tracy Danylyshen-Laycock Examining the Relationship Between Facilitation and Sustainability of an Educational Program in Rural Long-Term Care Homes
Nicole Haugrud	N. Haugrud, M. Crossley, M. Vrbancic, M. O'Connell, & D. Morgan Verbal Fluency Changes in Dementia
Paulette Hunter	Paulette V. Hunter, Thomas Hadjistavropoulos, Sharon Kaasalainen Strategies Employed by Health Care Professionals to Manage Conflict in Day-to-Day Dementia Care
Paulette Hunter	Paulette Hunter, Thomas Hadjistavropoulos, Sharon Kaasalainen, William Smythe, David Malloy, Jaime Williams The Personhood in Dementia Questionnaire: Development and Psychometric Testing
Julie Kosteniuk	Debra Morgan, Julie Kosteniuk, Anthea Innes, John Keady, Turner Goins, Norma Stewart, Carl D'Arcy, Drew Kirk Rural Idyll vs. Rural Deficiencies: Dementia Care in Rural Family Practice
Catherine Lacny	Catherine Lacny, Andrew Kirk, Debra G. Morgan, Chandima Karunanayake Patient Variable Predictors of Cognitive Impairment Severity at Memory Clinic Presentation
Xiangfei Meng	Xiangfei Meng, Carl D'Arcy, Raymond Tempier, Changgui Kou, Debra Morgan, Darrell D. Mousseau Survival of patients with incident dementia who had a pre-existing psychiatric disorder: A population-based 7-year follow-up study
Xiangfei Meng	Xiangfei Meng, Carl D'Arcy, Debra Morgan, Darrell D. Mousseau Predicting risk of dementia in Canadians in primary care: the diagnosis algorithm for identifying dementia
Megan O'Connell	M. E. O'Connell, M. Crossley, A. Cammer, D. Morgan, & Our Caregiver Collaborators Key Factors Identified by Participants of a Telehealth-Facilitated Support Group for Spouses of Persons Diagnosed With Atypical Dementias
Hannah St. Denis-Katz	Hannah St. Denis-Katz, Margaret Crossley Development Work with the Northern Cultural Assessment of Memory (N-CAM): A Cognitive Screen for the Detection of Cognitive Impairment and Dementia in Aboriginal Seniors
Norma Stewart	Norma Stewart, Debra Morgan, Allison Cammer, Chandima Karunanayake, Duane Minish Gender Differences in Caregiver Distress over Time
Sheena Walls Ingram	Debra Morgan, Sheena Walls-Ingram, Allison Cammer, Margaret Crossley, Dorothy Forbes, Anthea Innes, Megan E. O'Connell, Norma Stewart Pre-Diagnosis Experiences of Informal Caregivers of Individuals Referred to a Rural and Remote Memory Clinic
Summit 2011	Participants of 2010 & 2011 Summit - An evolving interactive poster for collecting feedback Healthcare Delivery Across the Continuum for Rural and Remote Seniors with Dementia

## Appendix E

### Selected Articles and References from Dr. Janice Keefe's Keynote Presentation

- Keefe, et al, (forthcoming). Intergenerational support to older Canadians .... In De Santis, G (ed.), *The family, the market or the State? Intergenerational economic support under pressure in ageing societies*. Springer Publisher
- Keefe, J. (2011). *Supporting caregivers and caregiving in an aging Canada*. Study 23. Institute for Research on Public Policy. [www.irpp.org/pubs/IRPPstudy/IRPP\\_Study\\_no23.pdf](http://www.irpp.org/pubs/IRPPstudy/IRPP_Study_no23.pdf)
- Gaymu, et al., (2010). What will the family composition of older persons be like tomorrow? Canada and France. *Canadian Journal on Aging*, 29(1), 57-71.
- Ward-Griffin, Keefe, et al., (2009). The Development and Validation of the Double Duty Caregiving Scale (DDCS). *Canadian Journal of Nursing Research*, 41(3), 108-128.
- Keefe, J., Glendinning, C., & Fancey, P. (2008). Financial payments for family carers: Policy approaches and debates. In A. Martin-Matthews & J. Philips (Eds.), *Ageing at the intersection of work and home life: Blurring the boundaries* (pp. 185-206). New York: Lawrence Erlbaum.
- Keefe et al., (2008). Caregivers' Aspirations, Realities, and Expectations: The Care Tool. *Journal of Applied Gerontology*, 27(3), 286-308.
- Carrière, Y., Keefe, J., Légaré, J., Lin, X., & Rowe, G. (2007). Population aging and immediate family composition: Implications for future home care services. *Genus*, LXVIII (1-2), 11-31.
- Keefe, et al., (2007). Developing new strategies to support future caregivers of the aged in Canada:... *Canadian Public Policy*, 33(S1), S65-S80.
- Keefe, J., Légaré, J., & Carrière, Y. (2007). Developing new strategies to support future caregivers ... Projections of need and their policy implications. *Canadian Public Policy*, 33, 65-80.
- Keefe, J., & Rajnovich, B., (2007). To pay or not to pay: Examining underlying principles in the debate on financial support for family caregivers. *Canadian Journal on Aging*, 26(S1), S77-90.
- Guberman, Keefe et al., (2007). "Not another form!!": Lessons for implementing caregiver assessment in health and social service agencies. *Health and Social Care in the Community*, 15(6), 577-587.

**More information about Janice Keefe, and her research interests is available  
online at: [www.msvu.ca/FSGN/faculty/Keefe](http://www.msvu.ca/FSGN/faculty/Keefe)**

# Appendix F

## Rural Dementia Care Research Team Selected Publications

### PEER REVIEWED PAPERS

#### Published/In Press/Accepted:

Meng, X., D'Arcy, C., Morgan, D., Mousseau, D. (accepted Nov 28, 2011). Predicting risk of dementia among Canadian seniors: A useable practice-friendly diagnostic algorithm. *Alzheimer Disease and Associated Disorders: An International Journal*.

Morgan, D., Cammer, A., Stewart, N., Crossley, M., D'Arcy, C., Forbes, D., Karunanayake, C. (accepted July 11, 2011). Nursing aide reports of combative behavior by residents with dementia: Results from a detailed prospective incident diary. *Journal of the American Medical Directors Association*.

Meng, X., D'Arcy, C., Tempier, R., Kou, C., Morgan, D., Mousseau, D. (accepted June 15, 2011). Survival of patients with incident dementia who had a pre-existing psychiatric disorder: A population-based 7-year follow-up study. *International Journal of Geriatric Psychiatry*.

Schmaltz, H., Jamieson, J., Desjarlais-deKlerk, K., Silvius, J., Jennet, P., Morgan, D., & Strauss, S. (accepted June 6, 2011). Specialized geriatric assessment using telehealth: A systematic review. *Interactive Journal of Medical Research*.

Kosteniuk, J., Morgan, D., D'Arcy, C. (in press). Diagnosis of anxiety and depression in clinical scenario patients: Survey of Saskatchewan family physicians. *Canadian Family Physician*.

Lacny, C., Kirk, A., Morgan, D., & Karunanayake, C. (accepted Jan, 2011). Does day length affect cognitive performance in rural and remote memory clinic patients? *Canadian Journal of Neurological Sciences*.

Forbes, D., Montague, P., Gibson, M., Hirdes, J. & Clarke, K. (in press, Dec. 2010). Social support deficiency in home care clients. Perspectives: *Journal of the Gerontological Nursing Association*.

Kosteniuk, J., Morgan, D., D'Arcy, C. (in press). Treatment and follow-up of anxiety and depression in clinical scenario patients: Survey of Saskatchewan family physicians. *Canadian Family Physician*.

Lanting, S., Crossley, M., Morgan, D., & Cammer, A. (2011). Aboriginal experiences of aging and dementia in a context of sociocultural change: Qualitative analysis of focus groups with Aboriginal seniors. *Journal of Cross-Cultural Gerontology* 26(1), 103-117.

Heggie, M., Morgan, D., Crossley, M., Kirk, A., Wong, P., Karunanayake, C., & Beever, R. (2011). Quality of life in early dementia: Comparison of rural patient and caregiver ratings at baseline and one-year follow-up. *Dementia: The International Journal of Social Research and Practice*.

Slaughter, S., Eliasziw, M., Morgan, D., Drummond, N. (2011). Incidence and predictors of eating disability among nursing home residents with middle-stage dementia. *Clinical Nutrition*, 30, 172-177.

Estabrooks, C., Morgan, D., Squires, J., Boström, A.M., Slaughter, S., Cummings, G., & Norton, P. (2011). The care unit in nursing home research: Evidence in support of a definition. *BMC Medical Research Methodology*, 11:46.



## Rural Dementia Care Research Team

### Selected Publications - *continued*

- Jansen, S.L., Forbes, D., Duncan, V., Morgan, D.G., Malouf, R. (2011). Melatonin for the treatment of dementia. *The Cochrane Database of Systemic Reviews*, 3(20). (Original publication: 2006, Issue 1. Art. No.: CD003802).
- Morgan, D., Crossley, M., Kirk, A., McBain, L., Stewart, N., D'Arcy, C., Forbes, D., Harder, S., Dal Bello-Haas, V., Basran, J. (2011). Evaluation of telehealth for pre-clinic assessment and follow-up in an interprofessional rural and remote memory clinic. *Journal of Applied Gerontology*, 30, 304-331.
- Morgan, D., Innes, A., & Kosteniuk, J. (2011). Dementia care in rural and remote settings: A systematic review of formal or paid care. *Maturitas*, 68, 17-33.
- Innes, A., Morgan, D., & Kosteniuk, J. (2011). Dementia care in rural and remote settings: A systematic review of informal/family caregiving. *Maturitas*, 68, 34-46.
- Slaughter, S., Eliasziw, M., Morgan, D., & Drummond, N. (2011). Incidence and predictors of disability in walking among nursing home residents with middle-stage dementia: A prospective cohort study. *International Psychogeriatrics*, 23(1), 54-64.
- Stewart, N., D'Arcy, C., Kosteniuk, J., Morgan, D., Forbes, D., MacLeod, M., Kulig, J., & Pitblado, R. (2011). Moving on? Predictors of intent to leave among rural and remote RNs in Canada. *The Journal of Rural Health*, 27, 103-113.
- Andrews, M.E., Stewart, N., Morgan, D., & D'Arcy, C. More alike than different: a comparison of male and female RNs in rural and remote Canada. *Journal of Nursing Management*. (Online first: 2011)
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- Andrews, M.E., Stewart, N., & Morgan, D. (2010). Dementia awareness in northern nursing practice. *Canadian Journal of Nursing Research*, 42(1), 56-73.
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## Appendix F

### Rural Dementia Care Research Team Selected Publications - *continued*

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Jansen, L., Forbes, D., Markle-Reid, M., Hawranik, P., Kingston, D., Peacock, S., Morgan, D., Henderson, S. & Leipert, B. (2009). Formal care providers' perceptions of home and community-based services: Informing dementia care quality. *Home Health Care Services Quarterly*, 28(1), 1-23.

Forbes, D. & Edge, D. (2009). Canadian home care policy and practice in rural and remote settings: Challenges and solutions. *Journal of Agromedicine: Practice, Policy and Research*, 14(2), 119-124.

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### Technical Reports

Morgan, D., & Minish, D. (Feb 2011). Knowledge network in rural and remote dementia care: Final Report, 3rd Annual Summit Oct 28 and 29th, 2010. Report printed at the University of Saskatchewan (28 pages).

Morgan, D., & Minish, D. (Feb 2010). Knowledge network in rural and remote dementia care: Final Report, 2nd Annual Summit Oct 29 and 30th, 2009. Report printed at the University of Saskatchewan (23 pages).

Lejbak, L., Haugrud, N., and NET Team (2010 revision). *Clinical guidelines and related research for dementia diagnosis*. Report printed at University of Saskatchewan (57 pg).

Kosteniuk, J., D'Arcy, C., & Morgan, D. (Jan 2010). *Report to physicians on depression and anxiety survey*. Report printed at University of Saskatchewan (10 pages).

**If you would like assistance accessing any of these  
publications, or if you would like more information about research  
conducted by the team, please contact  
Duane Minish, Research Assistant:  
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The Rural Dementia Care Team at the University of Saskatchewan has a website with more information about team members, their projects, and contact information. The site also features reports and photos from past Summit events. Learn more online:

[www.cchsa-ccssma.usask.ca/ruraldementiacare/](http://www.cchsa-ccssma.usask.ca/ruraldementiacare/)







