

Introducing the **Smart Housing Solution** for Students and 50+

# HOME SHARE

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**RESEARCH GROUP ON AGING  
MAY 27<sup>TH</sup>, 2013**

# WHAT IS HOME SHARE?

*Homesharing is an arrangement where two or more unrelated people share a house or apartment to their mutual advantage. Each person has a private bedroom. The common living areas, such as the kitchen and living room, are shared. Household responsibilities can be shared, or services can be exchanged for a reduced rent or free rent.*

From Home Share Vermont ([www.HomeShareVermont.org](http://www.HomeShareVermont.org))



# WHAT IS HOME SHARE?

Home Share NL Video #1



# HOW DID HOME SHARE NL BEGIN?

- Identified need from community (CBC Radio Noon call-in)
- Steering committee formed
- Partners from community, government, non-profit sectors
- Importance of our champion, Shari Ritter!
- Support from all 3 levels of government
- In-kind contributions from all partners



# Home Share – St. John's A Collaborative Community Engaged Research Project

Gail Wideman, PhD

May 27, 2013

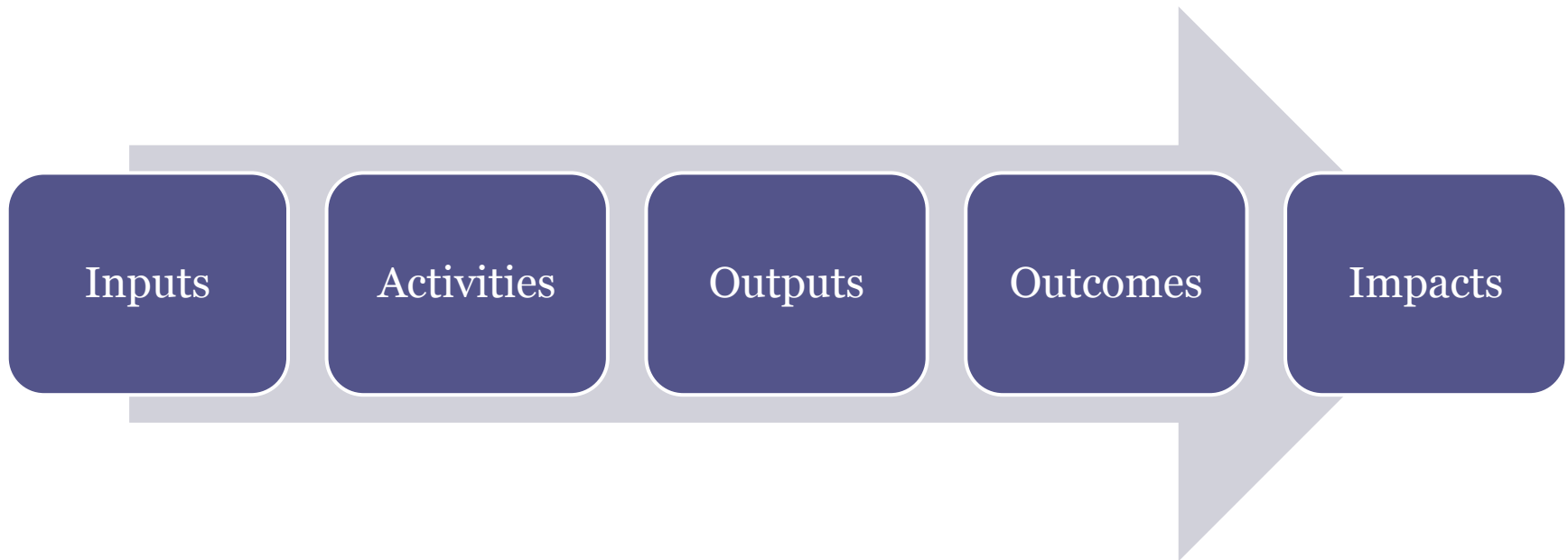
Research Exchange Group on Aging

# Collaborative SW Research Projects

- Collaboration between community groups and researchers is compatible with social work values and practice
- Community groups are intimately familiar with the problems under study
- Academic researchers enhance knowledge base and lend legitimacy to the work of community groups (from anecdotal to systematic documentation)
- Together contribute to more comprehensive research and more effective policy advocacy

# What is a Logic Model?

- Planning and evaluation tool
- Illustrates a sequence of relationships between inputs, outputs and outcomes that communicate the path toward a desired result



# Benefits of a Logic Model

- Shared understanding
- Linkages inputs and outcomes
- External variables
- *Formative* questions (what can we improve)
- *Summative* questions (what did we accomplish)
- Variety of stakeholders' concerns



# How will success be measured by stakeholders?

- Program management and staff:
  - Are we reaching our target population?
  - Are our participants satisfied with our program?
  - Is the program being run efficiently?
  - How can we improve our program?
- Participants and community:
  - Did the program help me and people like me?
  - What would improve the program next time?
  - Is the program suited to our community needs?
  - What is the program really accomplishing?

## Stakeholders cont'd:

- Funders and policy makers
  - Who is the program serving?
  - What difference has the program made?
  - Is the program reaching its target population?
  - What do participants think about the program?
  - Is the program worth the cost?
  - Is what is being promised achieved?
  - Is the program working?



Inputs

Activities

Outputs

Outcomes

Impacts

## Program Components of a Logic Model

- Inputs – resources required
- Activities required – may include services, products, or infrastructures
- Outputs – direct results of program activities, size and or scope of the services delivered or produced
- Outcomes – at individual level
- Impacts – at community and system level

# Inputs

In order to accomplish our goals we will need the following:

- Human resources
- Fiscal resources
- Facilities
- Knowledge base
- Involvement of collaborators

# Activities

- What we will do (referral model)
  - Process inquiries and applications
  - Provide resource kit
  - Facilitate meetings of seniors and students
  - Provide limited post match assistance
  - Promote awareness of program in community
- Who we will reach
  - Home Sharers (seniors and students)
  - Other 'stakeholders' (to be identified)

# Outputs

We expect that our activities will provide the following evidence of service delivery:

- Quantitative analysis
  - inquiries and applications processed
  - resource kits provided
  - meetings facilitated
  - matches made
  - post match assistance provided
  - community awareness achieved
- Qualitative analysis
  - With benefits to Home Sharers (seniors and students)
  - And other 'stakeholders' (to be identified)

# Outcomes

We expect that our activities will lead to the following changes for individuals:

- **Short-Term:**
  - One stop resource for seniors and students
  - Seniors receive moderate support they require
  - Students find accommodation
- **Long-Term:**
  - Offset economic pressures for seniors and students
  - Enable companionship
  - Intergenerational learning

# Impacts

We expect that our activities will lead to the following changes at the community/systems level:

- Improved range of housing options for students and seniors
- Increased capacity to age in place (mental health, emotional stability, sense of safety)
- Social inclusion and participation of seniors and students in community
- Development of best practices regarding the Home Share Program
- Others? – impact on discriminatory attitudes



# Evaluation Steps

- With advisory group: Use logic model to identify goals and indicators (may be qualitative or quantitative)
- Design data collection instruments (interview guide, survey)
- Determine when and how often data will be collected
- Implement evaluation with assistance (and support for) graduate students

## Some challenges of community engaged research:

- Cultural differences between academe, organizations private and non-profit, government
- Management of financial resources
- Lack of incentives – promotion and tenure expectations, exploitation, research fatigue
- Operational barriers – geography, funding, time, research ethics protocols
- Significant time required to prepare and process
- Community groups have vested interest in outcomes (vs. impartiality)

## Some benefits of community engaged research:

- Experiential learning for students
- Recruitment and participation
- Investigations in to real world problems
- Accountability of academic institutions
- Broad and deep analyses of causes and conditions of social problems
- Skills re policy advocacy
- Plain language reports written for wide audience

## Stahl, R. & Shdaimah, C. (2007)

- Collaboration between community advocates and academic researchers: Scientific advocacy or political research? *British Journal of Social Work*, 38, pp. 1610-1629.
  - “I wanted an academic who’s been in the real world, if possible. Someone who actually understood how government works and wouldn’t be providing kind of pie in the sky remedies that were just not relevant to the current situation.”
- Matching role expectations is central to successful collaborations between community groups and academic researchers.
- Tensions are healthy and contribute to a more effective process.

## Stahl & Shdaimah (2007): Challenges

- Knowledge production vs. policy goals
  - “advocates act in the political arena, their concerns to interpret and present data in an empirically precise manner are tempered by the need to garner attention of the policy makers.” (p.1621)
- Trust and process
  - “...collaboration was structured to make the translation between researchers and advocates ongoing. [Questions] about our interim reports led us to re-examine our own assumptions [and] served as a feedback loop, ensuring that our research remained relevant” (p.1625)

## Stahl & Shdaimah (2007): Conclusion

- it's easier said than done, but well worth the effort
  - “...social scientists should actively contribute to debates about real social problems rather than merely provide objective empirical facts and then let policy makers and street bureaucrats work out concrete solutions to social problems. [Knowledge production] is the means toward this end rather than the end itself. It must be informed by, and informing of, situated practice.” (p.1625)

# Evidence *in* Context

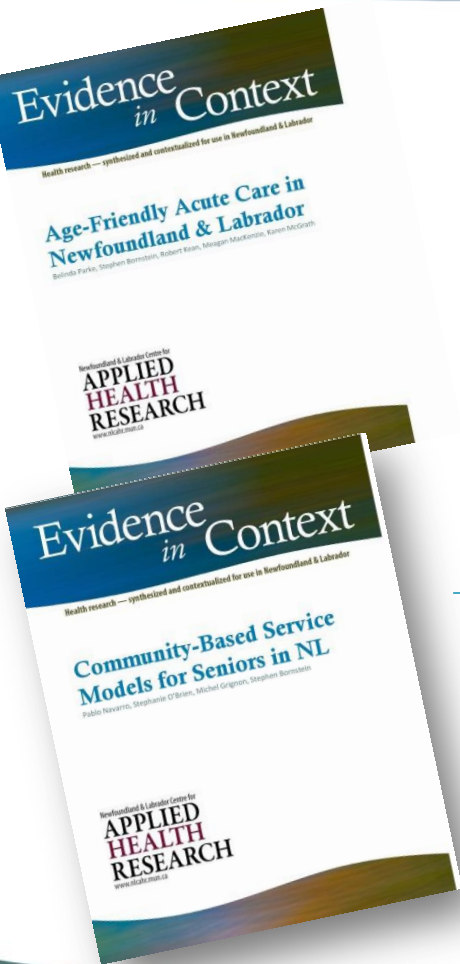
Health research —  
synthesized & contextualized for  
use in Newfoundland & Labrador.

## CHRSP:

Engaging with health system  
partners to support evidence-  
informed decision making

An overview of CHRSP featuring two recent studies  
of relevance to seniors in Newfoundland & Labrador

Rob Kean and Pablo Navarro | CHRSP Research Officers  
May 27, 2013



# Today's Presentation

## PART 1 | Rob Kean:

1. CHRSP & Engagement
2. Age-Friendly Acute Care for Seniors

## Part 2 | Pablo Navarro:

3. Community-Based Service Models for Seniors
4. How CHRSP Manages KT& Uptake

# Evidence *in* Context



**Collaborating**  
with provincial decision makers

**Identifying**  
priority research questions

**Gathering**  
relevant research

**Synthesizing**  
the best available evidence

**Interpreting**  
for a Newfoundland and Labrador context

**Supporting**  
evidence-informed decisions

**Answering**  
important questions about health

**Communicating**  
the results of our work

Contextualized Health Research Synthesis Program

# CHRSP

Health research - synthesized and contextualized for use in Newfoundland and Labrador



# About CHRSP

## Key challenges...

...for researchers

***“How can we get scientific evidence used more frequently and more effectively by the healthcare system?”***

**The CHRSP Partnership:**

...for the healthcare system:

***“How can we find and use the best scientific evidence as one input among many into decision making?”***



# 7 Steps in the Process



1. Work with decision makers to identify priority topics
2. Establish priorities: Vote and filter to yield four *'Evidence in Context'* and 4 *Rapid Evidence Reports* per year
3. Build a project team-subject experts, health economists, health system partners, context advisors, CADTH
4. Locate, assess, and synthesize evidence- systematic reviews
5. Contextualize- identify factors in NL that may influence outcomes
6. Interpret the evidence and summarize implications for decision makers
7. Release/disseminate report and follow-up on uptake

## Age-Friendly Acute Care in Newfoundland and Labrador

Belinda Parke, Stephen Bornstein, Rob Kean,  
Meagan Mackenzie, Karen McGrath

How the CHRSP Process worked and key findings



# Age-Friendly Acute Care Project Team

**Academic Team Leader**

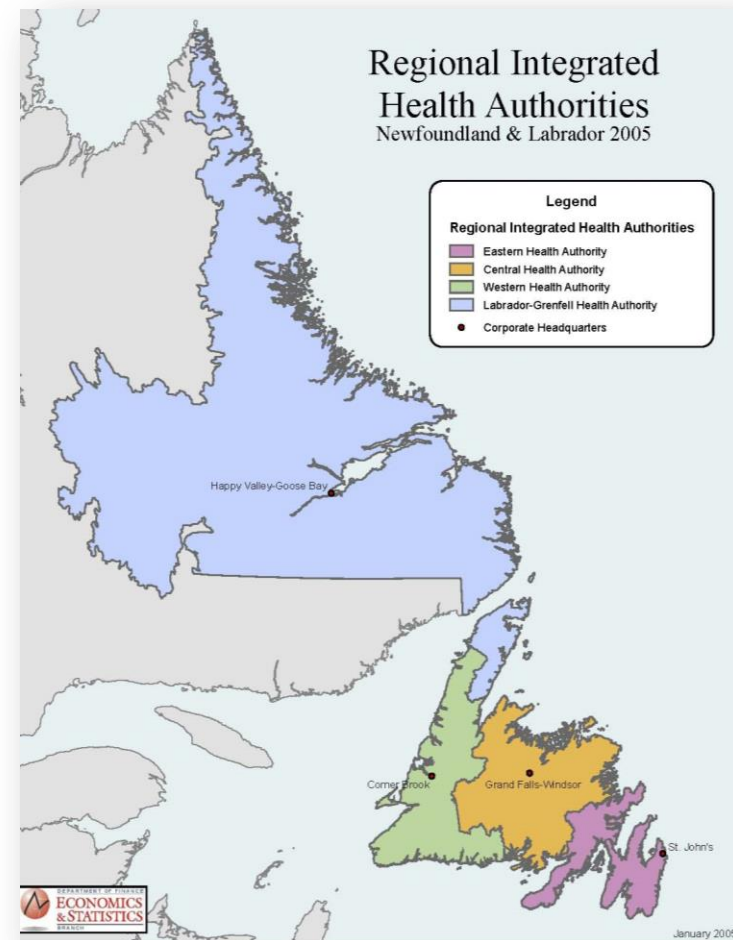
**Dr. Belinda Parke**

**System Expert**

**Karen McGrath**

**Local research experts**

**CHRSP project coordinator**



# CHRSP: Age-Friendly Acute Care



## Remaining steps:

- Design search strategy
- Establish selection criteria
- Extract data
- Synthesize the evidence
- Contextualize synthesis findings

# CHRSP: Contextualization

## Client-related factors

Characteristics of client population (e.g. age, co-morbidities)

Density & spread of client population

Level of demand for service

## Human resource factors

Staffing

Retention

Training

## Economic factors

Existing infrastructure

Financial



# Age-Friendly Acute Care in NL: Key Messages



- Geriatric units vs. units for all adult age groups
- Need for enhanced training & skill sets
- Value of interprofessional collaboration

# Age-Friendly Acute Care in NL:

## Key Messages



- Geriatric assessment central to positive outcomes
- Enhanced discharge planning further contributes to positive outcomes
- Relational aspects of care delivery are important



# Age-Friendly Acute Care in NL: Implications for Decision Makers



- Specialized geriatric units – e.g. ACE units – are probably worth a close look
- Older patients may benefit from dedicated space within hospital EDs
- Significant deficit in basic geriatric education
- Older patients would also benefit from enhanced communication across professional boundaries

# Age-Friendly Acute Care in NL: Implications for Decision Makers



- Validated geriatric assessment tools probably worth a close look
- Province-wide shortage of allied health personnel – particularly OT & PT – a serious issue
- Need for augmentation of post-acute services



## **2013 projects currently in progress**

- Falls Prevention for seniors in LTC/acute care settings- EIC

## **Other 2013 projects identified in 2013 Topic Selection**

- Managing aggression in dementia patients

## Community-Based Service Models for Seniors in NL (CSMS)

Pablo Navarro, Stephanie O'Brien, Michel Grignon, Stephen Bornstein



Some key findings from a project in progress.

## Overview



- Where the topic came from
- Our project team
- Some findings from the synthesis

# CSMS | Origin



*Can primary health teams, such as those outlined by the Health Council of Canada, or some other model, support seniors and caregivers at home?*

# CSMS | Research Question



*What does the scientific literature tell us about the characteristics and the effectiveness of **models of coordinated primary medical and community care, including health and social services**, to support community-dwelling older persons with ADL/IADL disabilities and mild to complex chronic health conditions, including dementia, and their caregivers, in terms of health and economic outcomes for the clients, care givers and health system, in the context of Newfoundland & Labrador?"*

# CSMS Project Team



**Dr. Howard Bergman** (Team Leader),  
Professor of Medicine, Family Medicine and  
Oncology & the Dr. Joseph Kaufmann  
Professor of Geriatric Medicine at McGill  
University and the Jewish General Hospital



**Bruce Cooper** (Health System Leader),  
Deputy Minister, Department of Health  
& Community Services, Government of  
Newfoundland & Labrador



**Dr. Michel Grignon**  
(Health Economist),  
Director, Centre for  
Health Economics  
and Policy Analysis,  
McMaster University



**Alice Kennedy**, Vice President for  
Regional Long Term Care and  
Community Support Services,  
Rehabilitation, Continuing and Palliative  
Care, Eastern Health



**Henry Kielley**, Consultant, Office of  
Seniors & Aging, Department of  
Health & Community Services,  
Government of Newfoundland &  
Labrador



**Theresa Dyson**, Regional  
Director of Community  
Health, Labrador Grenfell  
Health



**Kelli O'Brien** Vice  
President, Long Term Care  
and Rural Health, Western  
Health



**Dr. Carla Wells**, Research  
Coordinator, Western  
Regional School of Nursing



**Heather Brown**,  
Vice President, Rural  
Health, Central Health



**Dr. Roger Butler**,  
Associate Professor,  
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**NLCAHR- CHRSP:**  
**Pablo Navarro** (Project Coordinator), Research Officer,  
Newfoundland & Labrador Centre for Applied Health Research  
**Stephanie O'Brien**, Research Assistant II, Newfoundland &  
Labrador Centre for Applied Health Research  
**Dr. Stephen Bornstein**, Director, NLCAHR & Professor, Political  
Science, Memorial University



# CSMS | Features of “Successful” Models of Integrated Care



- Organized provider networks
- Multidisciplinary case management

# CSMS | Features of “Successful” Models of Integrated Care



- Umbrella organizational structures
- Aligned financial incentives

# Evidence *in* Context

Health research —  
synthesized & contextualized for  
use in Newfoundland & Labrador.

## CHRSP: Dissemination & Uptake

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Evidence  
*in* Context

Health research — synthesized and contextualized for use in Newfoundland & Labrador

**Age-Friendly Acute Care in  
Newfoundland & Labrador**

Bethina Farkas, Stephen Bormann, Robert Ryan, Morgan MacKinnon, Karen McGrath

Newfoundland & Labrador Centre for  
**APPLIED  
HEALTH  
RESEARCH**  
www.nlcahr.ca

Evidence  
*in* Context

Health research — synthesized and contextualized for use in Newfoundland & Labrador

**Community-Based Service  
Models for Seniors in NL**

Publia Navarini, Stephanie O'Brien, Michael Grignon, Stephen Bormann

Newfoundland & Labrador Centre for  
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[www.nlcahr.mun.ca/chrsp](http://www.nlcahr.mun.ca/chrsp)

# Evidence *in* Context

Health research —  
synthesized & contextualized for  
use in Newfoundland & Labrador.

## Overview

- Reports and other written products
- End of project dissemination
- Uptake
- Assessment of CHRSP

# CHRSP Written Materials

## Report (3 formats)

Issue: Hyperbaric Oxygen Therapy  
Released: June 2012

### Evidence in Context

Health research — synthesized and contextualized for use in Newfoundland & Labrador

## Hyperbaric Oxygen Therapy for Difficult Wound Healing in Newfoundland & Labrador

Pablo Navarro, Stephen Bornstein

Newfoundland & Labrador Centre for APPLIED HEALTH RESEARCH  
www.nlcchr.ca

CIHR IRSC  
Canadian Institutes of Health Research

Canadian Agency for Drugs and Technologies in Health

Issue: Hyperbaric Oxygen Therapy  
Released: June 2012

### Evidence in Context

Health research — synthesized and contextualized for use in Newfoundland & Labrador

Synopsis topic:

## Hyperbaric Oxygen Therapy for Difficult Wound Healing in Newfoundland & Labrador

Hyperbaric Oxygen Therapy (HBOT) delivers pure, pressurized oxygen into a sealed chamber. HBOT is conventionally used to treat decompression sickness, carbon monoxide poisoning, certain kinds of wounds, and delayed radiation injuries.

Eastern Health is in the process of developing policies for clinical hyperbaric oxygen therapies in the province. The health authority has increased HBOT capacity, in terms of infrastructure and human resources. It intends to continue these increases to meet an expected rising demand for HBOT services in Newfoundland and Labrador.

In partnering with CHRSP, Eastern Health sought research-based evidence to guide decision making about the clinical and cost effectiveness of HBOT for difficult wounds.

For this project, NLCAHR has partnered with Eastern Health, as well as with the Canadian Agency for Drugs in Technology and Health (CADTH). The CHRSP Project Team included senior administrators from the province, provided additional analysis and contextualization of the research for Newfoundland and Labrador. Research findings and key messages for decision makers are outlined in the following pages. The full CHRSP report is available at [www.nlcchr.mun.ca/chrsp](http://www.nlcchr.mun.ca/chrsp) together with a companion report by CADTH, "Hyperbaric Oxygen Therapy for Difficult Wound Healing: A Systematic Review of Clinical Effectiveness and Cost Effectiveness."

The Research Question:

What does the scientific literature tell us about the clinical and economic effectiveness of hyperbaric oxygen treatment for difficult wound healing (i.e., diabetic foot ulcers, pressure ulcers, delayed radiation-induced injuries, thermal burns, skin grafts and flaps, and revascularization after organ transplantation) considering the expected patient populations and given the social, geographic, economic and political contexts of Newfoundland & Labrador?

Newfoundland & Labrador Centre for APPLIED HEALTH RESEARCH  
www.nlcchr.ca

Read the full report here: [www.nlcchr.mun.ca/chrsp](http://www.nlcchr.mun.ca/chrsp)

Issue: Hyperbaric Oxygen Therapy  
Released: June 2012

### Evidence in Context

## Hyperbaric Oxygen Therapy for Difficult Wound Healing in Newfoundland & Labrador

P. Navarro, S. Bornstein

The Issue

- Hyperbaric Oxygen Therapy (HBOT) delivers pure, pressurized oxygen into a sealed chamber. It is conventionally used to treat decompression sickness, carbon monoxide poisoning, certain kinds of wounds, and delayed radiation injuries.
- Since taking responsibility for the provincial HBOT unit in March 2010, Eastern Health has been developing policies for clinical HBOT in the province. Eastern Health has increased infrastructure and human resources capacity for HBOT and intends to continue these efforts to meet an expected rising demand for HBOT services.
- In partnering with CHRSP, Eastern Health sought research-based evidence to guide decision making about the clinical and cost effectiveness of HBOT for difficult wounds, health conditions requiring special attention in the province.

The Question

What does the scientific literature tell us about the clinical and economic effectiveness of hyperbaric oxygen treatment for difficult wound healing (i.e., diabetic foot ulcers, pressure ulcers, delayed radiation-induced injuries, thermal burns, skin grafts and flaps, and revascularization after organ transplantation) considering the expected patient populations and given the social, geographic, economic and political contexts of Newfoundland & Labrador?

The Results

- Research evidence supports HBOT as clinically effective and cost-effective for treating diabetic foot ulcers. While evidence supports HBOT as clinically effective for treating delayed radiation-induced injuries of the head, neck and pelvis, there is insufficient evidence as to whether HBOT is cost-effective for the same injuries.
- There is insufficient evidence about the clinical or cost effectiveness of HBOT for: pressure ulcers, delayed radiation-induced injuries in other parts of the body, thermal burns, skin grafts, skin flaps, or revascularization after organ transplantation.
- The cost effectiveness of HBOT for appropriate non-healing wounds increases as the number of treated patients increases.
- The appropriate and timely referral of patients for HBOT treatment improves with integration of wound-care management into existing chronic and acute health service programs.
- Overall, evidence for the clinical and cost effectiveness of HBOT for non-healing wounds is limited. As a result, future studies will be needed to augment the evidence base concerning HBOT for a number of conditions.
- With increased awareness of the effectiveness of HBOT for wound care, HBOT referrals are likely to increase in the province. The incidence of health conditions that may result in non-healing wounds is also expected to rise. The province will therefore require greater capacity and more efficient HBOT chamber use to meet a growing demand for HBOT. The province may also need to consider a methodology for ensuring HBOT is an appropriate treatment option.
- Eastern Health may benefit from knowledge exchange with HBOT units across Canada to learn more about service development and appropriate clinical applications for hyperbaric oxygen therapy.
- Patients from outside St. John's may benefit from telehealth consultations prior to HBOT; they may also need service options that are designed to reduce their length of stay for treatment.
- The current HBOT location in the Health Sciences Centre may pose problems for those with limited mobility. Exposure to public areas when accessing the HBOT facility may also pose an infection risk.
- Cost effectiveness can be improved by addressing insurance issues, exploring specialized pediatric options, and remuneration models, and by optimizing human resources and capacity.
- Organizational considerations include integrating HBOT into a wound care management program and addressing acute-care/chronic care service issues.

The Local Context

Read the full report here: [www.nlcchr.mun.ca/chrsp](http://www.nlcchr.mun.ca/chrsp)

Health research — synthesized and contextualized for use in Newfoundland & Labrador

# End of Project Dissemination

- Meetings that facilitate sustained engagement
- Communication of results
- Follow up



# Uptake, Decisions & Actions

- Used as a reference
- Findings as basis in policy development
- Contextualization factor checklist in program development



**Does it work?**





# It does.

- Topic selection complex but feasible
  - learning how to work together
- Contextualization is key
- Fully integrated KTE: end of project, and beginning, and middle
- Continual evolution of methodologies and engagement with decision makers.

Evidence  
*in* Context

Health research —  
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