

# Healthy Ageing in Residential Places

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A partner project to:



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# Participating Countries:

- **Canada:** Dr Pat Armstrong – funded by CIHR
- **Sweden:** Dr. Marta Szebehely, Stockholm University – funded by FAS
- **United Kingdom:** Dr. Liz Lloyd, University of Bristol – funded by ESRC
- **Norway:** Dr. Mia Vabø, Norwegian Social Research

**Partner** – Bruyère Research Institute, Ottawa

# Research Questions

- What constitutes active, healthy ageing for women and men in residential care facilities?
- What conditions support active, healthy ageing for residents and staff, taking gender, context and individual capacities into account in providing long-term residential care?

# Objectives

- To develop new definitions of active, healthy ageing which include those who reside and those who work in long-term residential care.
- To identify conditions which are the most promising in promoting and allowing active, healthy ageing for both staff and residents.
- To identify positive examples of healthy ageing in long-term residential care facilities.

# **Relationship to “Re-imagining Long-term Residential Care: An International Study on Promising Practices”**

- Builds on and complements, focus on joy
- Larger team includes researchers from Germany, United States, 4 other provinces
- Partners with 5 unions (CAW, CFNU, NUPGE, SEIU, CUPE), OONAS, Ottawa Council on Aging
- Administration

# Additional Research Questions

- What approaches to care support long-term care as a viable, desirable and equitable option for individuals, families and caregivers?
- What kinds of work organization are most promising in meeting the needs and balance the rights of residents, providers, families and communities?
- What are the promising practices in approaches to accountability that nurture care and inspire quality workplace relations in long-term residential facilities?
- What innovative financing and ownership models are promising in terms of ensuring equitable access to quality long-term residential care while reducing the offloading of both material and other costs onto workers, employers, families or individuals?

# FOUR THEMES



Group members switch for years 4 to 6

# Overarching Methods

Layers:

1. Mapping
2. Design phase
3. Rapid Ethnographies
4. Data analysis and integration



# METHOD

## Rapid, site switching ethnographies

- Interviews with community organizations, policy makers and unions for advice on sites
- background documents on two sites (total 25)
- pre-visit interviews with managers, staff, resident and family councils
- Observations & interviews by 12 researchers working in teams of two, each including one local and one non-local researcher, 7 am to midnight (almost 500 interviews)
- Photo-voice
- Team analysis half way; at end
- follow-up interviews and report back on promising

# Six Essential Ingredients For Care that Work for Providers and Residents

all based on the assumption that care is a relationship and that care relationships are a critical component in healthy aging

1. Staffing

2. Time

3. Continuity

4. Training

5. Teams

6. Taking risks

# Dining

- Food cooked not only on site but in unit (Sweden, Norway, Germany)
- Flexible eating times, seating places (Sweden, Norway, UK, Nova Scotia)
- Sample plates (Canada)
- Small sizes (UK)
- Tastes of home (UK, Canada)



# Dining Continued

- Use of local ingredients, seasonal (Canada, US, Norway)
- Food and drinks available all day (US)
- Meal plan for families (US), subsidized cafeteria for community (Norway)
- Resident participation in food preparation (Germany)
- Wine, beer and real coffee (Germany, UK, Canada)

# Laundry

- Washer and dryer in each room (Sweden) or floor (Texas)
- Sealed laundry bag in each room (US)
- Laundry on premises (Canada)
- Laundry delivered directly to individual closets by worker who knows residents
- Family input (Canada)

# Music Therapy

- Ipods (Canada)
- Personalized cds (Canada, UK, Norway)
- Staff integrating singing into daily care (Norway, Sweden)
- Resident choir (Norway)
- Dances for residents and staff (Norway, Germany)

# Space

- Home physically integrated with community pool, cinema, art program and restaurant (Norway)
- Integration with other services (Canada, US, Sweden)
- Small units (Norway, Sweden, UK, Germany, US)
- Medicines in room (UK, Norway)

# Space Continued

- Physicians (Norway), therapists (Norway, Sweden, dentist (Norway), Nurse Practitioner (US), Hairdresser (US, Canada) on site
- Rooms where family can stay (UK), where students live (Sweden)
- No nursing stations, med carts (UK)
- Thermal spa (Norway, US)
- Well-appointed, airy, comfortable staff room (Sweden, UK)

# Division of Labour

- Each senior managers responsible for a specific number of residents (US)
- Weekly meetings to assess each resident (Sweden, US)
- Limited division of labour, with all sharing in responsibility (Germany, Sweden, Norway, UK)

# Division of Labour Continued

- Staff decision-making (Germany, Sweden, Norway, UK)
- Primary contact nurses (Norway, Sweden)
- Integration of home-care and residential care (Norway)
- All staff with assignments that connect them daily with residents

# **Thank you**

WE ARE HAPPY TO ANSWER QUESTIONS

AND HOPE YOU ARE WILLING TO ANSWER OURS