

COMMENTARY

Using Person-Centred Technology to Survey Older Adults at Northwood

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Service learning is an optional part of our Med 2 professional competencies class at Dalhousie University. In professional competencies, we learn about ethics, law, and the social determinants of health. While it has been interesting to discuss difficult cases in small tutorial groups, we – two 2nd year medical students – were excited to embark on a learning experience that would provide us with the opportunity to work with community partners to see how these principles apply in practice. We were told that this was not volunteering. Rather, service learning emphasizes the bidirectionality of the relationship with the community; in providing a service to our community partner, we were meant to reflect on our experience using a social determinants of health approach and to learn from the lived experiences of those we were helping.

After learning about the community partners, our interests tied nicely with the work being done at Northwood, a not-for-profit organization that offers community programming and residential living for a largely older population. We learned about age-friendly communities in class last year. It was clear to us that our communities were often built in ways that were not conducive to healthy aging – for example, the disproportionate concentration of resources in urban areas, lack of accessible transportation, and restrictive home-care services are all factors that differentially disadvantage and create inequities for older adults. As healthcare students, we are familiar with how aging tends to be equated with worse health outcomes. Many of our cases feature older adults and that representation is crucial. However, with our packed curriculum and many objectives to meet, the patient story risks becoming caricatured and diluted in order to emphasize medical principles or abstract concepts. As we have discovered with the new age of video-conferencing, nothing quite beats in-person human interaction. Our hope in working with Northwood was to return to a more humanistic understanding of aging in our community and to envision how our communities can be designed to be more age friendly.

For our service learning project at Northwood, we explored how innovative technology could be integrated into a system to facilitate a person-centred approach to meeting the needs of older adults with the goal of supporting healthy aging. We used the Age Care Technologies assessment tool, a digital, person-centred survey delivered in-person or over the

phone. Along with other student volunteers, we worked through these surveys with participants at Northwood. Participants were asked 52 questions relating to their health, with the questions falling under 6 broad categories: looking after yourself; getting around; safety and relationships; accommodation and finances; mental health and wellbeing; and staying healthy. Participants would identify items that they viewed as a concern and were given the opportunity to select action items. Action items would match their specific concerns with existing community resources; for example, older adults who identified vision as a health concern would be asked if they wanted to learn about their nearest optometrist. At the end of the survey, participants were mailed a personalized wellness profile with a score that reflects the overall status of their well-being, independence, social engagement, and physical health (a WISH score). The purpose of these wellness profiles was to summarize areas of concern and provide referral to existing community resources. While it was illuminating for us to create a space to talk to participants about what really mattered to them, participants told us they were appreciative of the opportunity to learn more about themselves and how the community they lived in could best support them. Many felt the survey gave them an avenue to be heard personally and collectively, especially at a time when many older adults felt ignored in clinical settings and excluded from research and policy. In this way, the survey restored a sense of autonomy and reoriented the interaction to the person taking the survey.

Over 170 surveys were administered. Out of the 52 health items on the survey, participants on average reported 13 concerns. The top concern reported was loneliness (58%), followed by help with housework (52%), and poor sleep (50%). In our conversations with participants around loneliness, we became aware of how suddenly someone's social circle could collapse following the loss of family and close friends. Many of the older adults we interviewed were dealing with grief. However, through the interviews, we saw that isolation was not a necessary outcome of loss - one theme that became particularly striking to us was resilience through connection. Part of autonomy and independence involves recognizing when we need other people and seeking the community we desire, whether through community programming or by other means. As seniors in long-term care facilities deal

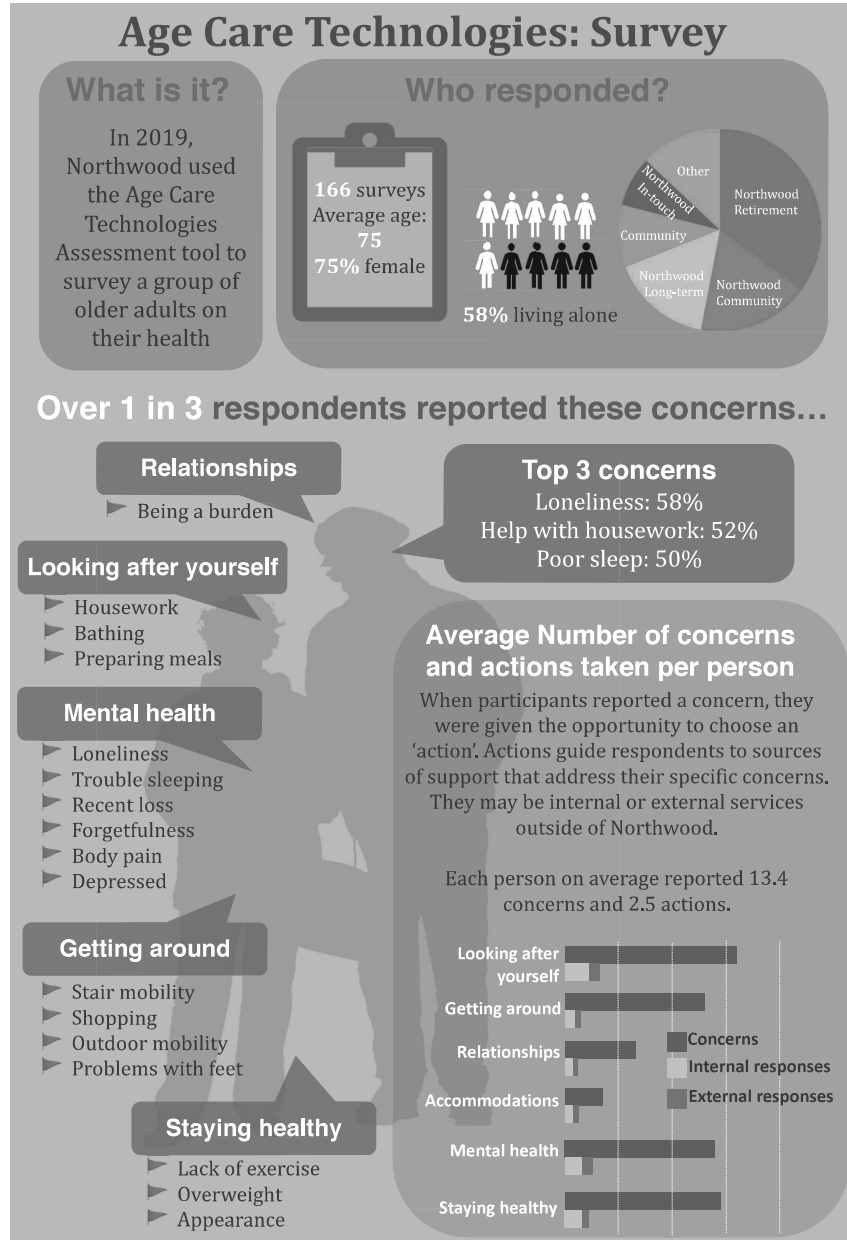


Figure 1. Infographic of the results from the ACT surveys administered at Northwood.

with tremendous loss while in forced isolation during the COVID-19 pandemic, it becomes more pressing to recognize our interdependence and to support one another.

The most frequently reported concerns fell under the domain of mental health and wellbeing, suggesting a need to direct more resources to this area. The least reported concerns were those relating to accommodation, having help in case of an emergency, and feeling safe. These findings have been presented to the board of directors of Northwood and to researchers in hopes of facilitating evidence-informed

decision-making and resource allocation. We also engaged in conversations with stakeholders to explore how the use of the ACT survey can be expanded in the general community for research and policy development.

As the second part of our service-learning project, we created an infographic (Figure 1) to showcase the main points of this project in a way that was easy to understand. This infographic will be presented in the Northwood Newsletter as a way to ensure transparency and accountability. While participants were mailed their individual wellness profiles, it was important that

the participants at Northwood were able to access their collective data as well.

Over the past year, we have gained an appreciation for the capacity of a simple community-based intervention to empower older adults to identify the health priorities that mattered most to them and the resources necessary to meet those needs. On a larger, systematic scale, we have seen this tool be used for education, research, and advocacy. Service learning has been an incredibly rewarding learning experience that helped solidify our understanding of healthy aging, person-centredness, and social accountability. If you would like more information about service learning or any of the placements, see <https://medicine.dal.ca/departments/core-units/global-health/education/programs/service-learning.html>.

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