Healthy Seniors Pilot Project

Projet pilote sur les aînés en santé

Symposium Booklet

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Healthy Seniors Pilot Project

The Healthy Seniors Pilot Project (HSPP) is a $75 million agreement between the Government of New Brunswick and the Public Health Agency of Canada. This project is jointly led by the province's Departments of Social Development and Health through the Seniors and Healthy Aging Secretariat.

HSPP supported a range of applied research initiatives that examine how governments, non-profits, and the private sector can better support older adults in their homes, communities and care facilities. There was also the aim to better understand the gendered impacts on an aging population, improve the quality of life for our older adults, and lay the groundwork for the dissemination of evidence-based best practices to support healthy aging for all Canadians.

Projects funded through the Healthy Seniors Pilot Project have undergone an impartial, comprehensive review process and outcome evaluation. These evaluations were conducted by the Monitoring, Evaluation and Knowledge Transfer Unit (MEKTU), established in partnership with the New Brunswick Institute for Research, Data and Training at the University of New Brunswick. This unit has ensured that each project has an evaluation plan and that lessons learned from the completed projects are shared across the country.

HSPP was carried out over five years and provided information and programs that will help the aging experience for older adults, not only in New Brunswick but elsewhere in Canada. The Healthy Seniors Pilot Projects were launched in five (5) focus areas:

1. Improving social built environments to foster healthy aging: Designing spaces, systems, and infrastructure that enable older adults to live independently and healthily.

2. Using community approaches to address health inequalities: Promoting access to health and social support among those who speak a minority language, people in rural communities and older adults with specific health conditions.

3. Increasing independence, quality of life, and promoting healthy lifestyles: Supporting physical activity, nutrition, injury prevention, and mental wellness.

4. Developing innovative care pathways: Improving options, access, timeliness, and efficiencies when delivering health and social support services.

5.Using supportive technologies to foster healthy aging at home and in our communities: Integrating emerging and existing technology into the range of health and social support services and equipment that older adults and+A3 /or their caregivers can use in their homes and care facilities.

All projects ended on March 31, 2024, and results have been shared on the HSPP website as they became available. This booklet provides an introduction to all 66 projects with QR codes for additional details and contact info.

Developing Innovative Care Pathways

A Pharmacy Hospital Discharge Transitions of Care Project to Facilitate Transfer of Care Between Pharmacy Practice Setting and Improve Patient Medication Knowledge and Medication Experience at Hospital Discharge

Project Lead - Carole Goodine

Organization - Horizon Health Network

Location - Fredericton

Preparing to return home from the hospital can be challenging for older adults, especially when managing medications. To improve transitions of care, Horizon Health Network (HHN) implemented a Pharmacy-led program at Dr. Everett Chalmers Regional Hospital (DECRH) from April 2022 to March 2024. Hospital pharmacists collaborated with patients, caregivers, and community pharmacists to ensure safe medication management and clear communication. This study compared patients who received standard care with those in the transition program. Feedback from 88 patients and 42 community pharmacists was collected through surveys and interviews to assess the program's impact on patient experience, medication knowledge, and adherence.

Becoming a Learning Health System: The New Brunswick Health Care System Strategy. Pilot Project: Learning Clinic Unit

Project Lead - Dr. Brigitte Sonier-Ferguson

Organization - Vitalité Health Network

Location - Northern and Southeastern New Brunswick

Preparing to return home from the hospital can be challenging for older adults, especially when managing medications. To improve transitions of care, Horizon Health Network (HHN) implemented a pharmacy-led program at Dr. Everett Chalmers Regional Hospital (DECRH) from April 2022 to March 2024. Hospital pharmacists collaborated with patients, caregivers and community pharmacists to ensure safe medication management and clear communication. This study compared patients who received standard care with those in the transition program. Feedback from 88 patients and 42 community pharmacists was collected through surveys and interviews to assess the program's impact on patient experience, medication knowledge and adherence.

Cataract Operations Pilot Project

Project Lead - Danica Maillet

Organization - Vitalité Health Network

Location - Acadie-Bathurst

Cataracts, a common cause of progressive vision loss among seniors, can be treated with surgery, but long wait times in New Brunswick (326 days on average) far exceed the Canadian average (112 days). Prolonged delays can lead to severe consequences like falls, depression, and reduced quality of life. This pilot project introduced a hybrid private-public care model to improve access to cataract surgery in the Acadie-Bathurst area. Surgeries were performed in a private clinic but fully funded by the government. The project evaluated surgery outcomes and patient satisfaction from 44 seniors, aiming to reduce wait times and enhance access to care.

CHARM Study – Coordinating Transitions from Hospital for Older Adults with Fractures: An Interventional Mixed Methods Study

Project Lead - Dr. Pam Jarrett

Organization - Horizon Health Network

Location - Saint John

Fall-related injuries among older adults in New Brunswick are rising, leading to hospitalizations and complications. To improve inpatient care and care transitions, a Patient Navigator program was introduced, where trained professionals guided patients and families through the healthcare system. The project involved 76 older adult patients (83% women) admitted with fractures and 15 family caregivers (93% women). Participants were randomly assigned to either the Patient Navigator intervention or standard care. The program's impact was evaluated based on patient length of stay, unscheduled healthcare utilization, satisfaction with care and healthcare providers' experiences with the navigators.

Co-Designing Dementia Care in New Brunswick: Building the Future Together

Project Leads - Dr. Shelley Doucet, Dr. Pamela Jarrett, Dr. Allison Luke
Organization - University of New Brunswick
Location - Province-wide

In New Brunswick, 15,000 people live with dementia (PLWD), along with their care partners (CPs) and health and social care providers (HSCPs), who face challenges during the dementia diagnosis process and post-diagnostic support. The Forward with Dementia (FWD) project aimed to improve the communication of diagnoses by HSCPs and increase awareness and use of available services for PLWD and CPs. A total of 148 stakeholders participated in the project. Needs assessment surveys informed the campaign's development, while post-campaign surveys evaluated its impact on knowledge, attitudes and behaviors related to dementia diagnosis and support. Focus groups and interviews provided feedback on the campaign's website.

Collaborative Use of Data to Enhance Aging-In-Place (CDEAP)

Project Leads - Wendy MacDermott, Valerie Kelly, Will Bernard, Isaac Fitch
Organization - Kindred Home Care, Department of Social Development
Location - Saint John, Fredericton, Moncton

Over 5000 seniors and over 4000 adults in New Brunswick live with a disability. Most of them are receiving in-home support by social workers, home care service providers and caregivers. The Collaborative Use of Data to Enhance Aging-in-Place (CDEAP) project aimed to improve communication among home care teams supporting over 9,000 seniors and adults with disabilities in New Brunswick. To enhance proactive care, a digital tool was developed by Social Development and partner agencies, enabling secure information sharing on client care and status changes. The pilot involved 5 home support agencies and 3 social workers. The project utilized surveys, group calls and participatory feedback to refine the tool. The goal was to provide efficient services, allowing clients to safely age in place, with plans to expand the tool to other service providers.

Coordinated Aging in Place Services (CAPS) Through Integrated Primary Care

Project Leads - Paula Pickard, Dr. Natasha Hanson

Organization - Horizon Health Network

Location - Doaktown, Boisetown

New Brunswick's aging population includes many older adults who have more than one long-term or "chronic" illness. Left untreated, chronic illnesses can lead to negative physical and mental health outcomes, which may impede older adults' ability to safely age in place at home. The Coordinated Aging in Place Services (CAPS) program aimed to improve care coordination for older adults with chronic illnesses in New Brunswick. A multi-disciplinary healthcare team, including a registered nurse, occupational therapist and social worker, collaborated with primary care providers to offer case management, education and frailty risk screening. The program provided home or phone appointments to support older adults and their caregivers in managing chronic conditions. The project recruited 16 older adults, 9 caregivers, and 8 healthcare providers to assess CAPS' impact on health outcomes, quality of life and caregiver experiences, using interviews and health questionnaires before and after participation.

Enhanced Community Pathway

Project Lead - Karine Levesque

Organization - New Brunswick Extra-Mural Program,Department of Health, Department of Social Development

Location - Southeast New Brunswick

During a health or social crisis, seniors who lack easy access to primary healthcare and social supports often resort to already-strained emergency departments (EDs) to receive care and many time do not receive the care that best addresses their needs. The Enhanced Community Pathway (ECP) program was developed to provide rapid access to short-term health and social supports for seniors experiencing a health or social crisis. Social Development (SD) and the New Brunswick Extra-Mural Program (EMP) collaborated to assess seniors within 24-48 hours of referral, and a care plan was implemented within 48-72 hours. The program aimed to reduce emergency department visits and hospitalizations by supporting seniors to remain in their homes. Data was collected from 26 patients, 16 Care Team members, and administrative records of 153 patients to evaluate the program's effectiveness over time.

Enhancing Clinical Services in Special Care Homes

Project Lead - Diane Lirette

Organization - Extra-Mural Program/Ambulance New Brunswick, Department of Health, Department of Social Development, New Brunswick Special Care Home Association

Location - Province-wide

The Enhanced Clinical Services in Special Care Homes Pilot Project in New Brunswick introduced Extra-Mural Program (EMP) Community Liaison Nurses (CLNs) into 16 Special Care Homes (SCHs) to provide clinical support and improve collaboration on resident care. CLNs were responsible for assessing patient needs, facilitating EMP admissions, developing care plans, leading patient care conferences, and educating staff. The project aimed to enhance care coordination, improve resident satisfaction, and reduce unplanned healthcare use. Evaluated through surveys, focus groups, and administrative data, the project involved 5 CLNs, 47 SCH staff, 26 care team members, and 204 residents to assess its impact and potential for broader implementation.

Enhancing Timely Access to Personal Support Workers for Seniors Receiving Rehabilitation and Reablement Services (R&R)

Project Lead - Charlotte Everett

Organization - Extra-Mural Program/Ambulance New Brunswick, Department of Health (Home Care Unit), Department of Social Development

Location - Fredericton and East Charlotte

The Rehabilitation & Reablement (R&R) program offers short-term, intensive home-based care for seniors recovering from a hospital stay or health event, helping them regain independence. However, the program faces challenges in securing timely, well-trained Personal Support Workers (PSWs), leading to delays in hospital discharges and risks for patients at home. To address this, two PSW service models were evaluated: an agency-based model and a hired PSW model within the Extra-Mural Program (EMP). The evaluation assessed patient and staff satisfaction, health outcomes, and PSW knowledge. Data from 16 EMP staff, 19 PSWs, and 76 patients across two R&R sites were collected.

Evaluating PreALRT Program Impact on NB Seniors

Project Leads - John Estey, Jean-Pierre Savoie

Organization - NB Department of Health, Ambulance New Brunswick

Location - Fredericton

In response to rising emergency department (ED) visits and ambulance "off-load delays" in New Brunswick, Ambulance New Brunswick (ANB) launched the Pre-hospital Alternative Low Risk Triage (Pre-ALRT) program in 2022. This program aims to reduce ED visits by identifying low-acuity patients calling 9-1-1 and directing them to alternative healthcare services instead of transporting them to the hospital. The project evaluated the program's impact on seniors aged 65 and older, focusing on outcomes like repeat 9-1-1 calls, ED visits, hospital admissions, and adverse events. Paramedics were surveyed to assess their experiences with the program, and data from patients was analyzed to evaluate its effectiveness.

Frailty-Focused Enhancements to Seniors Hospital Care (FrESH Care)

Project Lead - Dr. Patrick Feltmate

Organization - Horizon Health Network

Location - Fredericton, Moncton, Sussex, Waterville, Miramichi

Over 5000 seniors and over 4000 adults in New Brunswick live with a disability. Most of them are receiving in-home support by social workers, home care service providers, and caregivers. The Collaborative Use of Data to Enhance Aging-in-Place (CDEAP) project aimed to improve communication among home care teams supporting over 9,000 seniors and adults with disabilities in New Brunswick. To enhance proactive care, a digital tool was developed by Social Development and partner agencies, enabling secure information sharing on client care and status changes. The pilot involved 5 home support agencies and 3 social workers. The project utilized surveys, group calls, and participatory feedback to refine the tool. The goal was to provide efficient services, allowing clients to safely age in place, with plans to expand the tool to other service providers.

Implementation and Evaluation of a Novel Technology-Enabled, Integrated Case Management Program for Complex-Needs Patients in Northumberland County, New Brunswick

Project Lead - Ginette Pellerin

Organization - Medavie Health Services New Brunswick

Location - Northumberland County

The New Brunswick Health Council predicts a $100 million rise in care costs for complex needs patients, often seniors with multiple chronic conditions, within seven years. To address this, a case management (CM) approach was developed in Miramichi's extra-mural program (EMP), coordinating health, social, and community services. The CM program, supported by 204 healthcare workers, enrolled 98 patients (55+ years old with 3+ chronic conditions and frequent ER visits). The program aimed to reduce ER visits and hospitalizations while improving patients' health and quality of life. Mixed methods were used to evaluate patient outcomes and the program's effectiveness.

Innovative and Community-Partnered Pulmonary Rehabilitation for Seniors in New Brunswick

Project Lead - Tammie Black

Organization - New Brunswick Community College

Location - Saint John & St. Stephen

In New Brunswick, 1 in 5 seniors live with chronic obstructive pulmonary disease (COPD), yet fewer than 1% have access to pulmonary rehabilitation, a non-pharmacological treatment that reduces symptoms and improves quality of life. To address this, a pilot program established community-based pulmonary rehabilitation clinics, where New Brunswick Community College students in respiratory therapy, nursing, and pharmacy delivered care under professional supervision. The 8-week program involved 2-hour sessions, three times a week. Of the 95 seniors served, 72 participated in the evaluation. Their COPD symptoms, quality of life, and endurance were measured before and after using validated tools.

Introduction of a Non-Clinical Support Role for Care Staff in Nursing Homes

Project Leads - Laura McKillop, Cindy Donovan

Organization - Loch Lomond Villa, Inc.

Location - Saint John

Nurses have many non-clinical responsibilities in long-term care homes (e.g., supporting residents' mobility, nutrition, and social life), which can take time away from their clinical duties. This project introduced the ""Care Assistant"" role at a long-term care home in Saint John to improve efficiency by relieving nurses of non-clinical responsibilities. Care Assistants, who were not licensed or formally trained, focused on non-clinical tasks, allowing nurses more time for clinical duties. The project's impact was evaluated through surveys and focus groups with 187 residents, 142 informal caregivers, and 12 staff members. Additionally, data on resident falls and use of anti-psychotic medications was analyzed before and after the initiative to assess changes in quality of life.

Piloting Patient Navigation for People with Dementia, their Caregivers, and Members of the Care Team

Project Leads - Dr. Shelley Doucet, Dr. Alison Luke, Dr. Pam Jarrett

Organization - University of New Brunswick

Location - Province-wide

Dementia rates among Canadians are on the rise. As a result, dementia care has become an increasingly important issue for many families and healthcare providers. Navigating Dementia NB/Naviguer la démence NB was a pilot program aimed at helping people living with dementia (PwD) and their caregivers navigate the complex health and social care systems in New Brunswick. Six patient navigators worked in primary care settings, connecting 150 PwD and caregiver dyads with services, care planning resources, and emotional support. The program's evaluation focused on its effectiveness in improving health outcomes, enabling aging in place, and enhancing system navigation. Data was gathered through navigator charts, participant surveys, interviews, and focus groups.

Primary Care Networks/Primary Care NB

Project Lead - Véronique Taylor

Organization - NB Department of Health

Location - Province-wide

New Brunswick's aging population, many with multiple chronic conditions, faces challenges in accessing timely primary healthcare. To address this, the NB Health Link program was launched in 2022 to provide interim primary care to patients without a permanent provider. Offering services in-person, online, or by phone, the program ensures continuity of care through a centralized electronic medical record system. This evaluation assessed the program's impact on older adults (65+), including improved access to care, satisfaction, and effects on emergency department visits, hospitalizations, and chronic disease management. Key informants, including Department of Health, Medavie, and NB Health Link staff, provided insights on implementation and outcomes.

Proof of Concept: Stroke Navigation in New Brunswick

Project Lead - Beverly Furrow

Organization - Heart and Stroke Foundation of New Brunswick

Location - Saint John

Dementia rates among Canadians are on the rise. As a result, dementia care has become an increasingly important issue for many families and healthcare providers. Navigating Dementia NB/Naviguer la démence NB was a pilot program aimed at helping people living with dementia (PwD) and their caregivers navigate the complex health and social care systems in New Brunswick. Six patient navigators worked in primary care settings, connecting 150 PwD and caregiver dyads with services, care planning resources, and emotional support. The program's evaluation focused on its effectiveness in improving health outcomes, enabling aging in place, and enhancing system navigation. Data was gathered through navigator charts, participant surveys, interviews, and focus groups.

Radiography on Wheels

Project Leads - Dr. Rose McCloskey, Cindy Donovan

Organization - Loch Lomond Villa & University of New Brunswick

Location - Greater Saint John area

Transferring older adults from long-term care (LTC) facilities to hospitals for diagnostic services can be resource-intensive and stressful, particularly for those with cognitive impairments. To address this, the Loch Lomond Villa nursing home piloted the Radiology on Wheels (ROW) project across Saint John from May 2022 to March 2023. This initiative allowed X-rays to be performed in nursing homes, reducing the need for hospital transfers. The project served 378 older adults from 13 nursing homes and 3 special care homes. Effectiveness was evaluated using administrative data on healthcare use and focus group discussions with home care staff, residents, and family caregivers.

Scaling Up the SPA-LTC Palliative Program in Long-Term Care Homes in New Brunswick

Project Lead - Dr. Pam Durepos

Organization - NB Department of Social Development

Location - Saint John, Fredericton, Moncton

The Strengthening a Palliative Approach in Long-term Care (SPA-LTC) program was implemented to enhance palliative care in New Brunswick's long-term care (LTC) homes, where over 25% of deaths occur annually. Few LTC homes offer formal palliative care programs. To address this, SPA-LTC trained two staff "Palliative Champions" per home through e-learning modules, a LEAP Palliative Course, webinars, and optional one-on-one support. The program aimed to improve care quality and reduce hospital transfers, especially at end-of-life. Evaluations included pre- and post-program surveys from 49 Champions, with 41 analyzed, and focus groups to assess improvements in confidence and palliative care delivery.

Senior Navigator Website Pilot Project

Project Lead - Wendy MacDermott

Organization - NB Department of Social Development

Location - Province-wide

Social Supports NB (SSNB) collaborated with seniors and caregivers to create a user-friendly website that centralizes information on government and community services. The site includes digital tools like online applications for Long-Term Care and the Home First program, designed to simplify access to services. Three surveys assessed user satisfaction, while program metrics tracked the website's impact on service usage. The initiative aimed to improve access to information and ensure that more seniors can find and use needed services.

Supporting Senior's Quality of Life in Long-Term Care – Early Integration of a Palliative Approach to Care

Project Lead - Justine Estey

Organization - Centre for Innovation and Research in Aging (CIRA), Victoria Hospice

Location - Fredericton

In response to the challenges of integrating palliative care into long-term care (LTC) settings, a 12-module online education program was developed for LTC staff in New Brunswick. The program aimed to enhance staff competence in providing palliative care by addressing physical, emotional, and spiritual needs of residents with serious illnesses. Deployed over a year at one LTC home, the program replaced in-person mentorship with online modules due to staffing constraints. Staff competence was assessed using pre- and post-surveys, and feedback was gathered from 53 staff members and 22 family members. The program sought to improve care quality and outcomes for LTC residents and their families.

Transition of Appropriate Alternative Level of Care Seniors to Special Care Home

Project Lead - Marie José Belliveau

Organization - Department of Health

Location - Moncton

New Brunswick faces one of the highest rates of Alternate Level of Care (ALC) patients in Canada, with 21.2% of hospital beds occupied by individuals who no longer require acute care but cannot be discharged without appropriate support. To address this issue, a pilot program was launched between 2018 and 2020 in the Moncton region. It transferred 54 ALC patients from hospitals to special care homes while they awaited long-term care placements. Researchers evaluated the program's impact on hospital bed availability and cost savings, using economic analysis to estimate the potential benefits of expanding the program province-wide.

Improving Social Built Environments to Foster Healthy Aging

Care-Services Navigation & Care-Skills Development Program for Informal Caregivers of Seniors and Seniors Aging in Place in New Brunswick

Project Leads - Tammie Black, Dr. Kyle Bymer

Organization - New Brunswick Community College

Location - Saint John

In response to the growing senior population in New Brunswick, the government proposed an "aging in place" strategy to support seniors in living independently at home. Recognizing the vital role of informal caregivers—family and friends who assist seniors—a four-day workshop to provide essential information and resources for caregiving was developed. Led by senior care professionals and supported by healthcare students from New Brunswick Community College and the University of New Brunswick, the workshop offered both virtual and in-person attendance options. Participants' preparedness for caregiving, quality of life, and overall workshop experiences were assessed through validated questionnaires before, immediately after, and six weeks post-workshop.

Civic Engagement for Health Among Older Adults: A Strategy for Aging in Place

Project Leads - Caroline Davies, Dr. Clive Baldwin, Dr. Andrea Trenholm, Aimée Foreman

Organization - Passamaquoddy Lodge Inc., St. Thomas University

Location - St. Andrews

This Saint Andrews based project aimed to develop an "Aging in Place" strategy supported by community involvement. Initiated by Passamaquoddy Lodge, in collaboration with Silvermark Consulting and St. Thomas University, the project sought to create a community hub through civic engagement. This process involved 81 participants, primarily seniors, in five community events. Key questions addressed included how to engage older adults in community development and the benefits of civic engagement on their well-being. The project produced a "Blueprint for Aging in Place" and a local action plan for the community hub, using both qualitative interviews and quantitative surveys to assess impact.

Creative Pathways to Healthy Aging: Seniors and Youth Engage

Project Leads - Diane O'Connor, Judy Murphy

Organization - Go Ahead Seniors, InterAction School of the Arts

Location - Greater Saint John area

To combat social isolation and its negative health impacts among seniors, a program in Saint John connected low-income seniors with students from similar backgrounds. The initiative offered expressive arts activities, including fairytale charades, puppets, card making, and songwriting, in the North End and Waterloo Village neighborhoods. Eighteen seniors and forty students participated. The program aimed to enhance seniors' well-being and self-regard. Data on seniors' mental health and thriving levels were collected before and after the program using surveys. Additionally, facilitators documented responses from both seniors and students through guided journals.

Identification of Risk and Development af an Evidence-Informed Strategy for the Safe Reintegration of Families into Long-Term Care Homes

Project Lead - Dr. Rose McCloskey

Organization - University of New Brunswick

Location - Saint John, Moncton

In response to strict "no visitor" policies during the early Covid-19 pandemic, a project aimed to improve infection control education for visitors in long-term care (LTC) facilities. The project followed three phases: Phase 1 involved surveying Nursing Homes and Special Care Homes to assess existing visitor education strategies, revealing diverse and often insufficient training methods. Phase 2 focused on developing and testing educational documentary videos on infection prevention tailored to various LTC settings, languages, and resident populations. These videos were evaluated in a simulation lab with 80 participants to assess their effectiveness. Phase 3 resulted in a bilingual Toolkit of educational resources designed to promote safe visiting practices in LTC facilities, informed by the findings from the previous phases.

iGenNB: Intergenerational Living for Community Wellbeing

Project Leads - Genevieve MacRae, Dr. Andrea Trenholm, Aimée Foreman
Organization - The Ville Cooperative Ltd.
Location - Fredericton

New Brunswick faces a shortage of affordable housing, and intergenerational living models could help. Many older adults want to age in place but struggle with the costs and health issues, leading to social isolation and increased strain on services. This project aimed to create and promote an intergenerational living model in Fredericton through home-sharing and community activities. Activities included "Community Conversations to Connect Generations," which led to "Culinary Connections," where participants exchanged cooking techniques. The project involved 23 home-sharing applicants (8 older and 15 younger adults) and 52 participants in community activities. Data was collected from home-sharing participants, but due to the small sample size, broader conclusions were limited. Additional insights came from young adults awaiting matches, project team

Intergenerational Action Plan

Project Lead - Sharon MacKenzie
Organization - i2i Intergenerational Society
Location - Province-wide

Many seniors experience isolation and loneliness, which can cause them to feel unwanted or purposeless, which can negatively impact their health. The Intergenerational Action Project (iGAP) aimed to reduce loneliness and foster connections between youth and seniors in New Brunswick through virtual workshops. These workshops taught intergenerational respect and skills using adapted training materials for school and community settings. Over 19 sessions, 64 participants engaged in collaborative activities and discussions, with 47 completing initial surveys on attitudes toward ageism, intergenerational understanding, and leadership roles. Follow-up surveys and focus groups tracked ongoing participant engagement and the program's effectiveness in improving social and emotional health across generations.

Madawaska's Elders Initiatives (MEI)

Project Leads - Dr. France Chassé, Micheline Plante

Organization - Madawaska Maliseet First Nation, Université de Moncton

Location - Madawaska Maliseet First Nation

Elders in New Brunswick Indigenous communities often face challenges accessing medical services, transportation, and support while staying at home. The Madawaska Elders Initiative (MEI) aimed to reduce these barriers for Elders in the Madawaska Maliseet First Nation. MEI provided participants with electronic tablets equipped with a mobile app linked to the local health center, offering access to transportation, home support, and translation services. The program's impact was evaluated using app data, demographic surveys, the 36-question Rand Health Condition Questionnaire, and interviews, along with a discussion circle.

Mobile Seniors' Wellness Network: Reaching Rural New Brunswickers

Project Lead - Dr. Tracey Rickards

Organization - Faculty of Nursing, University of New Brunswick
Horizon Health Network

Location - Fredericton

The MSWN team provided outreach to older adults in Fredericton and surrounding areas through a mobile, multidisciplinary team to address barriers like transportation, income, and access to healthcare. The team, including Foot Care Nurses (FCNs), social workers, and an Occupational Therapist, enrolled 366 older adults, many of whom lived below the poverty line, alone, or with diabetes. They offered in-home foot care using the InLow checklist, education on diabetes and fall prevention, and help navigating healthcare services. Social events like "Coffee Mornings" were also organized to reduce isolation and build community. The program aimed to improve physical and mental health over at least six months.

Neqotkuk Elder Advisory Program

Project Lead - Deana Sappier

Organization - Tobique First Nation

Location - Tobique First Nation

Neqotkuk Health Programs and Services (NHPS) provides essential health care to the Tobique First Nation, the largest Wolastoqey community in New Brunswick and wanted to give Elders a stronger voice in decision-making. This project established an Elder Advisory Group to assess community needs, decrease social isolation, and reduce health inequalities. Phase I involved eight focus groups where 64 Elders shared stories with youth, fostering cultural connections and social interaction through community events. In Phase II, five focus groups and a survey with 62 Elders evaluated the integration of Elder concerns into policies, assessing their satisfaction with the resulting programs.

Nursing Home Without Walls

Project Lead - Dr. Suzanne Dupuis-Blanchard

Organization - Université de Moncton

Location - Lameque, Inkerman, Paquetville, Port Elgin

Most older adults prefer to stay in their homes for as long as possible. However, they often face challenges in accessing appropriate and reliable services at home. The Nursing Home Without Walls (NHWW) pilot project was developed to support healthy aging at home by extending resources from long-term care facilities to provide essential services to older adults. The program aimed to ensure access to aging-in-place services, offer social health initiatives to reduce isolation and empower communities to respond to the needs of an aging population. The evaluation included 375 older adults and used surveys, interviews, and informal discussions to assess the program's impact on social isolation, loneliness, belonging, and aging in place.

Participatory Arts for Older Adults: Benefits of Creative Aging

Project Leads - Anita Punamiya, Dr. Greg Fleet, Dr. Barry Watson

Organization - Art4Life

Location - Greater Saint John area

This year-long program offered weekly in-person creative activities to 130 older adults 65+, aiming to improve their mental and physical well-being. Using both qualitative and quantitative methods, the study compared health outcomes with a control group of 122 participants. Activities were led by art professionals trained to work with older adults and provided meaningful learning experiences and social interaction.

Piloting a Community Connectors Program to Address Social Isolation and Loneliness Among Older Adults in NB

Project Lead - Dr. Albert Banerjee

Organization - St. Thomas University, University of New Brunswick

Location - Fredericton

Social isolation affects over 30% of Canadian older adults, leading to negative health outcomes and difficulties accessing community services. In 2020, Fredericton had the highest levels of loneliness in New Brunswick. To address this, Saint Thomas University launched the Community Connectors (CCs) pilot program. Trained Meals on Wheels volunteers provided information on community resources and identified older adults needing health and support services. The project aimed to determine the key elements of a successful community connector program. The effectiveness was evaluated through interviews with 14 volunteers and 9 older adults, focusing on their experiences and program impact.

Addressing Determinants of Seniors Well-Being and Reducing Social Isolation

Project Leads - Andrew Sexton, Dr. Barry Watson, Dr. Kyle Brymer

Organization - New Brunswick Community College, University of New Brunswick

Location - Saint John, Fredericton, Moncton

New Brunswick has a high proportion of adults over 65 facing financial struggles, food insecurity, and social isolation, highlighting the need to address these social determinants of health. This project aimed to address these social determinants of health, while providing experiential learning opportunities for New Brunswick Community College (NBCC) students. Over 240 NBCC students from various disciplines, including nursing, IT, business, and carpentry, participated in seven community-based projects, such as tax clinics, virtual vacations, and raised garden beds. These projects were delivered across multiple communities. A total of 214 older adults engaged with the student-led initiatives, and 52 seniors completed surveys before and after participation to assess the impact on their well-being, particularly related to stress, social connections, and access to resources.

Increasing Independence, Quality of Life, and Promoting Healthy Lifestyles

Caregivers – Essential Allies in Helping Vulnerable Seniors Stay in their Homes in Minority Rural Francophone Areas

Project Leads - Dr. Julie Caissie

Organization - Association Francophone des Ainés du Nouveau Brunswick

Location - Chaleur Region (Tracadie & Bathurst)

Caregivers play a critical role in helping older adults remain in their homes, but face many challenges in doing so. Recognizing these challenges is key to providing adequate support for caregivers and those they assist. This pilot project focused on understanding the needs of family caregivers in rural French-speaking areas. As a result, the "Personnes aidantes outillées" training program was developed and delivered to caregivers in Tracadie and Bathurst. The program included five workshops led by professionals and an advisory committee. Eighteen francophone women, with an average age of 68, participated in the program, and semi-structured interviews were conducted to document their needs and challenges.

Dance Your Way to Health!

Project Lead - Dr. Grant Handrigan

Organization - Université de Moncton

Location - Southeast New Brunswick

Community-based exercise programs can engage seniors in physical activity, which can lead to better physical fitness and less cognitive decline as they age. The Danser vers la santé! (Dance your way to health) project aimed to expand the long-standing Grouille ou rouille fitness program for seniors in New Brunswick by offering supplemental virtual fitness classes tailored to their needs. Established in 1981, Grouille ou rouille has provided weekly fitness classes to seniors at local community centres. The project evaluated participants' physical and cognitive health, program satisfaction, and barriers to accessing exercise programs. However, due to low usage of the virtual Danser vers la santé app, only the in-person Grouille ou rouille program was assessed, with 112 seniors participating, primarily Francophone women.

Direct-to-Patient Health Promotion to Reduce Sedative-Hypnotic Use (YAWNS NB – Your Answers When Needing Sleep In New Brunswick)

Project Leads - Dr. David Gardner, Dr. Andrea Murphy

Organization - Dalhousie University

Location - Province-wide

Sedative-hypnotics, or "sleeping pills," are often prescribed to seniors despite risks such as memory issues and falls. In New Brunswick, seniors use sleeping pills 2.5 times more frequently than the Canadian average. The YAWNS program aimed to reduce long-term sleeping pill use by promoting cognitive-behavioral therapy for insomnia (CBTi), a non-medication approach. The study compared two CBTi information packages: EMPOWER, a proven approach, and Sleepwell, a new method. 565 seniors participated, with 75% speaking English. Participants received Sleepwell, EMPOWER, or no package (control group), and sleeping pill use and sleep quality were compared over 6 months.

Evaluating the Impacts of a Community Strategy to Increase Resilience of Seniors and Access to the Services they Need in their Language, Involving a Target Group of Francophone Seniors in Greater Saint John New Brunswick

Project Leads - Elda Savoie, Mario Paris, Michel Tassé

Organization - Association régionale de la Communauté francophone de Saint Jean

Location - Saint John

Francophone seniors in the Saint John region face challenges due to limited access to French-language services and support, often leading to social isolation. To address this, the Association Régionale de la Communauté francophone de Saint Jean (ARCf), Horizon Health Network, and Famille et petite enfance francophone Sud collaborated to create a community center offering services in French. The center provided information sessions on topics such as disease prevention, mental health, and long-term care, and developed a support guide for caregivers. The project's impact was assessed through feedback surveys and informal observations.

Good Life with OsteoArthritis in Denmark (GLA:D®)

Project Leads - Tracy Underwood, Matthew Evans

Organization - Horizon Health Network

Location - Saint John, Moncton, Fredericton, Upper River Valley and Miramachi

Osteoarthritis (OA) is a common condition among older adults, and New Brunswick faces long waitlists for knee and hip replacements. In response, Horizon Health Network implemented the Good Life with Osteoarthritis in Denmark (GLA:D®) program in seven facilities across the province. This non-surgical intervention helps patients manage severe OA symptoms, improve quality of life, and potentially delay surgery. The program includes individual assessments, education sessions, and 12 exercise classes. A study of 720 participants (539 women, 181 men) evaluated improvements in pain, functional capacity, and surgical needs. Results were compared by gender, age, and type of OA (knee or hip).

Home-Based and Residence-Based Virtual Reality Training to Increase Rehabilitative Exercise in Seniors

Project Leads - Dr. Lisa Sheehy, Justine Estey

Organization - Centre for Innovation and Research in Aging (CIRA), York Care Centre, Bruyère Research Institute

Location - Fredericton, Woodstock, Saint John, Stanley, Gagetown

Regular exercise can help seniors maintain their mobility and independence and decrease their risk of injury. This project used virtual reality (VR) to help 47 seniors engage in safe and enjoyable exercise, aiming to improve strength and balance and reduce falls. Over 8 weeks, 24 seniors used VR for 20-30 minutes of exercise 3-5 times per week, while 23 followed their usual routines. The program's effectiveness was measured through physical tests, interviews, and usage data, with healthcare outcomes like emergency room visits and hospital stays also tracked.

Implementing Virtual Reality in Advanced Falls Prevention: Building Resilience and Balancing Risks

Project Lead - Dr. Grant Handrigan

Organization - Université de Moncton

Location - Moncton

Older adults are at an increased risk for falls. In New Brunswick, recent data suggests that 9 older adults are hospitalized every day because of a fall. The 'Implementing Virtual Reality in Advanced Falls Prevention' pilot project aimed to evaluate the feasibility and acceptability of a community-based fall risk prevention program for older adults that incorporated virtual reality technologies. Participants performed exercises and practiced actions that reduced their fall risk to help prevent future falls. 108 older adults, including 73 women and 28 men, participated in the project. Outcomes, including balance performance and fear of falling, were measured before and after the intervention.

Introducing Gentle Persuasiveness Approaches (GPA) in Dementia Care to Informal and Formal Caregivers in the Community Setting

Project Lead - Chandra MacBean

Organization - Alzheimer Society of New Brunswick (ASNB)

Location - Province-wide

The Alzheimer Society of New Brunswick (ASNB) offered virtual Gentle Persuasive Approaches (GPA) Community training to informal caregivers of people living with dementia. The training included four online modules and a virtual session with certified GPA coaches, aiming to improve caregivers' management skills and confidence. The project evaluated caregivers' abilities and satisfaction, as well as the impact of the training on dementia-related behaviors and hospital visits. 61 participants were evaluated with surveys and focus groups.

Lifting Frailty in New Brunswick

Project Leads - Dr. Martin Sénéchal, Dr. Danielle Bouchard

Organization - University of New Brunswick

Location - Fredericton, Moncton, and Edmundston

Frailty, common in adults aged 65 and over, significantly impacts health and quality of life by increasing disability, multimorbidity, and hospitalization rates. To address this, the pilot project introduced a 6-week blood flow restriction training (BFRT) program for older adults living with frailty. Participants engaged in supervised BFRT exercises, which use minimal weights to achieve resistance exercise benefits, and received education on healthy living and nutrition. The goal was to evaluate the benefits of BFRT for frail older adults. The project involved 38 older adults (65+) and 34 younger adults (under 65), with assessments of body composition, muscle strength, and performance conducted before and after the intervention.

Operation Growing Strong Together (OGST)

Project Lead - Corinne Hersey

Organization - The Governing Council of the Salvation Army for Canada, The Salvation Army for Canada in Fredericton

Location - Province-wide

Operation Growing Strong Together (OGST) is a communal gardening initiative in Fredericton aimed at improving seniors' physical and mental well-being by addressing hunger, promoting fitness, and reducing social isolation. An accessible garden was designed in consultation with seniors and experts, allowing participants to care for plants, harvest vegetables, and attend workshops on topics like healthy eating and gardening. Over three growing seasons, 41 seniors participated. The program tracked food production and surveyed seniors on their well-being.

Outcomes of a Health Coaching Intervention in Older Adults Living with Chronic Conditions in New Brunswick (LiveWell/ BienVivre)

Project Lead - Joanne Leighton

Organization - NB Department of Health

Location - Province-wide

Funded by the Department of Health, the Live Well/Bien Vivre (LW/BV) program introduced health coaches in New Brunswick in 2013 to improve client outcomes and reduce healthcare service utilization. This evaluation aimed to assess the program's effectiveness, including volunteer and virtual coaching, as well as coaching in First Nation communities, with a specific focus on older adults (50+). A retrospective study with prospective follow-up involved client surveys (n=75), statistical analysis of health system utilization, and interviews (n=11) to evaluate sustained behavior change. Focus groups with stakeholders (n=28) and interviews with health coaches were conducted to assess program fidelity and system capacity for self-management support.

Promoting Physical Activity with Augmented Reality Experiences

Project Leads - Justine Estey, Dr. Mark Chignell, Dr. Jalila Jbilou

Organization - Centre for Innovation and Research in Aging (CIRA)

Location - Fredericton, Moncton

To address the challenges of physical activity in long-term care (LTC) settings, the 2RaceWithMe (2RWM) exercise technology was introduced to promote physical activity and social engagement among older adults. 2RWM combines hand and foot pedals with interactive travel videos, motivating users to pedal in sync with the video. The program was implemented in two phases: Phase 1 involved 32 LTC residents (ages 55-99) at two facilities, while Phase 2 included nine older adults in more independent living settings. Data on 2RWM usage, health, and social engagement were collected, along with participant feedback on their experience with the technology.

Reconnecting with GENIE: Evaluating the Impact of a Telecommunications Platform on Social Isolation Experienced by Older Adults Living in Long-Term Care in New Brunswick

Project Lead - Justine Estey

Organization - Centre for Innovation and Research in Aging (CIRA)

Location - Fredericton, Moncton, Saint John

To combat social isolation among long-term care (LTC) residents, GENIE, an asynchronous communication platform was introduced throughthis project. Designed for ease of use, GENIE enables older adults to exchange messages, videos, and photos with family and friends at convenient times. Implemented in 5 LTC homes across New Brunswick, the project aimed to assess GENIE's impact on reducing loneliness and depression. Outcomes were compared with 5 control homes not using GENIE, with data collected from residents, staff, and family members to evaluate improvements in social connections and emotional wellbeing.

The Band-Frail Study: A Provincial Intervention to Outweigh Diabetes and Frailty in New Brunswick

Project Leads - Dr. Martin Sénéchal, Dr. Danielle Bouchard

Organization - University of New Brunswick

Location - Various locations across New Brunswick

Type 2 diabetes mellitus (T2DM) is common among older adults in New Brunswick. Those with both T2DM and frailty face faster physical decline, reduced independence, and higher healthcare costs. To address this, a 16-week pilot program combining elastic band resistance training with diabetes education was introduced. Supervised by an exercise specialist and a Certified Diabetes Educator, the program involved two weekly sessions—one with diabetes management education and resistance training and one focused solely on resistance training. The project, which included 203 participants, aimed to assess the impact of the program on physical function and HbA1c levels through pre- and post-testing.

The New Brunswick Brain Health Initiative: Preventing Alzheimer's by Lessening Modifiable Risk (NB-PALM)

Project Leads - Dr. Chris McGibbons, Dr. Pam Jarrett

Organization - University of New Brunswick

Location - Province-wide

Alzheimer's disease and related dementia (ADRD) significantly impact New Brunswick, but research shows that up to 40% of cases could be delayed or prevented by reducing risk factors. The NB-PALM project aims to improve brain health and reduce dementia risk among older adults in the province. The evaluation focused on three objectives: community engagement about brain health, identifying prevention strategies through home-based programs (SYNERGIC@Home and BHSP), and developing dementia risk profiles for NB communities. The study employed both quantitative and qualitative methods, including statistical analyses and GIS mapping.

Wellness 55™

Project Leads - Dr. David Elias, Dr. Arron Metcalfe

Organization - Canadian Health Solutions (CHS)

Location - Saint John, Rothesay, Grand Bay-Westfield, Quispamsis, Hampton

New Brunswick's rapidly aging population presents significant challenges for the healthcare system, as older adults often face multiple long-term illnesses and declines in physical and mental functions. The Wellness 55™ program aimed to address these challenges by combining group education, in-person coaching, and a digital app platform to support older adults in improving their overall health and wellness. Participants completed online assessments, used a fitness tracker, and engaged in digital learning modules, goal-setting activities, and one-on-one or group coaching at five community hubs. The project evaluated changes in health outcomes among 182 participants, measuring digital tool use, engagement, psychological and physical health, and medical status through surveys and focus groups.

Zoomers for All

Project Leads - Dr. Danielle Bouchard, Dr. Martin Sénéchal

Organization - University of New Brunswick

Location - Various locations across New Brunswick

Fall-related injuries among older adults can lead to serious health consequences and add extra burden to the healthcare system. The Zoomers on the Go program aimed to reduce fall risk among adults aged 50+ through a free 12-week exercise program offered in-person and online across New Brunswick. With 2,815 participants, the program was delivered year-round by peer leaders in English and French. The initiative sought to promote physical activity and reduce falls through exercise and education. A randomized controlled trial with a 31-participant intervention group tested functional benefits, while surveys compared outcomes between online and in-person formats and evaluated the effect of fear of falling.

Using Community Approaches to Reduce Health Inequalities

Eimeg Tan Tleiaoltieg (We Are Home Where We Belong) Home For Life: An Applied Research Study Supporting Independent Living for Elsipogtog First Nations Elders

Project Lead - Dr. Jennifer Dobbelsteyn

Organization - Dobbelsteyn Consulting Group International Inc.

Location - Elsipogtog First Nation

As the number of Elders in First Nations communities grows, there's a need for culturally appropriate long-term care. Research at Elsipogtog First Nation, New Brunswick's largest First Nations community, initially focused on understanding how Elders could stay in their homes longer. After in-depth interviews with 30 Elders and creating the Home for Life Assessment Tool (HFLAT), the project scaled up to include 120 Elders. New programs were developed based on these findings, and the validated HFLAT tool is now being adapted for other Indigenous communities in Canada, with ongoing evaluations of its impact.

Hearing Equity Through Accessible Research Solutions (NB HEARS)

Project Lead - Marilyn Reed

Organization - Loch Lomond Villa, Inc.

Location - Saint John

Age related hearing loss often has harmful effects on mental, social, and physical health. The Hearing Equity through Accessible Research Solutions (NB HEARS) project addressed the impact of age-related hearing loss on particularly among low-income older adults in New Brunswick. Conducted in Saint John, the community-based initiative provided hearing tests, education, and access to amplification devices for 124 participants over age 60. The majority were anglophone and had mild to moderate hearing loss but did not already use hearing aids. Results showed improved communication and social participation among participants.

Integration of Nurse Practitioners into the Rehabilitation and Reablement (R&R) Care Team for Frail Seniors

Project Lead - Evangeline Hallam

Organization - Department of Health, Extra-Mural Program

Location - Saint John, Kennebecasis Valley

The New Brunswick Extra-Mural Program (EMP) launched a Nurse Practitioner (NP)-supported model within its Rehabilitation and Reablement (R&R) service in 2022 to improve care for seniors at home after hospital stays. This model aimed to address unmet urgent medical needs in the community, which often lead to ER visits or hospital readmissions. The project evaluated the NP's impact on staff confidence and referral rates to R&R. Surveys were conducted with 29 EMP staff and 17 non-EMP healthcare providers before and after NP integration, along with focus groups.

One Stop Community Support Services for Aging at Home

Project Leads - Dr. Catherine Bigonnesse, Majella Dupuis

Organization - Centre d'études du vieillissement – Université de Moncton

Location - Cocagne

Some rural Francophone seniors struggle to access services needed to stay in their homes. To address this, the non-profit Aging Well at Home Cocagne Inc. (BVCSC) was established in 2021, offering non-medical and social support services through a one-stop-shop model. Seniors self-referred and received tailored services on a pay-per-use or time banking system, where they could exchange services without money. By June 2023, services included transportation, meal delivery, medical accompaniment, and more. The project aimed to assess the feasibility and impact of this model in New Brunswick, with 84 participants.

Connection New Brunswick: Together, Building Sustainable Community Programs for Vulnerable Seniors

Project Lead - Bill Lawlor

Organization - Canadian Red Cross

Location - Edmonston, Charlotte County, Moncton and Saint John

The Connection New Brunswick (CNB) pilot, based on the UK Red Cross model, aimed to support older adults (65+) experiencing loneliness, frailty, or poverty, helping them remain independent at home. A review identified effective programs, and community asset mapping helped shape the program. System navigators conducted home visits, assessed participants' needs, and connected them to local services to enhance social and health support.

Using Supportive Technologies to Foster Healthy Aging at Home and in our Communities

Aging and Thriving in Place at Home Utilizing Digital Care Coordination and Virtual Care to Foster Self-Care, Socialization, Family and Community Involvement

Project Lead - Dr. Keith Brunt

Organization - Routinify, Initiative on Medication Management, Policy Analysis, Research & Training (IMPART)/Dalhousie University Medicine

Location - Saint John, Fredericton, Moncton

As New Brunswick's population ages, more older adults prefer to stay in their homes, which can lead to challenges such as loneliness and gaps in person-centred care. This program tested a 24/7 Virtual Care Platform to support aging in place by providing real-time remote assessments and care management. The platform connected informal caregivers with formal healthcare providers to enhance care and reduce emergency room visits. The study involved 58 older adults at risk of hospitalization and 4 informal caregivers. Surveys were conducted before, during, and after implementation to evaluate health outcomes, healthcare utilization, and user experiences with the technology.

Connected Communities: Smart Home for Independence, Social Interaction, Safety and Comfort in Aging Individuals

Project Lead - Marla Calder

Organization - Stan Cassidy Centre for Rehabilitation, Horizon Health Network

Location - Fredericton

Over one-third of older adults in New Brunswick have health conditions that affect daily activities like socializing, self-care, and household tasks. The Connected Communities program was created to address barriers to using mainstream technologies, such as smart devices, that can promote independence and reduce isolation. Led by an occupational therapist, the program consisted of six classes where 39 older adults (mean age 73.5 years, 82% women) learned about and experimented with various technologies. Participants completed surveys before, immediately after, and three months post-program, measuring independence, technology use, social isolation, safety, and comfort, with 14 participants completing follow-up interviews.

Data Informed Quality of Care Improvements in NB Long-Term Care Homes

Project Lead - Dr. Rose McCloskey

Organization - University of New Brunswick

Location - Various locations around New Brunswick

Since 2017, New Brunswick nursing homes have used interRAI systems for standardized resident assessments to enhance care decision-making and safety. However, staff lack the training and support needed to effectively use these systems. This project aimed to address this gap by providing education and training on interRAI through four virtual sessions and nine open call meetings over 12 months, led by a national interRAI expert. A total of 33 social and healthcare workers participated. Despite initial plans for a mixed methods approach, low survey response rates led to the exclusion of survey data from the final analysis.

Enhancing Service Access for Seniors through Effective Use of Technology with Service Providers – Improving Partnerships Sharing Information to Improve Services to Older Adults

Project Lead - Wendy MacDermott

Organization - Department of Social Development

Location - Province-wide

This project aimed to improve efficiency in the delivery of in-home supports for over 5,000 seniors and 4,000 adults with disabilities in New Brunswick by streamlining administrative tasks. Social Development (SD) and agency staff collaborated to design a digital tool that simplifies service provider matching and service requisitioning, freeing up staff to focus more on clinical tasks and direct care. Pilot-tested by 5 home support agencies and 2 social workers, the tool's impact was assessed through surveys, focus groups, and self-reported time savings. The study also explored the tool's potential scalability to other services like Meals on Wheels and foot care.

Improving Immunization Rates Among Seniors Using the CANImmunize Digital Application

Project Leads - Dr. Kumanan Wilson, Justine Estey

Organization - Centre for Innovation and Research in Aging (CIRA), CANImmunize, Bruyère Research Institute

Location - Various locations around New Brunswick

Although vaccinations are crucial for preventing pneumococcal disease, influenza, and shingles, immunization rates among older adults in Canada fall short of targets. Contributing factors include low awareness of required vaccines and confusion over healthcare providers' roles in recommending them. This project introduced the CANImmunize digital platform to improve vaccination rates in three Fredericton living facilities. The platform allowed older adults and caregivers to access records, receive reminders, and share immunization status with staff. The primary goal was to evaluate changes in pneumococcal immunization rates, with secondary assessments of influenza, shingles, and COVID-19 vaccinations. Ten older adults participated, and pre/post surveys and interviews were conducted to measure outcomes.

Proactive Care for Persons with Dementia: Using In-Home Passive Sensors to Reduce Caregiver Stress and Promote Aging in Place

Project Lead - Justine Estey

Organization - Centre for Innovation and Research in Aging (CIRA)

Location - Fredericton

New Brunswick's aging population is expected to see a rise in Alzheimer's Disease and related dementias (ADRD), which often requires long-term, hands-on care typically provided by informal caregivers. These caregivers face significant stress and challenges, especially when unable to frequently check in on their loved ones. Traditional monitoring devices are often intrusive or provide only emergency alerts. The PassiveAware program addressed this by installing a passive monitoring system in homes, using tags to track behavioral patterns without invading privacy. This technology aimed to reduce caregiver stress and support safe aging in place. The project, involving two care receiver-caregiver dyads, assessed changes in caregiver stress and caregiving experiences over six months, alongside monitoring care receiver hospitalizations and transitions to long-term care.

Spread and Scale of a Polypharmacy App to Improve Health Outcomes of Older Adults Living in New Brunswick Nursing Homes

Project Leads - Dr. Carole Goodine, Dr. Emily Gibson McDonald, Justine Estey

Organization - Centre for Innovation and Research in Aging (CIRA), York Care Centre, Horizon Health Network, McGill University Health Centre

Location - Fredericton, Saint John, Moncton, Riverview, Quispamsis

As older adults in long-term care (LTC) facilities often take multiple medications, ensuring their safety through prescription check-ups is crucial. To streamline this process, the MedReviewRX app was introduced to generate reports highlighting potentially inappropriate medications (PIMs) and offer recommendations for reducing or discontinuing them. Implemented across five LTC facilities in New Brunswick, the app aimed to simplify medication reviews and reduce PIMs. The study compared outcomes between control and intervention groups, involving 725 participants in the control phase and 621 in the intervention phase. Feedback from LTC staff, prescribers, and caregivers was also collected to assess app usability and satisfaction.

Technology-Enabled Platform for Proactive Regular Senior-Centric Health Assessments

Project Lead - Brittany Jensen

Organization - Kindred Home Care, University of New Brunswick, VeroSource Solutions Inc.

Location - Province-wide

The PITCH project trained 206 caregivers to use a mobile app to monitor seniors' health and identify risks that could lead to hospitalizations. Caregivers performed weekly health assessments, such as checking physical and mental well-being, using home kits provided to 154 seniors aged 55+. The project aimed to see if this caregiver-driven monitoring could help predict health changes and keep seniors at home longer. Data was collected over 36 weeks and included interviews with both caregivers and seniors to assess the app's effectiveness.

Dedication to Jane Breckenridge

Jane Breckenridge 1966-2024

We remember and celebrate the remarkable contributions of Jane Breckenridge, whose dedication and vision were instrumental to the success of NB-IRDT and the Healthy Seniors Pilot Project.

From the onset of her involvement in 2019, Jane was pivotal in establishing the Monitoring, Evaluation, and Knowledge Transfer Unit (MEKTU) at NB-IRDT. Joining the MEKTU team as Deputy Director in 2020, she brought unmatched energy, tenacity, and a genuine commitment to her role. Jane took on each new challenge with confidence and poise, empowering her colleagues to pursue excellence and inspiring others through her leadership.

Her deep belief in the transformative potential of the HSPP for seniors in New Brunswick drove her tireless efforts to ensure the project's success. Jane's legacy will continue to inspire and guide our work.