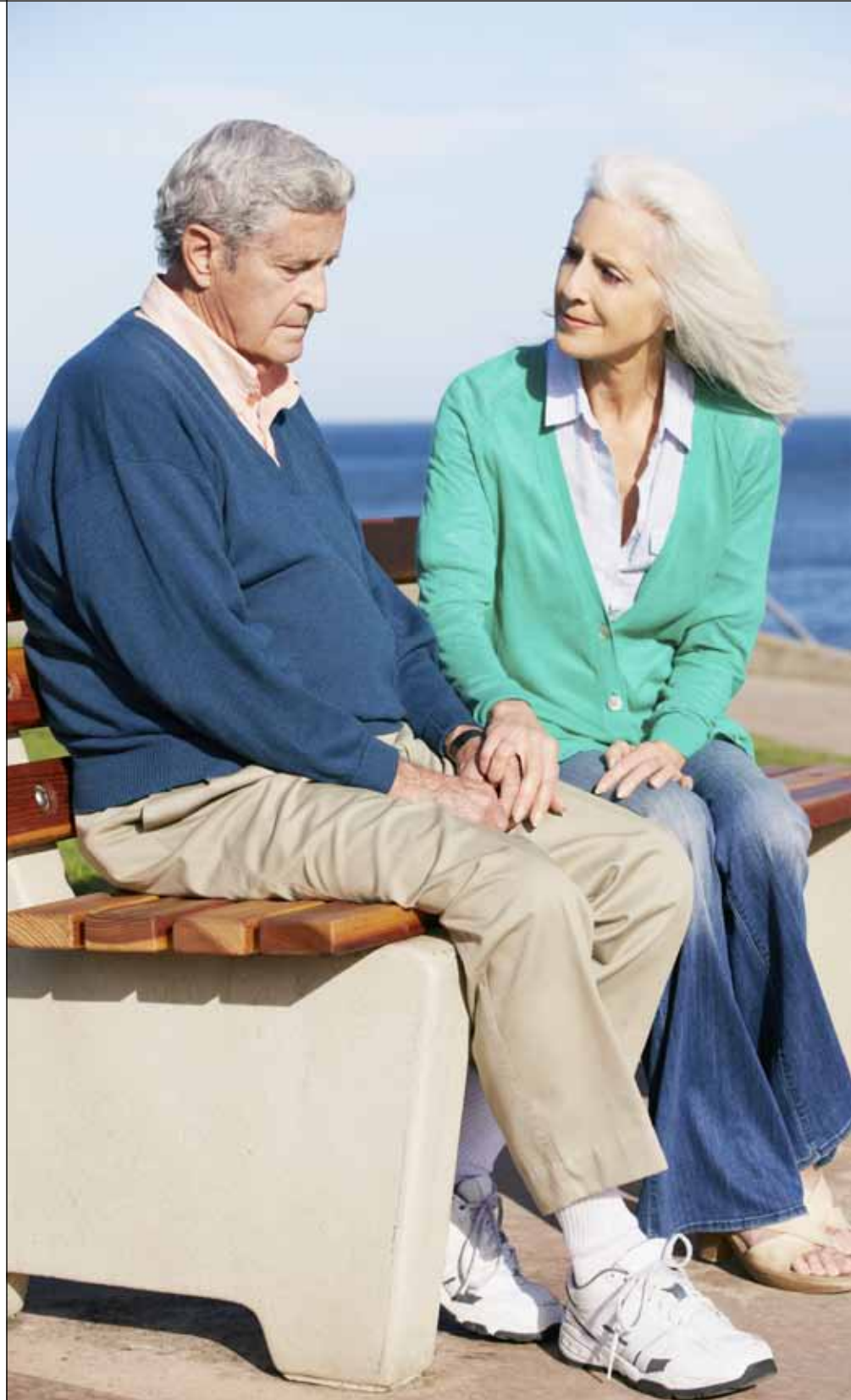




Discovering the connections between brain health and wellness

Summary and Next Steps

November 14, 2014
Held in conjunction with
ICAA Conference



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Transforming Lives®



The ICAA Forum brings together thought leaders from many organizations—both private and public—to form a think tank that develops strategies to turn the challenges facing senior living providers into opportunities. Launched in 2005, the meetings forge connections among industry leaders while promoting understanding and cohesive action around the ultimate goal: health and quality of life as people age.

Active aging

Active aging promotes the vision of all individuals—regardless of age, socioeconomic status or health—fully engaging in life within all seven dimensions of wellness: emotional, environmental, intellectual/cognitive, physical, professional/vocational, social and spiritual.

International Council on Active Aging® Changing the way we age®

International Council on Active Aging has been leading, connecting and defining the active-aging industry since 2001. Founded in the belief that unifying the efforts of the organizations focused on older adults benefits both the people they reach and the organizations themselves, ICAA's vision is shared by over 9,000 organizations. ICAA's support of the active-aging industry includes the ICAA/ProMatura Wellness Benchmarks, industry research reports, program development, market development, education on successful aging and whole-person wellness, best practice sharing, public relations campaigns and recognition programs.

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Summary

As people age, the risk of living with some measure of cognitive decline increases. Because people are living for more years, cognitive changes may last for a longer period of time. The professionals who provide housing and care for older adults are well aware of the growing number of people requiring support. In senior living, housing and services under the umbrella of “memory care” are the growth segment in the industry. With the aging of the population, the need for services will continue to grow.

Recognizing that effectively working with people along the continuum of cognitive changes is a key to the future of active aging, ICAA convened a group of industry leaders and experts in November 2014 with the intent of introducing the topic and identifying priority issues that can be developed at the April 2015 ICAA Forum intensive. In 2015, the goal of the full-day collaboration is to draft a blueprint of strategies and tactics that can be used to best prepare the industry to meet the increasing need for cognition-appropriate services.

Where do active aging and wellness fit into the conversation surrounding the need to support people with cognitive decline and dementias? Is there an opportunity to support quality of life and perhaps mediate the changes in cognition through wellness interventions and opportunities? These are the questions delegates to the ICAA Forum are positioned to address.

Cognitive changes do not occur in an all-or-nothing scenario. Among the 44 professionals who answered a survey prior to the ICAA Forum meeting in November, most were working with people at all stages of function, from

no cognitive deficit (31%) through requiring some assistance (51%) to needing full-time care (44%).

Through the pre-meeting survey, three focus areas were spotlighted:

Programs: Developing new engagement and fitness programs for people with cognitive decline or dementias, and adapting current programs to serve these populations.

Staffing: Training staff to work with people along the continuum of cognitive decline.

Environment: Providing a culture among older adults and staff to support individuals, and creating appropriate physical settings of buildings, spaces and features.

To launch the journey of discovery, two nationally recognized experts provided background for delegates. During a rapid review of the interplay between exercise and brain health, Arthur Kramer, PhD, Director of the Beckman Institute for Advanced Science & Technology and the Swanlund Chair and Professor of Psychology and Neuroscience at the University of Illinois, cited several studies that indicated exercise has a positive effect on the brain and on cognitive skills.

Translating science to programming, Cynthia R. Green, PhD, faculty of the Mount Sinai School of Medicine and founder of Memory Arts LLC, emphasized the point that cognition changes along a continuum and people have varying needs at different stages.

Drs. Kramer and Green agreed on the most reliable factors for brain health: stay physically active, eat well, stay intellectually and socially engaged, promote sleep and maintain

Industry resources

ICAA White papers

Download from <http://www.icaa.cc/business/whitepapers.htm>

- ICAA career path for wellness professionals
- Key elements for developing a wellness program for older adults
- The business case for wellness programs in retirement communities and seniors housing
- ICAA's guidelines for effective communication with older adults
- Practical strategies for providing wellness in outdoor environments
- The case for engagement: A metric with meaning for the active-aging Industry

ICAA/ProMatura Wellness Benchmarks

<http://www.icaa.cc/business/benchmarks.htm>

The ICAA/ProMatura Wellness Benchmarks system is a free, web-based management tool that generates objective data to track how well your lifestyle and fitness programs are being used, and how well they deliver value to the residents and to the organization. Use the benchmarking system to link wellness to key metrics for retirement communities: overall satisfaction, length of stay, falls history and self-perceived health status.



ICAA Forum 2015

April 7, premeeting networking
April 8, full-day meeting
The Westin Crystal City
Arlington, VA

an emotional balance. These lifestyle choices are also the choices framed by the dimensions of wellness.

In individual reflection and group discussion, delegates expanded on the three focus areas. Several themes were overlapping and consistent:

- Programs need to be appropriate for each stage along the continuum of cognitive decline, from mild through advanced stages. The questions remain, what is appropriate for each stage and for each individual?
- Person-centric approaches are needed to match individual needs and interests.
- A major challenge is the stigma attached to cognitive decline, reflected in the attitudes of older adults, staff, families and society at large.
- Today's environments and organizational structures segregate people, rather than integrating them (a reflection of stigma and ease of care). The attitudes of older adults and staff also segregate individuals along the cognitive continuum.
- Organizations need to reconfigure departments and training to acknowledge that every worker has a role, and develop a teamwork culture that encourages person-centered care.
- Turnover is the most frequently mentioned challenge for staffing, followed by lack of knowledge on how to train employees to work with people with dementia, and overall compensation and recognition systems.

- Environments should promote interaction among individuals, training family members and staff on techniques for engagement.

- Physical environments should be smaller, more homelike and designed for function.

Next steps

This meeting was the start of a journey to develop a framework for connecting wellness culture and programs to people with cognitive decline. ICAA staff will review the input and themes generated by participants, then work with a professional facilitator to determine the most effective strategy for producing a blueprint of action items, which is the goal of the 2015 ICAA Forum full-day intensive.

The ICAA Forum will be held in the Washington, DC, area on April 8, 2015, with informal networking and social the evening before on April 7. This location is close to Reagan National Airport. More details on the agenda and meeting location will be available at the beginning of the year.

Industry research

Available at <http://www.icaa.cc/business/research.htm>

- Wellness readiness survey, final report
- Growth of the active-aging industry in the United States and Canada
- Wellness Industry Development Survey
- Salary & Benefits Survey

Input from groups

When asked to list successes, it seems that participants were suggesting what there should be, or a goal to work towards, in addition to defined models of success.

Note: success and challenges are not parallel.

Engagement & Programming

What successes have you seen, heard of, or experienced?	What are the greatest challenges you face?
Blending together activity and cognitive challenges.	Programs for the various stages along the cognitive continuum. What is best for each stage?
Multi-dimensional programs that address people at different stages and with different personalities, e.g., music programs. Options that are personally motivating.	Serving people along the full continuum, including those at advanced stages of Alzheimer's.
Meaningful engagement within the seven dimensions, across continuum.	Preconceived notions of society, staff, family, residents. What does a diagnosis mean?
Options that enable individuals to share their feelings about loss of cognitive skills.	Stigma surrounding people experiencing decline, among older adults, residents, staff.
Providing a sense of identity to people with dementia.	Lack of education on how to implement a better understanding of the issues surrounding dementia.
Person-centered care and programs adapted to the individual.	Attitude of older adults without evident decline that the "person should not be here with us." The desire to not participate in programming for all stages along the continuum.
Group classes that can accommodate people at different stages and provide social interaction.	Lack of staffing and funding.
Peer champions.	
Partnering with other organizations that already have programs developed.	
Engagement "boxes" that show a person's interests. Or boxes for art, gardening, a spa.	
Participant-centered approaches built on evidence-based guidelines. Outcomes measured for accountability.	

Staff Recruiting & Training

What successes have you seen, heard of, or experienced?	What are the greatest challenges you face?
Interdisciplinary training for all staff, not only those directly responsible for dementia care.	Training for delivering care instead of meeting standards. Today most geared toward compliance.
Training in multi-faceted skills.	Funding to pay for care training instead of compliance training.
Rename departments and roles, expand who can do what.	Staff burnout.
Mentorship and internship.	Lack of people with the talent to work with this population.
Champions who go beyond a paycheck to value individuals and recognize their needs.	Lack of knowledge of what to train and how to train.
Best Friends approach to dementia care.	Turnover.
Staff feeling valued.	Compensation levels, rewards, recognition.
Hiring on values, people with a “serving heart.”	Creating teams that embrace a person-centered approach across all departments.
Training staff in their personal wellness.	Cultural competence.
Training that includes recognition of common values, which raises levels of awareness.	Ongoing training.
Concierge attitude.	
Care partners.	
Objective outcomes.	

New Living Environments

What successes have you seen, heard of, or experienced?	What are the greatest challenges you face?
Purpose-built design that integrates people at varying stages of cognition rather than segregating them.	Retrofitting buildings.
Building for safety as well as for atmosphere.	Safety.
Non-institutional, more natural.	Lack of a “perfect” model to follow and learn from.
Support for aging in place.	Segregating people according to their cognitive status, and the medical model that does the same.
Moving away from medical model and labeling.	Designers and executives who do not consult care staff and active living staff before building or renovating. Great design does not equal great function.
Homelike environment, e.g., Green House Project. Family involvement, visits and education on how to engage with individual.	Creating a space that we might call home.
Smaller living communities, e.g., “small house” communities.	Stigma of the segregated environment.
Outdoor spaces that are positive and safe.	Confined space. Lack of creativity.
Functional space, accessible for all, for exercise, gardening, dining and other activities.	
Hidden technology like non-alarms in smaller, homelike setting.	

Facilitation

Tom Kehner, Co-Founder and Executive Director of theDifference, a professional services company focused on strategy, people, process and change.

ICAA Forum



**International Council on
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3307 Trutch Street
Vancouver BC
V6L 2T3
Toll-free: 866-335-9777
Tel: 604-734-4466
Fax: 604-708-4464
www.icaa.cc