



Since 2006 the Research Department at St. Joseph's Care Group has hosted what has become the premier annual venue for the dissemination of research relevant to the health of Northwestern Ontarians.

The Research Department is pleased to host "Making a Difference: 2011 Showcase of Health Research."

This event is made possible through the generous support of the Leadership Team at St. Joseph's Care Group.

2011 Schedule of Events

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- 8:30 am **Registration and Poster Set up** - *Kaministiquia Room*
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- 9:00 am **Welcome and Opening Remarks**
Janet Sillman, Vice President - Mental Health & Addiction Services,
 St. Joseph's Care Group
Michel Bédard, Scientific Director, St. Joseph's Care Group
- 9:15 am **Exploring the Relationship between Health-Related Fitness and Biological Cardiovascular Disease Risk Factors in Canadian Young Adults**
D Thompson, T Larocque, J Farrell - Lakehead University
- 9:35 am **Self-Sampling and Human Papillomavirus Testing for Cervical Cancer Prevention in First Nation Women from Northwest Ontario, Canada**
I Zehbe, H Moeller, A Severini, B Weaver, C Bell, S Crawford, D Bannon, N Paavola - Thunder Bay Regional Research Institute, Health Canada, Northern Ontario School of Medicine, Dilico Family Health Team
- 9:55 am **The Effect of Passengers on Older Driver Safety**
L Morrison, S Dubois, N Mullen, M Bédard - Lakehead University, St. Joseph's Care Group, Northern Ontario School of Medicine
- 10:15 am **Silly or Pointless Things People Do When Analyzing Data: 1. Conducting a Test of Normality as a Precursor to a T-Test**
B Weaver - Northern Ontario School of Medicine
- 10:35 am **Poster Presentations and Nutritional Break**
McGillivray Room
- 11:00 am **Diffusion of Innovation: The Experiences with Early Intervention in Psychosis Community Mental Health Services in the Matryoshka Project**
C Cheng, C Dewa, P Goering - Canadian Mental Health Association - Thunder Bay Branch, Centre for Addiction and Mental Health

- 11:20 am **Examining the Influences of Psychotic Symptoms on the Activities of Daily Living of Individuals with Alzheimer Disease: A Longitudinal Analysis**
M Tran, M Bédard, S Dubois, B Weaver, DW Molloy, JA Lever - St. Joseph's Care Group, Lakehead University, Northern Ontario School of Medicine, McMaster University, Hamilton Health Sciences Centre
- 11:40 am **The Experience of Caregivers Providing End-of-Life Care in First Nations Communities**
T Grinnell, ML Kelley - Lakehead University
- 12:00 pm **How "Age-Friendly" is Thunder Bay, Ontario?**
 R Wilford, L Speziale, **J McAnulty**, ML Kelley - Lakehead University
-
- 12:20 pm **Poster Presentations and Lunch** - *McGillivray Room*

*Presenter in **Red**

Poster Presentations

- 1 Cross Cultural Patient Safety Model**
H Cromarty, R Walker, N St. Pierre-Hansen, ML Kelly, B Minty - Sioux Lookout Meno Ya Win Health Centre, Timmins and District Hospital
- 2 Contextual Factors Necessary for Integrating Evidence-Informed Public Health Practice**
P Blekkenhorst - Thunder Bay District Health Unit
- 3 Bridging the Gap between Clinical Practice and Research with Eye Movement Desensitization and Reprocessing (EMDR)**
T Heimonen, C Watson, R Davis - St. Joseph's Care Group, Lakehead University
- 4 Introducing Dialectical Behaviour Therapy Skills into a Women's Residential Substance Abuse Treatment Program**
D McWhirter, A Wrzecieonek, P Smith - St. Joseph's Care Group
- 5 A Collaborative Partnership Among Agencies Improves Client Care: The Getting Appropriate Personal and Professional Supports (GAPPS) Program as a Demonstration Project for Health Care Integration**
A Auger, S Wood - St. Joseph's Care Group
- 6 The Matryoshka Project: Examining the Standard of Living of Clients in Community Early Intervention Psychosis Programs**
C Cheng, C Dewa, L Trojanowski, D Loong - Canadian Mental Health Association - Thunder Bay Branch, Centre for Addiction and Mental Health
- 7 Rural and Remote Service Provision: The Gordian Knot of Early Intervention**
C Cheng, B Crawford, N Plante-Dupuis, M Fata - Canadian Mental Health Association - Thunder Bay Branch, Northeast Mental Health Centre
- 8 Tele-Rehab: Improving Access to Stroke Rehabilitation in Rural and Remote Communities**
K Reinikka, E French, H Coulson, M Vermette, M Huijbregts - St. Joseph's Care Group, Northern Ontario School of Medicine, McMaster University, Thunder Bay Regional Health Sciences Centre, Keewaytinook Okimakanak (KO) Telemedicine, Baycrest
- 9 Effectiveness of a Wellness and Exercise Program for Individuals with Cancer**
I Newhouse, KJ Pfaff, G Paterson, T Larocque, K Clark - Lakehead University, Thunder Bay Regional Health Sciences Centre
- 10 A New Dual-Modality High Intensity Focused Ultrasound Treatment Device for Localized Prostate Cancer: A Parametric Study**
D Hobson, L Curiel, S Pichardo - Thunder Bay Regional Research Institute
- 11 Evaluation of Prescribing Adherence to Recommended Drug Therapy for Acute Myocardial Infarction Patients Discharged from an Ontario Hospital**
J Chan - Thunder Bay Regional Health Sciences Centre, Northern Ontario School of Medicine
- 12 Examination of a Small Group Language Awareness Intervention in Senior Kindergarten Students**
K Halvorson, S Dubois, S Franchi, P Humeniuk - St. Joseph's Care Group
- 13 Behind Closed Doors: Aboriginal Women's Experiences with Intimate Partner Violence**
T Alani - Lakehead University
- 14 The Impact of Stimulants on Truck Driver Culpability in Fatal Accidents**
J Gates, M Bédard, S Dubois, N Mullen - Lakehead University, St. Joseph's Care Group, Northern Ontario School of Medicine
- 15 Validating a Driving Simulator for Measuring the Effects of a Lane Departure Warning System**
N Mullen, M Bédard, J Riendeau, T Rosenthal - Lakehead University, St. Joseph's Care Group, Northern Ontario School of Medicine, Systems Technology, Inc.
- 16 Speed Reduction Program Decreases Speed of Younger Men on a Simulated Drive**
N Mullen, M Bédard - Lakehead University, St. Joseph's Care Group, Northern Ontario School of Medicine
- 17 Observed, Estimated, and Projected Fatality Trends**
N Mullen, S Dubois, M Bédard - Lakehead University, St. Joseph's Care Group, Northern Ontario School of Medicine
- 18 Stakeholder Input into a Tool to Investigate Caregiving Issues from the Perspective of Family Physicians**
A Lambert-Bélanger, M Bédard, C Gibbons, S Dubois, J Riendeau - Lakehead University, St. Joseph's Care Group, Northern Ontario School of Medicine

*Presenter in Red

- 19 **Decreasing Hospital Visits of Long-Term Care Residents Using a Pneumonia Guideline**
D Harrison, S Whitehurst, R Wilford, H Woodbeck - Lakehead University, Pinewood Court Revera Living Long-Term Care, Registered Nurses Association of Ontario
- 20 **Developing Palliative Care in Long-Term Care: Personal Support Workers as Agents for Change**
J McDonald, L Moore, P Chow, A Gaudet - St. Joseph's Care Group, Lakehead University
- 21 **Palliative Care in Long-Term Care: Listening to the Voices That Matter Most**
L Arseneau, ML Kelley - Lakehead University
- 22 **"Help Me to Say Goodbye" Pilot Palliative Care Simulation Experience**
K Jones, D Grant, D Pallen - Lakehead University
- 23 **Palliative Care in First Nations Communities: The Perspectives and Experiences of Aboriginal Elders and the Educational Needs of their Community Caregivers**
H Prince, T Grinnell, ML Kelley - Lakehead University
- 24 **An Assessment of Organizational Infrastructure Gaps, Barriers and Enablers to Developing Formal Palliative Care Programs: A Comparative Case Study of Two Long-Term Care Homes in Northern Ontario**
J McAnulty, ML Kelley - Lakehead University

*Presenter in Red

Exploring the Relationship Between Health-Related Fitness and Biological CVD Risk Factors in Canadian Young Adults

David Thompson
 School of Kinesiology, Lakehead University

Tracy Larocque
 School of Kinesiology, Lakehead University

Joey Farrell
 School of Kinesiology, Lakehead University

Background/Objectives: Relationships exist between declining health-related fitness components and Cardiovascular Disease risk (CVD) in older adults. However, any relationship between current fitness levels and CVD risk in young adults (18-25 years of age) remains to be elucidated. Current medical practices use a blood lipid panel to assess CVD risk in adults generally after 40 years of age. Young adults are currently not assessed, although, non-optimal blood lipids have been identified in young adult populations. Also, there is no routine practice for a complete health-related fitness assessment. To our knowledge, no study has identified any relationship between blood lipid measures and health-related fitness levels in Canadian young adults.

Method: A retrospective analysis was conducted with data obtained from 63 university aged (18-25) Kinesiology students. Fasting levels of HDL-C, LDL-C, Total Cholesterol, Total Triglyceride, and hs-CRP were obtained. Health-related fitness levels were assessed by body mass index (BMI), waist circumference (WC), the Rockport Walk Test, The YMCA Modified Sit and Reach Test, right angle push-ups, partial curl-ups, and the 90 degree wall sit.

Results: In males, triglycerides were correlated to BMI ($r(27)=-.429$, $p<0.01$), waist circumference (WC) ($r(27)=.516$, $p<0.01$), and aerobic capacity ($r(27)=-.455$, $p<0.05$). In females, BMI was correlated to aerobic capacity ($r(35)=-.555$, $p<0.01$), hs-CRP ($r(36)=.671$, $p<0.01$), LDL-C ($r(36)=.372$, $p<0.05$), and ratio of HDL/Total Cholesterol ($r(36)=.366$, $p<0.05$).

Conclusion: Although not complete, current data suggest increased aerobic capacity and decreased BMI and WC are associated with more favourable lipid levels in university aged Kinesiology students.

Self-Sampling and Human Papillomavirus Testing for Cervical Cancer Prevention in First Nation Women from Northwest Ontario, Canada

- ❖ **Ingeborg Zehbe**
*Probe Development and Biomarker Exploration,
Thunder Bay Regional Research Institute*
- ❖ **Helle Moeller**
*Probe Development and Biomarker Exploration,
Thunder Bay Regional Research Institute*
- ❖ **Alberto Severini**
National Microbiology Laboratory, Health Canada
- ❖ **Bruce Weaver**
Human Sciences Division, Northern Ontario School of Medicine
- ❖ **Crystal Bell**
Fort William First Nation Thunder Bay, Dilico Family Health Team
- ❖ **Sandra Crawford**
Fort William First Nation Thunder Bay, Dilico Family Health Team
- ❖ **Diane Bannon**
Fort William First Nation Thunder Bay, Dilico Family Health Team
- ❖ **Natalie Paavola**
Fort William First Nation Thunder Bay, Dilico Family Health Team

Background/Objectives: First Nation women in Canada have higher incidences of cervical cancer (probably due to lower participation rates in cervical cancer prevention programs) than the general population. To raise screening participation in this under-served population, we launched an alternate approach to (Pap)anicolaou testing in a clinic: vaginal self-sampling followed by human papillomavirus (HPV) diagnostics.

Methods: We established good relationships with a First Nation community in Northwest Ontario, then recruited 49 community women, aged 25 to 59, who provided a vaginal self-sample and answered a questionnaire. Samples were integrity-and HPV-tested using optimized molecular biological methods.

Results: The majority of participants (87%) were amenable to future HPV screening by self-sampling. This finding was independent of age, educational level and a previous history of abnormal Pap tests. Interestingly, the preferred way to learn about sexual health remained via interaction with health care professionals. Self-sample integrity was high (96%) as defined by the presence of a housekeeping gene. Using polymerase chain reaction-based Luminex typing, 28.6% of the participating women were HPV positive and 16.3% were infected with a high-risk type such as HPV16.

Conclusion: Self-sampling and HPV testing are a viable screening strategy due to high acceptance among First Nation women and high sample quality obtained in this pilot study. Our results form a solid basis for conducting a large-scale study in high-needs populations.

The Effect of Passengers on Older Driver Safety

- ❖ **Laura Morrison**
Centre for Research on Safe Driving, Lakehead University
- ❖ **Sacha Dubois**
St. Joseph's Care Group
- ❖ **Nadia Mullen**
Centre for Research on Safe Driving, Lakehead University
- ❖ **Michel Bédard**
*Centre for Research on Safe Driving, Lakehead University
Research Department, St. Joseph's Care Group
Northern Ontario School of Medicine*

Background/Objectives: We examined the effect of passenger-types on older driver safety (drivers aged >65) using data from the Fatality Analysis Reporting System (1975-2008).

Method: Using a case control design, we calculated adjusted odds ratios (OR) of commonly committed unsafe driver actions (UDA) based on passenger-type. Cases had an UDA recorded, controls did not. We controlled for driver age, sex, driving record, and passenger-type. Passenger-type was coded as follows: single adult passenger (age >18) in the front seat (adult passenger condition); one child (age <13) passenger with no adult passengers (child/children passenger condition); or no passengers present (reference condition).

Results: Two-thirds (65.1%) of older drivers committed at least one UDA. The top five UDAs committed were: Failure to yield right-of-way or obey traffic signs (33.3%); failure to keep in proper lane (19.4%); driving too fast for the conditions (7.1%); operating the vehicle in an erratic manner (5.0%); and making an improper turn (3.4%). The presence of an adult passenger decreased odds of any UDA for male drivers aged 65 by 39% (OR:0.61; 95% CI:0.57,0.64) to 12% for male drivers aged 80 (OR:0.88; 95% CI:0.85,0.92); but odds of any UDA were increased for female drivers aged 75 by 7% (OR:1.07; 95% CI:1.02,1.12) to 14% for female drivers aged 90 (OR:1.14; 95% CI:1.01,1.30). Regardless of driver age/sex, a child passenger resulted in equivalent odds of any UDA compared to driving alone.

Conclusion: Depending on driver age, sex, and the driving situation, adult passengers can provide a protective effect, and potentially act as a co-pilot when travelling with older drivers.

Speaker #4

Silly or Pointless Things People Do When Analyzing Data: 1. Conducting a Test of Normality as a Precursor to a T-Test

 **Bruce Weaver**
Human Sciences Division, Northern Ontario School of Medicine

Background/Objectives: Statistics textbooks often list the following assumptions for the unpaired t-test, usually in this order: The populations from which the two samples are drawn must be 1) normally distributed with 2) equal variances, and 3) each observation must be independent of all others. Many users of statistics appear to believe that the normality assumption is most important (possibly because the assumptions are usually listed in the order shown above). Because of that, some people first conduct a test of normality, and only if it fails to reject the null hypothesis that the data are normally distributed do they proceed to the t-test. However, testing for normality as a precursor to a t-test is one of the most pointless things one can do in statistics. The assumption of normality is most important when sample sizes are small; but when sample sizes are small, tests of normality have very low power, and therefore fail to detect important departures from normality. As sample sizes increase, the assumption of normality becomes less important, because the sampling distribution of the mean converges on the normal distribution. But at the same time, tests of normality become increasingly powerful, and begin to detect unimportant departures from normality that have no serious impact on the t-test.

Conclusion: A better screen as to whether one can validly use a t-test is to ask if it is appropriate to use means and standard deviations descriptively. If the answer is “Yes”, then a t-test will usually not lead one too far astray.

Speaker #5

Diffusion of Innovation: The Experiences with Early Intervention in Psychosis Community Mental Health Services in the Matryoshka Project

 **Chiachen Cheng**
*First Place Clinic and Regional Resource Centre,
Canadian Mental Health Association - Thunder Bay Branch*

 **Carolyn Dewa**
*Health Systems Research and Consulting Unit,
Centre for Addiction and Mental Health*

 **Paula Goering**
*Health Systems Research and Consulting Unit,
Centre for Addiction and Mental Health*

Background/Objectives: Using Early Intervention in Psychosis (EIP) in Ontario as a mental health service case study, discuss: the influences of EIP service implementation and whether the influences on EIP service development is consistent with the diffusion of innovation research literature.

Methods: Clients, families and decision-makers were recruited from participating sites. Ethics approval was obtained. Quantitative interviews were administered by trained interviewers over three-waves. Qualitative interviews were conducted with program decision-makers, and were tape-recorded and transcribed. Emerging themes were derived in an iterative process through a series of discussions involving two independent coders.

Results: The expansion of EIP in Ontario created an opportunity for a natural experiment: observation of how a healthcare innovation was diffused and whether the models of diffusion held. According to attributes of innovation and definitions developed by Greenhalgh and colleagues, EIP would be consistent with the definition of an innovation in health services. Data showed improved outcomes. Participants spoke about EIP networks as important to program implementation. Clinical mentors, particularly from the original five EIP programs, were the most influential in guiding new services. EIP networks were more influential than direction from policy-makers or research evidence. Grassroots advocacy groups and local champions played pivotal roles in innovation diffusion and adoption.

Conclusion: Many of the observed influences are consistent with diffusion of innovation theory. But, some were not. The presentation will also highlight areas in which the EIP service diffusion diverged from theory and suggestions for why.

Speaker #6

Examining the Influences of Psychotic Symptoms on the Activities of Daily Living of Individuals with Alzheimer Disease: A Longitudinal Analysis

- ❖ **Mun Tran**
*Complex Care and Specialized Geriatric Services,
St. Joseph's Hospital*
- ❖ **Michel Bédard**
*Public Health, Lakehead University
Research Department, St. Joseph's Care Group
Northern Ontario School of Medicine*
- ❖ **Sacha Dubois**
Research Department, St. Joseph's Care Group
- ❖ **Bruce Weaver**
Human Sciences Division, Northern Ontario School of Medicine
- ❖ **D. William Molloy**
McMaster University
- ❖ **Judith A. Lever**
Hamilton Health Sciences Centre

Background/Objectives: Psychotic symptoms associated with Alzheimer Disease (AD) contribute to excess functional dependence. Longitudinal studies have generally examined the association between rates of functional decline and the occurrence of psychotic symptoms from either a single evaluation or from multiple evaluations rather than through changes in frequency and severity of symptoms. Although the presence or absence of psychotic symptoms at initial or follow-up examinations may be associated with changes in functional status, the nature of the relationship between changes in these domains cannot be inferred. We examine the association between changes in the frequency of psychotic symptoms and changes in dependence in activities of daily living (ADL) over a period ranging from 0.1 to 6.9 years (mean = 2.3).

Methods: Data from a cohort of 257 individuals referred to a memory clinic were analyzed using hierarchical linear modeling. Information on ADL, psychotic symptoms, depressive symptoms, and cognition was collected.

Results: An increase in the number of psychotic symptoms was significantly associated with declines in the ability to perform both basic and instrumental ADL after controlling for demographic variables and changes in cognition and depression ($B = -.003$, $p < .001$ for basic ADL; $B = -.004$, $p < .01$ for instrumental ADL).

Conclusion: Changes in psychotic symptoms are associated with increased dependence in basic and instrumental ADL over time. These findings may have ramifications for studies and treatment plans for individuals with AD who demonstrate psychotic symptoms.

Speaker #7

The Experience of Caregivers Providing End-of-Life Care in First Nations Communities

- ❖ **Thomas Grinnell**
*Centre for Education and Research of Aging and Health,
Lakehead University*
- ❖ **Mary Lou Kelley**
*Centre for Education and Research of Aging and Health,
Lakehead University*

Background/Objectives: This presentation discusses the results of a Master in Social Work project conducted in 2009-2010 in nine First Nations communities in Northwestern Ontario. This study explored the caregiving experience of informal end-of-life caregivers in First Nations communities. This research project was done as one component of a two-year project entitled Palliative Care in First Nations, conducted by Dr. Mary Lou Kelley and Holly Prince at Lakehead University, funded by the Aboriginal Health Transition Fund, Ontario Ministry of Health and Long-Term Care.

Methods: Qualitative data were collected through focus groups with community leaders, health care providers, Elders and key community informants. Nine focus groups were conducted with a total of 67 participants. Focus groups were transcribed from audio recordings and analyzed thematically. Analytic work included line-by-line analysis of the transcripts to identify themes.

Results: Analysis of the focus group data resulted in three themes regarding the caregiving experience of those caring for aging and dying community members in First Nations communities: existing supports, caregiver stressors, and caregiver unmet needs. Existing supports included detailed accounts of support provided by family, community members, and professionals. Sources of caregiver stress included personal commitments, overall community health, and the overall health of the family system. Unmet needs included financial needs, care and communication planning needs, and programming and service needs.

Conclusion: Although many commonalities exist throughout the experience of caregivers, each caregiver and each community has unique palliative care needs. The overarching idea of needing "preparation" and "support" have a great impact on the caregiving experience.

Cross Cultural Patient Safety Model

- Helen Cromarty
Sioux Lookout Meno Ya Win Health Centre
- Roger Walker
Chief Executive Officer, Timmins and District Hospital
- Natalie St Pierre-Hansen
Research, Sioux Lookout Meno Ya Win Health Centre
- Len Kelly
Medical Staff, Sioux Lookout Meno Ya Win Health Centre

Background/Objectives: Most Ontario communities need to address multi-ethnic, cross-cultural care issues that present substantial patient safety risks arising from diverse and provider populations. Failure to identify and respond to patient/client needs beyond medical errors, infection control and adverse events leaves our organizations and patients at very serious risk of harmful outcomes. Genuine cross-cultural competency in health requires the effective integration of traditional and contemporary knowledge and practices. This paper presents an analytical framework that aims to enhance the ability of patients/clients, providers, administrators and policy makers to make appropriate choices and to find pathways to true healing while ensuring that the required care is competently, safely and successfully provided.

Methods: The Sioux Lookout Meno Ya Win Health Centre has implemented a cross-cultural patient safety model (CCPS). We developed an analytical CCPS framework within the organization and we detail the validation process for our framework by way of a literature review and surveys of local and international healthcare professionals.

Results: Cross-cultural safety risk factors were identified as 9-fold: medical literacy, linguistic, cultural, program or practice, context or structural, systemic, genetics, racism/discrimination and the power, history and politicization of health.

Conclusion: Cultural competency may be defined by the service provider, but cultural safety is defined by the client. We document the difficulties surrounding documenting cultural competency in terms of patient outcomes, which is an underdeveloped dimension of the field of patient safety. We continue to explore the correlation between organization performance and measurable patient outcomes.

Contextual Factors Necessary for Integrating Evidence-Informed Public Health Practice

- Peggy Blekkenhorst
Thunder Bay District Health Unit

Background/Objectives: The Thunder Bay District Health Unit (TBDHU) is committed to making the use of evidence a routine sustained aspect of professional practice. To enhance the use of evidence in developing effective community programs and health policies, training public health practitioners in capacity building and research activities is important. Equally significant is the identification of organizational contexts that support staff in transferring the evidence into action. The purpose of this literature review is to discover the contextual factors relevant to public health organizations and present the findings to senior management of the TBDHU.

Methods: An extensive literature review was conducted and yielded 127 articles. Thirty-four peer reviewed articles published since 2005, 21 exclusive to public health organizations were included. Visits to 3 Ontario public health unit identified as implementing evidence-informed public health were made.

Results: A number of barriers to using evidence in practice were identified and categorized as the concerns of; (1) frontline practitioners, (2) managers and (3) the health care organization. Leadership, organizational structures and processes, resources, and organizational culture were recognized as important to overcoming barriers and influencing adoption of evidence into public health practice.

Conclusion: Organizational context was identified as a significant variable in the successful implementation of evidence into practice. Very few of the studies gave detailed descriptions of effective strategies, especially for public health. More research is required including implementation strategies suitable to public health.

Bridging the Gap between Clinical Practice and Research with Eye Movement Desensitization and Reprocessing (EMDR)

••• **Tiina Heimonen**
Personal Development Program, St. Joseph's Care Group

••• **Carol Watson**
Personal Development Program, St. Joseph's Care Group

••• **Ron Davis**
Department of Psychology, Lakehead University

Background/Objectives: Although there is evidence that EMDR is effective in treatment of Posttraumatic Stress Disorder, the researchers wanted to contribute to the much needed research base in clinical practice settings about effectiveness of EMDR with other issues including both small and big T traumas.

Methods: Data was collected on a total of 12 female participants who sought treatment for symptoms of depression, anxiety, and trauma. The researchers compared self-reported mental health symptoms at three different time periods; pre- and post-EMDR and follow up between 3 and 6 months after termination of therapy.

Results: A repeated measures MANOVA comparing pre- to post-EMDR scores on the three indices revealed a significant time main effect, Wilks' $\Lambda = .12$, $F(3, 9) = 21.98$, $p < .001$, multivariate $\eta^2 = .88$. As a group, clients' scores improved significantly ($ps < .05$) on all three measures with effect sizes ranging .55-.87 that are considered to be large according to Cohen's criteria. The difference in scores from post- to follow up testing was non-significant, Wilks' $\Lambda = .68$, $F(3, 9) = 1.39$, $p = .31$, multivariate $\eta^2 = .32$, indicating that treatment effects were maintained over time.

Reliable and clinically significant change (CSC) score criteria were determined for each measure using normative psychometric data published by Adkins et al. (2008) according to calculations outlined by Jacobson and Truax (1991).

Conclusion: The obtained clinical outcomes in this uncontrolled trial conducted in a community mental health agency appear comparable to published efficacy studies on EMDR for PTSD (cf. Bradley et al., 2005). In essence, we found the majority of our clients who completed EMDR treatment for one issue left therapy in a clinically normal state of emotional well-being according to their self-report levels of trauma, depression and anxiety symptomatology.

Introducing Dialectical Behaviour Therapy Skills into a Women's Residential Substance Abuse Treatment Program.

••• **Darcy McWhirter**
Sister Margaret Smith Centre, St. Joseph's Care Group

••• **Alesha Gaudet**
Sister Margaret Smith Centre, St. Joseph's Care Group

••• **Pirjo Smith**
Sister Margaret Smith Centre, St. Joseph's Care Group

Background/Objectives: In 2010, Dialectical Behaviour Therapy (DBT) was integrated into the Women's substance abuse treatment program at The Sister Margaret Smith Centre's Adult Program. This alternative course of therapy was introduced to help women deal adaptively with the intense emotions elicited by the treatment experience while also tempering the rigors of community living.

Objectives: To evaluate the impact of DBT on female clients self-reported symptom and problem difficulty, mindfulness, affect, and coping skills.

Methods: Pre and post measures were collected (first/last day of treatment) for all women receiving DBT. Measures included: Relation to Self and Others, Depression and Anxiety, Daily Living and Role Functioning, Impulsive and Addictive Behavior, Psychosis (BASIS-32); Mindfulness (Mindfulness Attention Awareness Scale - MAAS); Coping Skills (Coping Inventory for Stressful Situations - CISS); and Affect (Positive And Negative Affect Scale - PANAS). Paired t-tests were used to compare pre/post scores.

Results: Since January 2010, we have now run three residential groups which have involved the combination of DBT skills training and our treatment as usual programming. Preliminary results from the first two groups indicate statistically significant improvement for all BASIS-32 subscales, increased mindfulness (MAAS), and increased positive affect/decreased negative affect (PANAS). Client coping skills remained stable post-treatment (CISS).

Conclusion: The integration of DBT appears to reduce self-reported symptom and problem difficulty, increase mindfulness and positive affect, while maintaining coping skills. More rigorous methodological designs (e.g. control group) need to be employed in the future to determine DBTs efficacy in this particular client population.

A Collaborative Partnership Among Agencies Improves Client Care. The GAPPS Program as a Demonstration Project for Health Care Integration

Alaine Auger
Mental Health Outpatient Program, St. Joseph's Care Group

Sean Wood
Mental Health Outpatient Program, St. Joseph's Care Group

Background/Objectives: This initiative is about a shared vision where a mobile team of health and support personnel identifies and responds to the unmet needs of a population of vulnerable persons with very serious, unstable and complex mental illness and addictions issues.

Methods: The GAPPS Program partners staff from St. Joseph's Care Group, Canadian Mental Health Association – Thunder Bay Branch, Alpha Court Non-Profit Housing Inc. and NorWest Community Health Centres.

Staff provide outreach, engagement, navigation assistance, life skills teaching, primary health care and mental health supports to persons who have difficulty in accessing traditional systems of care.

Results: By measurement on the Camberwell Assessment of Needs Scale, discharged clients demonstrate an improved level of appropriate support in decreasing issues around substance abuse, housing needs and psychological distress.

Data for GAPPS individuals registered between March 2009 and September 2010 shows a marked reduction in visits to the Emergency Department when comparing information for 1 year prior to registration, during GAPPS team involvement and 7 months after discharge.

Conclusion: Integrated partnerships with agencies can work very well. Non-traditional, flexible models of care should be attempted to assist clients who do not do well in mainstream programs.

Persons with serious, unstable, complex mental illness, addictions and social issues can be respond well to supports which are timely and utilize recovery based approaches.

The Matryoshka Project: Examining the Standard of Living of Clients in Community Early Intervention Psychosis Programs

Chiachen Cheng
First Place Clinic and Regional Resource Centre,
Canadian Mental Health Association - Thunder Bay Branch

Carolyn Dewa
Health Systems Research and Consulting Unit,
Centre for Addiction and Mental Health

Lucy Trojanowski
Health Systems Research and Consulting Unit,
Centre for Addiction and Mental Health

Desmond Loong
Health Systems Research and Consulting Unit,
Centre for Addiction and Mental Health

Background/Objectives: The Matryoshka Project is a 4-year project looking at specialized community mental health programs, examining the effect of the Government's new investments on the continuity of care experienced by clients. This presentation considers the standard of living of early intervention psychosis (EIP) clients and the opportunities such as employment and education to raise their standard of living.

Methods: The Project's 7 sites are in rural and community settings. Quantitative interviews were completed of clients and case managers in three waves, each winter between 2005-2008.

Results: 29% of clients are unattached and 76% are living in low income. The median proportion of income spent on shelter is 48%. Nearly a quarter of the clients indicated they felt distressed about staying in their current residence long-term. Clients living in low income are forced to make choices among shelter, food, clothing and transportation. Unemployment rates are 31%. 31% do not have a high school diploma and 80% are not continuing their education.

Conclusion: A large proportion of clients are at risk of living in low income. Two key risk factors are being unattached and being between 45 and 64 years of age. Clients living in low income have a low standard of living and quality of life. This presentation will discuss the implication that few clients living in low income have opportunities to raise their standard of living.

Rural and Remote Service Provision: The Gordian Knot of Early Intervention

- ❖ **Chiachen Cheng,**
*Canadian Mental Health Association, Thunder Bay Branch
St. Joseph's Care Group, Thunder Bay*
- ❖ **Barbara Crawford,**
*Northeast Mental Health Centre
Northern Ontario School of Medicine, Laurentian University
University of Toronto, Department of Psychiatry*
- ❖ **Nicolle Plante-Dupuis**
Northeast Mental Health Centre
- ❖ **Mirella Fata**
Canadian Mental Health Association, Thunder Bay Branch

Objectives: Many challenges remain in Early Psychosis Intervention (EIP) services in rural and remote settings. The basic challenge remains-how to translate best practice which was developed for urban high population density areas into rural/remote settings. This presentation will discuss two models adopted by two northern regions in Ontario and their outcomes.

Methods: This is a cross-sectional study about two different models adopted by two similar northern regions in Ontario—northwest (NW) and northeast (NE). Numbers treated per region were collected by front-line staff. Information about the successes and challenges of each program model were also collected from program decision-makers.

Results: The model adopted by NW was a centralized interdisciplinary team located in the largest urban centre in the region. Outreach services were provided by informal partnerships with local mental health service providers and travel by the front-line staff of the central team. In contrast, the model adopted by NE was a central coordinating centre (that provides no direct clinical care) and satellite offices across the entire region with EIP staff embedded in generalist mental health services. The total clients served in NW between 2007 and 2010 were 277 (90-112/year). The total clients served in NE during the same time period was 831 (284-310/year).

Conclusions: The model adopted by NE was similar to the pioneers of EIP in Australia. NW settled on the centralized model using non-traditional modes of clinical contact. During this presentation, service models will be discussed in the context of successes, challenges and learned experiences.

Tele-Rehab: Improving Access to Stroke Rehabilitation in Rural and Remote Communities

- ❖ **Kirsti Reinikka**
Out-patient and Contract Services, St. Joseph's Care Group
- ❖ **Esme French**
*Northwestern Ontario Regional Stroke Network,
Thunder Bay Regional Health Sciences Centre*
- ❖ **Heather Coulson**
*Project Development, Keewaytinook Okimakanak (KO)
Telemedicine*
- ❖ **Marney Vermette**
Clinical Services, Keewaytinook Okimakanak (KO) Telemedicine
- ❖ **Maria Huijbregts**
Clinical Performance and Accreditation, Baycrest

Background/Objectives: People with stroke (PwS) living in rural and remote communities in Northwestern Ontario (NWO) have limited or no access to stroke rehabilitation upon discharge from hospital. Telemedicine can be used to overcome barriers restricting access to care. This study examined feasibility and acceptability of using telemedicine to conduct rehabilitation consultations (Tele-Rehab) for PwS in NWO without access to rehabilitation in their community.

Methods: Design: Descriptive study using mixed methodology. Participants: PwS; rehabilitation clinicians; remote care providers. Intervention: In-home or Studio Tele-Rehab consultations by Physiotherapist, Occupational Therapist, Speech Language Pathologist, and/or Social Worker. Measures: Process indicators; surveys; recommendations checklist; individual interviews; focus groups.

Results: Thirteen PwS, four clinicians, and twelve remote care providers participated. Twenty Tele-Rehab consultations (10 Studio, 10 In-home) were completed over 10 months. Satisfaction was rated good-excellent overall with the exception of audio quality (rated poor-fair in 47% of consultations). Ongoing rehabilitation needs were identified; primarily regarding mobility, exercise, home modification, equipment prescription, education, and community reintegration. Barriers to developing personal connections due to technology were identified. All participants reported a preference for face-to-face care; however all would recommend Tele-Rehab to others. Tele-Rehab was reported to be convenient and efficient; providing motivation and encouragement in the journey of stroke recovery.

Conclusion: Findings suggest that Tele-Rehab is a feasible and generally acceptable approach to providing community-based rehabilitation to people with stroke in Northwestern Ontario. Partnerships, technical, administrative and training support were critical. While Tele-Rehab cannot replace face-to-face care, it provides an alternative where direct services are not available.

Effectiveness of a Wellness and Exercise Program for Individuals with Cancer

- ❖ **Ian Newhouse**
School of Kinesiology, Centre for Education and Research on Aging and Health, Lakehead University
- ❖ **Kelly-Jo Pfaff**
*Regional Cancer Care,
Thunder Bay Regional Health Sciences Centre*
- ❖ **Glen Paterson, Tracey Larocque**
School of Kinesiology, Lakehead University
- ❖ **Krista Clark**
School of Kinesiology, Centre for Education and Research on Aging and Health, Lakehead University

Background/Objectives: Exercise programs support cancer patients by incorporating active living into recovery. The WE-Can program is a ten-week exercise social support program. This evaluation explores the effectiveness of the WE-Can program in reducing the decreases in functional ability associated with cancer and its treatments, the ability to improve quality of life and decrease fatigue.

Method: Data was analyzed from 8 WE-Can participants who were receiving cancer treatment or who had completed cancer treatment. Quantitative data was analyzed using inferential statistics to examine pre-post differences in the functional fitness of the individual, quality of life and fatigue. Patient satisfaction and qualitative data were examined.

Results: The PSFS illustrated a significant increase in the group's functional capacity (paired t-test, $t=-4.74$). All individuals' arm and leg strength, and 7 of 8 participants' handgrip strength, improved. Subscales of the SF-36, a quality of life measure, indicated an 11.25% increase in physical functioning, a 13.75% loss of role limitations due to physical health and 7.5% pain decrease. Scores improved on the FACIT-F subscales of functional well-being and additional concerns, but were insignificant. Social and emotional well-being subscales were unaffected by the intervention. Analysis of the brief fatigue inventory did not produce significantly different scores.

Conclusion: The WE-Can program was effective in significantly increasing functional ability and considerably improving aspects of quality of life. The sample size was too small to generalize the results, thus future research involving a larger sample size should be established. These findings have implications regarding the need for a continuation program.

A New Dual-Modality High Intensity Focused Ultrasound Treatment Device for Localized Prostate Cancer: A Parametric Study

- ❖ **Dexter Hobson**
Thunder Bay Regional Research Institute, Lakehead University
- ❖ **Laura Curiel**
Thunder Bay Regional Research Institute, Lakehead University
- ❖ **Samuel Pichardo**
Thunder Bay Regional Research Institute, Lakehead University

Background/Objectives: Transrectal high intensity focused ultrasound (HIFU) has proven to be a useful therapy for moderate stages of prostate cancer. In this numerical study we propose a new dual modality multielement HIFU device intended to treat prostate tumors, while sparing surrounding structures and prostatic tissue.

Methods: A parametric numerical study was performed to determine the lowest number of elements for the treatment device that permitted treatment of the prostate gland without affecting surrounding tissue or producing undesirable secondary affects. The parameters for the device that were optimized in this study were the focal length, operating frequency and element size. Images from the Visible Human Project (VHP) were used to determine the simulated organ sizes and locations and treatment locations.

Results: Analysis of the VHP images indicated treatment zones, relative to the device center, between 46 and 35mm for the apex, 65 and 31mm for the center, and 52 and 33mm for the base regions. The optimal combination of focal length, operating frequency and element size was 68mm, 2.75MHz and 2.05λ , respectively, where λ = speed of sound/operating frequency.

Conclusion: This study has simulated a new device which can control the acoustic energy to ablate tumors within the prostate gland while sparing the surrounding tissue.

Evaluation of Prescribing Adherence to Recommended Drug Therapy for Acute Myocardial Infarction Patients Discharged from an Ontario Hospital

 **Jeff Chan**
Pharmacy, Thunder Bay Regional Health Sciences Centre,
Northern Ontario School of Medicine

Objective: Determine the percentage of acute myocardial infarction (AMI)/acute coronary syndrome (ACS) patients receiving recommended drug therapies upon hospital discharge.

Method: 178 patient visits to the hospital, and whose reason for admission was explicitly described as “acute coronary syndrome”, “ACS”, “acute myocardial infarction”, or “AMI” and were included in the review. The data was compared to benchmarks for use of recommended medication following AMI or ACS.


Results: 156 (87.6%) patients received ASA/clopidogrel, 102 (57.3%) received angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB), 140 (78.7% received a beta-blocker (BB), and 136 (76.4%) received a statin. 68 (38.2%) patients received all of the target medications, 66 (37.1%) received three of the medications, 27 (15.2%) received two of the medications, 10 (5.6%) received one of the medications and 7 (3.9%) received no target medications.

Conclusions: Patients presenting with AMI or ACS do not appear to be fully meeting benchmarks for being prescribed anti-platelet agents, BB or ACEI/ARB upon discharge. Patients do appear to meet benchmarks for being prescribed a statin upon discharge. Less than 40% of patients received all target medications. Further investigation is required to determine the cause for these medications to not be prescribed upon discharge.

Examination of a Small Group Language Awareness Intervention in Senior Kindergarten Students.

 **Karen Halvorson**
Contract Services Speech-Language Pathology,
St. Joseph's Care Group

 **Sacha Dubois**
Research Department, St. Joseph's Care Group

 **Susan Franchi**
Preschool Speech and Language Services,
St. Joseph's Care Group

 **Paola Humeniuk**
Contract Speech Language Services, St. Joseph's Care Group

Background: Language awareness is widely held to be one of four critical predictors of later literacy. We examined the impact of a small group language awareness intervention in Senior Kindergarten (SK) students.

Method: A 25-item screening tool, administered to all SK students, was used to measure the following language awareness skills pre and post-intervention: Word Awareness, Syllable Blending, Syllable Segmentation, Rhyme Judgment, Rhyme Production and Initial Phoneme Identification. A small group intervention utilizing a curriculum based on building language awareness skills was provided weekly for six months by either the Speech-Language Pathologist or Teacher/Early Childhood Educators to children “at risk” (screening tool score < 13). Fifteen additional questions regarding Final Sound Identification, Phoneme Blending and Phoneme Segmentation were asked at post-intervention. Pro-rated pre-post total and common scores were compared formally (paired t-test; chi-square) and, given the nested design of the study - a Multi-Level Model (MLM) was also used to examine the intervention's impact.

Results: A total of 390 students from 20 schools (and 28 teachers) were included in the paired analysis. An 18.1% mean increase in total score ($p < .001$) and 21.1% increase in the common scores ($p < .001$) was seen at post-test. At baseline, 64% of students were considered to be “at level” with the acquisition of language awareness skills - this increased to 90% post-intervention ($p < .001$). After accounting for the nested design, these increases remained.

Conclusions: The small group intervention proved effective in reducing students considered to have “at risk” skills. Further research is necessary to examine the overall impact of the intervention on student's reading success.

Behind Closed Doors: Aboriginal Women's Experiences with Intimate Partner Violence

 **Taslim Alani**
Department of Psychology, Lakehead University

Background/Objectives: This study explores the complexities of First Nations' history, along with current living conditions on reserves, and how these contribute to Aboriginal women's experiences with intimate partner violence. Highlighting the multiple layers of oppression experienced by Aboriginal women, the study demonstrates the intricacies of intimate partner violence, and the role that the government plays in the maintenance and exacerbation of the problem.

Method: This study focuses primarily on structural and historical factors that contribute to the issue of intimate partner violence on First Nation's reserves. Using a social ecological framework as well as a social determinants of health framework, a critical analysis of available literature about intimate partner violence within First Nations' communities was completed.

Results: The literature demonstrated that through Aboriginal women's history of colonization, through the ways in which intimate partner violence is dealt with within families, communities, women's shelters, with police and the justice system, Aboriginal women experience multiple forms of discrimination and oppression. No level of an Aboriginal women's ecosystem has adequate resources to alleviate the trauma caused by intimate partner violence.

Conclusion: This paper demonstrates the federal government's lack of initiative over Aboriginal populations, and, more specifically, Aboriginal women. The lack of basic needs on reserves, the lack of funding for community-run projects, and the inattention paid to Aboriginal issues and research demonstrates this lack of care and concern for well-being. Before complex problems such as intimate partner violence can be addressed, basic living needs must be met.

The Impact of Stimulants on Truck Driver Culpability in Fatal Accidents

 **Justin Gates**
Department of Psychology, Lakehead University

 **Michel Bédard**
Research Department, St. Joseph's Care Group
Centre for Research on Safe Driving, Lakehead University
Northern Ontario School of Medicine

 **Sacha Dubois**
Research Department, St. Joseph's Care Group

 **Nadia Mullen**
Centre for Research on Safe Driving, Lakehead University





Background/Objectives: Given the monotony and duration inherent in long-haul transportation, truck drivers may rely on stimulants to sustain attention. However, stimulant use is linked to traffic collisions and may be associated with crash culpability. The present study investigates rates of stimulant use and their impact on collision culpability among truck drivers involved in fatal collisions.

Methods: We used a case-control design with male truck-drivers aged 20 and over involved in a fatal crash in the United States from 1993 to 2008; drivers were included if they had a confirmed blood alcohol concentration of zero. Cases were drivers with at least one potentially unsafe driving action (UDAs) recorded in relation to the crash (e.g., weaving); controls were drivers who had none recorded. Both crude and adjusted odds ratios (ORs) were calculated for any potentially unsafe driving action in drivers who tested positive for stimulant use.

Results: After controlling for age, other drugs, and previous driving record, results indicate that stimulant positive truck drivers are significantly more likely to commit an UDA (OR 2.29, 95% CI 1.7-3.0)

Conclusion: Given the increased risk (i.e. predicted odds) of performing an UDA while using stimulants, other methods (rest breaks, appropriate shift lengths) to improve driving awareness should be employed by truck drivers.

Validating a Driving Simulator for Measuring the Effects of a Lane Departure Warning System

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Nadia Mullen
Centre for Research on Safe Driving, Lakehead University
- 
Michel Bédard
*Centre for Research on Safe Driving, Lakehead University
 Research Department, St. Joseph's Care Group
 Northern Ontario School of Medicine*
- 
Julie Riendeau
Centre for Research on Safe Driving, Lakehead University
- 
Theodore Rosenthal
Systems Technology, Inc.



Background/Objectives: In-vehicle lane departure warning systems are designed to decrease crashes resulting from drivers unintentionally leaving their lane (e.g., due to fatigue or distraction). This study examined whether drivers would respond to a lane departure warning device in the simulated environment in a similar fashion to how we would expect drivers to respond in the real world.

Methods: Twenty licensed drivers (aged 18-28) completed a 20-minute rural drive in a STISIM Drive® simulator. We randomly assigned participants to control or experimental groups, stratified by gender (4 males, 6 females per group). Experimental participants completed the drive with a simulated lane departure warning device. This device provided auditory feedback (rumble strip sound) when the vehicle's front left tire approached or crossed the centre line, and when the front right tire approached or crossed the edge line at the side of the road. The feedback ceased when the vehicle returned to a more central lane position.

Results: The lane departure warning device decreased edge line crossings and the width of lane that drivers used (i.e., the standard deviation of lateral position). Centre line crossings were unaffected (possibly due to a floor effect), as was drivers' mean lateral lane position and speed.

Conclusion: Overall, the effect of the lane departure warning device on simulated driving was similar to that which is expected for on-road driving, validating the simulator procedure. We can now examine the device's effect on fatigued and distracted drivers; such devices have the potential to substantially decrease impaired drivers' run-off-road crashes.

Speed Reduction Program Decreases Speed of Younger Men on a Simulated Drive

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Nadia Mullen
Centre for Research on Safe Driving, Lakehead University
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Michel Bédard
*Centre for Research on Safe Driving, Lakehead University
 Research Department, St. Joseph's Care Group
 Northern Ontario School of Medicine*

Background/Objectives: On-road research has shown that driver feedback combined with a token economy can reduce speeding and tailgating. (A token economy involves distributing points or tokens following performance of a desired behaviour; these tokens are later exchanged for desired items.) Simulators offer a convenient and economical tool for evaluating the optimal design of this program, but before a simulator can be used for this purpose, it must first be validated. This study aimed to validate the STISIM Drive® simulator, demonstrating that the speed reduction program (feedback combined with a token economy) would reduce speeding on a simulated drive as it did in the real world.

Methods: Fifteen male drivers aged 18-25 participated. Eight control participants completed a 30-minute rural drive on a STISIM Drive® simulator. Seven experimental participants completed the same drive while receiving feedback about their speed relative to the speed limit from lights on a simulated dashboard device. They also earned points during the drive for maintaining a safe speed, and later exchanged these points for a gift card (the card's value depended on total points earned).

Results: Compared with control participants, drivers exposed to the intervention, on average, spent 86% less time driving above the speed limit, drove 16 kmph slower, and had a 50% smaller standard deviation of speed.

Conclusion: This simulator is a valid tool for assessing the effectiveness of the speed reduction program. We can now examine which components of the program are necessary; such programs have the potential to substantially decrease speed-related crashes.

Observed, Estimated and Projected Fatality Trends

- ❖ **Nadia Mullen**
Centre for Research on Safe Driving, Lakehead University
- ❖ **Sacha Dubois**
Research Department, St. Joseph's Care Group
- ❖ **Michel Bédard**
Centre for Research on Safe Driving, Lakehead University
Research Department, St. Joseph's Care Group
Northern Ontario School of Medicine

Background/Objectives: Using data from the United States' Fatality Analysis Reporting System (FARS), Bédard et al. (2001) examined fatality trends from 1975-1998 and projected future trends to 2015. The present study included FARS data from 1975-2008 to examine whether trends were matching Bédard et al.'s projections, and to project future trends to 2025. We hypothesized that, as Bédard et al. projected, fatalities involving younger drivers and passengers would decrease from 1999-2008, while fatalities involving middle-aged and older adults would increase.

Methods: Data for driver and passenger fatalities were stratified by sex and age group (younger: 16-19 and 20-34 years; middle-aged: 35-54 and 55-64 years; older: 65+ years) before using the curve fit method to fit models to the data. These models were used to perform fatality projections to 2025. Using the 1975 fatality rate, we also estimated the number of fatalities expected due to increased exposure to determine whether efforts to decrease fatalities were working.

Results: Fatalities involving younger and older drivers and passengers decreased from 1975-2008, while fatalities for middle-aged adults increased. Observed fatalities were lower than that estimated after controlling for increased exposure. Males and females showed a similar pattern of fatalities but female fatalities were consistently lower.

Conclusion: Efforts to decrease fatalities, through interventions such as policy change and improved vehicle and road design, have made a positive difference for all age groups; we encourage such interventions to continue. The decrease in older adult fatalities is particularly remarkable given their increased number, increased exposure, and higher crash risk.

Stakeholder Input into a Tool to Investigate Caregiving Issues from the Perspective of Family Physicians

- ❖ **Anik Lambert-Bélanger**
Public Health-Gerontology, Lakehead University
- ❖ **Michel Bédard**
Public Health, Lakehead University
Research Department, St. Joseph's Care Group
Northern Ontario School of Medicine
- ❖ **Carrie Gibbons**
Research Department, St. Joseph's Care Group
- ❖ **Sacha Dubois**
Research Department, St. Joseph's Care Group
- ❖ **Julie Riendeau**
Department of Psychology, Lakehead University

Background/Objectives: Many seniors with dementia are supported to "age in place" by unpaid caregivers, many of whom are seniors themselves. Family physicians (FPs) are uniquely positioned to play a critical role in caregiving situations. Unfortunately, we have little knowledge of caregiving issues from the perspective of FPs, which limits opportunities to effect change of benefit to care recipients, caregivers, and FPs. Our objectives are to develop a survey to better understand FPs' knowledge of caregiver issues, assist health planners/decision-makers in optimizing the role of FPs in supporting caregivers' health and well-being and indirectly maximize the health status and quality of life of care recipients.

Methods: After completing a literature review, three domains were identified - health outcomes and accountability, preparation, and barriers; from these a 38-item survey was created. Feedback was received from two geriatric experts and changes were made. Next, seven health planners/decision makers and nine FPs were interviewed.

Results: Respondents found the survey very useful and stated that caregivers are essential for the sustainability of the healthcare system. They felt the survey could be made generic to apply to all caregivers. Health planners indicated that the survey would provide valuable data from a planning perspective. FPs commented on their experiences with caregivers and identified relevant questions.

Conclusion: The comments from health planners/decision makers and FPs were incorporated into a revised version to be presented. This survey could be used for healthcare planning to develop targeted interventions to ultimately improve the health of caregivers and care recipients.

Decreasing Hospital Visits of Long Term Care Residents Using a Pneumonia Guideline

- ❖ **Darlene Harrison**
*Centre for Education and Research on Aging and Health,
Lakehead University*
- ❖ **Susan Whitehurst**
Nursing, Pinewood Court Reveraliving Long Term Care
- ❖ **Ruth Wilford**
*Centre for Education and Research on Aging and Health,
Lakehead University*
- ❖ **Heather Woodbeck**
Long Term Care, Registered Nurses Association of Ontario

Background/Objectives: The project was funded by the Ministry of Health and Long Term Care through HealthForce Ontario “Building Capacity for Interprofessional Collaborative Care In Long Term Care” or the “Bridges to Care Project.” Initiated by the Centre for Studies and Aging and Health, Providence Care Kingston the project included 3 sites: Kingston, Ottawa and Thunder Bay. In Thunder Bay the Centre for Education and Research on Aging and Health, (CERAH), Lakehead University partnered with Pinewood Court Reveraliving to focus on the early identification and management of pneumonia. The objective was to minimize the hospitalization of residents with pneumonia to 30% of all cases. This was considered a fairly aggressive goal based on the previous year statistics.

Method: The Alberta Guideline for Diagnosis and Management of Nursing Home Acquired Pneumonia was adapted into a one page guideline/ protocol. Education was provided to approximately 95% of all staff as well as residents and families. The method incorporated principles from Quality Improvement Guide for Long Term Care outlined in the guide by the Ontario Health Quality Council.

Results: The results to date show that greater than 75% of all residents diagnosed with pneumonia were treated in Pinewood Court. An unexpected success: there has not been a respiratory outbreak since start of the project.

Conclusion: Preliminary findings indicate the use of the adapted guidelines for early identification and management of pneumonia decreases transfer of Long Term Care residents to hospital.

Developing Palliative Care in Long Term Care: Personal Support Workers as Agents for Change

- ❖ **Jackie McDonald**
Bethammi Nursing Home, St. Joseph's Care Group
- ❖ **Lina Moore**
Hogarth Riverview Manor, St. Joseph's Care Group
- ❖ **Paulina Chow**
Long Term Care Services, St. Joseph's Care Group
- ❖ **Alesha Gaudet**
*Centre for Education and Research on Aging and Health,
Lakehead University*

Background/Objectives: Residents are choosing to remain in long term care (LTC) until the end of life as it a place of familiarity and strong relationships develop with staff. However, most LTC homes lack a formalized palliative care program to care for residents living with life-limiting or chronic illnesses. A primary goal of a five year Community University Research Alliance funded by the Social Sciences and Humanities Research Council (SSHRC) entitled Improving the Quality of Life of People Dying in Long Term Care Home is to examine the role of PSWs in providing palliative care in LTC.

Methods: Participatory action research methods are being used to help empower PSWs to be agents of change in developing palliative care in LTC.

Results: Survey results show that PSWs find a lot of meaning in working with residents, however their perception of how much impact they have within the organization is low. PSW's attitudes were generally consistent with a palliative approach. Qualitative findings revealed that communication and teamwork amongst PSW was strong, but between the different departments and disciplines it was inconsistent. Various educational needs surfaced in both the surveys and focus groups such as; providing culturally competent care, recognizing signs and symptoms and having difficult discussions about death and dying.

Conclusion: These findings show that clearly defining the role of PSWs in palliative care can help to empower this group in creating a broader cultural change in LTC. This research describes the strengths, barriers and facilitators for developing palliative care in LTC and is a unique not currently found in the literature.

Palliative Care in Long-Term Care: Listening to the Voices That Matter Most

❖ **Lise Arseneau**
*Centre for Education and Research of Aging and Health,
 Lakehead University*

❖ **Mary Lou Kelley**
*Centre for Education and Research of Aging and Health,
 Lakehead University*

Background: Increasingly older adults choose to remain in their long-term care (LTC) homes until the end of their lives. Many of whom are living with Alzheimer's disease or a related dementia. This research focuses on conveying the voices of older adults residing in LTC and their family members about the provision of palliative care and personhood.

Methods: A total of 4 older adults with dementia living in long-term care were interviewed a total of 14 times and 31 family members were each interviewed once. Data were collected in 2009 and 2010 in conjunction with a five year SSHRC funded project entitled, "Improving the Quality of Life for People Dying in Long-Term Care Homes". The results combine two conceptual frameworks 1) Tom Kitwood's (1992) Personhood theory of dementia care and 2) the Canadian Hospice Palliative Care Association's Norms of Practice (2002) to identify components of a good death as compared to a bad death for older adults diagnosed with a dementia residing in LTC.

Conclusion: The perspectives of older adults with dementia residing in LTC and their families offer an important contribution to understanding the current culture within Ontario LTC that extend beyond a medical model of physical care. The Personhood Model Integrating Palliative and Dementia Care supports the need to provide a holistic experience of quality palliative care for older adults residing in LTC with a diagnosis of Alzheimer's Disease or related dementia.

"Help Me to Say Goodbye" Pilot Palliative Care Simulation Experience

❖ **Kristen Jones**
School of Nursing, Lakehead University

❖ **Debbie Grant**
School of Nursing, Lakehead University

❖ **Diana Pallen**
School of Nursing, Lakehead University

Background/Objectives: This poster presentation documents a pilot simulation experience at Lakehead University, where nursing students in year four of the program were able to learn and apply the knowledge and skills of palliative care. Current research on simulated patient experiences consistently highlights a significant increase in confidence and competence which transfers well into the clinical area. However, the use of simulation technology to enhance pedagogy related to palliative care nursing is a relatively new areas for exploration.

Methods: This pilot project was run over a one week period, offering four sessions of the three hour simulation lab experience to groups of 6-8 students.

Results: Key themes of advocacy, communication, anticipatory strategies, and holistic assessment emerged from the experience.

Conclusion: This project offered students a unique simulated opportunity to experience palliative nursing in a safe environment with the support and guidance of experienced nurses. The lessons learned from this project will likely assist others in their endeavours to provide meaningful, student-centred educational opportunities that promote quality palliative nursing care. The opportunity to role play, discuss difficult topics with colleagues, and reflect on one's own values and beliefs about palliative care are only a few of the advantages of this type of approach.

Palliative Care in First Nations Communities: The Perspectives and Experiences of Aboriginal Elders and the Educational Needs of their Community Caregivers

- ❖ **Holly Prince**
*Centre for Education and Research of Aging and Health,
Lakehead University*
- ❖ **Thomas Grinnell**
*Centre for Education and Research of Aging and Health,
Lakehead University*
- ❖ **Mary Lou Kelley**
*Centre for Education and Research of Aging and Health,
Lakehead University*

Background/Objectives: This presentation discusses the results of a palliative care needs assessment conducted in 2009-2010 in 9 First Nations communities in Northwestern Ontario. This study explored current levels of awareness and understanding of, and their perceived access to palliative care within First Nations communities. It also examined values and beliefs related to death and dying and the educational needs of caregivers in First Nations communities.

Methods: Quantitative and qualitative data were collected through surveys and focus groups with community leaders, health care providers, Elders and community informants. 167 surveys were collected and 9 focus groups were conducted. Analysis of the data included descriptive statistics on the numerical data and thematic analysis of the qualitative data from the surveys. Focus groups were transcribed from audio recordings and analyzed thematically. Analytic work included line-by-line analysis of the transcripts to identify themes.

Results: Participants expressed a good awareness of palliative care, with many having experience in providing care for someone who was dying. Participants detailed the support provided by formal caregivers, family and community members. Talking about death and dying was generally acceptable in the communities. Most participants expressed that people would prefer to die in their community, however, challenges were identified which prevented this from occurring. Participants also detailed holistic service and education needs that are required.

Conclusion: Palliative care services are viewed as desirable and required in the communities, however, these services are lacking. The results of the needs assessment detail the strengths and obstacles in developing culturally appropriate palliative care strategies for First Nations.

An Assessment of Organizational Infrastructure Gaps, Barriers and Enablers to Developing Formal Palliative Care Programs: A Comparative Case Study of Two Long-Term Care Homes in Northern Ontario (Thesis in Progress)

- ❖ **Jessica McAnulty**
*Centre for Education and Research of Aging and Health,
Lakehead University*
- ❖ **Mary Lou Kelley**
School of Social Work, Lakehead University

Background/Objectives: This research is a sub-study of a five year SSHRC funded project, "Improving Quality of Life for People Dying in Long-Term Care Homes", which is currently in progress. This sub-study uses the Canadian Hospice Palliative Care Association's (CHPCA) model of practice as a framework to understand how the current organizational infrastructure of long-term care homes affects the development and delivery of formal palliative care programs. Data used in this analysis were gathered in Hogarth Riverview Manor and Bethammi Nursing Home.

Methods: This sub-study is a comparative case study design and uses the following pieces of data: interviews (n=20) and focus groups (n=90) with all staff, 6 sets of survey results, and a document review including policy and annual reports.

Results: Findings reveal several gaps, barriers, enablers when applying the CHPCA model to analyze the data. Although gaps, barriers, and enablers exist at an organizational level, external factors such as government regulations and community also influence the functions and resources in long term care homes. Some examples include: working in a hierarchical structure instead of a team environment (barrier), lack of educational opportunities for everyone including staff, residents, and families (gap), and having staff with very positive attitudes towards their work and caring for the dying (enabler).

Conclusion: This research will help inform the long-term care homes of the organizational gaps, barriers, and enablers that that will influence the change process when moving forward to create formal palliative care programs.

Author List

Taslim Alani
Lakehead University,
taslim.alani@gmail.com

Kim Arnold
Thunder Bay Regional
Health Sciences Centre,
980 Oliver Road,
Thunder Bay, ON P7B 6V4
tel: (807) 621-1041
docere@gmail.com

Lise Arseneau
Centre for Education on
Research on Aging and Health,
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7268
lmarsene@lakeheadu.ca

Diane Bannon
Dilico Family Health Team,
Fort William First Nation,
Thunder Bay, ON
dianebannon@dilico.com

Michel Bédard
Lakehead University,
St. Joseph's Care Group,
Northern Ontario
School of Medicine
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 343-8630
mbedard@lakeheadu.ca

Crystal Bell
Dilico Family Health Team
Fort William First Nation
Thunder Bay, ON
crystalBell@dilico.com

Peggy Blekkenhorst
Thunder Bay District
Health Unit,
999 Balmoral Street,
Thunder Bay, ON P7B 6E7
tel: (807) 625-5917
peggy.blekkenhorst@tbdhu.com

Jeff Chan
Thunder Bay Regional Health
Sciences Centre, Northern
Ontario School of Medicine,
980 Oliver Road,
Thunder Bay, ON P7B 6V4
tel: (807) 684-6327
chanj@tbh.net

Ciachen Cheng
Canadian Mental
Health Association,
272 Park Avenue,
Thunder Bay, ON P7B 1C5
ccheng@cmha-tb.on.ca

Paulina Chow
St. Joseph Care Group,
35 North Algoma Street,
Thunder Bay, ON P7B 5G7
tel: (807) 768-4408
chowp@tbh.net

Krista Clark
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 285-8745
klclark@lakeheadu.ca

Heather Coulson
Keewaytinook Okimakanak
(KO) Telemedicine,
Box 1439, 115 King Street,
Sioux Lookout, ON P8T 1B9
tel: (807) 737-1135 ext 1580
heathercoulson@knet.ca

Barbara Crawford
Northeast Mental
Health Centre,
North Bay, Ontario P1B 8L1
b.crawford@utoronto.ca

Sandra Crawford
Dilico Family Health Team,
Fort William First Nation,
Thunder Bay, ON
crawford@utoronto.ca

Helen Cromarty
Sioux Lookout Meno Ya Win
Health Centre, Box 909,
Sioux Lookout, ON P8T 1B4
tel: (807) 737-6568
hcromarty@slmhc.on.ca

Laura Curiel
Thunder Bay Regional
Research Institute,
980 Oliver Road,
Thunder Bay, ON P7B 6V4
tel: (807) 684-6636
curiell@tbh.net

Ron Davis
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 684-5100 ext 5024
davisr@tbh.net

Carolyn Dewa
Centre for Addiction
and Mental Health,
33 Russell Street T319,
Toronto, ON M5S 2S1
carolyn_dewa@camh.net

Sacha Dubois
St. Joseph's Care Group,
580 Algoma Street North,
Thunder Bay, ON P7B 5G4
tel: (807) 343-4300 ext 4405
dubois@tbh.net

Joey Farrell
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 346-7754
jfarrell@lakeheadu.ca

Mirella Fata
Canadian Mental
Health Association,
272 Park Avenue,
Thunder Bay, ON P7B 1C5
tel: (807) 345-0060
mfata@cmha-tb.on.ca

Esme French
Thunder Bay Regional
Health Sciences Centre,
201-984 Oliver Road,
Thunder Bay, ON
tel: (807) 684-6498
frenche@tbh.net

Justin Gates
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 684-6498
jgates@lakeheadu.ca

Alesha Gaudet
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7228
agaudet2@lakeheadu.ca

Carrie Gibbons
St. Joseph's Care Group,
580 Algoma Street North,
Thunder Bay, ON P7B 5G4
tel: (807) 343-4300 ext 4404
gibbonsc@tbh.net

Paula Goering
Centre for Addiction
and Mental Health,
33 Russell Street T319,
Toronto, ON M5S 2S1
paula_goering@camh.net

Debbie Grant
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7274
djgrant@lakeheadu.ca

Thomas Grinnell
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7274
tgrinnell@lakeheadu.ca

Karen Halvorson
St. Joseph Care Group,
35 North Algoma Street,
Thunder Bay, ON P7B 5G7
tel: (807) 343-2431 ext 2208
halvorsk@tbh.net

Darlene Harrison
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7297
daharris@lakeheadu.ca

Tiina Heimonen
St. Joseph's Care Group
301 Lillie Street North,
Thunder Bay, ON P7A 0A6
tel: (807) 684-5100 ext 5031
heimonet@tbh.net

Dexter Hobson
Thunder Bay Regional
Research Institute,
980 Oliver Road,
Thunder Bay, ON P7B 6V4
tel: (807) 684-7280
hobsond@tbh.net

Maria Huijbregts
Baycrest,
3560 Bathurst Street,
Toronto, ON M6A 2E1
tel: (416) 785-2500 ext 2677
mhuijbregts@baycrest.org

Kristen Jones
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 343-8079
kristen.jones@lakeheadu.ca

Mary Lou Kelley
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7270
mlkelley@lakeheadu.ca

Len Kelly
Meno Ya Win Health
Centre, Box 909,
Sioux Lookout ON P8T 1B4
tel: (807) 708-5788
lkelly@mcmaster.ca

Anik Lambert-Bélanger
Lakehead University,
211 Fanshaw, P7C 5T7
Thunder Bay, ON
tel: (807) 737-3030
alamber1@lakeheadu.ca

Tracey Larocque
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 684-6000
tlarocque@lakeheadu.ca

Judith A. Lever
Hamilton Health
Sciences Centre
Hamilton, ON

Desmond Loong
Centre for Addiction
and Mental Health,
33 Russell Street T319,
Toronto, ON M5S 2S1

Jessica McAnulty
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7273
jmcanult@lakeheadu.ca

Jackie McDonald
St. Joseph's Care Group,
63 Carrie Street,
Thunder Bay, ON P7A 4J2
tel: (807) 768-4400
beaneyj@hotmail.com

Darcy McWhirter
St. Joseph's Care Group,
301 Lillie Street, North,
Thunder Bay, ON P7C 0A6
tel: (807) 684-5100
mcwhirt@d@tbh.net

Bryanne Minty
Meno Ya Win Health
Centre, Box 909
Sioux Lookout ON P8T 1B4
tel: (807) 737-3030
bryanneminty@hotmail.com

Helle Moeller
Thunder Bay Regional
Research Institute,
Thunder Bay, ON
helle@ualberta.ca

D. William Molloy
McMaster University

Lina Moore
St. Joseph's Care Group
311 Lillie Street
Thunder Bay, ON P7C 0A6
tel: (807) 625-1110
archieb5@shaw.ca

Laura Morrison
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7256
ldiamond@lakeheadu.ca

Nadia Mullen
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7249
nmullen@lakeheadu.ca

Ian Newhouse
Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 343.8074
inewhou@lakeheadu.ca

Natalie Paavola

Dilico Family Health Team,
Fort William First Nation,
Thunder Bay, ON
nataliepaavola@dilico.com

Diana Pallen

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
dpallen@lakeheadu.ca

Glen Paterson

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 343-8291
gpaterso@lakeheadu.ca

Kelly-Jo Pfaff

Thunder Bay Regional
Health Sciences Centre,
980 Oliver Road,
Thunder Bay, ON P7B 6V4
tel: (807) 684-7221
pfaffk@tbh.net

Samuel Pichardo

Thunder Bay Regional
Health Sciences Centre,
980 Oliver Road,
Thunder Bay, ON P7B 6V4
tel: (807) 684-4442
pichards@tbh.net

Nicolle Plante-Dupuis

Northeast Mental
Health Centre,
North Bay, ON P1B 8L1
nplante-dupuis@nemhcca.on.ca

Holly Prince

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7274
hprince@lakeheadu.ca

Kirsti Reinikka

St. Joseph's Care Group,
Northern Ontario School of
Medicine, McMaster University,
35 N. Algoma Street,
Thunder Bay, ON P7B 5G7
tel: (807) 766-7472
reinikk@tbh.net

Julie Riendeau

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7208
jariende@lakeheadu.ca

Theodore Rosenthal

Systems Technology Inc.,
13766 S. Hawthorne Blvd.,
Hawthorne, CA 90250-7083
tel: (310) 679-2281 ext 13
trosenthal@systemstech.com

Alberto Severini

Health Canada,
Winnipeg, MN
alberto_severini@phac-aspcgcca

Pirjo Smith

St. Joseph's Care Group,
301 Lillie Street, North,
Thunder Bay, ON P7C 0A6
tel: (807) 684-5100, ext 5054
smithpi@tbh.net

Leeza Speziale

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7274
lspezial@lakeheadu.ca

Natalie St. Pierre-Hansen

Meno Ya Win Health
Centre, Box 909,
Sioux Lookout ON P8T 1B4
tel: (807) 737-3030
natahansen@gmail.com

David Thompson

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 344-1827
dsthomps@lakeheadu.ca

Mun Tran

St. Joseph Care Group,
35 North Algoma Street,
Thunder Bay, ON P7B 5G7
tel: (807) 346-2320
muntran@hotmail.com

Lucy Trojanowski

Centre for Addiction
and Mental Health,
33 Russell Street T319,
Toronto, ON M5S 2S1
carolyn_dewa@camh.net

Marney Vermette

Keewaytinook Okimakanak
(KO) Telemedicine,
Box 1439, 115 King Street,
Sioux Lookout, ON P8T 1B9
tel: (807) 735-1381 ext 1331
marneyvermette@knet.ca

Roger Walker

Timmins and District Hospital,
700 Ross Avenue East,
Timmins ON P4N 8P2
tel: (705) 267-2332
rwalker@tadh.com

Carol Watson

St. Joseph's Care Group,
301 Lillie Street, North,
Thunder Bay, ON P7C 0A6
tel: (807) 684-5100 ext 5030
watsonc@tbh.net

Bruce Weaver

Northern Ontario
School of Medicine,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7274
bweaver@lakeheadu.ca

Susan Whitehurst

Pinewood Court
Reveraliving Long Term Care,
2625 Walsh Street East,
Thunder Bay, ON P7E 2E5
susan.whitehurst@reveraliving.com

Ruth Wilford

Lakehead University,
955 Oliver Road,
Thunder Bay, ON P7B 5E1
tel: (807) 766-7298
rwilford@lakeheadu.ca

Heather Woodbeck

Registered Nurses
Association of Ontario,
63 Carrie Street,
Thunder Bay, ON P7A 4J2
tel: (807) 768-4432
woodbeck@tbh.net

Andrea Wrzeczionek

St. Joseph's Care Group,
301 Lillie Street, North,
Thunder Bay, ON P7C 0A6
tel: (807) 684-5100
wrzeczioa@tbh.net

Ingeborg Zehbe

Thunder Bay Regional
Research Institute,
Thunder Bay, ON
tel: (807) 684-7246
zehbei@tbh.net

Acknowledgements

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Melanie Peterson

*Secretary, Learning, Research
and Professional Practice
St. Joseph's Care Group*

Geri Vainionpaa

*Director, Learning, Research
and Professional Practice
St. Joseph's Care Group*

Sacha Dubois

*Research Statistician
St. Joseph's Care Group*

Carrie Gibbons

*Research Coordinator
St. Joseph's Care Group*

Michel Bédard

*Scientific Director
St. Joseph's Care Group*

Remo d'Angelo

*Learning/Telehealth Facilitator
St. Joseph's Care Group*

Duncan Koza

*Website Developer/Graphics
Designer
St. Joseph's Care Group*

Robert Srigley

*Senior Information Technologist
St. Joseph's Care Group/Thunder
Bay Regional Health Sciences
Centre*

Hillary Maxwell

*Research Coordinator
St. Joseph's Care Group*

Showcase of Health Research 2011

Friday, February 4, 2011
8:30 am to 1:30 pm
Best Western Nor'Wester Resort Hotel
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Making a Difference!

For more information, please contact
Carrie Gibbons, *Research Coordinator*
Tel: 807-343-4300, ext. 4404 • Fax: 807-346-5243
Email: gibbonsc@tbh.net



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