Towards Technologies for Promoting Nutritional Health in Older People with Dementia Living in Their Own Home



Asangi de Silva Jayatilaka

Supervisors: Professor Katrina Falkner Dr Damith Ranasinghe

Professor Anne Wilson

School of Computer Science University of Adelaide

This thesis is submitted for the degree of Doctor of Philosophy

July 2017

I would like to dedicate this thesis to my beloved family, teachers, and mentors who have helped me to become the person I am today.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously publis hed or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other ter tiary institution without the prior approval of the University of Adelaide and where applicable, any partner institution responsible for the joint -award of this degree.

I give consent to this copy of my thesis when deposited in the University Library, bein g made available for loan and photocopying, subject to the provisions of the Copyright Act 1968. I acknowledge that copyright of published works contained within this thesis resides with the copyright holder(s) of those works.

I also give permission for the digital version of my thesis to be made available on the web, via the University's digital research repository, the Library Search and also through web search engines, unless permission has been granted by the University to restrict access for a period of time

> Asangi de Silva Jayatilaka July 2017

Acknowledgements

This thesis is a result of many experiences which I have encountered at The University of Adelaide and it would not have been possible without the support of several people.

I want to thank Professor Katrina Falkner for her useful comments and guidance provided for this thesis, and for her valuable support, encouragement and strength provided throughout my PhD.

I want to thank Dr Damith Ranasighe for giving me the valuable opportunity to conduct further studies at the University of Adelaide, and for the guidance and valuable feedback provided throughout the PhD.

I want to thank Professor Anne Wilson for the guidance provided throughout the qualitative descriptive study which is a significant part of this thesis, for the valuable feedback provided on the thesis, and for the her extraordinary support and motivation which helped me to move forward and achieve my goals.

I want to thank the managers and officers at Southern Cross Care (SA & NT) Inc, ECH Inc, ACH Group and Resthaven Inc, for their significant support provided for the research. Especially, I appreciate their assistance in releasing their staff, despite the extremely tight schedules, to attend the group meetings. I also want to thank all the home support workers and care coordinators who participated in the focus groups and all the participants who participated in the technology development studies.

I want to thank Professor Renuka Visvanathan for the feedback and advices provided, and for her assistance in collaborating with aged-care organisations.

I also would like to thank Professor Ali Babar and Dr Neha Mahajan for their support provided during the first year of my PhD journey.

I recognise that this research would not have been possible without financial support from The Hospital Research Foundation (THRF), the Government of South Australia (CPP39) and the School of Computer Science.

I would like to thank the School of Computer Science for providing me with an excellent working environment with all the resources needed to carry out my PhD.

I am thankful to Alison-Jane Hunter for her professional support in editing this thesis.

I also would like to thank my close friends in Adelaide for all their kind support, love and care provided throughout this PhD journey.

Last, but not least I would like to thank my beloved husband, parents and parents inlaw for standing beside me, and for providing support and encouragement throughout the ups and downs of this journey.

Abstract

Dementia compromises older people's ability to maintain good nutrition, which in turn hinders their capacity to live in their homes for longer. Thus, they need significant support to maintain their nutritional health, often through care workers, especially when living with limited or no family support. However, with the rapid growth of the older population, the burden on care workers continues to increase, resulting in an urgent need to consider ways to assist people with dementia to maintain their nutritional health as well as their care workers to provide better support for their clients. Through a cross-disciplinary study, this thesis investigates how technologies can be used to promote nutritional health in older people with dementia living in their own homes. This involves an in-depth qualitative descriptive study and two technology development demonstrations.

Understanding needs prior to technology development is crucial for technologies to be effective, accepted by users and able to reach their desired maturity; however, this necessitates greater research investment. This thesis presents, for the first time to the best of the researcher's knowledge, a qualitative descriptive study with the aim of obtaining an holistic perspective of needs for technologies promoting nutritional health in older people with dementia living in their own home, involving focus groups with 27 care workers who provide care to older people with dementia, recruited from four leading aged care providers. Eight categories emerged from synthesising the care workers' voices. These categories provide deep, reliable insights useful for designing nutritional health-promoting technologies. In particular, nutritional health challenges faced by older people with dementia and challenges faced by care workers when providing nutritional health assistance to their clients demonstrate the demand and need for technological assistance and opportunities for developing technologies to promote nutritional health for the target cohort. Furthermore, this thesis proposes important elements need to be considered in technology development in the form of eleven technology design considerations.

Based on the formulated design considerations, two technology development demonstrations are presented. Firstly, poor fluid intake is identified as a significant problem and therefore, recognising fluid intake related primitive human motions using batteryless Radio Frequency Identification (RFID) technology is investigated. To this end, a *smart cup* to collect fluid intake data is designed and experiments are conducted with young (30.7 ± 1.6 years) and old (69.0 ± 4.6 years) participants. The promising results demonstrate the feasibility and efficacy of recognising short distance, short duration natural fluid intake gestures using batteryless RFID technology for the first time to the best of researcher's knowledge. Secondly, a study that focuses on an architecture, Home of Things for Ambient Assisted Living—HoTAAL, suitable for facilitating the development of a collaborative environment, having heterogeneous technologies that can have seamless integration with each other as well as humans is conducted. It is expected that such an infrastructure would allow the development of a broad range of innovative technological applications to promote the nutritional health of older people with dementia. A demonstration of providing meal preparation assistance employing HoTAAL with three kitchen appliances was conducted. Additionally, possible technological applications based on HoTAAL architecture are described for several scenarios extracted from the focus group findings.

Table of Contents

Li	st of l	Figures	xiv
Li	st of '	Tables	xvi
A	cknov	vledgement of material arising from this thesis	xix
Ι	Ov	erview and background	1
1	Intr	roduction	2
	1.1	Contributions of the thesis	5
		1.1.1 List of contributions	5
		1.1.2 Description of the contributions	6
	1.2	A guide to the thesis	9
	1.3	Researcher position	12
	1.4	Definition of terms used in this thesis	13
2	Rela	ated work	15
	2.1	Nutrition and mealtime situations of older people with dementia .	16
	2.2	Identification of technology needs	18
		2.2.1 Technological needs of older people with dementia	18
		2.2.2 Technological needs of care workers	20
	2.3	Development of technologies	20
		2.3.1 Technologies to support older people with dementia	21
		2.3.2 Technologies to support care workers	27
	2.4	Discussion	28
II	In	vestigation of technological needs	31
3	The	oretical framework	33

Table of Contents ix

	3.1	Explanat	tion and justification of the research methodology	35
		3.1.1	The research paradigm selection	35
		3.1.2	The research design selection	37
	3.2	Research	n methods	41
		3.2.1 F	Participant selection and recruitment	41
		3.2.2 I	Data collection	42
		3.2.3 I	Data analysis	45
	3.3	Study rig	gour	47
	3.4	Summary	y	49
4	Trino d	limas T	Cumment massived by alder massle with demontic living in	
4			Support received by older people with dementia living in ne to maintain their nutritional health	51
	4.1		ant characteristics	
	4.2	-	T: Care worker support	53
	7.2		Concept: Plans	53
			Concept: Documentation and communication	55
			Concept: Dental care	
			Concept: Shopping	
			Concept: Meal preparation	
			Concept: Food consumption	61
			Concept: Fluid consumption	64
			Concept: Food quality	
	4.3		: Family Support	
			Concept: Care plans	
			Concept: Shopping	
		4.3.3	Concept: Meal preparation	69
	4.4	Summary	y	70
5	Find	lings II - (Older people's nutritional health challenges as perceived by	
J		workers	start people's natificatin chancinges as perceived by	72
	5.1		Shopping	72
	5.2	-	: Meal preparation	76
	5.3	-	: Food consumption	78
	5.4	-	: Fluid consumption	85
	5.5	1	: Food quality	
		-	V	89

Table of Contents x

6	Find	lings III	[- Care workers' challenges in supporting their clients' nutri	-
	tion	al healtl	h and their information needs	91
	6.1	Catego	ry: Care workers' challenges in supporting their clients' nutri-	
		tional	health	93
		6.1.1	Concept: Allocated time	93
		6.1.2	Concept: Personal preferences and problems	94
		6.1.3	Concept: Communicating with other care workers	96
		6.1.4	Concept: Food consumption	97
		6.1.5	Concept: Fluid consumption	100
		6.1.6	Concept: Food quality	101
		6.1.7	Concept: Shopping	102
		6.1.8	Concept: Meal plans	105
		6.1.9	Concept: Meal preparation	106
		6.1.10	Concept: Enabling the clients	108
		6.1.11	Concept: Uncooperative families	109
		6.1.12	Concept: Uncooperative clients	111
		6.1.13	Concept: Documentation	112
	6.2	Catego	ory: Care workers' information needs related to clients' nutri-	
		tional	health	113
		6.2.1	Concept: Food and fluid consumption	113
		6.2.2	Concept: Inventory	115
		6.2.3	Concept: Rewards	116
		6.2.4	Concept: Meal and shopping plans	116
		6.2.5	Concept: Meal preparation	119
		6.2.6	Concept: Routines	
	6.3	Summa	ary	120
7	Find	lings IV	- Care workers' wishes and concerns about technologies	122
	7.1	Catego	ry: Care workers' wishes for technologies designed to support	
		their cl	lients	123
		7.1.1	Concept: Shopping support	123
		7.1.2	Concept: Meal preparation support	125
		7.1.3	Concept: Food and fluid consumption support	125
		7.1.4	Concept: Cleaning support	130
		7.1.5	Concept: Toileting support	131
		7.1.6	Concept: A single platform focusing on nutrition	131
	7.2	Catego	ry: Care workers' wishes for technologies designed to support	
		them .		132

Table of Contents xi

		7.2.1	Concept: <i>Inventory monitoring support</i>	132
		7.2.2	Concept: Meal preparation support	134
		7.2.3	Concept: Support to create the desire to eat	135
		7.2.4	Concept: Food and fluid consumption monitoring	135
		7.2.5	Concept: Remote visual monitoring	136
		7.2.6	Concept: Cleaning support	. 137
		7.2.7	Concept: Comprehensive nutrition evaluation	. 137
	7.3	Catego	ry: Care workers' technological concerns	138
		7.3.1	Concept: Concerns related to care workers	138
		7.3.2	Concept: Concerns related to older people with dementia as	
			perceived by care workers	. 140
	7.4	Summa	ary	. 144
8	Disc	cussion o	on the findings of the technological needs investigation	147
	8.1	Older p	people with dementia's nutritional health challenges	149
		8.1.1	Shopping	. 151
		8.1.2	Meal preparation	. 152
		8.1.3	Food consumption	. 152
		8.1.4	Fluid consumption	154
		8.1.5	Food quality	154
	8.2	Care w	orkers' challenges in supporting their clients' nutritional health	154
		8.2.1	Allocated time	156
		8.2.2	Personal preferences and problems	156
		8.2.3	Communicating with other care workers	156
		8.2.4	Food consumption	157
		8.2.5	Fluid consumption	. 157
		8.2.6	Food quality	158
		8.2.7	Shopping	. 158
		8.2.8	Meal plans	158
		8.2.9	Meal preparation	159
		8.2.10	Enabling the clients	159
		8.2.11	Uncooperative families	160
		8.2.12	Uncooperative clients	160
		8.2.13	Documentation	160
	8.3	Techno	ology design considerations	. 160
		8.3.1	Design considerations for technologies assisting older people	
			with dementia	. 161
		8.3.2	Design considerations for technologies assisting care workers	165

Table of Contents xii

	8.4	Potenti	al avenues for technology development	169
		8.4.1	Potential avenues for technology development to assist older	
			people with dementia	169
		8.4.2	Potential avenues for technology development to assist care	
			workers	176
	8.5	Strengt	ths and limitations	178
		8.5.1	Strengths	179
		8.5.2	Limitations	180
	8.6	Summa	ary	181
II	I To	echnol	ogy development demonstrations	183
9	Real	-time fl	uid intake gesture recognition based on passive UHF RFII)
	techi	nology		185
	9.1	_	and realisation of the <i>smart cup</i>	
		9.1.1	RFID preliminaries	
		9.1.2	Smart cup design considerations	189
		9.1.3	Smart cup prototype	
	9.2	Data co	ollection	
		9.2.1	Participants and set up	
		9.2.2	Experiment with young volunteers	
		9.2.3	Experiment with older volunteers	194
		9.2.4	Dataset annotation	194
	9.3	Method	dology	195
		9.3.1	Data segmentation and feature extraction	195
		9.3.2	Drinking episode recognition	198
		9.3.3	Statistical analysis	199
	9.4	Results	S	201
		9.4.1	Results for young participants	202
		9.4.2	Results for older participants	
	9.5	Discus	sion	208
10			ings for Ambient Assisted Living (HoTAAL)	211
	10.1		AL architecture	
		10.1.1	Social thing	214
		10.1.2	Messaging system	215
			High-level applications	
	10.2	Proof o	of concept implementation and demonstration	217

Table of Contents	xiii
-------------------	------

		10.2.	1 Social refrigerator	217
		10.2.	2 Social microwave	218
		10.2.	3 Social bin	219
		10.2.	4 Messaging system	219
		10.2.	5 Demonstration scenario	220
	10.3	Samp	ole applications	221
		10.3.	1 Several potential technological applications	222
		10.3.	2 Recommendations for evaluation	224
	10.4	Ackn	owledgement	225
	10.5	Discu	assion	225
IV	R	evisit	ting the purpose	229
12	Conc	clusio	n	230
	12.1	Sugg	estions for future research directions	233
	12.2	Conc	luding remarks	235
Аp	pendi	ix A	Ethics approval	237
Аp	pendi	ix B	Consent form	239
Аp	pendi	ix C	Contacts for information on project and independent compl	aints
	proc	edure		241
Ap	pendi	ix D	Participant information sheet	244
Ap	pendi	ix E	Participant basic information collection form	248
Ap	pendi	ix F	Focus group guide	252
Аp	pendi	ix G	Model parameters used for the fluid intake gesture recognit	ion 256
	G .1	Mode	el parameters for young people dataset	257
	G.2	Mode	el parameters for older people dataset	257
Re	feren	ces		258

List of Figures

3.1	Deductive process vs inductive process: (a) deductive process; and
	(b) inductive process
3.2	Examples of technologies for in-home monitoring or assistance in-
	cluded in the presentation conducted by the moderator during the focus
	groups: a) wearable sensors [1]; b) hand held tools [2]; c) robots [3];
	and iv) smart home [4]. ((a) is licensed under CC BY 4.0.) 44
3.3	Stages of the organisation stage of the qualitative content analysis 46
4.1	Audit trail for the category: Care worker support
4.2	Audit trail for the category: Family Support
5.1	Audit trail for the category: Older people's nutritional health chal-
	lenges as perceived by care workers
6.1	Audit trail for the category: Care workers' challenges in supporting
	their clients' nutritional health
6.2	Audit trail for the category: Care workers' information needs related
	to clients' nutritional health
7.1	Audit trail for the category: Care workers' wishes for technologies
	designed to support their clients
7.2	Audit trail for the category: Care workers' wishes for technologies
	designed to support them
7.3	Audit trail for the category: Care workers' technological concerns 139
8.1	Impact of dementia on the nutrition and mealtimes of older people
	living in the community. The shaded node indicate new knowledge or
	extensions to current knowledge
8.2	Impact of the nutrition and mealtimes of older people with dementia
	living in the community on their care workers. The shaded nodes
	indicate new knowledge or extensions to current knowledge 155

List of Figures xv

8.3	Design considerations for technologies assisting older people with dementia to maintain good nutrition	161
8.4	Design considerations for technologies assisting care workers to pro-	101
0.1	vide better nutritional health support to their clients	166
9.1	a) The smart cup used in the experiment with the 4 RFID tags; b) re-	
	created dining room setting used for data collection; and c) typical	
	variations of RSSI for two regular cups with the proposed tag place-	
	ment: i) data collected for a tempered glass cup; ii) data collected for	
	a porcelain cup	191
9.2	a) A young participant drinking water while having her lunch; b) a	
	young participant drinking orange juice while reading a newspaper;	
	c) an older participant drinking a cold wine while reading a message	
	on the phone and having his lunch; and d) an older participant refilling	
	his favourite orange juice while enjoying his lunch	192
9.3	Analysis of the data collected from young participants illustrating	
	RSSI and phase (unwrapped) for tag 4: a) drinking; b) moving the	
	cup while changing the sitting posture; c) placing the cup on the table	
	without completing the drinking action already initiated due to the	
	interruption from the phone call; d) dragging the cup to a convenient	
	location; e) bringing the cup to the dining area; f) taking the cup away	
	to get a refill	195
9.4	Typical RSSI and unwrapped per channel phase patterns for a drinking	
	episode w.r.t. tag 4: a) a drinking episode of a young participant; b) a	
	drinking episode of an older participant	. 196
9.5	Drinking episode recognition evaluation. GT indicates a Ground Truth	
	drinking episode, TP indicates a candidate drinking episode classified	
	and evaluated as a true positive. FP indicates a misclassified drinking	
	episode. Overlap indicates the alignment of a correctly predicted	100
	drinking episode with the respective ground truth episode	199
10.1	The high-level architecture of HoTAAL	213
10.2	The architecture of a social thing	214
10.3	Messaging protocol	215
	Social refrigerator	217
10.5	Implementation of a social thing architecture presented in Figure 10.4	
	to realise the social refrigerator	
	Social microwave	
10.7	Social bin	219

I ' . CT'	•
List of Figures	XVI
List of figures	AVI

10.8	Social interactions of the kitchen appliances and objects	221
10.9	Twitter feed extract for the demonstration. For the demonstration, only	
	the sender, receiver and payload of the message have been populated.	222

List of Tables

4.1	Participant characteristics
9.1	Typical relative permittivity of materials reported in the literature 189
9.2	Dataset statistics for data collected from young participants using
	broadly scripted activity routines
9.3	Summary of RSSI and phase features used for binary classification 19
9.4	Mean <i>drinking</i> and <i>non-drinking</i> binary classification performance
	(F-score %) for young participants
9.5	Drinking episode recognition performance (%) using the s3 feature ex-
	traction method for different tag combinations using different classifiers. 202
9.6	Mean overlap performance (%) of the drinking episodes using the s3
	feature extraction method for different tag combinations and different
	classifiers
9.7	Number of ground truth (GT), true positive (TP) and false positive
	(FP) drinking episodes for each young participant obtained using the
	s3 feature extraction method with a NSVM classifier for considered
	tag combinations
9.8	Drinking and non-drinking binary classification performance (%) for
	older participants with NSVM models trained using young participant
	data
9.9	Drinking episode recognition performance (%) for older participants
	using s3 feature extraction and NSVM models trained using young
	participant data
9.10	Overlap performance of drinking episode recognition (%) for older
	participants using s3 feature extraction and NSVM models trained
	using young participant data
9.11	Number of ground truth (GT), true positive (TP) and false positive
	(FP) drinking episodes for each older participant
10.1	Capabilities of the social kitchen appliances
10.1	Capacific of the social received appliances

List of Tables xviii

G.1	Model parameters for young people dataset when using the s3 fea-
	ture extraction method for different tag combinations using different
	classifiers
G.2	Model parameters for old people dataset when using s3 feature extrac-
	tion and NSVM models trained using young participant data 257

Acknowledgement of material arising from this thesis

Manuscripts published

- A. Jayatilaka and D.C. Ranasinghe, "Real-time fluid intake gesture recognition based on batteryless UHF RFID technology", Pervasive Mobile Computing, vol. 34, pp. 146-156, 2017.
- A. Jayatilaka, Y. Su, D.C. Ranasinghe, "HoTAAL: Home of Social Things Meet Ambient Assisted Living", in the IEEE International Conference on Pervasive Computing and Communication Workshops, 2016, pp. 1-3.
- A. Jayatilaka and D.C. Ranasinghe, "Towards unobstrusive real-time fluid intake monitoring using passive UHF RFID", in the IEEE international conference on RFID, USA, 2016, pp. 1-4.
- A. Jayatilaka, D.C. Ranasinghe, K. Falkner, R. Visvanathan, A. Wilson, "Caregivers' voices in designing assistive technologies for preventing malnutrition in older people with dementia: Innovative Practice", Dementia (Accepted).

Manuscripts in preparation

- A. Jayatilaka, D.C. Ranasinghe, K. Falkner, R. Visvanathan, A. Wilson, "Challenges that affect the nutritional health of older people with dementia: Technology directions from caregiver perspectives".
- A. Jayatilaka, D.C. Ranasinghe, K. Falkner, R. Visvanathan, A. Wilson, "Technological opportunities for assisting care workers to provide improved nutritional health support to clients with dementia living at home".

Presentations

- A. Jayatilaka, "Towards technology development to support nutritional health in older people living in their own homes with dementia", Research Seminar, Adelaide Geriatrics Training and Research with Aged Care Centre, Adelaide, 2014.
- A. Jayatilaka, "Real-time fluid intake monitoring system based on passive UHF RFID", Adelaide Geriatrics Training and Research with Aged Care Centre research showcase, Adelaide, 2015.
- A. Jayatilaka, "Towards unobtrusive real-time fluid intake monitoring using passive UHF RFID", in IEEE international conference on RFID", IEEE RFID Conference, Orlando, USA, 2016.
- A. Jayatilaka, "Designing and developing assistive technologies geared towards promoting nutritional health in older people with dementia living in their own homes", Paramedic research seminar, Finders University, Adelaide, 2016.