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CONCURRENT SESSIONS

West Coast Conference on Aging

Friday May 31, 2024

[Help BC Hear Better](#)

[Embracing harm reduction in long-term care: Changing our perspectives on care for an evolving population](#)

[Making healthcare and age-friendly communities accessible to people living with disabilities](#)

[BC Brain Wellness Program](#)

Saturday June 1, 2024

[Balancing patient eating habits with planetary health](#)

[What's different? An overview of the interRAI LTCF and CIHI's new reporting system](#)

[Is care work, fair work? Politics of genderracialisation in long-term care homes](#)

[Health urgent guide services \(HUGS\) for Japanese Canadian internment survivors](#)





FRIDAY: 1245 – 1315h

Help BC Hear Better

LOCATION: GRAND BALLROOM

- Identify how hearing loss can adversely affect the health and quality of life of our population, especially seniors.
- Recognize the issues with BC's lack of universally funded hearing health care.
- Participate in initiatives to advocate for stable provincial funding to provide basic hearing health services, including hearing aids, to British Columbians.

Grace Shyng

Registered Audiologist and UBC Clinical Assistant Professor & Co-Chair, Help BC Hear Better

Grace Shyng is a Registered Audiologist and Hearing Instrument Practitioner in BC, and a Clinical Assistant Professor with the UBC School of Audiology and Speech Sciences. She is the co-founder and Director of Audiology at Network Hearing Health, a comprehensive audiology private practice in Port Coquitlam BC. Grace has nearly 30 years of clinical experience and has worked in many different roles, including Clinical Audiologist, Head of Audiology and Executive Director of a non-profit organization.



Her areas of interest include hearing health and aging, amplification, tinnitus management, and communication accessibility. Throughout her career, Grace has actively volunteered and served on many audiology and professional committees. Currently, she is co-chairing the Help BC Hear Better group, an initiative to create a provincial funding program for hearing health services and hearing aids in BC.





Elissa Robb

Educational Audiologist & Committee Member, Help BC Hear Better

Elissa Robb has been practicing audiology for over 10 years and is the District Audiologist for School District 43 in Coquitlam, BC. Prior to this, she worked at a multifaceted, not for profit organization focusing on adult amplification. She is a Clinical Instructor with UBC's School of Audiology and Speech Sciences.



Since 2013, Elissa has served on committees advising about service provision for Deaf and hard of hearing students in post-secondary education throughout BC. Elissa was awarded the Canadian Association of Educators of the Deaf and Hard of Hearing – BC Advocacy Award for her work with students. Her passion for accessibility stems from personal experience navigating post-secondary studies with hearing loss.

Elissa is a lifetime member of the Canadian Hard of Hearing Association (CHHA) and served on the Vancouver Branch board from 2014 - 2019. She currently serves on the CHHA Scholarship Committee and is an active member of the Help BC Hear Better committee.

Karen Harper

Councillor, District of Saanich

Karen is currently a councillor in the District of Saanich, in her third term. She is currently chair of the Arts, Culture and Community Wellbeing Committee at the district which aligns with her interest in seniors and aging. Additionally, she is the Vice Chair of the Water Commission, and a member of numerous other committees.



Her background includes 17 years as a teacher with positions at the secondary and elementary levels, as a classroom teacher and teacher librarian and worked as well in the French immersion program. During that time, she was a union activist and labour negotiator, which lead to her second career as a staff person at the BCTF where she was responsible for the income security and pension programs and was a pension plan trustee. It was there that she managed the Teachers' short-





and long-term disability plan and began her experience and knowledge in the impact of various disabilities on people's ability to function, including hearing loss. While there she championed the first rehabilitative return to work program in the province, which has now become the norm in most places of employment. This phase of her life led to her last career in the public service, senior vice president/ Chief Knowledge Officer at the BC Pension Corporation, where she was responsible for a myriad of portfolios including pension board relations, policy development, legal services, information technology and communications.

After completing forty years in various parts of the public service, she retired, and took some time out to enjoy life - reading, bicycling, French groups, travelling, etc. and then decided to return to public life and ran for Saanich Council successfully.

Moderator: Ashley Payne

Embracing harm reduction in long-term care: Changing our perspectives on care for an evolving population

LOCATION: PACIFIC RIM ROOM

The needs of older adults are changing and our health care system, long term care in particular, is woefully unprepared for the wave of elders who are presenting with new, complex sets of health and social needs—including substance use. The lack of access to harm reduction long term care a notable challenge in our health care system.

Central City Lodge is a long-term care home in Vancouver that supports older adults who use substances through a harm reduction philosophy. Although licensing standards for long term care do not allow for the adoption of all forms of harm reduction, Central City Lodge has embraced the principles of harm reduction in the creation of supportive manage alcohol programs, opioid agonist therapies, harm reduction care planning, and our day-to-day relational engagement.



Page 4 of 18
Version 7 May 2024





In this talk, we present case studies to explore and discuss the art and necessity of harm reduction in long-term care.

Ann Thomas

Social Worker, Central City Lodge

Ann is formally educated as social worker and can be found Sunday to Thursday during daylight hours at Central City Lodge mixing it up with a unique and engaging set of residents and a fabulous team of colleagues. She has a passion for developing and increasing health and housing services for clinically complex Older Adults. She joined the team at CCL after working with elders at risk as a housing and social navigator struggling with the limited resources available for this population. In her spare time Ann enjoys a good puzzle, adventuring and laughing with friends, and gardening with her feline companion Oz.



Shelley West

Social Worker, Central City Lodge

Shelley spent 15 years working for MCFD as a child & youth counsellor in mental health & forensics before switching gears and becoming a social worker. After completing her MSW, she spent time working in hospital before landing at Central City Lodge where she has been authentically and enthusiastically social working since 2016.



While Shelley has supported folks all along the life span, her clients' have always been the type who demand to 'live life on their own terms'. Shelley believes deeply in others' right to self-determine and she is fascinated by the intersection of capacity, aging, and risk. When she's not at work, Shelley enjoys thrifting, crocheting & taking naps. She can also be found happily flipping burgers & selling candy bags at the concession of her local Little League.

Moderator: Rebecca Brown





FRIDAY: 1315 – 1345h

Making healthcare and age-friendly communities accessible to people living with disabilities

LOCATION: GRAND BALLROOM

The World Health Organization (WHO) “Integrated Care for Older People” (ICOPE) provides guidance for person-centered primary care that is intended to promote healthy aging by helping community health workers and other service providers to optimize functioning in everyday life for older people despite declines that they may be experiencing in six key capacities.

The six domains of intrinsic capacity may intersect and include cognitive decline, vision impairment, hearing impairment, limited mobility, malnutrition, and depressive symptoms. ICOPE stresses the need to use an integrated approach to screening and assessing health and social care needs to develop person-centered plans for individuals and their care partners, with appropriate recommendations and interventions to address the complexities of living with multiple disabilities. For example, social prescribing by primary care physicians may be more effective if targeted activities are accessible for those with dual sensory loss and mobility limitations. This type of integrated approach aligns well with the Decade of Healthy Aging (2021-2030), the WHO Rehabilitation 2030 call to action, and the imperatives for our healthcare system to move towards inter-professional primary care teams and for our communities to become more accessible. Importantly, integrated assessments and rehabilitation planning in clinical contexts and better community-level planning for accessibility will reduce current inequities.

This presentation will have three parts. The first part of the presentation will describe age-related increases in the prevalence of key capacities identified in ICOPE and their inter-connections using analyses of data from the Canadian Longitudinal Study of Aging and findings from other population studies. For example, multi-sensory declines interact with cognitive, mental health, mobility, and





nutrition. The second part of the presentation will illustrate how functioning in everyday life can be improved (and inequities reduced) when integrated care incorporates person- and family-centered screening, assessment, and goal-based rehabilitative interventions to improve functioning. Interventions may involve a combination of environmental modifications, use of assistive devices, and changes in attitudes and behaviours. The third part of the presentation will highlight the advantage of integrated care planning by inter-professional teams whereby all healthcare and community service providers share responsibility for optimizing everyday functioning by ensuring accessibility for older people living with disabilities, both inside healthcare contexts as well as in the community outside of clinics.

Indeed, the potential to improve equity and promote health aging for older adults who are living with one or more disabilities will likely only be achieved if bridges are built between clinic and community with a common commitment to accessibility to reduce inequities for the large number of older adults who live with disabilities. Examples of such potentially synergistic clinical and community initiatives will be drawn from recent municipal resolutions to promote accessibility for residents of Bowen Island, British Columbia.

Kathy Pichora-Fuller

**Professor Emerita, Psychology, University of Toronto & Adjunct Professor, Gerontology,
Simon Fraser University**

Kathy Pichora-Fuller is Professor Emerita (Psychology, University of Toronto) and Adjunct Professor (Gerontology, Simon Fraser University). She was a faculty member in the School of Audiology and Speech Sciences at the University of British Columbia (1992-2002). For over three decades, she has translated her research on auditory and cognitive aging to address the rehabilitative needs of older adults with age-related hearing and cognitive impairments, with a more recent focus on social engagement and healthy aging, including promoting brain health. She is the audiology expert for the Canadian Longitudinal Study of Aging and the Canadian Consortium on Neurodegeneration in Aging. She received the Speech-Language and Audiology Canada Eve Kassirer Lifetime Achievement Award (2021) and the International Award of the American Academy of Audiology





(2014). In 2022 she was inducted as a Fellow of the Canadian Academy of Health Sciences. She started the International Society of Audiology "Hearing in Later Life" Working Group in 2023. Currently, she is Past President of the International Collegium of Rehabilitative Audiologists (ICRA) and is the ICRA representative on the WHO World Hearing Forum. She represents the International Society of Audiology on the World Rehabilitation Alliance working group on primary care and serves. She became the Chair of the Bowen Island Municipality Accessibility Advisory Committee in 2023.

Moderator: Ashley Payne

Brain wellness beyond all boundaries: From idea to implementation. BC Brain Wellness Program

LOCATION: PACIFIC RIM ROOM

As our population ages, there is an increased need for prevention and accessible care. Symptoms of many disorders of ageing can be prevented or mitigated with modification of lifestyle factors. Lifestyle-based research and programs have been emerging as effective adjunct therapies for a variety of neurological conditions. Research indicates positive effects of exercise and movement-based interventions on dementia, PD, MS, stroke, and healthy agers. Recently, creative expression activities such as mindfulness, art therapy, music, improvisation, and gardening have been examined showing positive impacts on brain health and mental well-being. While many lifestyle-based programs involve singular interventions, some more recent therapies have shown the promising results of combining treatments and have shown the positive impact of multimodal lifestyle interventions on specific populations.





We believed that a program which could cater to several neurological conditions, healthy agers and care partners alike could mitigate effect of participants comparing their current state of condition to those who have progressed further along, and could enhance feelings of community, through engagement with others of varying conditions and health qualities. We also believed that successful engagement is contingent on accessibility and removing or reducing barriers including financial and geographic. Overall, a lifestyle intervention with a multimodal nature, diverse participant pool, and online accessibility would be ideal for older adults, enhancing the current health care system and addressing the inequities in the aging experience as well as the needs of the underserved.

The British Columbia Brain Wellness Program (BCBWP), demonstrates the feasibility and effectiveness of a province wide online and in-person multimodal lifestyle intervention-based program. Our program is tailored to individuals with a wide variety of neurological conditions, their care partners, and healthy agers. Through an interconnected three-pillar structure of program delivery, research, and education, we provide programs and classes based on current scientific literature, conduct various research projects on these programs and cycle the research back to improving program delivery as well as dispersing the knowledge in a comprehensible manner to the public and to our participants.

Since opening in October 2019, the BCBWP has had remarkable growth and success. We have conducted in excess of 1200 individual assessments, supported over 800 active participants per semester and have a participant base that now exceeds 2000 individuals. The development history, mission, structure and content of the program as well as highlights from feedback surveys and participant focus groups will be shared, demonstrating the positive impact of our program on participants and encouraging the opportunity for this model of intervention to be replicated and expanded in other communities.

Sally-Anne Stelling

Exercise Lead, BC Brain Wellness Program





Sally-Anne Stelling is the exercise lead at the BC Brain Wellness Program and works alongside students in the UBC Physical Therapy and Research Clinic. Her role includes assessments, exercise prescription and program development. Having obtained a Physiotherapy degree from Pretoria University, she has worked South Africa, Scotland and Canada in both public health and private practice and has experience in acute care, long term rehabilitation and outpatient settings. She brings her experience in neurological rehabilitation, orthopaedics, paediatrics, women's health, sports injuries and geriatrics to the program. Sally is passionate about helping people function to the best of their ability, to facilitate and improve functional movement and assist people in reaching their goals.



Alisa Hashimoto

Program Coordinator, BC Brain Wellness Program

Alisa Hashimoto is a Program Coordinator for the BC Brain Wellness Program. Her role includes program management in operation, evaluation, and research. She joined the BC Brain Wellness Program team in 2022 while completing her Bachelor of Science degree at UBC in Integrated Science, specializing in Physiology and Food Nutrition and Health. Upon graduation in 2023, she has taken on a full-time role for the program's operation and research. She has a keen interest in health promotion and viewing health from multiple perspectives including the importance of diet and physical exercise.



Moderator: Rebecca Brown





SATURDAY: 1345 – 1415h

Balancing patient eating habits with planetary health. Food quality improvement project to reduce waste.

LOCATION: GRAND BALLROOM

Food waste in hospitals and long-term care homes not only impacts patient nutrition and healing but also planetary health. With the concept of “food as medicine”, this Food QI project was done initially in Long-term Care pre-COVID-19 and then in Rehabilitation during and post-COVID-19. The primary aim was to reduce food waste.

The two different PDSA cycle results will be presented to demonstrate the use of visual estimation method (VEM) to measure food consumption and hence waste. Findings representing the patient voice through survey results will also be presented.

Although health care providers and institutions endeavour to give low-carbon, high quality care by encouraging consumption of more plant-rich menu items and also reducing food waste, LTC residents and Rehab patients who are often elderly and diverse may not take to these changes readily due to cultural experiences and other food preferences. Co-creation of plant-rich menus with patients is needed along with a QI approach to measure food waste.

By the end of the presentation, attendees will gain a greater appreciation of the complexity of the health care food system and despite the many challenges, increasing food satisfaction will lead to less food waste and better patient and planetary health.





Eileen Wong
Family Physician

Dr. Eileen Wong is a family physician working at Providence Health Care (PHC) with a focus in Elder Care including Long-term Care (LTC) and Rehabilitation. She is currently the PHC LTC Physician Lead for Quality Improvement and Co-Chair of PHC LTC Quality Council. In addition to her QI work, she is Co-Lead of the Food Working Group with PHC Environmental Stewardship Team and a member of Doctors of BC's Council for Health Promotion.



She hopes to spark change in the healthcare food system by bringing a QI lens to measure the food experience of older adults and ultimately reducing food waste. Her personal multiple encounters with the healthcare system as patient and caregiver also give lived experience which underpins her passion about QI to bring positive systems change for patients.

Moderator: Danielle Richards

What's Different? An Overview of the interRAI LTCF and CIHI's New Reporting System

The interRAI LTCF and IRRS will be the new standard and reporting system for long-term care (LTC) data at CIHI.

This change is being made in response to stakeholder interest and in alignment with CIHI's mission to provide comparable and actionable information to accelerate improvements in health care, health system performance and population health across the continuum of care.

Learning objectives:





- Learn about the interRAI Long-Term Care Facilities (interRAI LTCF) ©, part of the new suite of interRAI assessments, and how it differs from the RAI MDS 2.0©.
- Understand how CIHI's new reporting system, the Integrated interRAI Reporting System (IRRS), manages information captured with interRAI's integrated suite of assessments using a modernized means of data capture and data submission.
- Reflect on how this integrated approach of collecting, producing, and reporting health information in the long-term care sectors supports better outcomes across the continuum of care and improves the stakeholder experience.
- Integrate CIHI's public and/or private reporting of long-term care data into learning opportunities at your facility or organization.

Maria Klar, Clinical Specialist, Canadian Institute for Health Information (CIHI)

Maria Klar is a Clinical Specialist at the Canadian Institute for Health Information (CIHI) where she has been for the past five years. Maria enjoys teaching the interRAI assessments to clinicians across the country and beyond. She also provides clinical support to jurisdictions undergoing the transition to the new suite of interRAI assessments.



Prior to CIHI, Maria spent many years at the Ministry of Health in Alberta as a clinical and subject matter expert developing and enhancing their provincial continuing care information system.

Moderator: Tasia Tsatsanis





SATURDAY: 1430 – 1500h

Is care work, fair work? Politics of genderracialisation in long-term care homes.

LOCATION: GRAND BALLROOM

Care workers such as personal support workers (PSWs) provide essential care labours to support Canada's aging population across the long-term care (LTC) sector.. Systemic processes rooted in and reinforcing neoliberal, capitalistic production work to racialise, gender, and class bodies who engage in care work.

Many care roles are taken up by women of colour who are overrepresented in labours of care (pink labour) when compared to other sectors of the workforce. Labouring bodies are not only forced to over-work in systems that undervalue their care labours, but they also face inequitable and inhumane racial, gender, and class disparities [6] that limit their potentials an impacts their care (care-for-others and care-of-self). Inadequate responses to workplace stress and safety across LTC homes creates further disparities for labouring bodies as they navigate inequitable pay, poor working conditions, and harms incurred while at work. Systemically, Canada's health and social care systems fail to acknowledge institutional stratification's entrenchment of structural racism, highlighting an oversight in addressing racialized differences for care workers.

Using a critical race and feminist lens, [AUTHOR 2's] doctoral work explored the marginalized and oppressive processes that continue to shape caring practices (both care-of-others and care-of-self) through experiences of racialisation, gender, and class. Examining care literature in a revealed politics of genderracialisation – that is, the intertwining gendering, classing, and racializing of labouring bodies– work to identify systemic deficiencies (who is engaged in care and how does care happen) and points of tension navigated by labouring bodies working in a stratified care environment like LTC.





In this presentation we will speak to eight processes related to caring work that shape the politics of genderacialised care that were identified in this work, including: (1) lack of clear, accessible information leading to PSW readiness; (2) visible over-representation and labours of care; (3) racialising and gendering reproductive labours; (4) stigmatization of LTC homes and PSW care; (5) labour force invisibility and precarious working conditions and stressors; (6) crises of care in Canada that maintains systemic inequity through transnationalization of care work; (7) invisibility of stress and burnout in caring work; and (8) the politics of leisure in welfare and self-care. The politics of genderacialisation help recognize how labouring bodies are differently racialised, gendered, and classed and commonly experience race- and gender-based harms while performing carework.

This work has the potential to remediate harms of race- and gender-based care labour precarities and injustices across the LTC sector by offering recommendations for establishing useful reporting systems and transformative justice-informed care for affected labouring bodies. This work advocates for needed systemic changes that acknowledge and appreciate the critical role care workers (in this case, PSWs) play in promoting wellness for all by upholding the health and dignity of aging individuals to move towards more equitable and compassionate approaches to care across Canadian health and social care systems.

Rachel Almaw

University of Waterloo

Rachel Almaw (she/her) is a graduate student at the University of Waterloo, pursuing her Master's of Science in Kinesiology and Health Sciences.

Her research focus lies at the intersection of race and health within a Canadian context. Currently, she is collaborating with Dr. Kimberly Lopez and the Free from Harm Team, delving into the experiences of racialised individuals working as personal support workers in long-term care homes in Ontario.



Moderator: Danielle Richards





Health urgent guide services (HUGS) for Japanese Canadian internment survivors

LOCATION: PACIFIC RIM ROOM

Between 1941 and April 1949, British Columbia-born and/or Japanese immigrants with Canadian citizenship were interned, placed into ghost town camps or open fields throughout the interior of BC, simply because they were Japanese-Canadians. Their human rights, property, and all possessions, with the exception of a single suitcase, were confiscated by the government to “pay for their internment” and to supplement government coffers. In 2022, the BC Government provided a lump sum of money to the Japanese-Canadian Internment Survivors’ Foundation to assist the Japanese-Canadian community to support Survivors in meaningful ways. One of these initiatives dedicated a portion of those funds to support Survivors’ health and wellness. Through an application and vetted selection process, the Nikkei Seniors Health Care and Housing Society received a grant to operationalize for three years the Health Urgent Guide Services (H.U.G.S.) program for Survivors under the Society’s Steering Committee.

H.U.G.S. is a community outreach program specifically designed to assist and support Survivors who live in the Lower Mainland of BC to navigate health and community services, with the goal of attaining and maintaining health and wellness. H.U.G.S. does not duplicate or supersede any current government-funded health and wellness services but instead helps inform Survivors of what resources are currently available, including specific services that are culturally sensitive and appropriate. If there is an urgent need such as a cane, walker, transport wheelchair, bath chair, minor house repair, etc. the H.U.G.S. Manager and Guide assess costs and provide limited funds to help with payment from the grant allocated funds.

The Survivor or a relative may apply to H.U.G.S. for an in-home assessment for current as well as potential future planning needs. The home assessment is conducted wherever the Survivor lives, whether this may be in their own home, assisted living or long-term care home. Although the Manager/Guide, H.U.G.S. Guide and part-time administrative assistant are not professional health care providers, the



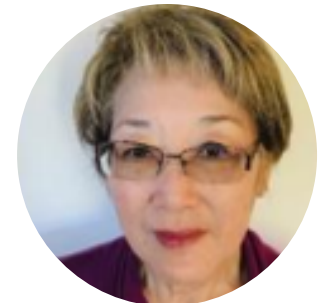


policies, procedures and protocols guiding H.U.G.S. service delivery were developed by the Steering Committee, which is led by an experienced clinical nurse specialist in geriatrics and geriatric psychiatry. There was an extensive orientation and education program to prepare the H.U.G.S. staff. Training also continues as needs are identified. The Steering Committee Lead is available to the team for ongoing guidance, consultation and clarification whenever necessary. The H.U.G.S. team also conducts ongoing outreach to other Japanese-Canadian community organizations and resources to ensure that H.U.G.S. is widely known to Survivors and their communities, and that constituents are aware of what services and support can be provided.

To date, there have been almost 200 Survivors assisted by this program. Considering the recent program launch in June 2023, we believe this demonstrates remarkable value, and we would appreciate the opportunity to share our program and experiences with others who may have the ability to duplicate our service model within their own cultural and ethnic community.

Marcia Carr **Clinical Nurse Specialist**

Marcia Carr is a clinical nurse specialist for older adults and is Nikkei Seniors Health Care and Housing Society's Steering committee lead for HUGS.



Yvonne Nakano **Administrative Manager and HUGS guide**





Providence Health Care

How you want to be treated.

Laura Wong

HUGS Guide



Shihori Scott-Moncrieff

HUGS Administrative Assistant



Moderator: Tasia Tsatsanis



Page 18 of 18
Version 7 May 2024

