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POSTER PRESENTATIONS

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Gentle Persuasive Approaches (GPA) at Chenchenstway: A pilot evaluation

Emelie Grace Anand & Victoria Casas-Alcuaz

Providence Health Care

Gentle Persuasive Approaches (GPA) in Dementia Care is an established curriculum initially designed for staff in long-term care responding to responsive behaviours. GPA educates staff on how to use a person-centred and compassionate approach to respond respectfully, with confidence and skill, to responsive behaviours.

GPA encourages staff to reframe behaviour traditionally viewed as 'aggressive' to be interpreted as self-protective behaviour reflecting unmet physical, psychological, spiritual or cultural needs. Staff learn to assess the meaning behind behaviour and work with the patient/resident and family to meet the patient's (or resident's) needs. A unique component of GPA is that it includes respectful and gentle physical body containment techniques. These are invaluable in some instances of escalating physical behaviours for momentarily redirecting the patient with dementia away from an altercation or situation involving risk of personal injury.

The GPA program is divided into 4 interactive modules with content on person-centred care principles (module 1), brain changes common in dementia and how these changes are manifested in responsive behaviours (module 2), communication and interpersonal strategies that can either trigger or defuse behavioural escalation (module 3), and staff-specific physical self-protective skills and team/patient/family debriefing and reassurance techniques (module 4) that are effective, safe and respectful to use when interacting with people living with dementia. GPA eLearning pedagogical strategies include narrated, standardised slides with white board animations, video clips and tile-matching exercises that review core principles, as well as instructional videos that demonstrate the correct application of body containment strategies to safely de-escalate responsive behaviours.

This poster presents on the evaluation plan. Staff in Chenchentsway who have undergone the GPA training will be assessed to see if GPA enhanced the staff's knowledge, confidence and skill to effectively practice a non-pharmacological approach to prevent and de-escalate responsive behaviours. We will



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measure staff scores on self-efficacy and competence and knowledge in supporting people experiencing responsive behaviours. These measures will be assessed relative to baseline scores. Participants will also be invited to provide qualitative descriptions of how they had used GPA strategies in their clinical practice. Participation in the GPA training was mandatory, reflecting organisational expectation; however, completion of the evaluation will be voluntary.



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Using social media to understand COVID-19 vaccine-related ageism

Juanita-Dawne Bascu

Thompson Rivers University

At the start of the pandemic, older adults in high-income countries were often prioritized for COVID-19 vaccines in efforts to reduce mortality. However, this prioritization may have contributed to ageism, particularly with the limited supply of COVID-19 vaccines. This poster presentation examines social media discourse to understand vaccine-related ageism during the COVID-19 pandemic to inform future vaccination policies and practices to reduce ageism. We collected 1,369 relevant tweets on X (formerly Twitter) using the Twint application in Python from December 8, 2020, to December 31, 2021. Tweets were analyzed using thematic analysis, and steps were taken to ensure rigor.

Our data analysis identified three main themes including: i) stereotypes of incompetence: "clueless boomer"; ii) blame and hostility: "It's all their fault"; and iii) ageist political slander. Our findings exposed issues of pejorative content, ageist political slander, victim-blaming, and hate speech. When ageist discourse is widely shared and consumed amongst the public, it has public health implications.

How we talk about older adults shapes how policymakers, clinicians, and the public value the lives of older adults. Ageism perpetuates stereotypes, false information, and patronizing attitudes that can lead to health inequities and discriminatory actions such as the limited provision of lifesaving supports and health services for older adults during the pandemic. Consequently, social media awareness campaigns are needed to counter ageist stereotypes, prohibit aggressive messaging, and promote intergenerational unity during the COVID-19 pandemic and beyond.





Improving the health equity of people living with dementia during the COVID-19 pandemic: A social determinants approach

**Juanita-Dawne Bacsu & Marc Viger
Thompson Rivers**

The COVID-19 pandemic disproportionately impacted people living with dementia. A growing number of reports and systematic reviews highlight issues of ageism, ableism, and human rights violations against people living with dementia related to inequitable access to healthcare services, life-saving resources, health information, safe housing, and end-of-life care. This poster presentation will: describe the COVID-19 disparities and health inequities experienced by people living with dementia and identify recommendations to support the health equity of people living with dementia during the COVID-19 pandemic and beyond.

Drawing on a social determinants of health approach, this poster presentation issues a call to action to improve the health equity and human rights of people with dementia during the pandemic and beyond. Specifically, improving the health equity of people with dementia requires addressing not only biomedical determinants but also key social determinants of health such as where people live, their social supports, and access to healthcare and support services.

In addition, national leadership is needed to facilitate government coordination to ensure supportive resources, national standards and safeguards, and measures of accountability to uphold the human rights of people with dementia. Moreover, people living with dementia must be recognized as key partners in future pandemic planning and policy responses. Unless action is taken to address health disparities at the population level, health inequities will continue to grow.





Brain wellness beyond all boundaries: From idea to implementation

Amanda Cammalleri, Elaine Book, Sally-Anne Stelling, Cynthia Friesen, Alisa Hashimoto, Susie Stewart, Matt Scheli & Silke Cresswell

BC Brain Wellness Program

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 effects 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





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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 2,000 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.



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Care of older adults with substance use disorders in long-term care

Karen Custodio & Neeta Uppal

Providence Living

The poster presentation will highlight the profound intersectionality between Canada's opioid crisis and its aging population, shedding light on the enduring implications for the country's long-term care sector. It delves into the multifaceted challenges stemming from lifelong substance use, both medically and socially, within the context of the current long-term care model.

By exploring best practices for caring for vulnerable populations, it underscores the pressing need for enhanced resources, training, and environments tailored to meet the distinct needs of seniors grappling with substance use disorders. This initiative underscores the urgency of providing specialized care to address the complex needs of this demographic.





Expanding access to educational resources and supports to enhance the health and wellbeing of individuals living with dementia

Shannon Freeman, Laura Middleton, Kayla Regan, Heather Keller, Emma Rossnagel & DREAM Research Team
University of Northern British Columbia

Individuals living with dementia have the right to participate to their full abilities in their community of their preference with the same range and quality of supports for their health and function. The ability to engage in physical activity and healthy eating are beneficial to promote the maintenance of health, wellbeing, and function among individuals living with dementia, yet the needs of individuals living with dementia are rarely accommodated in community programs and services. This poster will showcase the educational resources and learning modules created as part of the Dementia Resources for Eating, Activity, and Meaningful inclusion (DREAM) project, which aimed to increase community supports for physical activity, healthy eating, and wellbeing of persons with dementia. Our DREAM team involved individuals living with dementia, care partners, community leaders, health care providers, and academics who co-developed a suite of tools and resources.

Our process included: 1) Engaging and maintaining the DREAM Steering Team; 2) Setting/navigating ways of engagement; 3) Selecting priority audience/content; 4) Drafting the toolkit; 5) Iterative co-development of tools/resources; 6) Usability testing; and 7) Implementation and evaluation. Our publicly available DREAM toolkit includes a website with seven learning modules (on dementia, inclusion, physical activity, and healthy eating), a learning manual, six videos, nine handouts (available in multiple languages), and four wallet cards (www.dementiawellness.ca).

We will share findings from our mixed methods evaluation of these resources which revealed that persons with dementia and family care partners who used the DREAM toolkit felt more confident for physical activity and healthy eating and reported improved wellbeing and feelings of wellbeing. Among service providers, use of the DREAM toolkit increased confidence to work with and empower persons with dementia, helped overcome stigma and shifted providers towards advocacy and inclusion of persons





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with dementia, and drove dementia-inclusive changes to community programming. Widespread implementation of the DREAM toolkit may enhance inclusion of persons with dementia and promote their healthy lifestyle and wellbeing.



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Reducing anti-psychotic use in long-term care

Anne Elizabeth Jones & Kevin Davey

Fraser Health Authority

The need to provide best care and opportunities for our residents to engage in meaningful activities is the driving force of this inquiry. Fraser Health Authority (FHA) is focused on reducing the number of anti-psychotic medications used for treating behaviours caused by dementia and non pharmacological interventions are encouraged. Heritage Village is a 100 bed FHA owned and operated long-term care facility located in Chilliwack, BC. Twenty five residents have complex behaviours as a result of their dementia diagnosis, and have been identified as having a high risk of elopement. In order to ensure their safety they are co-located in a secure neighbourhood known as Cheam, which prevents their participation in the scheduled activities for the remainder of the facility. Although there were regularly scheduled and especially adapted activities on Cheam, it was often necessary to hire additional care support for residents whose behaviours escalated when programs were not being offered. The leadership team identified an opportunity to provide daily-dedicated support of an Activity Worker on Cheam to engage the residents in meaningful and enjoyable activities, resulting in reduced utilization of anti-psychotic medications utilized to manage behaviors, and increase the quality of life of our residents on Cheam. The risks of inappropriate use of anti-psychotic medications in the care and management of the elderly are well documented in current research.

Action research methodology was utilized to determine the effectiveness of a dedicated trained Activity Worker, and both qualitative and quantitative data was gathered to support our assumptions and indicate our success. Unintended positive outcomes also include increased trust, teamwork and collaboration between the recreation and care teams, and decreased utilization of added care hours to manage exacerbations of resident behaviors. The recommendations of this action research project will aid decision making regarding resource allocation and program development, and provide reliable data to support the multidisciplinary approach required by residents with dementia who are in care. Initial findings to date are very positive and have demonstrated a 59% reduction in the number of PRN (when necessary) sedative or anti psychotic medications administered, an increase in resident engagement in





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structured activities of 65%, and a reduction in resident falls of 52%. This data has been collected over a three month period.

The Heritage team are excited and encouraged at the early findings of our Quality Improvement project and will continue moving forward. It is hoped, that the data gathered will assist us to secure permanent funding for an additional and dedicated Activity Worker for our Cheam residents.



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Age-friendly cities in Canada: A jurisdictional scan

Anthony Kupferschmidt, Candice Pollack, Cassanadra Ly, Andrey Ple, Susan Scott Gabe & Marc White

City of Vancouver

This presentation will provide an overview of a recent jurisdictional scan of municipalities across Canada and their implementation of the World Health Organization Age-Friendly Cities Framework. Different municipal approaches to developing and sustaining age-friendly initiatives will be presented, including strategies and action plans, older adult advisory bodies, engagement, staffing, financial resources, implementation, evaluation, challenges and emerging practices.

This national review undertaken by the City of Vancouver Older Persons and Elders Advisory Committee is informing the efforts of the City of Vancouver as it takes steps to become a more-age-friendly city with support from a new Strategic Lead, Older Persons staff role.





Update on the evolution and ongoing experiences of the Home for Us model of Care

Brooke Raphael, Tasia Tsatsanis, Deb Chmelauskas, Jessica Blaak & Vinnie Tang
Providence Living

This poster presentation will provide an update on the evolution and ongoing experiences of the Home for Us Model of Care. The first Home for Us pilot site is open and functioning at a Providence Living home in Comox BC, and will expand to the new purpose-built home in July 2024.

We are now extending the model to sites in Vancouver, including a home within Providence Health Care. Youville Residence is on the west-side of Vancouver and is now the second Home for Us pilot site. We are able to translate our learnings from the Comox experience into a new environment which offers a fresh set of opportunities and challenges.

The Home for Us Model of Care is grounded in the fundamental ideas of people, connection, and community. It seeks to address systemic challenges that residents of long-term care face by shifting from an institutional model of care to a social-relational model of care. In this model we seek to remove the barriers that prevent the people of long-term care from participating in a day well-lived.

We address these inequities by focusing on concepts such as autonomy and choice. Home for Us is the first publicly funded Model of Care to provide this sort of social relational model, therefore it addresses the inherent inequities across all socioeconomic subsections and the inequities that result from the social determinants of health.





Implementing a model of care change during pandemic recovery

Danielle Richards, Kirsten Redman, Kristina Tuliao, Lourdes Lagayan, Camille Benico, Liz Sukulic, Skyla Burden, Ruth Stout, Ellen Guo & Gillian Parlane

The poster presentation will describe the practice supports implemented during a model of care change with rapid onboarding of 120+ nurses.

In the face of a health human resource (HHR) crisis, the Providence Healthcare (PHC) long term care (LTC) program made the decision to change the model of care from registered nurse (RN)/resident care aide (RCA) to include Licensed Practical Nurses (LPN). In response, the practice and education team pivoted to develop roles and responsibilities that optimize scope of practice, as well as a series of documents to facilitate the transformational model of care change, rapid onboarding and sustainment. The focus on inclusion of a new nursing discipline led to a complete revision of the orientation program.

The practice team reviewed nursing scope of practice and developed a tool Framework for LPN and RN Collaboration which includes guidelines for determining the most responsible nurse, and a Roles and Responsibilities for Nurses document. A completely revised orientation was developed and rolled out. With change management support, a communication and engagement structure was created, including guidebooks, handouts, engagement sessions, and townhalls.

To evaluate the project, staffing level data (overtime hours, rates of relief not found) was pulled for a period of approximately 3 years prior to the change and will be repeated at 5 months post change. A feedback survey was distributed to new staff RNs, LPNs, and RCAs post orientation.

Interim results of the staffing level evaluation and orientation feedback survey provide insight and direction to the continued quality improvement. Orientation redesign alongside a care model change requires significant time, reflection, and expertise. Inequities in the distribution of skilled resource supports remain as a point of note for Long-term care settings with continued complex resident needs.

Mentoring for a positive unit culture can be successful with correct change management implementation and sustainment. Registered Nurses in particular require extra support for care model changes.





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A care model which includes LPNs can lead to improved resident experience, exceptional unit culture and staff retention.



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A multi-method, co-creation approach to identify opportunities for technology that can best support older adults to age well in northern and rural BC

Emma Rossnagel, Shannon Freeman & Richard McAloney
University of Northern British Columbia

Canada's population is aging faster than ever before which has many implications for healthcare, social services, and the economy. AgeTech, or Age Technology, a subset of the health technology industry, has emerged in recent years and uses technology to support healthy aging by enhancing and adapting alternative care approaches. Yet, for many older adults, especially those living in northern and rural communities, there exists a disconnect preventing emerging AgeTech from getting to those that need it the most.

To address the challenges experienced by older adults and care partners in northern and rural communities, the ADEPT (AgeTech Discussions: Exploring Perspectives on Tech) study was conceived to focus on emerging AgeTech to describe the applicability, usability, and feasibility of a featured AgeTech from end users' perspectives in northern and rural British Columbia.

This poster will demonstrate how a multi-method research co-creation approach was used to develop and tailor the ADEPT workshop format to provide meaningful and impactful outcomes specific to northern and rural communities. As an exemplar, we will discuss an ADEPT workshop featuring an innovative sensor technology to describe the research process, decision-making, results, and how learnings from those who have direct experience working with older adults, or are aging themselves, can facilitate a more nuanced understanding of the contextual pieces and complexities of accessing and using AgeTech in northern and rural BC.





Bridging the digital healthcare gap: Promoting equitable access to digital health care for urban-dwelling Canadian seniors

Rebecca White, Gerry Dragomir

Science, Technology, and Aging Research (STAR) Institute, Simon Fraser University & 411-Seniors Centre Society

The rapid digitization of society has accelerated the transformation of how health services are delivered and offers great promise for improving access to healthcare services, particularly in the context of an aging population, rising chronic disease rates, and mounting pressure on healthcare systems (1). While digital healthcare offers great promise for reducing health disparities by improving healthcare access for historically underserved groups, these same populations often experience barriers in accessing and using these technologies (2). Consequently, those who could benefit the most from digital health tools often face significant challenges in accessing and using them, serving to exacerbate, rather than reduce, health inequities (3).

Low-income seniors in Canada have among the lowest rates of virtual care usage as well as a higher prevalence of chronic disease compared with the general population (4). Studies have consistently demonstrated inequities within older populations residing in Canada's urban centres, including Vancouver (5,6), underscoring the need for targeted localized approaches at a neighbourhood level to target these disparities. While research has highlighted the benefits of community-based approaches to support low-income seniors' access to digital health and improve health outcomes in rural contexts (7) there has been limited exploration of such models in urban settings.

This poster presents findings of a community-based participatory research project between Vancouver-based 411-Seniors Centre Society and Simon Fraser University's Science, Technology and Aging Research (STAR) Institute to better understand the digital health needs of 411-Seniors' members, and identify potential community-based strategies to best support improved uptake and access to virtual care services at a neighbourhood-level. Findings highlight the need for community-based programs





offering technology access and in-person support for seniors facing digital healthcare barriers, as well as digital health literacy programs that empower seniors to be equal partners in their health. Seniors centres, as familiar and trusted venues already staffed, could play a crucial role in bridging the digital healthcare gap.

Menvielle, L., Audrain-Pontevia, A.-F., & Menvielle, W. (2017). *The Digitization of Healthcare: New Challenges and Opportunities*. Springer.

Haimi, M. (2023). The tragic paradoxical effect of telemedicine on healthcare disparities- a time for redemption: A narrative review. *BMC Medical Informatics and Decision Making*, 23. <https://doi.org/10.1186/s12911-023-02194-4>

van Kessel, R., Hrzic, R., O’Nuallain, E., Weir, E., Wong, B. L. H., Anderson, M., Baron-Cohen, S., & Mossialos, E. (2022). Digital Health Paradox: International Policy Perspectives to Address Increased Health Inequalities for People Living With Disabilities. *Journal of Medical Internet Research*, 24(2), e33819. <https://doi.org/10.2196/33819>

Ali-Hassam, H., Sekharan, V., & Kim, T. (2019). Internet non-use among the Canadian older adult population: General Social Survey (GSS). *The Journal of Community Informatics*, 15. <https://doi.org/10.15353/joci.v15i.3428>

Yu, J., Dwyer-Lindgren, L., Bennett, J., Ezzati, M., Gustafson, P., Tran, M., & Brauer, M. (2021). A spatiotemporal analysis of inequalities in life expectancy and 20 causes of mortality in sub-neighbourhoods of Metro Vancouver, British Columbia, Canada, 1990–2016. *Health & Place*, 72, 102692. <https://doi.org/10.1016/j.healthplace.2021.102692>

McCormack, G. R., Cabaj, J., Orpana, H., Lukic, R., Blackstaffe, A., Goopy, S., Hagel, B., Keough, N., Martinson, R., Chapman, J., Lee, C., Tang, J., & Fabreau, G. (2019). Evidence synthesis A scoping review on the relations between urban form and health: A focus on Canadian quantitative evidence. *Health Promotion and Chronic Disease Prevention in Canada : Research, Policy and Practice*, 39(5), 187. <https://doi.org/10.24095/hpcdp.39.5.0>

Seaton, Cherisse L., et al. "Community stakeholder-driven technology solutions towards rural health equity: A concept mapping study in Western Canada." *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy* 25.6 (2022): 3202.

