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POSTER PRESENTATIONS

West Coast Conference on Aging

June 19 - 20, 2025

Attendees at the 2025 West Coast Conference on Aging are meeting on the traditional territories of the Coast Salish people, the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tseil-Waututh)

Voting Poll: Poster Presentation

Innovation. Impact. Collaboration





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1. A Reflection on the 'UKE Can Do It' - A Ukulele Class Initiative for Older Adults Living with Dementia and Care Partners

Joey Wong, Mario Gregorio and Dr. Lillian Hung
UBC IDEA Lab

People with varying stages of neurocognitive disorder or dementia respond to music even in the later stages of their diagnosis. Music provides a shared experience for individuals from different cultural backgrounds who are living with dementia. However, there is limited documentations about the experience of learning musical instruments by individuals living with dementia.

Co-led by a person living with dementia, our team launched a 12-week basic ukulele program to explore the potential of music and learning to foster social connections, reducing loneliness, and bringing joy to older adults living with dementia and their care partners in Vancouver, British Columbia. Eighteen older adults from diverse backgrounds (15 individuals living at different stages of dementia and three care partners) participated in the classes led by a ukulele instructor.

The project team reflected on the ukulele program based on observations in the classes and feedback from the instructor. The reflection identified five themes: 1) Social connections through music, 2) Respite for care partners, 3) Peer support and empowerment in contributing to collective learning experiences, 4) A focus on enjoyment over the skills rather than development skills, and 5) Inclusivity in designing programs for people living with dementia.

This innovative ukulele program demonstrates the positive effects of music and group learning. The team's reflections underscore the potential benefits of musical instrument programs for older adults living with dementia and their care partners in reducing loneliness and fostering social bonds. Future research can explore the long-term effects of group musical learning on both individuals living with dementia and care partners.





2. Towards an Age-Friendly University: Perspectives from Culturally Diverse Older Adults in the Community

Joey Wong, Mario Gregorio and Dr. Lillian Hung
UBC IDEA Lab

Lifelong learning plays a crucial role in boosting older adults' self-esteem, social connections, and their skills and capabilities. Engaging older adults on university campuses promotes intergenerational learning, where younger students benefit from their experiences.

The project focuses on enhancing inclusivity, diversity, and equity at the University of British Columbia (UBC) Vancouver campus, responding to the growing emphasis on age-friendly universities. The audit walks across the campus in June and July 2024 involved 25 community-dwelling older adults from diverse backgrounds—including Indigenous groups, multi-ethnic groups, people of colour, LGBTQIA2+ individuals, and those with various physical and mental capacities. The walks were facilitated by younger students. The older adults assessed different aspects of "age-friendliness." Group discussions before and after the walks provided valuable insights into participants' views on age-friendliness and feedback on existing age-friendly university principles.

The findings highlighted older adults' strong interest among in continuing education, research collaboration, and mentorship opportunities. However, significant challenges were also identified, including campus navigation, course registration, affordability, and communication. Participants also raised safety concerns, the need for greater accessibility, and improvements to transportation infrastructure. Moreover, participants emphasized the importance of cultural inclusivity, such as multilingual resources and diverse art representations.

This study not only reaffirms established age-friendly principles but also stresses the importance of addressing environmental safety and accessibility from the older adults' perspectives. It advocates for a





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collaborative approach to creating an age-friendly university campus that truly meets the needs of all its members, ensuring a welcoming environment for learners of all ages.





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3. Navigating Awareness: Strategies to Support Dementia Advocacy on Social Media During World Alzheimer's Month

Dr. Juanita-Dawne Bascu, Sarah Anne Fraser, Ali Akbar Jamali, Christine Conanan, Zahra Rahemi, Alison L. Chasteen, Shirin Vellani, Rory Gowda-Sookochoff, Corinne Berger, Jasmine C. Mah, Florriann Fehr, Anila Virani, Kate Nanson, Allison Cammer, Melissa K. Andrew, Karl S. Grewal, Katherine S. McGilton, Samantha Lautrup and Raymond J. Spiteri
Thompson River University

Understanding advocacy strategies is essential to improving dementia awareness, reducing stigma, and influencing supportive policies. However, there is a lack of evidence on advocacy strategies used to support dementia awareness on social media.

This study used posts from X (formerly Twitter) to understand dementia advocacy strategies during the World Alzheimer's Awareness Month in September 2022.

Tweets were gathered from X during the World Alzheimer's Awareness Month from September 1, 2022, to September 30, 2022. After applying filters, 1,981 relevant posts were analyzed using thematic analysis, and measures were taken to support trustworthiness.

Our study identified a variety of advocacy strategies including sharing the voices of lived experience, targeting of ethnic and cultural groups, myth-busting strategies, and political lobbying. Although a range of strategies were identified, further research is needed to examine advocacy strategies within different countries and political contexts. Moreover, the impact of specific strategies on stigma reduction, cognitive health promotion, and policy change needs to be scientifically evaluated.

Our study offers valuable insight on strategies to bolster dementia advocacy and awareness campaigns to support people living with dementia. Findings from our research may provide critical insight for





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policyholders, community leaders, and health professionals working to reduce dementia-related stigma and enhance the quality of life of people living with dementia.





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4. Examining Ageism and Stigma of Dementia During the COVID-19 Pandemic

**Dr. Juanita-Dawne Bascu, Zahra Rahemi, Kate Nanson, Claire Webster, Myrna Norman,
Chantelle Stone and Raymond J Spiteri**
Thompson River University

Ageism and the stigma of dementia are significant challenges for people living with dementia and their care partners. However, there is a paucity of research on ageism and the stigma of dementia during the COVID-19 pandemic. This presentation will examine issues of ageism and dementia-related stigma during COVID-19 to inform future pandemic policy, practice, and research to support people with dementia.

Using Arksey and O'Malley's scoping review framework, we searched CINAHL, EMBASE, Google Scholar, Medline, PsycINFO, and Web of Science for English-language literature published between January 2020 and June 2023. Inclusion criteria consisted of peer-reviewed, original research articles addressing ageism and stigma of dementia during the pandemic. Thematic analysis was used to analyze the data and steps were taken to ensure rigor.

Fifteen articles met our inclusion criteria. Four main themes were identified including: 1) ageist stereotypes and assumptions of dementia; 2) human rights issues and deprived dignity; 3) disparate access to health services and supports; and 4) cultural inequities and distrust.

The COVID-19 pandemic exacerbated issues of ageism and dementia-related stigma of people living with dementia. However, ageism and stigma of dementia has public health implications such as disparate access to lifesaving supports and pandemic services for people with dementia. Further research is needed to develop interventions to address ageism and dementia-related stigma to improve the quality of life of people with dementia.





5. Restoring Innate Immunity in the Elderly to Extend Healthy Longevity: Phase 2 Resilience Study

Dr. Hall Gunn, Qu Biologics

Immune function declines with age, leaving seniors susceptible to serious infections, poor response to vaccines, as well as the development of cancer, chronic inflammatory diseases, degenerative metabolic conditions, and neurodegenerative diseases. Innate immunity plays a central role in tissue healing, tissue regeneration, clearance of chronic inflammation, and the clearance of senescent cells, infection, and cancer. Restoring and maintaining optimal innate immune function as we age is anticipated to enhance all aspects of healthy aging, including the maintenance of the musculoskeletal system and cognition by promoting the effective clearance of dysfunctional senescent cells, clearing chronic inflammation, maintaining barrier function, as well as enhancing the body's regenerative capacity.

Training innate immunity, through exposure to bacterial components, can increase immunological efficiency, function, regulation, and overall resiliency. Qu Biologics is a Phase 2 clinical stage biotech company developing Site-Specific Immunomodulators (SSI), an immunomodulation platform designed to safely and effectively train innate immune cells to overcome immune dysregulation and restore innate immunity in the elderly. This SSI-induced innate immune training reprograms the way innate immune cells respond to immunological stress – making them more effective in response to challenge. Each SSI is formulated from an inactivated endogenous bacterial species that is a common cause of infection in specific organ sites, and is self-administered by simple subcutaneous injection to restore innate immunity. The SSI platform has demonstrated proof-of-concept for the treatment and prevention of a broad range of infections, chronic inflammatory disorders, metabolic and degenerative diseases, and cancer.





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The RESILIENCE Study is a Health Canada approved Phase 2 randomized, double-blind, placebo-controlled trial (randomized 2:1, N=72) designed to assess whether Qu Biologics' QBKPN SSI, derived from inactivated *K. pneumoniae*, can restore innate immunity in the elderly and, if so, how long that innate immune restoration lasts. The study is open to all those 65 years of age or older and living in the Greater Vancouver area who meet the study inclusion/exclusion criteria. Study participants will receive treatment for 28 days (+/- 3 days), followed by an additional 22 weeks of immune monitoring. Endpoints include safety, innate immune function, and clinical outcomes including frequency and severity of respiratory tract infections, health-related quality of life and cognitive function, and clinical frailty score. The RESILIENCE Study has been reviewed and approved by the Institutional Clinical Research Ethics Board of the University of British Columbia. The study's Principal Investigator is Dr. Ted Steiner, Qu's Biologics Chief Medical Officer – Infectious Disease and Professor of Medicine and Division Head in Infectious Diseases at the University of British Columbia.

To date, more than 130 patients have been treated with QBKPN, with a very good safety profile to date. 6-month QBKPN animal toxicology studies demonstrated NOAEL (no observed adverse effects level) at the highest dose tested.

The RESILIENCE study has received \$8M in funding from the Canadian federal government, through the Industrial Research Assistance Program (IRAP).





6. Artful Aging: Boosting Well-Being and Brain Health Through Creative Expression

Lily Gu, Daniyal Aleem, Malika Kahlon and Cynthia Friesen

BC Brain Wellness Program

The World Health Organization (WHO) highlights the rapid global growth of adults over the age of sixty. With this comes a growing inquiry into healthy aging, and interventions to sustain wellness and functionality in older age. There is also an interdependent relationship between age and brain health that can influence overall well-being. The WHO defines brain health as the “state of brain functioning across cognitive, sensory, social-emotional, behavioral and motor domains, allowing a person to realize their full potential over the life course, irrespective of the presence or absence of disorders”. As aging progresses, components of brain health such as cognitive and mental health can be at risk, which can negatively impact autonomy and quality of life. Age related changes to the brain may include brain volume reduction and decrease in blood flow to the brain. Certain neurological injuries and disorders tend to have onset in older age, such as Stroke, Alzheimer's Disease, and Parkinson's Disease.

There has been growing evidence and research to suggest that engagement in creative activities can promote resilience, quality of life, and offer neuroprotective benefits for older adults with and without neurological conditions. Engaging in these activities is a promising tool to promote creativity, psychosocial health, individual autonomy, and helps cultivate new insights in later life, while touching on physiological mechanisms like neuroplasticity and increasing cognitive reserves.

The BC Brain Wellness Program (BCBWP) established out of the Djavad Mowafaghian Centre for Brain Health at the University of British Columbia offers evidence-informed lifestyle and wellness programs for people with chronic brain conditions, their care partners, and older adults living in British Columbia. Creative and expressive classes at the BCBWP include art therapy, musical activities, improvisational theatre, and others. These programs are delivered virtually and at no cost to participants.

We aim to compile and summarize existing literature on the promising role of creative and expressive arts in supporting the brain health and well-being of older adults. We will also draw some attention to the





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role of the arts in shaping rehabilitation and well-being for neurological conditions like Parkinson's Disease and post-stroke. Lastly, we will highlight some BCBWP specific impacts and quotes, alongside recommendations to help shape program development.





7. An innovative and inclusive online lifestyle-based intervention program that supports the aging journey of British Columbians

Alisa Hashimoto, Sally-Anne Stelling, Lily Gu, Allison Choo and Silke Appel-Cresswell
BC Brain Wellness Program

According to the World Health Organization (WHO), the number of individuals aged 60 years and older is growing at a rapid pace. This number is anticipated to hit 1.4 billion by 2030 and 2.1 billion by 2050. The WHO defines healthy aging as “the process of developing and maintaining the functional ability that enables wellbeing in older age”. Functional ability refers to having capacities to enable people to do things that are of value and wanted by them. The WHO emphasizes that everyone can experience healthy aging, and that healthy aging is in large part about creating environments and opportunities that give people the chance to engage in what is meaningful and valuable to them. Being free of illness or disease is not a requirement for healthy aging. Thus, there is a need to establish programs that are accessible, holistic and barrier free to sustain quality of life and to promote healthy aging regardless of underlying conditions.

The BC Brain Wellness Program (BCBWP) was launched in October 2019 as an extension to clinical activities at the outpatient clinics of the Djavad Mowafaghian Centre for Brain Health at the University of British Columbia. The BCBWP supports individuals throughout British Columbia living with chronic brain conditions, their care partners, and older adults with lifestyle-based interventions for prevention and holistic health management. The BCBWP offers online group programming that is function-based rather than condition-specific, requires no referral, and is free of charge.

When joining the program, participants can sign up for an individual online functional assessment, which includes outcome measures validated for use in a virtual health setting. The participants are offered an evidence-informed selection of approximately 30 live online classes each semester including exercise, nutrition, cognitive health, music, arts, coping skills, and care partner classes as well as educational events offered by an interdisciplinary team.

Previous research has suggested positive impacts of multidomain lifestyle-based interventions, but more data is needed. BCBWP participants have reported high program satisfaction and perceived benefits in





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physical, cognitive, mental, and social health as well as condition management. Further data on effectiveness and feasibility of the online program will be presented through program evaluation results collected over the past five years of BCBWP operations.





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8. Transforming Long-Term Care: Lessons from Implementing the Home for Us Model of Care

Tasia Tsatsanis, Vinnie Tang and Deb Chmelauskas
Providence Living

The Home for Us model represents a transformative approach in long-term care, shifting from traditional institutional frameworks to a social-relational, resident-centered paradigm. This presentation will explore its implementation at Youville Residence and Providence Living at the Views, which opened in July 2024.

We will discuss key strategies, early outcomes, and efforts to sustain the model while addressing barriers such as staff adaptation and logistical challenges. We will also share the effects this has had on resident autonomy, social connections, and overall quality of life. By reflecting on successes and lessons learned, we aim to provide inspiration and practical takeaways for advancing culture change in long-term care.





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9. Supporting Seniors Who Use Substances

Jade Miller and Shelley West

Central City Lodge, Providence Living

Long-term care (LTC) homes are increasingly supporting people who are living in LTC and who are using substances. This trend is expected to continue.

Central City Lodge (CCL) is located on the Downtown Eastside of Vancouver and has been home to various Residents who actively use substances. This poster describes our approach—underpinned by respect, harm-reduction, and non-judgement. Each resident has their own life story; using substances is only one aspect of who they are and often reflects a reasonable response to their unique life experiences.

By respecting residents' choices, health care members can work collaboratively and productively with residents who use substances while establishing reasonable boundaries and supporting harm-reduction strategies.

With the aid of a case study, we present a complex resident story to share our learnings about specific substances, the effects of using substances, and strategies staff use to mitigate risks and support the overall well-being of all residents in a LTC setting.





10. Reimagining LTC: Appropriate Use of Antipsychotics

Jae Yon Jones

Vancouver Island Health Authority

The potentially inappropriate use of antipsychotics in long-term care (LTC) is a pervasive challenge. Growing body of evidence indicates antipsychotics is only effective in 20% of cases for behavioural and psychological symptoms of dementia and can lead to adverse reactions, severe injury and even death. We developed a project called “Reimagining Long-Term Care”, an initiative that empowers direct care staff with training, tools and processes to practice person-centred care in place of medical management of dementia symptoms. This initiative includes two program streams, which integrate evidence on barriers and enablers of person-centred care, and local practice wisdom.

In the PIECES™ HCA Care Coach Program, health care aides (HCAs) undergo 15 hours of education to become resources for colleagues, families and residents who identify and trial individualized non-pharmacological approaches, contribute to team huddles and integrate what works into care plans.

In the Resident Assessment Instrument (RAI) Process Improvement Program, HCAs and nurses follow an educational pathway to refresh and improve knowledge translation of the tool. The accuracy of resident observations and assessments are integral to person-centred care approaches and up to date, individualized plans of care.

We used mixed methods evaluation to capture changes over time in participating versus control homes. In this presentation, we want to share how we improved quality of life for residents while also building the competence and confidence of the workforce. The outcomes of our work to reduce the potentially inappropriate use of antipsychotics helped support evidence-based practices and integration into our programming. Qualitative data was also collected on how it improved quality of life for residents who live with dementia and improvement in staff experience and competencies. Leadership engagement and





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lessons learned on the implementation process for spread and scale of this innovative work will also be shared.





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11. Aging Canada 2040: Policy Implications of Demographic Change

Jordan Thirgood

CSA Group

By 2040, it is projected that 22.7% of Canadians will be over the age of 65. While trends and projections around population aging are well-documented, less attention has been paid to the complex ways in which this major demographic shift will create knock-on effects throughout our social, economic and healthcare systems, and what can be done to prepare.

This presentation will outline findings of a recent research report from the CSA Public Policy Centre, [Aging Canada 2040: Policy Implications of Demographic Change](#). Our research took a systems approach to exploring the impacts of an aging population across key domains of society and public policy, and applied a foresight model to understand how various trends could play out in different future scenarios between now and 2040. This methodology entailed horizon scanning research to uncover trends impacting potential futures of aging, as well as facilitating workshops with 37 experts to co-develop scenarios. To augment this, a representative survey of 2,500 respondents was conducted to better understand public opinion around the future of aging in Canada.

This research revealed the potential for significant disparities in health outcomes, financial security, and social inclusion among older adults in the absence of thoughtful policy reform. The report offers recommendations for policymakers to consider as they look ahead to 2040, including the need to take a whole-of-government approach that reimagines where we age, transforms our understanding of health, safely leverages technology, prioritizes equity, and embraces the valuable contributions of older adults.

Our presentation will also include an update to this research based on the outcomes of a conference and interactive workshop held in May 2025 that aims to further deepen our understanding of the experience of aging in Canada, consider the future that we want to see, and the innovative approaches that can help us achieve that future.





12. Enhancing Flexibility in Care Delivery to Improve Patient Outcomes and Organizational Sustainability: Good Samaritan's Experience in Alberta with Flexible Funding Models

Liliana LeVesconte and Fahd Mirza

Good Samaritan Society

Alberta currently funds long-term care facilities (similar to complex care facilities in British Columbia) through a standardized funding framework known as the Patient/Care-Based Funding (PCBF) model. This model allocates funding based on the number of beds, site occupancy rates, and resident complexity, which is measured using tools such as the Resident Assessment Instrument (RAI) and Case Mix Indexes (CMIs).

A key feature of the PCBF model is its built-in flexibility, which enables care providers to tailor their services to meet the unique needs of residents while maintaining accountability. This flexibility includes measures to ensure the delivery of quality, sustainable, and safe care while adapting to the varying care requirements of residents across different facilities. Additionally, the model supports rural and remote sites by allowing staffing substitutions and greater adaptability in recruiting various staffing types.

In the face of challenges such as workforce recruitment and retention, rising labor and operational costs, and increasing resident complexity, it has become imperative to review the funding requirements currently used by BC's regional health authorities. Aligning these requirements with the PCBF model could help address issues affecting financial viability and improve the quality of care provided to residents.

Good Samaritan has successfully implemented a "plug-and-play" model to leverage Alberta Health Services' staffing accountabilities and funding allowances. This model enables consistent analysis of accountabilities across all Alberta sites, helping to identify and prioritize staffing allocations based on specific site needs. Furthermore, a comprehensive sustainability analysis tool has been developed to evaluate site viability by examining all funding sources and associated costs. This data-driven approach supports ongoing advocacy efforts with the government to enhance funding flexibility and care delivery.





13. Effectiveness of a peer-lead coaching program to slow down and/or reverse progression of frailty

Patrick McGowan

University of Victoria

The goal of this project was to evaluate the effectiveness of a 13-week telephone program where peer coaches make 45-minute calls with participants. In the calls the five AVOID Strategies are discussed twice and each week participants practice three Self-Management support strategies, namely, problem solving, making and using action plans, and a process to assist them to make difficult decisions. Two previous studies (2014-17 and 2021-22) had already confirmed the feasibility and viability of the intervention's approach.

The current study involved 128 independently living older adults living in the Fraser Health Region who had frailty scores between 3 and 6 on the Clinical Frailty Scale. A group of 67 persons was randomly selected and started the program immediately and a second group of 61 started the program 5-months later. Both groups were similar except the first group had an average of four chronic conditions whereas the second group had three. One hundred thirteen participants completed the outcome measures at baseline, and at 5 and 10 months. The main outcome measures included frailty level (i.e., Clinical Frailty Scale), depression, self-efficacy and activation levels. Of the 113 persons who completed the questionnaire three times, 80 (71%) had improved frailty levels – 3 persons by three points, 21 persons by 2 points, and 56 persons by 1 point. Thirty-one persons' scores did not change between baseline and 10 months. Only two persons had worse scores at 10 months, and this was by 1 point. In addition to improvements in frailty level, participants had significant improvements in depression, self-efficacy, and activation scores.





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The BC Ministry of Health Age Forward Strategy and 3-year Action Plan document prioritises the expansion of Self-Management programs and supports for those living with chronic disease and/or frailty. In addition to hearing about the research, participants will hear how the five AVOID Strategies were operationalized into the intervention.





14. Age-Equitable Vancouver: City of Vancouver Older Persons Strategic Framework

Anthony L. Kupferschmidt, City of Vancouver

On February 5, 2025, Vancouver City Council approved the new Older Persons Strategic Framework. This Framework will help to ensure that the City of Vancouver is an age-equitable city by articulating a shared vision and goals to address the needs of older persons, and by taking a holistic and collaborative approach across City departments and with external partners. This Framework is paired with concrete and implementable annual action plans to achieve the vision and goals and is aligned with the World Health Organization Age-friendly Cities Framework.

This presentation will provide an overview of the Older Persons Strategic Framework and 2025 Early Actions and will emphasize intersections between the municipal and health care landscapes that are essential to improve the lives of older adults.





15. Translating and Transforming the Flipping Stigma Toolkit: A Culturally Responsive Knowledge Translation Project

Mariko Sakamoto, Ka Wing Pun, Karen Wong and Lily Wong
School of Nursing, University of Victoria

Dementia-related stigma remains a significant barrier to inclusion and support for individuals living with dementia and their caregivers. The *Flipping Stigma on its Ear Toolkit* is an action-oriented online resource designed to address stigma through education and advocacy. However, its reach is currently limited to English-speaking audiences, missing key communities that experience dementia-related stigma in unique ways.

This knowledge translation project, currently underway, aims to expand the toolkit's accessibility by translating and culturally adapting it for Chinese-speaking communities in Canada. Through community collaboration, the project seeks to develop a meaningful and contextually relevant version for the Chinese community.

This project consists of a multi-phase approach, beginning with professional translation of the toolkit's text and audiovisual content. A Knowledge Translation Team (KTT), composed of individuals with lived experience, caregivers, healthcare professionals, and community members, will guide the adaptation process. Through iterative engagement—including online meetings and community consultations—the toolkit will be refined and transformed to reflect culturally specific understandings of dementia and stigma.

The finalized Chinese-language toolkit will be launched as a web-based resource tailored to the linguistic and cultural needs of the Chinese community. This initiative will extend the toolkit's impact, fostering awareness and reducing dementia-related stigma in underserved populations.

Addressing dementia-related stigma requires inclusive and culturally responsive strategies. By adapting the *Flipping Stigma* toolkit, this project aims to bridge accessibility gaps and empower Chinese-speaking individuals affected by dementia.





16. Revolutionizing Dementia Care Transition through the Learning Health System (LHS) model at Vancouver Coastal Health

Dr. Lillian Hung, Jim Mann and Krisztina Vasarhelyi
UBC IDEA Lab

Transitions from hospitals to long-term care (LTC) homes for patients with dementia are often complex, leading to increased stress for patients, families, and communities, while contributing to higher hospital readmission rates and staff burnout. Many patients exhibit responsive behaviors due to confusion they experience during hospitalization and the transition to LTC. Contributing factors include poor communication between hospital and LTC staff, lack of information about the patient and their needs at the LTC site, and the overreliance on antipsychotics to manage patient behaviors – ultimately leading to poor patient outcomes and undue stress on families and healthcare staff.

Improving dementia transitions for patients requires a multifaceted approach. Health systems worldwide, including Canada, are increasingly adopting LHS to bring forward evidence to action for continuous quality improvement. This study employs two key methodologies: Learning Community interactions, which define and explores how collaborative networks improve transitions, and Operations Research analysis, which informs planning and testing of operational interventions.

Guided by a Developmental Evaluation (DE) approach, the study employs a mixed-methods research design, integrating qualitative (interviews, observations, system mapping) and quantitative (Resident Assessment Instrument – Minimum Data Set) methodologies. Additionally, simulation modeling will be used to assess the impact of interventions on key health outcomes, including hospital readmission rates, antipsychotic use, and staff retention.

The project follows the Consolidated Framework for Implementation Research (CFIR) to identify enablers and barriers to successful implementation, ensuring scalability and adaptability across healthcare





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settings. Findings will be disseminated through knowledge mobilization strategies, such as patient story videos, policy briefs, and collaboration with key stakeholders, including Alzheimer Society BC and VCH leaders. By leveraging the LHS model, this research aims to bridge the gap between evidence and practice, creating a sustainable, patient-centered approach to dementia care transitions that can be adopted at scale across healthcare systems. Implementation of the DREAM toolkit may enhance inclusion of persons with dementia and promote their healthy lifestyle and wellbeing.





17. Enhancing dementia care: The role of dementia training in strengthening workforce capacity and quality in long-term care

Sarah Eveneshen and Susan Prosser

Alzheimer Society of BC

High-quality dementia care in long-term care requires transformational approaches that empower frontline staff with the skills, confidence and knowledge to provide responsive, person-centered support. Dementia training programs, such as U-First!®, play a crucial role in equipping care teams with practical tools to understand resident needs, identify factors contributing to responsive behaviors, and implement collaborative care strategies. When embedded within a broader quality improvement framework, consistent training supports a shared knowledge base, language, and approach across the care team, enhancing the quality of care for people living with dementia.

Rooted in the PIECES™ education framework, U-First!® has been widely adopted across Canada, originating in Ontario and expanding in recent years to provinces including British Columbia. With the support of the Ministry of Health, U-First!® is now available to publicly funded long-term care homes in British Columbia, supporting ongoing efforts to improve dementia care.

Through engaging discussion and real-world examples, this session will explore how standardized dementia training programs, like U-First!®, serve as a catalyst for innovation in long-term care by strengthening staff capacity, fostering person-centered care practices and enhancing overall care quality.

While the focus is on long-term care, the principles discussed are applicable across care settings, including home and community care and assisted living. Participants will leave with an enhanced understanding of person-centred care and actionable strategies for integrating person-centred practices





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into their quality improvement efforts, ultimately enhancing wellness and vitality for people living with dementia in long-term care.





18. How seniors are supporting their kidney health through an online community promoting wellness and social connectivity

Deborah Tucker and Teresa Atkinson

The Kidney Foundation, BC & Yukon Branch

1 in 10 people in BC are affected by chronic kidney disease (CKD). Seniors, one of Canada's fastest growing population groups, also represent one of the population groups at higher risk for this chronic disease. For seniors, the challenges of managing CKD are compounded by other health conditions and the overall impact of aging. With no cure, the treatments for kidney disease are dialysis or a transplant. However, research shows a healthy lifestyle can help maintain good kidney health and for those who are newly diagnosed or living with reduced kidney function, a healthy lifestyle may even help delay or prevent kidney failure and the need for dialysis or a kidney transplant.

A survey conducted in 2020 with 800 kidney patients, care partners and health care providers revealed the need for easy- to- access wellness related resources and to connect to others with shared lived experiences. Seniors with chronic diseases, like CKD, are more likely to experience isolation and loneliness which can negatively impact physical and mental health. These challenges are even more pronounced for seniors who have limited access to resources to support their overall health and wellbeing.

The Kidney Foundation, BC & Yukon Branch, identified an opportunity to provide low barrier, safe and easy to access virtual resources to support the wellbeing of kidney patients and their care partners, with a focus on the most vulnerable and at -risk populations, including seniors and those from Indigenous communities, who among those at highest risk for kidney disease.

In response to this need, extensive research was conducted through focus groups and surveys with kidney patients and care partners and input gathered from renal stakeholders and primary care providers. This research informed the direction of the Kidney Wellness Hub, which launched in 2022. This virtual platform offers free, customized resources, lifestyle tools, and on demand and live classes to support patients' wellbeing in the areas of staying active, mental wellbeing, socially connecting, and eating well.





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Providing a sense of community was a key objective and initiatives were developed for patients to connect and engage with others with shared lived experiences, helping to address feelings of loneliness and isolation. Activities were designed to reach people of all ages, regardless of where they are along the continuum of care, including activities tailored to seniors who represent the largest group of users on the site. Instructors with lived experiences help guide some of the virtual classes, creating a sense of community for participants. Additionally, renal health care providers play an integral role leading specialized sessions and webinars.

The platform has been designed to be a welcoming and inclusive space, reflective of a diverse patient population. Current work with Indigenous leaders and community members helps ensure the content is culturally appropriate and will reach some of the most underserved populations in rural and remote areas. A dedicated section on the site also offers health care providers tools to share with patients.

An extensive third-party evaluation of the platform was conducted a year after launch, which highlighted benefits for patient engagement and overall wellbeing. Early findings showed 11,000 patients from the kidney community engaged with the site in 2023, and in 2024 that number has grown to 24,000, with over 70% of the users aged 55 plus and older. Targeted surveys indicate the platform is having a positive impact on the overall wellbeing of its users. 100% of respondents reported feeling more motivated, confident, and knowledgeable about how to manage their kidney health. Many older adults can access these resources from the comfort of their homes, whether in urban or rural settings. This is particularly beneficial for seniors who might otherwise struggle to attend in-person classes. The Kidney Wellness Hub has also become a trusted space for renal healthcare providers to refer their patients.

Early research demonstrates the Kidney Wellness Hub is making a tangible difference in the lives of kidney patients, and specifically in the lives of seniors, providing the tools, resources, and community they need to help manage their overall health and wellbeing. Key drivers in the platform's continued success relies on harnessing technology to enhance the patient experience and ongoing feedback to ensure content remains relevant and helpful, together with focused efforts to reach and engage high-risk populations and those who can benefit most from the resources.





19. A Virtual Seated Dance Exercise at Long-term Care Homes

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The COVID-19 pandemic has disproportionately affected long-term care (LTC) home residents. Before the vaccines were available, the government implemented considerable restrictions to protect them from contracting the disease, and the resulting social isolation was associated with symptom exacerbation, leading to poor life quality and even death.

A new virtual seated dance exercise program was created and implemented in a Richmond LTC home between October 2023 and August 2024, ensuring residents continue to be socially engaged safely during any outbreak. We focused on older adults' physical needs when we designed this program. Following the instructions on a large-screen television, the residents participated in the 35-minute dance exercise weekly. Every four weeks, they moved to the next level, where the steps were more complex and faster in pace. We used a single group pre- and post-intervention design to assess the following: Feasibility and acceptability, engagement level to the intervention, pain level, anxiety and depression level, and upper arm strength.

The results show that this virtual program is feasible and acceptable. Residents were highly engaged, and the overall anxiety level was reduced significantly. No injuries were reported. Other health benefits showed positive trends but did not achieve a significant level, possibly due to the small sample size. In the future, studies with larger sample sizes are needed to verify the potential health benefits. This dance exercise program is engaging and safe. It is easily replicable in other LTC homes to benefit more residents across larger geographical area.

