

SPECIAL POINTS OF INTEREST:

- 10th annual Lafayette Health Awareness Forum
- International Day of Older Persons Lecture
- Valued Elder Recognition Award presentation
- 2015-2016 Colloquium Series

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2015 INTERNATIONAL DAY OF OLDER PERSONS EVENT



The Centre on Aging and Candrive bring you one spectacular afternoon of food, music, awards and information!

The afternoon will begin with the presentation of the *Valued Elder Recognition Award (VERA)*. This award honours and recognizes dedicated volunteers who have given exemplary service helping others in the Capital Regional District.

After a break for refreshments, the *Canadian Driving Research Initiative for Vehicular Safety in the Elderly (Candrive)* panel will take the stage to celebrate and thank their participants, as well as give information on Candrive. The panel, composed of researchers Drs. Holly Tuokko, Phyllis McGee, Malcolm Man-Son-Hing, and Saanich Councillor Ms. Judy Brownoff, will discuss the background of the study, the results obtained and give insight as to why this study is so important for the public, the province and the rest of Canada.

Open to everyone and free to attend, however **REGISTRATION IS REQUIRED.**

For more information, please visit our website: www.coag.uvic.ca

WHEN

FRIDAY,
OCTOBER 2, 2015

1:30PM - 4:00PM

WHERE

SALVATION ARMY
VICTORIA CITADEL
(4030 Douglas St.)

REGISTER

CONTACT THE CENTRE
ON AGING BY—

PHONE: 250-721-6369

EMAIL: aging@uvic.ca



University
of Victoria
Centre on Aging

Cara Pearson

Cara has just graduated with a Master of Public Health from the University of Victoria. She has worked at the Centre on Aging since 2010 when she joined the team in the front office. Last year she began working for one of the research teams at the centre, led by Kelli Stajduhar (professor, School of Nursing and Centre on Aging research affiliate). Specifically, Cara worked on the Initiative for a Palliative Approach in Nursing: Evidence and Leadership, affectionately known as iPANEL. Kelli also served as Cara's practicum supervisor, allowing her the opportunity to complete the final step in her masters program, alongside her administrative duties. This was a unique opportunity to engage in an area of research not often considered to be a public health issue: palliative and end-of-life care.

Cara completed several projects and learning activities during her practicum. The first project was a submission to the Select Standing Committee on Health in the BC Legislature, which she completed under the supervision of the iPANEL co-leaders, Kelli Stajduhar and Carolyn Tayler, and with feedback from the iPANEL advisory board. The Select Standing Committee on Health is an all-party committee whose mandate is to identify strategies to maintain a sustainable health care system. As such, the committee had put out a call for submissions on how to maintain a sustainable health care system in British Columbia, with one specific area being in end-of-life care. Working on this project was a unique way to use a concise writing style directed at a political, decision-making audience rather than an academic one. Working with her supervisors, Cara drew on iPANEL research and expert knowledge to put together a submission called *Improving palliative and end-of-life care in British Columbia: Cost effective strategic innovations for a sustainable health care system*. Kelli Stajduhar, as the iPANEL research lead, was then invited to give a presentation to committee.

Keen to explore the connections between palliative care and public health, specifically health promotion, Cara also completed a literature scoping review for her masters project. She conducted a systematic search of peer-reviewed literature, found 36 articles on this topic, and then analyzed them in order to create a conceptual picture of their content. Four key themes were identified:

1. Health promotion over the life course: It is important to maximize health and well-being, even in the presence of a serious illness; this extends to the end-of-life and to the idea of promoting a good death
2. Universal, social experiences: Interpersonal social support is vital, particularly in coping during serious illness and for those dealing with bereavement; since people spend most of their time in communities, they should be sources of support



3. Sharing information and working together: Health care service providers should partner with community organizations, thereby empowering citizens to participate more fully in health care; we need to build public dialogue that is more inclusive of people suffering from serious illness
4. Reorientation of health care services: Population aging, increasing chronic disease prevalence and fiscal restraint all necessitate changes to the way health care services are offered

In summary, these findings lead to several conclusions centering on the need for more collaboration between public health and health care practitioners. Building community capacity for social support is one goal. Another goal of collaboration is to be more inclusive of each practice’s target populations. Palliative care has traditionally been targeted at patients who suffer from cancer, and is often confused with end-of-life care. There is a need to expand this model of holistic care, not only to people who suffer from chronic illnesses, but also earlier in the course of all serious illnesses. Conversely, as health promotion efforts have been accused of being death-denying, there is a need to extend health promotion principles throughout the entire life course, and not exclude groups of people who suffer from serious illness. A third goal of collaboration includes building a public dialogue around serious illness and dying. These are taboo subjects, and as a result people who face these issues may feel excluded. Building a dialogue can only help people feel included and encourage preparation and planning before a personal crisis occurs.

Cara would like to express her heartfelt thanks to everyone at the Centre on Aging, particularly to Kelli and the rest of her research team, for the support and encouragement they provided.



New Book

Dr. David Chuenyan Lai, research affiliate of the centre, is shown at a lecture where he discussed his most recent book, *The History of Hongmen and Chinese Freemasons in Canada* (Commercial Press, Hong Kong, April 2015). More than 100 people attended the lecture on May 23, 2015 at the Chinese Cultural Centre of Greater Vancouver.

(Source: China Today Canada)

Centre Affiliates in the News

Four Centre on Aging research affiliates are recipients of Island Health's new Collaborative Research Grants. Each will receive \$15,000 toward the following projects:

- **André Smith** (Sociology) working with the Chemainus Health Care Centre on the use of antipsychotic drugs for dementia patients in residential care.
- **Anne Bruce** (Nursing) working with Victoria Hospice on reducing stress for end-of-life caregivers through storytelling.
- **Paul Zehr** (Centre for Biomedical Research) working with Queen Alexandra Orthotics on combining botox with ankle and elbow movement training to help stroke survivors use exercise equipment.
- **Carol McDonald** (Nursing) working with Victoria Hospice on identifying the challenges faced by high-mortality cancer patients and their caregivers.

This grant competition is meant to provide seed money for the research partners to initiate and develop their work, with goals to seek more support from external funding agencies. The funds are also viewed as important for strengthening ties between Island Health and its academic partners.

"The fact that UVic is involved in all eight successful grants (out of an application pool of 29 from across the Island) is a measure of UVic's growing leadership in the health research arena," says Dr. David Castle, UVic's vice-president research. (Source: The Ring)



Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

The Canadian Longitudinal Study on Aging, a large, national, long-term study has reached its target of 50,000 participants. The study plans to follow these men and women, who are between the ages of 45 and 85, for at least 20 years.

The **Tenth Annual** Lafayette Health Awareness Series presents

the power of music

on emotions and health

Thursday, **October 1, 2015**

7 pm

David Lam Auditorium

Room A144

MacLaurin Building

A-Wing

University of Victoria

For ten years the **Lafayette String Quartet** has joined with health professionals to bring expert information to our community on a variety of health topics that affect us all.

In this anniversary year, the quartet has chosen to celebrate and explore the connections of health and music—a subject very dear to their hearts.

Free of charge

To reserve a seat or for further information, visit lafayestringquartet.ca

GUESTS SPEAKERS: **LEE BARTEL** PhD, Professor and Acting Director of Music and Health Research Collaboratory, Faculty of Music, University of Toronto

JOHANNE BRODEUR PhD, MTA, Music Therapy Department Head, Victoria Conservatory of Music

BRIAN CHRISTIE PhD, Director of the Neuroscience Graduate Program, University of Victoria

To be informed of future events, sign up at <https://lists.uvic.ca/mailman/listinfo/lafayettehealth>



 **University of Victoria** | Centre on Aging

The Lafayette
STRING QUARTET

Perspectives on Death & Dying on the streets of Victoria

A broad coalition of anti-poverty, community health, peer-based, faith, research, and student groups came together to host ***Street Deaths are Preventable Deaths*** (June 15-19), to highlight the fatal impact of poverty and homelessness in our community. The series emerged in response to a report released by UVic's Poverty Law Club documenting 30 deaths of street-involved people in Victoria in 2012. Many of these deaths were not reported or investigated by the BC Coroners Service. In addition, a [Megaphone report](#) drew further attention to this tragedy with statements indicating that homelessness reduces life expectancy to 40-49 years, roughly half of what many of us will likely reach.

Sponsored by the *Equitable Access to Care Study* (Kelli Stajduhar), the ***Death as a Social Justice Issue: Perspectives on Death & Dying on the streets of Victoria*** panelists provided a lively and thought-provoking discussion about structural inequities and the responsibility of health care institutions and workers in creating safer spaces for street-involved people to access and re-

ceive care. Doctoral candidate, Trudy Norman, who has more than 25 years' experience working with people experiencing homelessness, moderated the session.

Bernice Kamano from the [Aboriginal Coalition to End Homelessness](#) identified as a person from the Kwakwaka'waka Nation who has experienced homelessness. She spoke about the importance of building trust when working with Indigenous communities and that despite good intentions, health care workers cannot assume they will automatically be trusted.

UVic researcher and advocate, Bruce Wallace, provided an overview of supervised consumption services in Victoria and the [YES2SCS campaign](#). The City of Victoria recently announced a process to bring together stakeholders to establish services within three years. The campaign aims to raise awareness of street deaths, poverty, homelessness, and access to health care.

Grey Showler, nurse at the [Cool Aid Community Health Clinic](#) and member of the Palliative Outreach Resource Team (PORT), exposed the stark contrast between the opportunities to provide palliative

care to housed and well-supported individuals in our community and the lack of this care afforded to individuals with chronic illnesses who are homeless and facing structural vulnerabilities. His work experiences highlighted the impact of the social determinants of health on a "good death", and the important need to apply a palliative approach to those in the street community.

Island Health's [Cultural Safety Program](#) was represented by Yvette Ringham-Cowan (maternal Kwakwaka'waka Nation and paternal English heritage). She articulated the need for health care workers to share who they are when they engage with Indigenous and street-involved populations. She also emphasized the importance of understanding the history and lasting impacts of colonization, and how this manifests in modern healthcare systems and experiences accessing care.

Bernie Pauly, nurse and scientist with the [Centre for Addictions Research of BC](#) (CARBC) launched her presentation on cultural safety with a 2008 quote

from the World Health Organization (WHO): “Social injustice is killing people on a grand scale.” The cultural safety approach to care for people who use drugs seeks to address and overcome this injustice by fostering participation in healthcare decision-making; considering the role of past histories of trauma and violence, disadvantage, and stigma in people’s ability to engage with care; emphasizing relationships of trust as priority outcomes; and developing a culture of respect and safety within the workplace.

The panel session concluded

with presenter, Kristen Kvakic, social worker with [AIDS Vancouver Island](#) (AVI) and member of PORT, who pointed to the general lack of discussion about death in Canadian society and how this negatively influences community workers who support clients through the dying process. When death is the inevitable “outcome”, our typical indicators of success in health and social services are put into question and perhaps shattered. Once death is acknowledged, health care workers are free to focus on the ‘process’, and provide dignified and culturally safe care for individuals in our community.

A group conversation on the numbers of homeless deaths in our city flowed naturally from the panel session. It was noted that 1,700 people use shelters on a daily basis with the number of deaths unclear. Although the Megaphone report listed approximately a quarter of homeless deaths (i.e., 70) to have occurred on Vancouver Island, this likely underrepresents the true number because of the narrow definition of homelessness used by the BC Coroners Service, and the chronic underreporting of homeless deaths.

If you are part of a group that would be interested in a presentation from the Palliative Outreach Resource Team (PORT), please contact Kristen Kvakic at AIDS Vancouver Island at 250-384-2366; Grey Showler or Caite Meagher at the Victoria Cool Aid Society, 250-384-2366; or, Caelin Rose or Lucie Mattar at Victoria Hospice, 250-370-8715. For more information or to be added to our listserv for updates on the study and related events, please contact Ashley Mollison or Kelsey Rounds at equitableaccess@uvic.ca.



Colloquium Series 2015 - 2016

The 2015-2016 series will highlight substantive and methodological innovations in aging research. The sessions are free, and are webcast live. Keep your eye out for upcoming registration information.

In addition to local UVic and regional presenters, featured speakers will also include those from other parts of Canada and the US. All are expected to address the needs of researchers and students wishing to increase their knowledge and expertise in the field of aging. Sessions will be held Tuesday mornings, beginning September 22nd, 10:30AM to 12:00PM. Join us in the Medical Sciences Building, Lecture Hall 160, and plan to come early to enjoy coffee, snacks, and conversation beginning at 9:45 AM.

See you there!

****ICYMI, the 2014-2015 colloquium presentations are posted on our YouTube channel. Search for 'UVic Centre on Aging'.****



**University
of Victoria**
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Articles and submissions provided by: Scott Hofer, Lois Holizki, David Lai, Ashley Mollison, Cara Pearson, Nina Perisic

We invite your submissions, comments and contributions. Forward all correspondence to the editor, Lois Holizki.

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Research Throughout the Life Course

