



**FREE WEBINAR**



**Elder Abuse  
Prevention  
Ontario**

## **Closing the Gap: Promoting Health and Dignity for Black Older Adults**

**December 8<sup>th</sup>**

**1:00 PM - 2:00 PM ET**

### **SPEAKERS**

**Dr. Mireille Norris MD, MHsc, FRCPC**  
Internist/Geriatrician, Sunnybrook, Health Sciences Centre

**Dr. Jenny Yu Qing Huang**  
Geriatrician and Clinical Associate, St-Michael's Hospital

**Dr. Denbow Burke**  
MD, MPH-Gerontology  
Family Physician

A top-down photograph of a smudge stick burning in a brass bowl. The bowl is ornate with embossed patterns and sits on a green wooden plank surface. Wisps of white smoke rise from the burning bundle of dried herbs, which is tied with black and white twine. Surrounding the bowl are various natural elements: a large white crystal in the top left, a green chrysanthemum flower, sprigs of green cedar, two yellow pom-pom flowers, and a cluster of clear crystals in the bottom right. A semi-transparent white banner with the text "LAND ACKNOWLEDGEMENT" is positioned across the lower middle of the image.

LAND ACKNOWLEDGEMENT

# WEBINAR HOUSEKEEPING



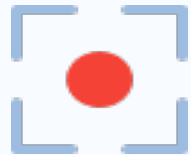
## Communication

All attendees will be muted during the webinar.



## Speaker

Will be visible while presenting and for the Question/Answer session.



## Recording

A recorded version of this webinar will be available on EAPO's website.



## Chat/ Question Box

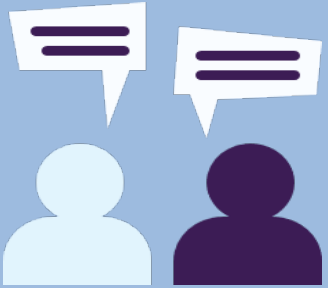


Post comments in Chat Box.

Type your questions in Question/ Answer box.

Responses will be provided after the presentation.

# WEBINAR HOUSEKEEPING



## Chat Box

Post comments during the session.



## Question Box

Type your questions in **Question/Answer box**.

A response will be posted during the webinar *or* asked to speaker after the presentation.

# WEBINAR HOUSEKEEPING



## Evaluation

Your feedback on knowledge gain from session and suggestions for future topics is appreciated. Options to access survey:

- QR Code
- pop-up notice with link to survey
- Followup email with survey link

Survey Link



SCAN ME

# WEBINAR HOUSEKEEPING

## Respecting Privacy and Confidentiality

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EAPO appreciates there may be personal circumstances or issues which participants may wish to address. However, in keeping with our commitment to maintaining your privacy and confidentiality, today we will be answering general questions posed through the Q&A.

If someone wishes to discuss specific circumstances, we invite you to contact EAPO following this webinar to arrange for a confidential conversation so that we may further assist you.



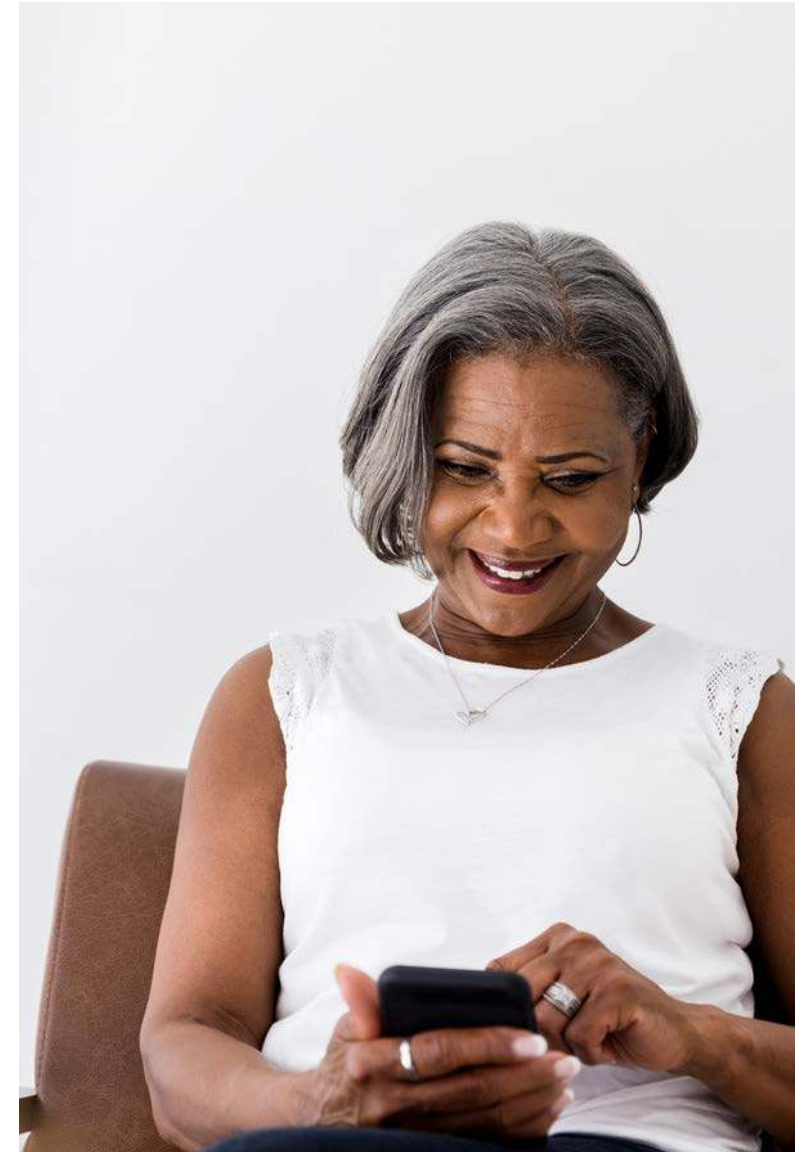
**EAPO** Preventing  
Abuse in  
Older Adults

## MISSION

EAPO envisions an Ontario where ALL seniors are free from abuse, have a strong voice, feel safe and respected.

## ACTION

Raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service coordination and advocacy.



# STOP ABUSE – RESTORE RESPECT

SIMPLY PUT, WE ALL HAVE A ROLE TO PLAY

EAPO is mandated to support the implementation of Ontario's Strategy to Combat Elder Abuse.

Funded by the ON Government, under the  
Ministry for Seniors and Accessibility (MSAA)





# Ontario's Strategy to Combat Elder Abuse

1

## **Public Education and Awareness**

A Province-wide, multi-media public education campaign to promote awareness about elder abuse and provide information on how to access services.

2

## **Training for Front-Line Staff**

Specialized training to staff from various sectors, who work directly with seniors, to enhance their knowledge and skills to recognize and respond to elder abuse.

3

## **Co-ordination of Community Services**

To strengthen communities across the province by building partnerships, promoting information sharing and supporting their efforts to combat elder abuse.



Co-ordination of  
Community Services

Training for  
Front-Line Staff

Public Education  
and Awareness

**3 Pillars of the Strategy**

# Speaker

Dr. Norris is an Internist and Geriatrician at Sunnybrook Health Sciences Centre in Toronto. She is the Physician Lead for Quality Improvement and post-grad education for the Division of Geriatrics at Sunnybrook. Her role also includes Assistant Professor of Medicine at the University of Toronto and Education Director for the Sunnybrook Hospitalist Training program which she created and implemented at Sunnybrook in 2005.

Dr. Norris has a focus of interest in dementia care, fall prevention, quality improvement and medical education. As a former physical therapist, she is interested in alleviating pain syndromes, optimizing physical functioning and preventing pain in patients with multiple co-morbidity.

Her interest in marginalized physician education has been enhanced by the experience of recruiting and mentoring international medical graduates for the hospitalist training program, her own experience as a black female French speaking physician was instrumental in empowering her trainees which are now successful in many provinces, the United States and Europe. Dr Norris is eager to bring this experience to mentoring black and indigenous resident applying for residency position in the DOM at the University of Toronto.

Her passion for Equity, inclusion and diversity is also reflected in her participation on the Sunnybrook President Anti-Racist Task force and other equity initiatives at the hospital and university of Toronto and Temerty school of medicine as well as her commitment to service to the Black community at TAIBU covid vaccination clinic and at the Centre Francophone de Toronto.



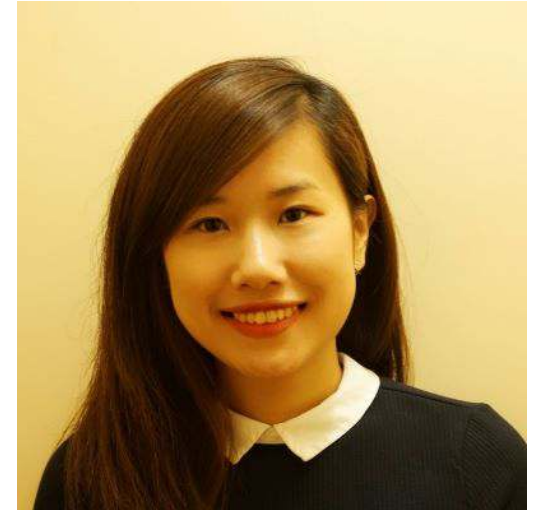
**Dr. Mireille Norris,**  
MD, MHsc, FRCPC

Internist/Geriatrician,  
Sunnybrook Health Sciences  
Centre and Physician Lead for  
Quality Improvement and  
post-grad education for the  
Division of Geriatrics at  
Sunnybrook

# Speaker

Dr. Jenny Yu Qing Huang is a Geriatrician and Clinical Associate at St-Michael's Hospital. She led a quality improvement on social prescribing to combat loneliness in older adults during her subspecialty fellowship. She is currently completing a PhD in Clinical Epidemiology & Health Care Research at the Institute of Health Policy, Management and Evaluation (IHPE) at the University of Toronto.

Her research uses review methods and large administrative databases to explore practice patterns and long-term adverse cognitive outcomes after traumatic brain injury in older adults.



**Dr. Jenny Yu Qing  
Huang MD, PhD  
(c), FRCPC**

Internist/Geriatrician  
and Clinical Associate,  
St-Michael's Hospital

# Speaker

Orrisha Denbow-Burke is a Family Physician who holds a Masters in Public Health with specialization in Gerontology from the University of the West Indies Mona, Jamaica.

She hails from the beautiful island of St Lucia. She is very passionate about educating and improving the quality of life of Seniors. To that end, she is the co-founder of *Senior Sessions*, a multimedia information-based initiative aimed at increasing awareness and discussing issues relevant to the geriatric population.

Her long-term aspiration is to be a national and international policy advisor on public health provisions for older adults.

Orrisha enjoys spending time with her husband and two children, cooking and engaging with seniors.



**Dr. Orrisha  
Denbow-Burke**

MD, MPH-Gerontology

# Caring for Black Seniors

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Dr Mireille Norris MD,  
MHsc, FRCPC  
Internist/Geriatrician  
Assistant Professor  
DOM, TFOM

## Disclosures

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No conflicts of interests

# Learning Objectives

## Describe

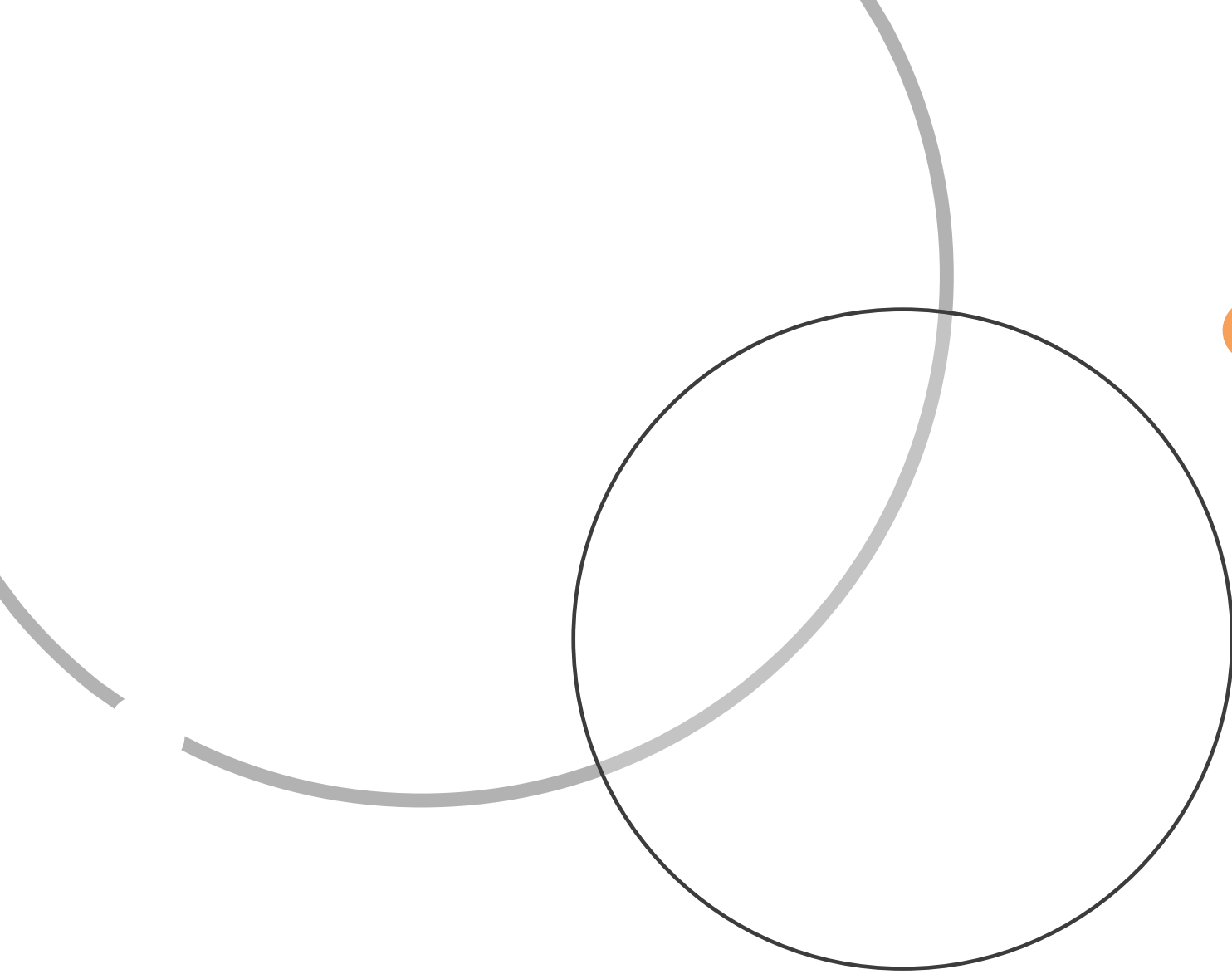
- Ethnocultural considerations in providing care to Black older adults

## Explore

- Systemic discrimination and barriers to culturally-appropriate healthcare

## Identify

- Resources to provide culturally-appropriate care, including steps to enact cultural practices



Describe Ethnocultural considerations in providing care to Black older adults



## Black Canadians today have diverse backgrounds and experiences

- Immigrants from the Caribbean
- Immigrants from Africa
- Refugees
- Descendants of early settlers or individuals brought here by force
- 2<sup>nd</sup> or 3<sup>rd</sup> generation immigrants



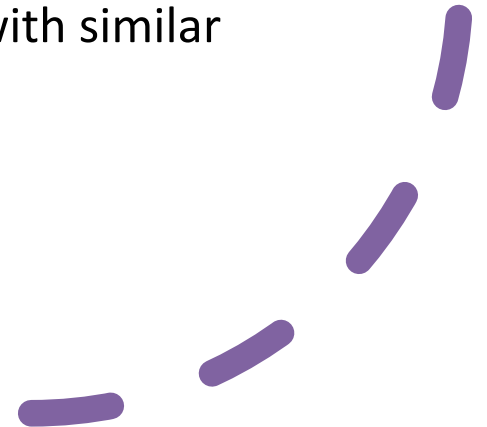
# Ethnocultural Considerations

**Black Canadians often share a common lived experience of trauma that is:**

- Historical
- Institutional
- Intergenerational
- Personal

Therefore, it is important that we:

- Apply patient-centered care
- Realize that not all Black older patients comes with similar needs
- Avoid generalization



# Cultural Perspective of Care of the Black Older Adult

Understand Anti-Black racism

Understand Critical race theory

Some organizations recommend  
anti-bias testing

# Anti Black Racism

The term '**Anti-Black Racism**' was first expressed by Dr. Akua Benjamin, a Ryerson Social Work Professor. It seeks to highlight the unique nature of systemic racism on Black-Canadians and the history as well as experiences of slavery and colonization of people of Black-African descent in Canada.



# Anti-Black Racism

- Slavery was an institution that devalued Black life.
- Even after it was eradicated, it paved the way for negative stereotypes and institutional racism that is still present in our system today.

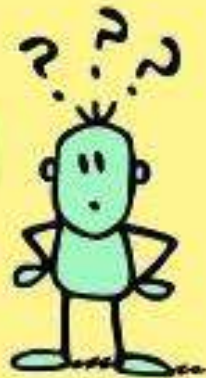
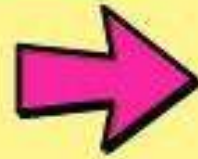


# WHAT IS CRITICAL RACE THEORY?

Critical Race Theory (CRT) is a framework that is used to help us understand why racial inequities exist in our society and how we can eradicate them.



Why is this so threatening to some white people?



With thanks to @angeljonesphd & @katerslater

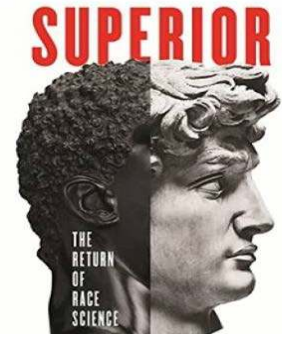
@sylviaaduckworth

# Critical Race Theory

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- CRT is an academic framework centered on the idea that racism is systemic and not just demonstrated by individual people with prejudices (Ilati, 2021).
- Racial inequity is woven into legal systems and negatively affects people of color in their school, doctor's office and criminal justice system and countless other parts of life

# Eugenics & Scientific Racism



- Eugenics is the scientifically inaccurate theory that humans can be improved through selective breeding of populations.
- The implementation of eugenics practices has caused widespread harm, particularly to populations that are being marginalized.

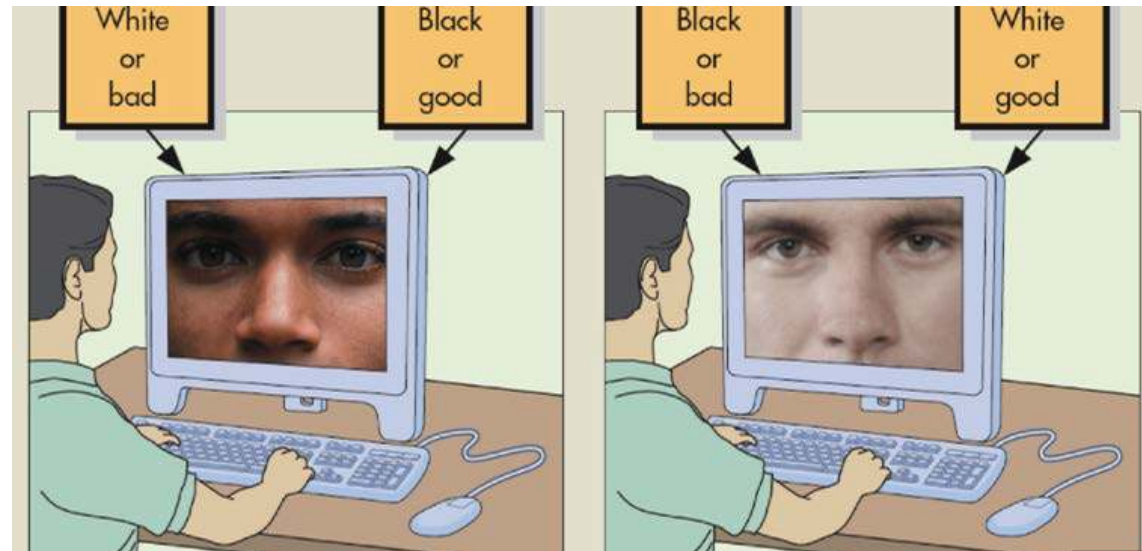
**Eugenics** is the scientifically erroneous and immoral theory of “racial improvement” and “planned breeding”.

**Scientific racism** is an ideology that appropriates the methods and legitimacy of science to argue for the superiority of white Europeans and the inferiority of non-white people

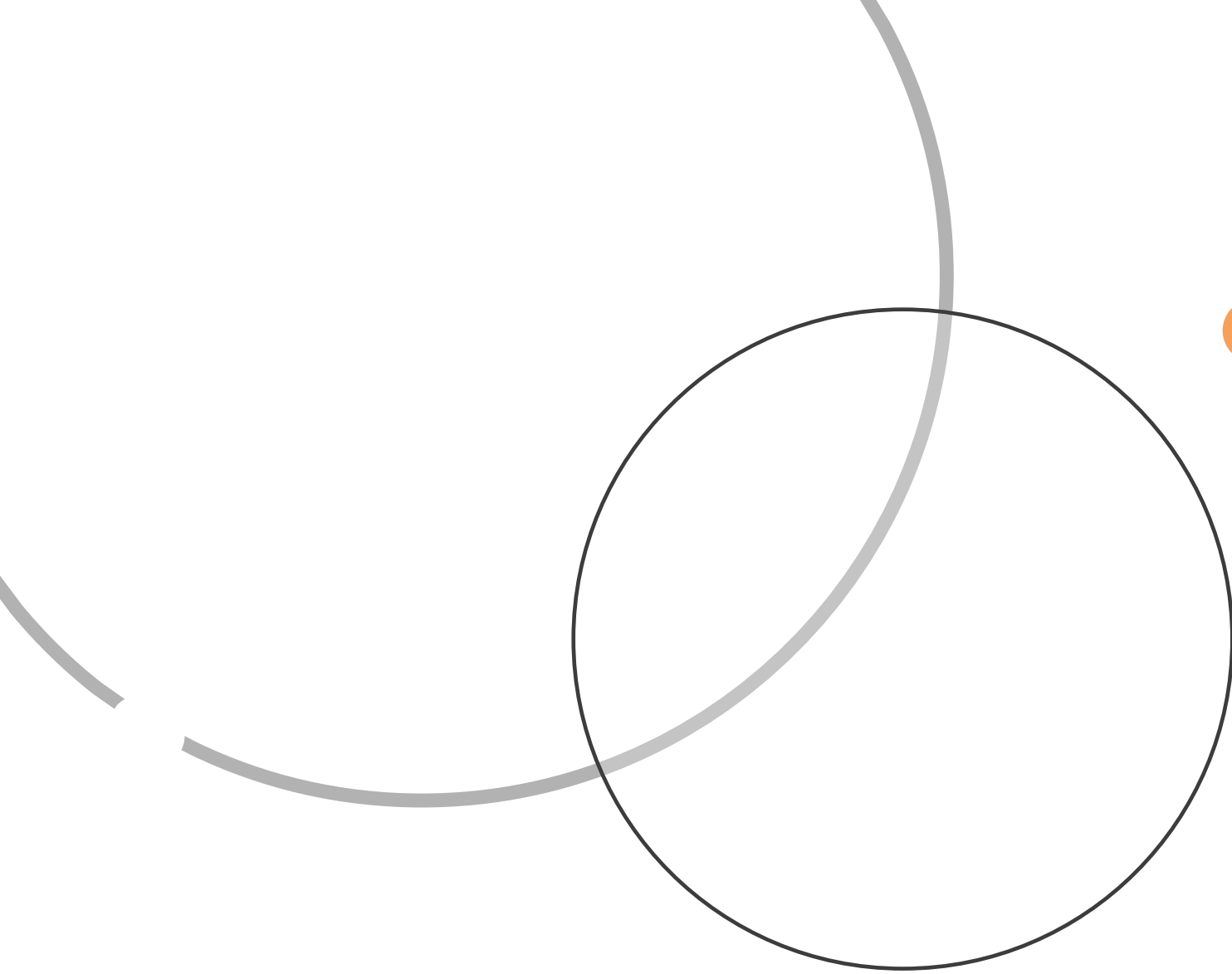
# Anti-Bias Testing

You can test your bias using the link below.

[Test Your Implicit Bias - Implicit Association Test \(IAT\) - Loyola Marymount University \(lmu.edu\)](http://www.lmu.edu/~edwardson/implicit/)







Explore systemic discrimination and barriers to culturally-appropriate healthcare

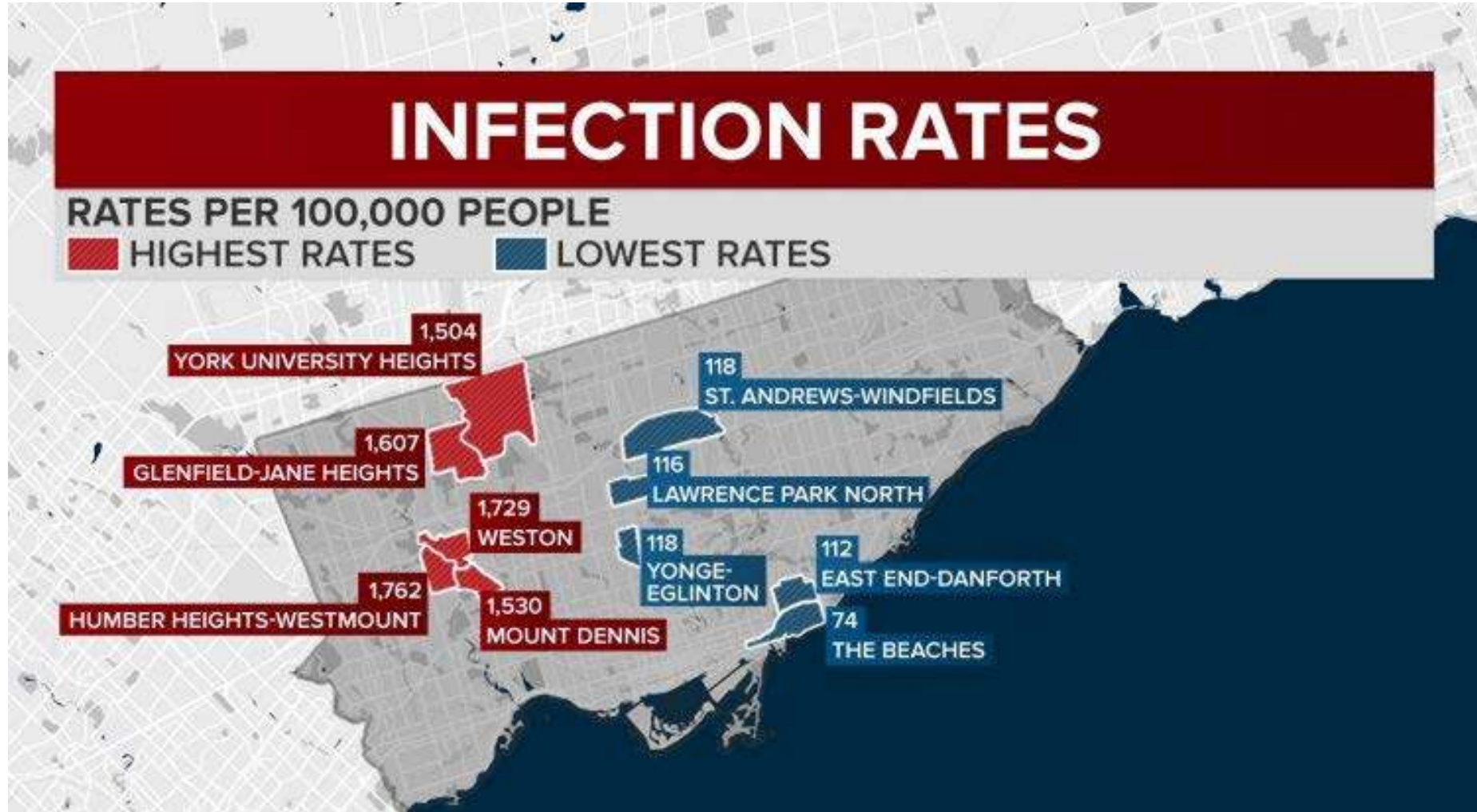


RACISM IS A  
PUBLIC HEALTH CRISIS

## How Racism affects health

- Racism can cause frequent stress on the body and triggers stress-coping behaviors that often lead to disease.
- “Experiencing systemic discrimination and microaggressions are social stressors that increase the risk of negative physical and mental health including anxiety, depression, suicide or suicidal thoughts. cardiovascular disease, breast cancer, high blood pressure, and premature mortality.” (City of Toronto March 2021)

# Health Inequity in Toronto





**Special  
Considerations  
When Caring for  
Older Black Patients**

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**Dementia**

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**Depression**

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**Pain**

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**End of life care**

# Dementia

Compared to Whites, rates of institutionalizations in minority elders is lower and reliance on family caregiver is greater (Roche, Higgs, Aworinde, & Cooper, 2021).



Four themes identified:

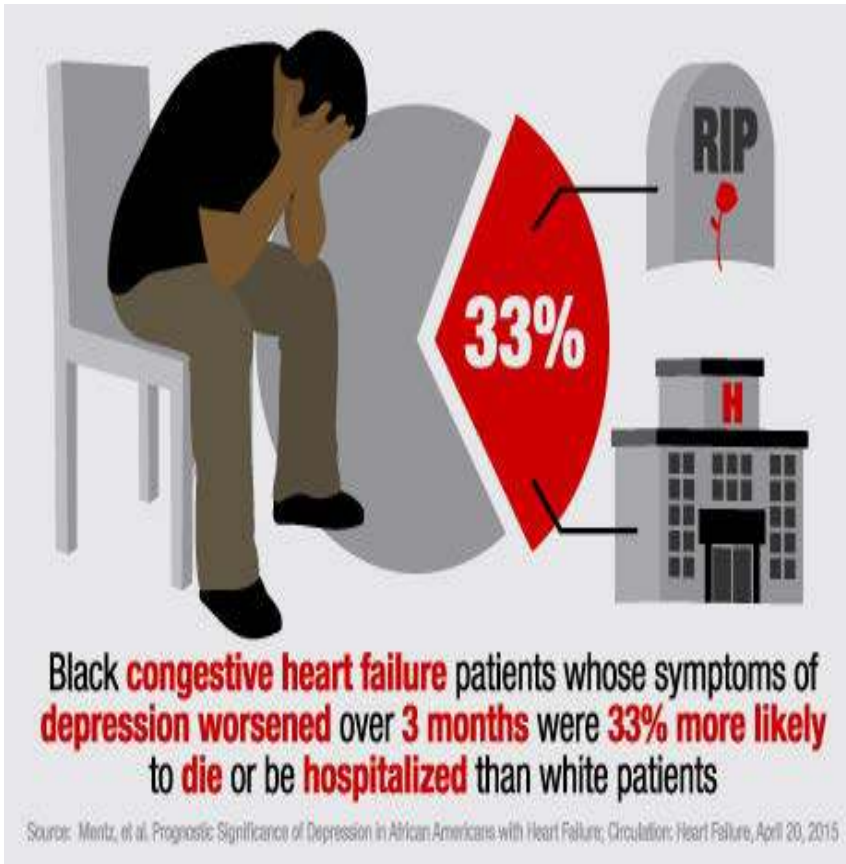
Cultural perspectives on dementia with centrality given to personhood

Inappropriate and disrespectful services

Kinship and responsibility

Importance of religion

# Depression



Community samples suggested AA with multiple comorbidities and functional impairments were at higher risk of depression (Pickett et al., 2013).

More often treated by family doctors than psychiatrists.

Older AA with positive CES-D scores were less likely than Caucasians to be identified as depressed by primary care providers (half the rate of Caucasians).

Less likely to receive active treatment, less depression care and less retention of treatment.

Less access to psychotherapy, more reliance on informal supports, such as religion for counsel and mental health.

Course of untreated depression is poor, older AA had higher chronicity of MDD, increases all cause mortality, suicide, coronary disease, physical health problems and functional disability.

# Pain Management

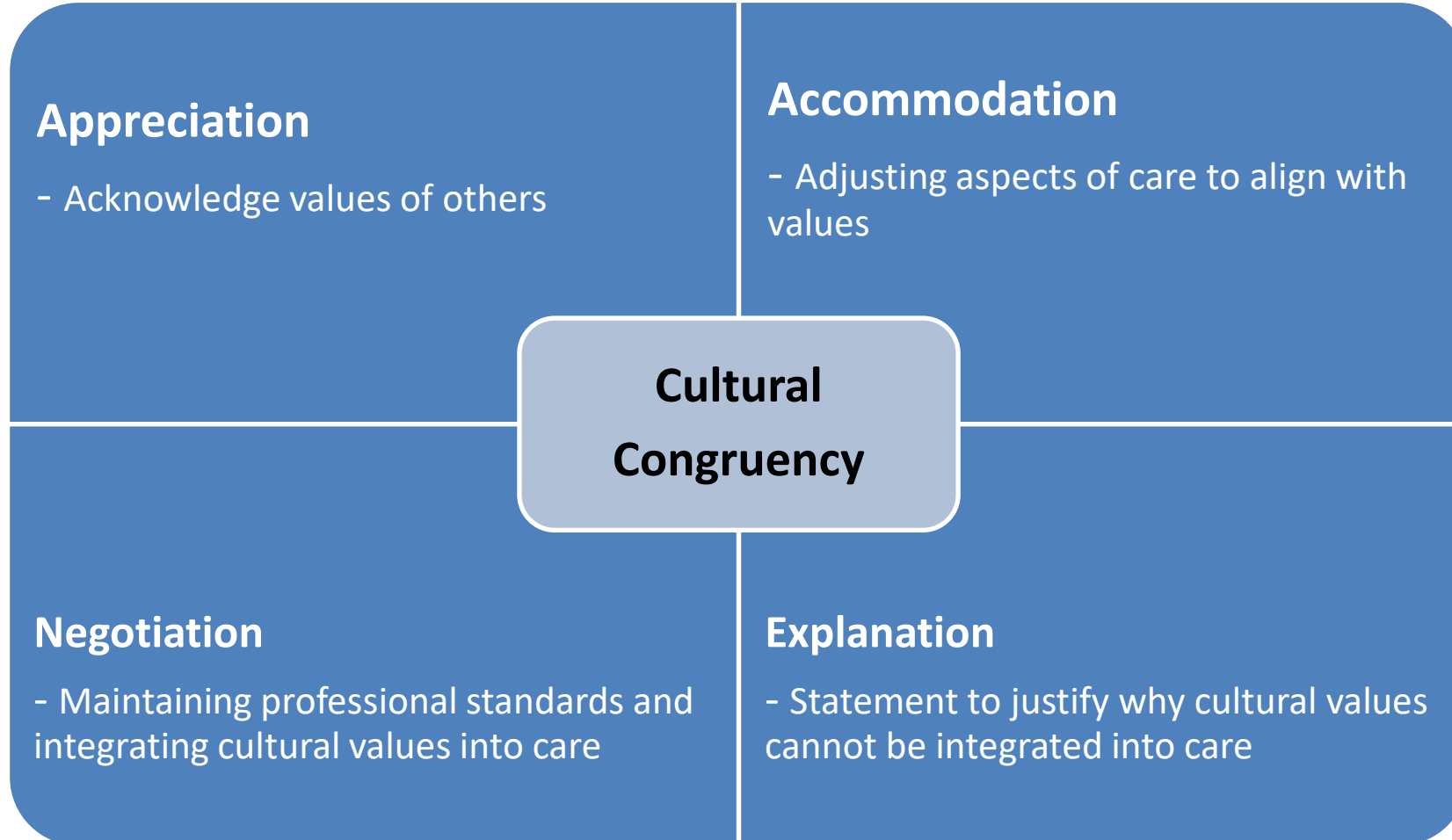
**Disparity in Management of Pain for Black patients (Palanker, 2008; Robinson-Lane & Booker, 2017).**

Provider mistrust has resulted in a long history of unmet needs such as unrelieved chronic pain. E.g., consider what might a typical response look like, if a Black patient experiencing pain exacerbation from sickle cell anemia were to show up in ED asking for opioids.

Culture plays a role in the experience of pain, how pain is communicated, whom to report pain, the types of pain that should be reported.

"The problem of disparities in pain is worsened by current and past policies within the United States public health care system. "

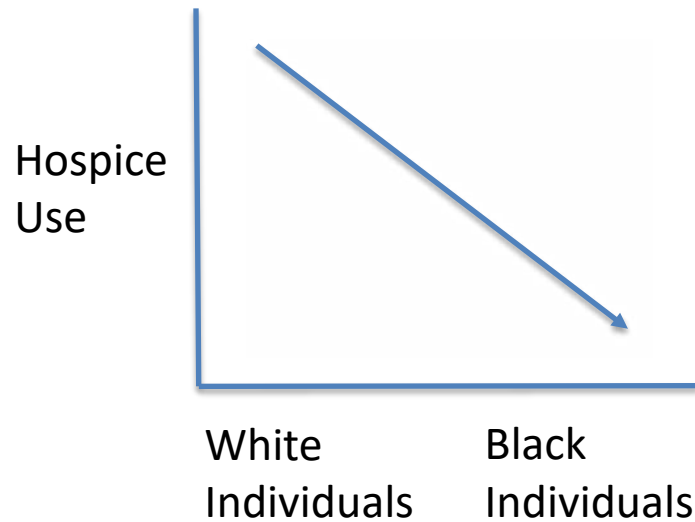
# 4 Stepped Approach to Creating Cultural Congruency



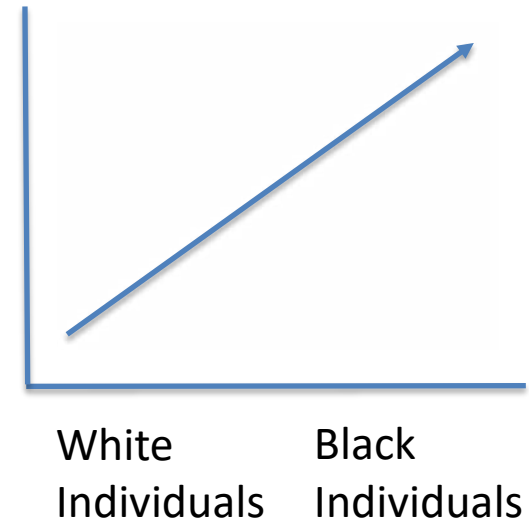


# End of Life Care and Older Black People

- Racial disparities in Hospice use and end-of-life treatment intensity



Critical resources at end-of-life

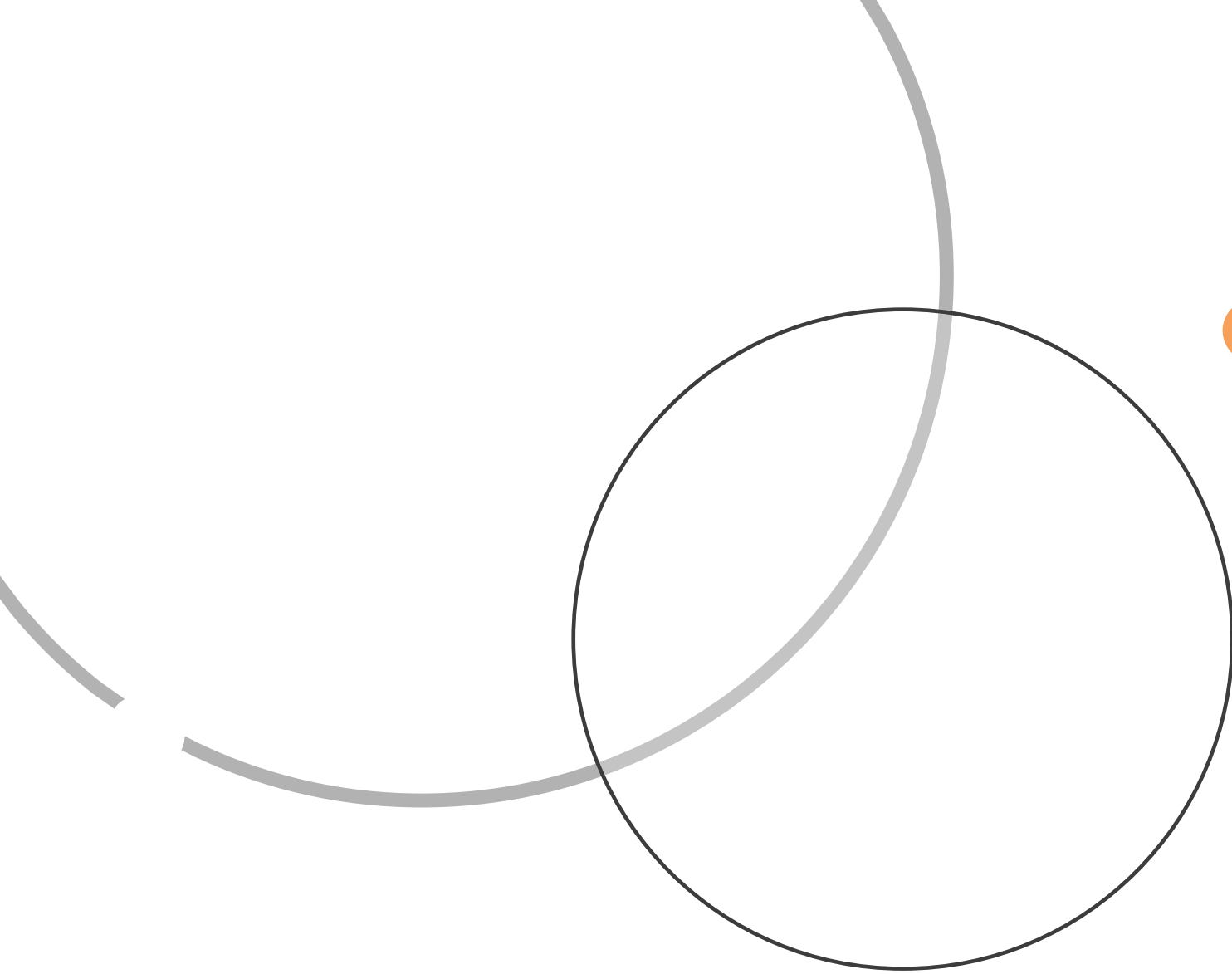


(Orlovic et al., 2018; Ornstein et al., 2020)

# End of Life Care and Older Black People

- Compared to white Americans, minorities express a strong desire to receive all care possible and not to have any treatment withheld at the end of life.
- May be associated with mistrust in HCS, language barriers, lack of familiarity of HCS, low health literacy associated with lack of advance care planning (Orlovic et al., 2018).





Identify resources to provide culturally-appropriate care, including steps to enact cultural practices

# Building Cultural Competency

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Cultural congruency is a process where clinicians and patients can effectively communicate despite difference in values, beliefs, perceptions and expectations about care

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Cultural competence is at the core of high quality, patient-centered care and it directly impacts how care is delivered and received (Engrebretson, Mahoney, & Carlson, 2008)

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Lack of cultural competence contributes to poor patient outcomes, reduced compliance, increased health disparities.

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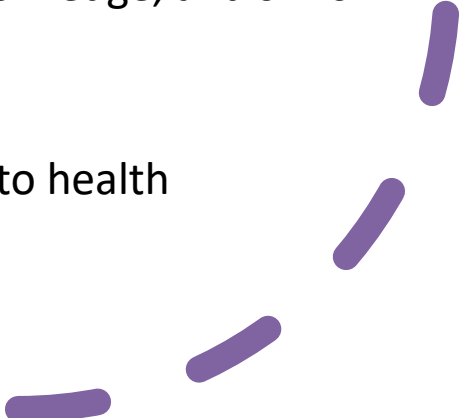
Delivering culturally competent care increases job satisfaction and contributes to staff retention.



Cultural competency in health care describes **the ability of systems to provide care to patients with diverse values, beliefs and behaviors**, including the tailoring of health care delivery to meet patients' social, cultural and linguistic needs.

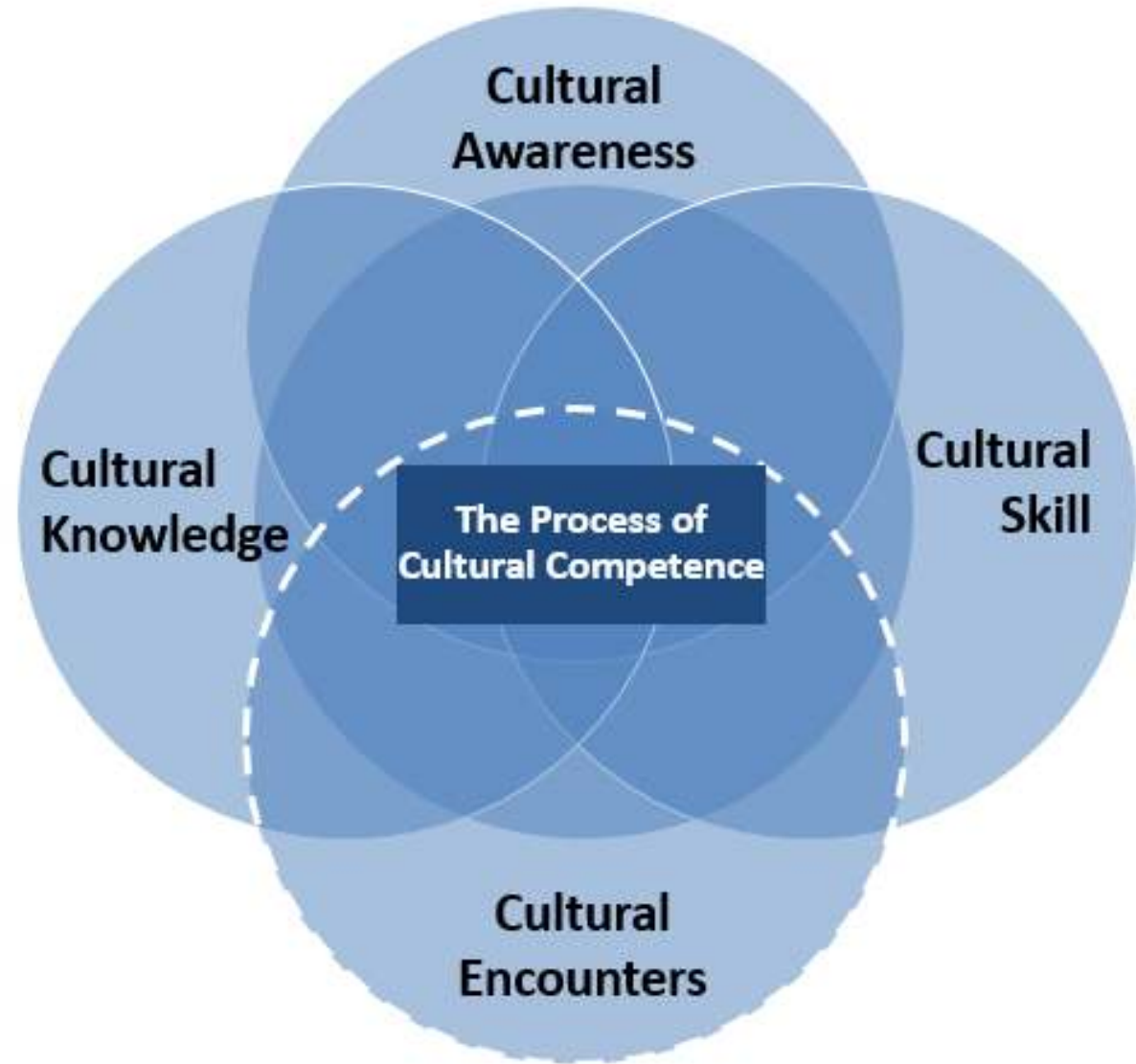
Note: **Cultural humility** may be **more achievable** than culture competency and leads to a lifelong learning process

Examples of **Culturally Competent Management programs initiatives:**

1. Provide interpreter services.
  2. Recruit and retain minority staff.
  3. Provide training to increase cultural awareness, knowledge, and skills.
  4. Coordinate with traditional healers.
  5. Use community health workers.
  6. Incorporate culture-specific attitudes and values into health promotion tools.
- 

# Process of Cultural Competence in HCS

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## ASKED Mnemonic

- **Awareness:** Am I aware of my biases and prejudices towards Black patients as well as the existence of racism in health care
- **Skill:** Do I have the skill of conducting a cultural assessment with an older black person
- **Knowledge:** Am I knowledgeable about health-related beliefs, practices and cultural values; disease incidence and prevalence and treatment efficacy among older black patients
- **Encounters:** Do I seek out face-to-face encounters with black people?
- **Desire:** Do I really « want to » become culturally competent with caring for older black patients?

# **My Mom's Experience**





# Barrie Ambulance Worker Rocked!

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The ambulance worker included my sister in the history taking

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He spoke French

---

My mother had a bleeding duodenal ulcer and fainted because of anemia and needed 2 units of PRBC

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He insisted on taking my mother to the hospital, even though she was reluctant to go. He explained to her that she had rapid heart rate of 110 and soft blood pressure, engaged me by calling me.

---

His ability to connect allowed my mother and sister to feel safe


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They allowed for my sister to accompany my mother in the ambulance

- Be aware of your own unconscious bias
- Keep culturally humble
- Adhere to continuous learning to develop cultural competence
- Develop skills in building trusting relationships with black seniors and their family to help them accept care that is needed (dementia, depression, pain, end-of-life, caregiver stress)
- Systemic health issues such as loneliness have been exacerbated throughout the pandemic.



## Take home messages



# Addressing loneliness in the older adult

Jenny Yu Qing Huang, MDCM  
FRCPC, PhD candidate  
Internist / Geriatrician



**I DO NOT HAVE  
CONFLICTS OF  
INTEREST TO  
DECLARE.**





# Introduction

01

- Alone ≠ lonely.
- Loneliness affects up to 40% of adults > 60-year-old (1).
- Despite its prevalence, loneliness is an under-recognized issue. It is associated to:
  - ↑psychiatric illnesses
  - ↑frailty
  - ↓cognitive function and functional status
  - ↑mortality risk by 45% (1).
- Loneliness is a complex issue to identify and treat because of the associated isolation and stigma (2).

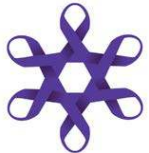


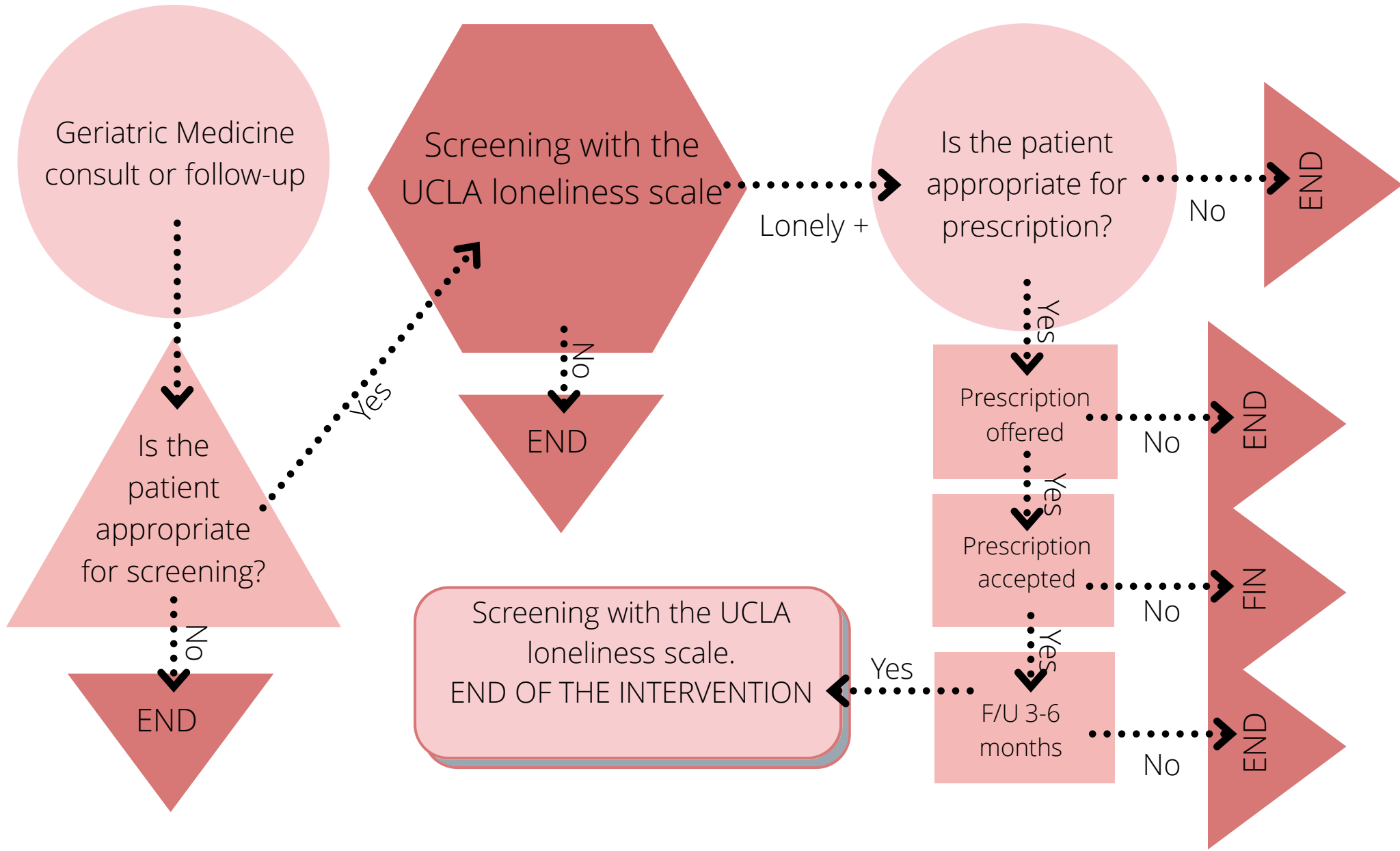


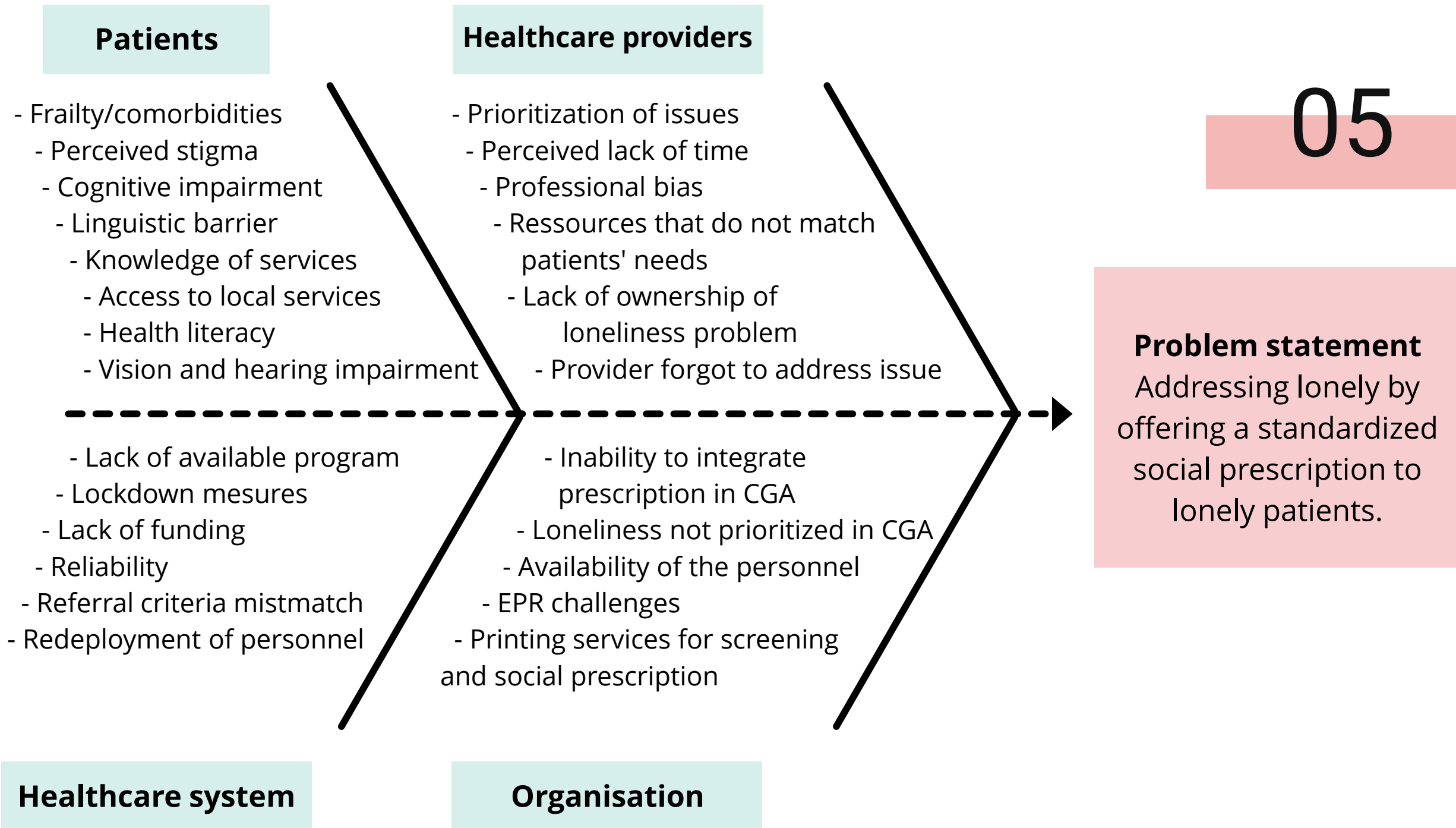
# Introduction

**Social prescription has been demonstrated to be efficacious to reduce loneliness (2).**

- Previously, our group of residents increased the loneliness screening rate from **12.5% to 84.6%**.
- A gap analysis revealed that only **50%** of identified lonely received a social intervention.
- The pandemic created further barriers to social intervention with the closing of social services.









# OBJECTIVE

OUR OBJECTIVE WAS TO GIVE A SOCIAL PRESCRIPTION TO MORE THAN **70%** OF PATIENTS SCREENING POSITIVE FOR LONELINESS BY MAY 1ST 2021.

06



# The UCLA Three-Item Loneliness Scale (3)

## QUESTION 1:

How often do you feel you lack companionship?

• Rare - 1

## QUESTION 2:

How often do you feel left out?

• Sometimes - 2

## QUESTION 3:

How often do you feel isolated from others?

• Frequent - 3

**3-5: not lonely**

**6-9: lonely**



# Methods

- We created and incorporated a standardized social prescription with local and predetermined resources following the guidelines of public health.
- Telephone or videoconference options
- Referral to social worker, Day Hospital or other community groups.



Social  
Prescription

*Patient Label*

Date: \_\_\_\_\_

Staying social is important for mental, physical, and cognitive health. Your doctor recommends that you socialize \_\_\_\_\_ time(s) per week.

Our city has many free programs available for seniors to socialize safely. Here are some programs that may be of interest to you:

**Woodgreen Community Services** offers a weekly social phone call program

- To register, call **416-645-6000 ext. 5273**
- For more virtual programs contact their Active Living Centre at **416-705-1530**

**SPRINT** has a variety of programs to keep engaged

- Virtual social gatherings 3 days per week
- Virtual exercise classes 5 days per week
- Phone calls with volunteers
- To register, call **416-481-0669 ext. 1225**

**North York Senior Centre** has several virtual social programs

- The "Seniors Centre Without Walls" is a telephone-based program that is free for all
- Live streamed video programs are also available
- Call **416-733-4111** for more information

**The Government of Ontario** can connect you with more community resources

- Call the Senior's INFOLine toll free at **1-888-910-1999** for more programs and services.
- Or, check out the Ontario website:  
<https://www.ontario.ca/page/seniors-connect-your-community>



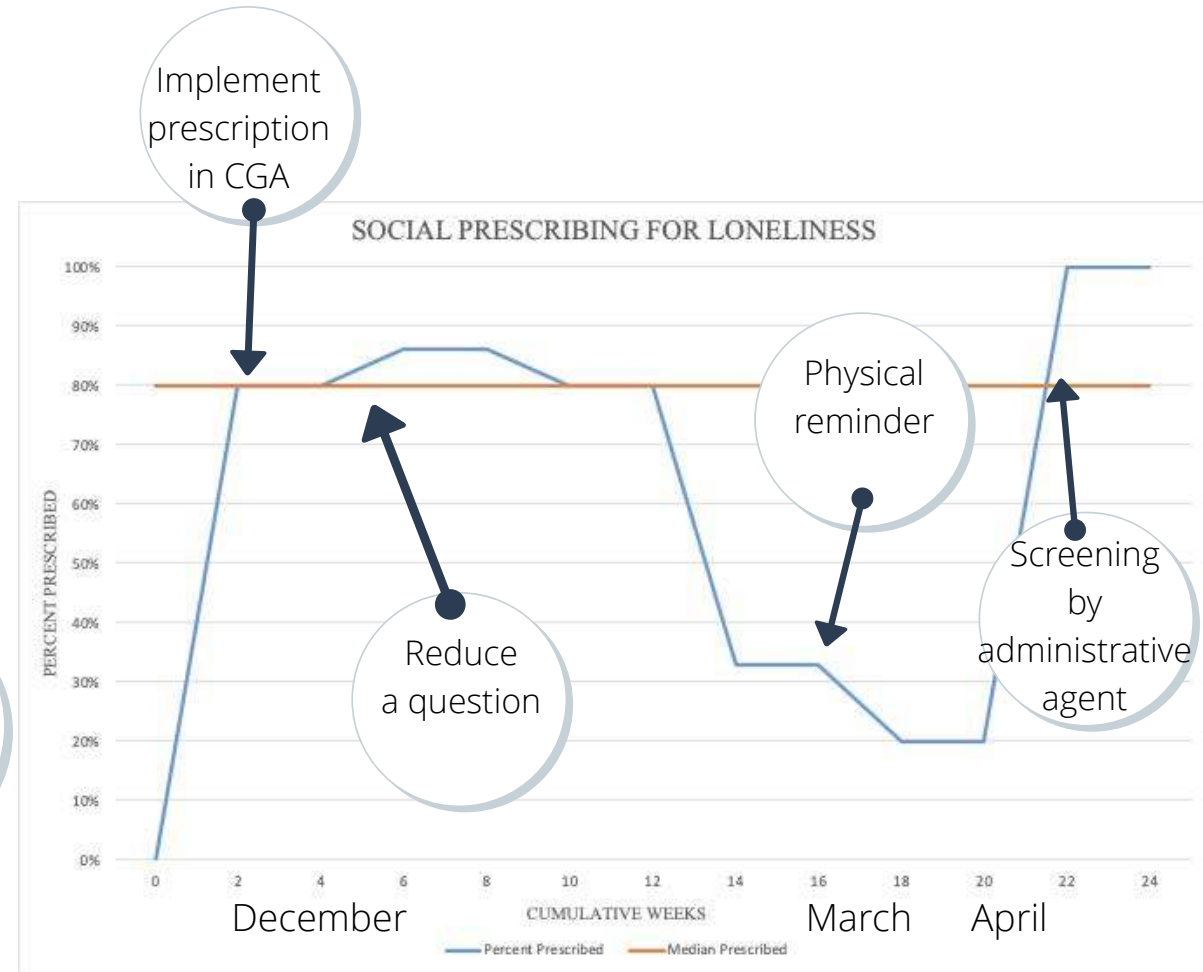
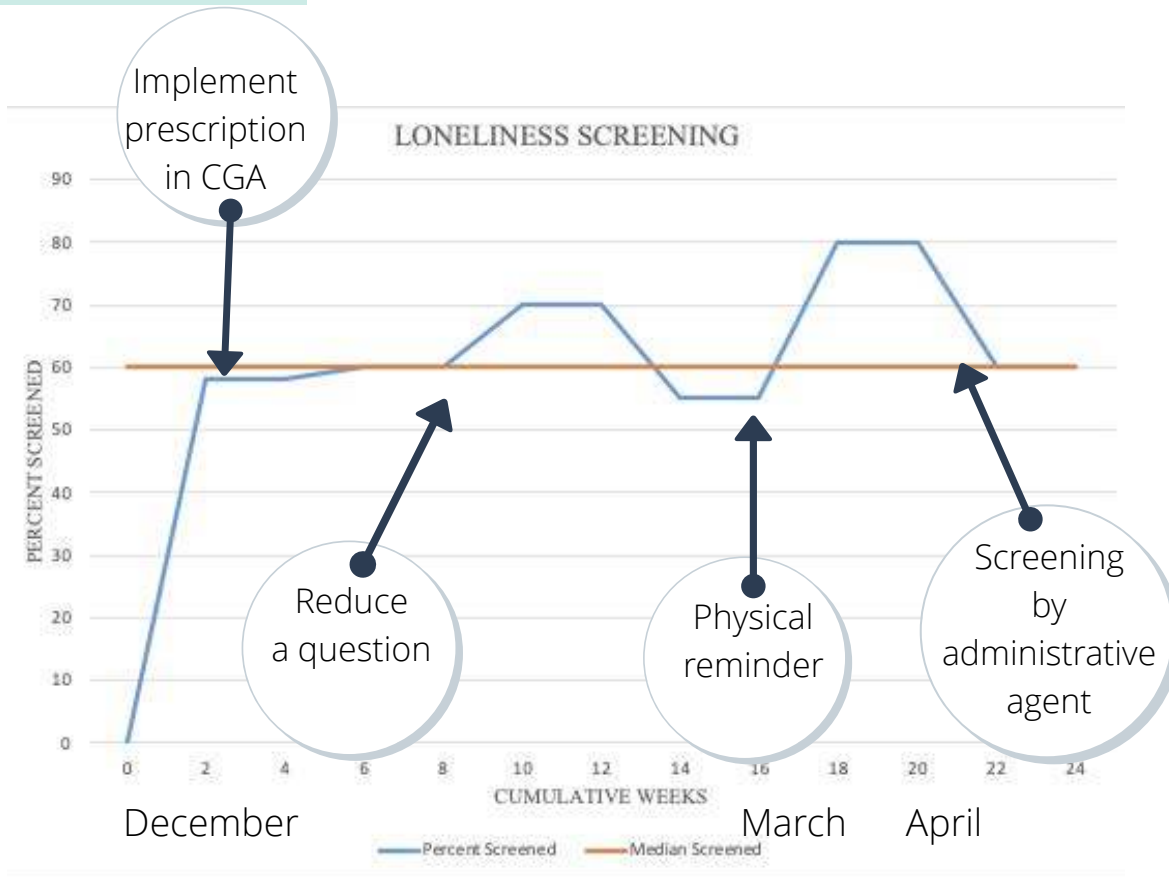
# Results

09

- Total of **169 medical visits** between November 15 and May 12, 2021
- The prevalence of loneliness was **32%**.
- **65%** of lonely patients received a standardized social prescription.
- During our continuous surveillance of screening rate, we noted that our rate was not maintained, at **63%** (vs. 84.6% last year).

# 12

# Results



# Challenges

- Pandemic - redeployment of medical residents, competing medical issues, pts preoccupied with the pandemic, restricted time.
- Standardized prescription difficult in pts with:



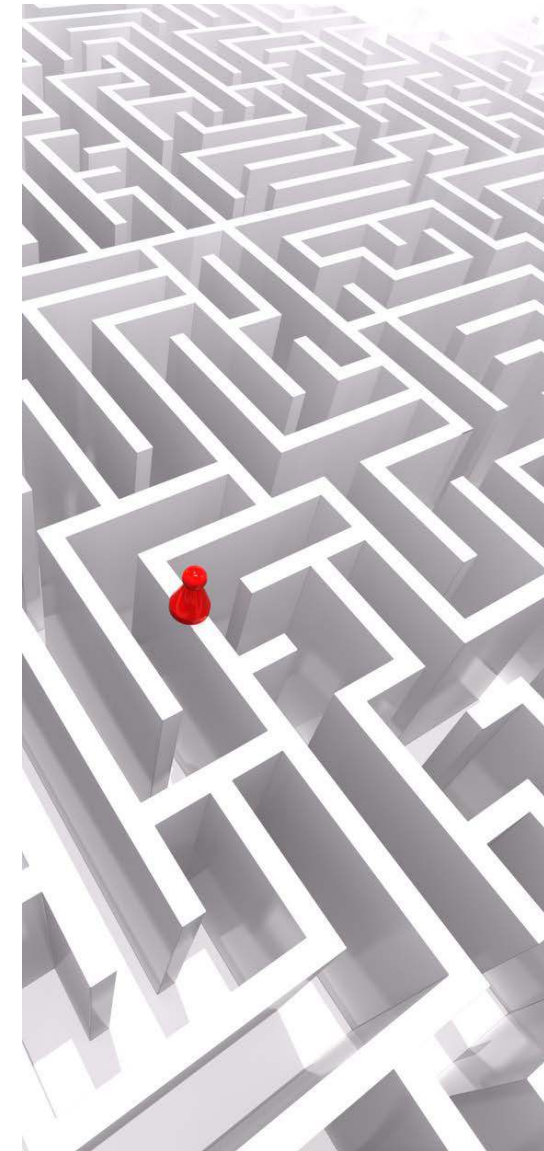
■ Dementia



■ Language discordance



■ Hearing impairment





# Challenges

- Inability to control **external resources**:
  - Ex: a group of volunteers no longer had capacity for pts.
- The real effect of this prescription is not yet measurable.

# Conclusion

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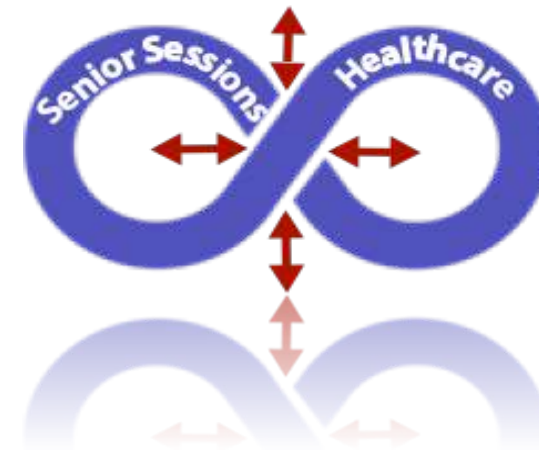
- Loneliness was a prevalent problem during the COVID-19 pandemic.
- Creating a standardized social prescription ↑ **intervention rate**.
  - Automatic screening and prescribing by a constant personnel ↑ **sustainability**
- Limitation: race and gender were not measured, and the prescription was not specifically curated for Black or other racialized groups of older adults
- Future work is needed with more diverse populations, gender, age and frailty groups stratification.



# References

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# Senior Sessions Healthcare



**Dr. Orrisha Denbow-Burke**  
**MD MPH**



# Senior Sessions Healthcare – Who Are We?

- Media- and communication-based initiative, focused on older adults.
- Aims to enhance the quality of life and care.
- Sharing of knowledge and resources.
- Founded in 2020



# Discussion Points



## Perpetrators of Elder Abuse



Please Follow @seniorsessions



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# Discussion Points

## Improving Sexual Health



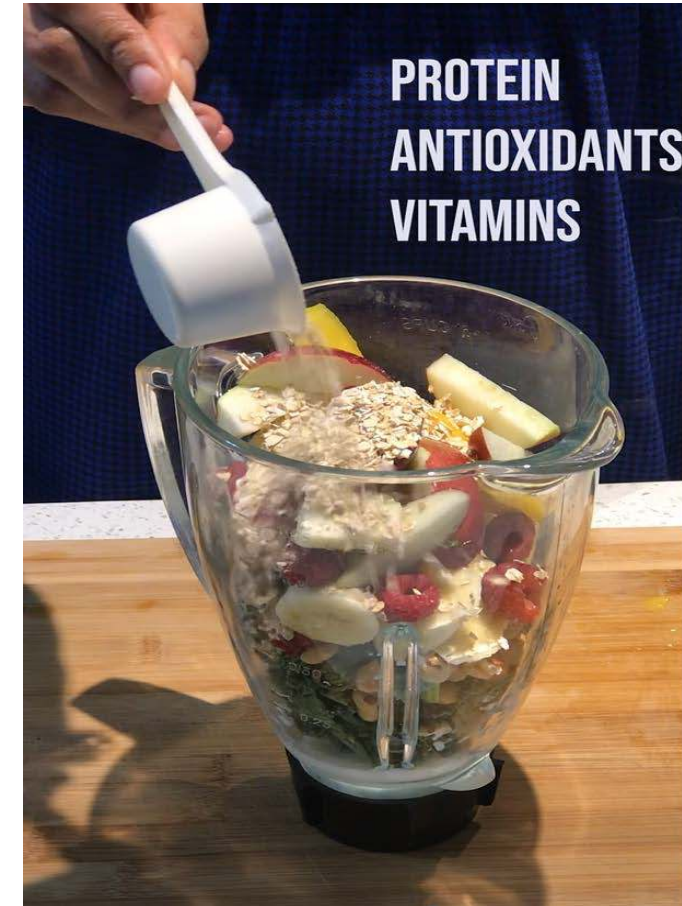
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## Principles of Money Management



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# Discussion Points

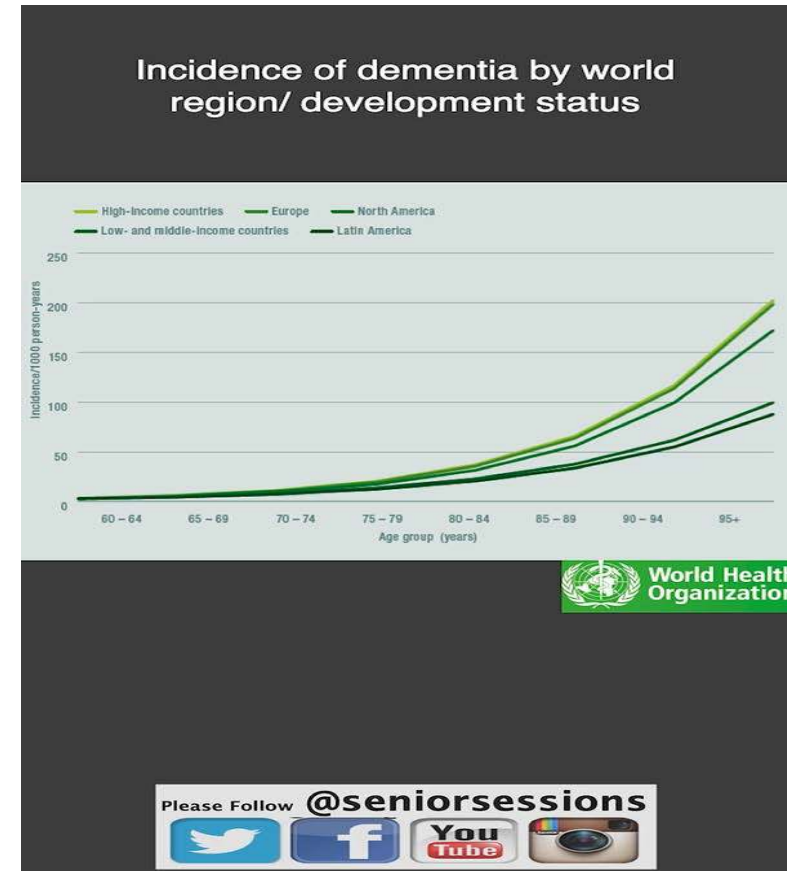

Post Op Delerium

Inattention

Hypoactivity

Hyperactivity

Cognitive Changes



# Coming Soon

- ❖ **Caregiver burden**
- ❖ **Senior Friendly homes**
- ❖ **Mobility Challenges**
- ❖ **Interviews with older adults**





# Senior Sessions

@seniorsessions7158

19 abonnés

ACCUEIL

VIDÉOS

LISTES DE LECTURE

CHAÎNES

À PROPOS



## Vidéos ▶ Tout lire



Life Lessons

162 visionnements • il y a 11 mois



Anaesthesia in Elderly

191 visionnements • il y a 1 an



Dementia

26 visionnements • il y a 2 ans



Sex and Ageing

51 visionnements • il y a 2



## Senior Sessions

Public group · 72 members

Join group

Discussion People Media Files

Write something...  
Reel Photo/video Poll

Most Relevant

**Orrisha Denbow-Burke**  
1h · ·

Join this webinar tomorrow at 1-2pm EST as we speak on the health of Black Older Adults.  
<https://eapon.ca/.../closing-the-gap-promoting-health.../>  
Register using this link... See more

### December 8, 2022

### 1:00 – 2:00 PM

**FREE WEBINAR** Elder Abuse Prevention Ontario

**Closing the Gap: Promoting Health and Dignity for Black Older Adults**

**December 8<sup>th</sup>**  
1:00 PM - 2:00 PM ET

**SPEAKERS**

- Dr. Mireille Norris MD, MHC, FRCPC  
Internist/Geriatrician, Sunnybrook, Health Sciences Centre
- Dr. Denbow Burke MD, MPH-Ceromatology  
Family Physician
- Dr. Jenny Yu Qing Huang MD, PhD (c), FRCPC  
Internist/Geriatrician and Clinical Associate, St-Michael's Hospital

Seen by 9

### About

Seeking to Educate and Improve the Quality of Life of the Senior Population.

- Public**  
Anyone can see who's in the group and what they post.
- Visible**  
Anyone can find this group.

[Learn more](#)

### Recent media

December 8, 2022

1:00 – 2:00 PM

APRIL 19-25, 2020

**CAREERS IN AGING WEEK**

Spread the word  
CareersInAging.com | #CareersInAging

[See all](#)

Please Follow @seniorsessions







**THANK YOU**

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**QUESTIONS?**

Your Feedback is important to us!

WE WOULD  
APPRECIATE HEARING  
FROM YOU.

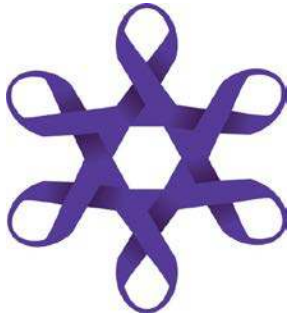
Please take a few  
minutes to complete  
our survey!



Survey Link



SCAN ME



# Contact Us

Comments? Questions?

## **Raeann Rideout**

Director Strategic Partnerships  
Elder Abuse Prevention Ontario

Tel: 705.927.3114

[www.eapon.ca](http://www.eapon.ca)

@EApventionON

A purple rectangular tag with a hole on the left side is attached to a light-colored string. The tag is placed on a corkboard surface. Three white daisies with yellow centers are scattered around the tag. The text 'Thank you!' is written in a black, cursive font on the tag.

Thank  
you!