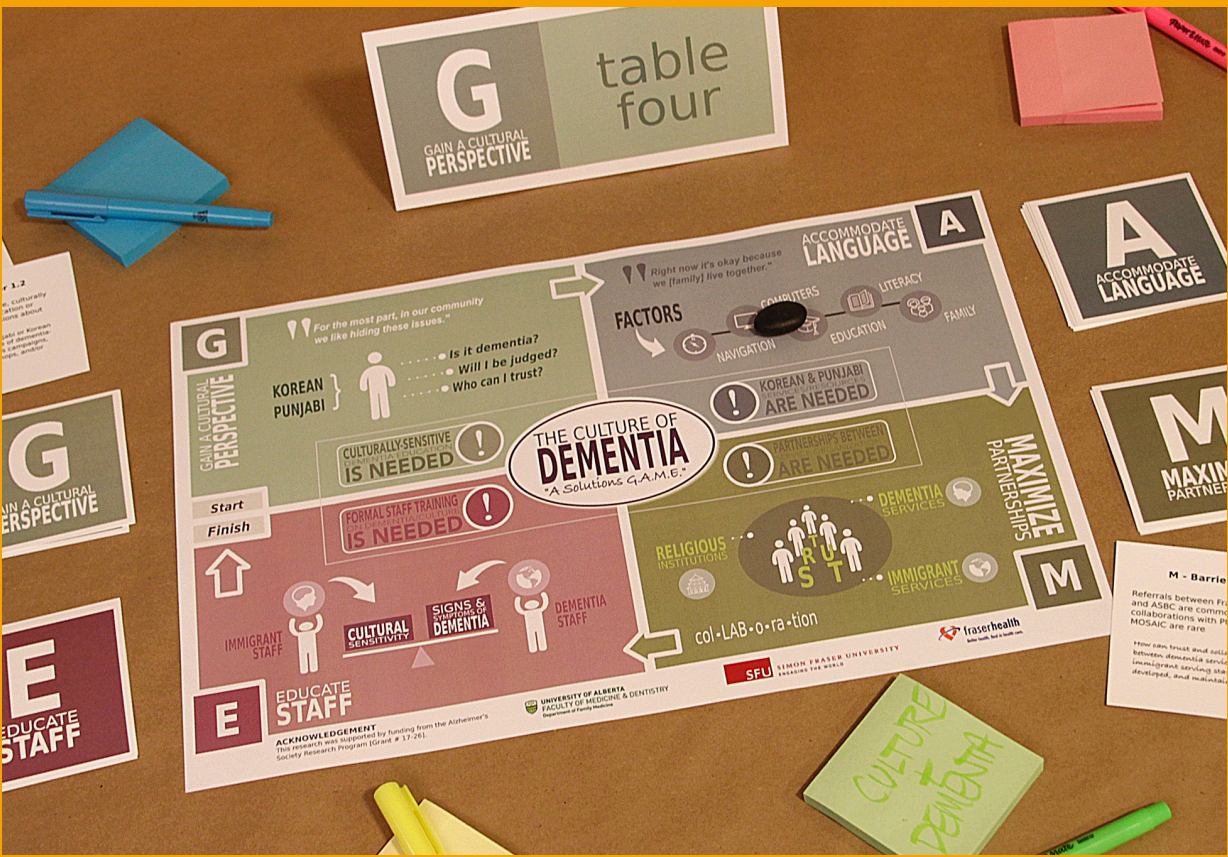


APPENDIX 1: THE G.A.M.E.

TOWARDS THE END OF THE DAY, PARTNERS WERE GROUPED AT FOUR TABLES AND PLAYED **THE G.A.M.E.**

THEY BRAINSTORMED **POSSIBLE SOLUTIONS** TO IMPROVING ACCESS TO A DEMENTIA DIAGNOSIS AND CARE FOR SOME OF THE **BARRIERS** THAT WERE IDENTIFIED IN QUOTES/THEMES FROM STAFF, FOCUS, AND DYAD GROUP INTERVIEWS.



THE AREAS GEARED TOWARDS SOLUTION-BUILDING INCLUDED:



THE FOLLOWING IS A SUMMARY OF PARTICIPANTS' CONTRIBUTIONS. SOME SOLUTIONS MAY ADDRESS MULTIPLE BARRIERS, BUT ARE ONLY STATED UNDER ONE FOR CLARITY AND BREVITY.



GAINING PERSPECTIVE



BARRIER: NORMALIZING DEMENTIA; SIGNS NOT RECOGNIZED AS SYMPTOMS



- PROVIDE MORE EDUCATION TO HELP LEARN ABOUT SIGNS/SYMPTOMS, AND IN DIFFERENT FORMATS (BROCHURES IN MEDICAL OFFICES, COMMUNITY CENTRES, AND TEMPLES). DISSEMINATE EDUCATION TO FAMILY, CAREGIVERS, AND HEALTH CARE PROVIDERS.
- INCREASE OUTREACH/PUBLIC AWARENESS - GO TO PLACES OF WORSHIP
- MODIFY INFO FOR RECEIVER - IDENTIFY WHERE TO BEGIN (OVERCOME LITERACY ISSUE - FINDING WHAT WORKS - VISUALS?)
- USE DIFFERENT MEDIUMS (E.G., RADIO, KOREAN & PUNJABI TV PROGRAMS)
- CONNECT WITH HEALTH CARE PROFESSIONALS
- INCREASE ACCURATE DIAGNOSES - ELIMINATE OTHER HEALTH ISSUES
- CREATE/DEVELOP LANGUAGE-SPECIFIC INFORMATION (E.G., SOCIAL MEDIA, BOOKLETS, BROCHURES)
- CREATE A PUBLIC AWARENESS CAMPAIGN WITH PARTNERS TO INCREASE ACCESSIBILITY OF INFORMATION
- PROVIDE CONSISTENT MESSAGING ABOUT DEMENTIA
- INCREASE PUBLIC HEALTH LITERACY THROUGH SIMPLE MESSAGING
- INFOGRAPHICS THAT ARE CULTURALLY APPROPRIATE AND EASY TO READ



BARRIER: LACK OF ACCESSIBLE, CULTURALLY APPROPRIATE EDUCATION OR INFORMATION SESSIONS ABOUT DEMENTIA

INCREASE COLLABORATION BETWEEN SERVICE AGENCIES (INFORMATION, RESOURCE, AND PROGRAM SHARING)

PROMOTE VOLUNTEERISM; INVOLVEMENT OF AGENCIES, CHURCHES, AND TEMPLES TO SUPPORT SUSTAINABILITY

HAVE MORE REPETITIVE ENGAGEMENT (ESTABLISH HOW OFTEN TO CONNECT)

OFFER SUPPORT FOR FAMILY CAREGIVERS – PROVIDE TRAINING ON HOW TO TAKE CARE OF PERSON WITH DEMENTIA (PWD)

RECORD INFORMATIONAL TALKS AND SPEECHES TO WATCH AT HOME (E.G., VIDEOS, SLIDESHOWS)

TAKE ADVANTAGE OF LIBRARY RESOURCES AND FACILITATE OPPORTUNITIES TO CONNECT ONLINE

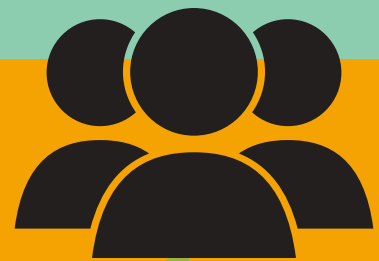
PROVIDE FUNDING FOR ETHNOSPECIFIC OR IMMIGRANT SERVING AGENCIES WITH SENIOR CLIENTELE TO REACH OUT TO ISOLATED PWDS IN THE EARLY STAGES OF THE DISEASE)

CREATE AWARENESS OF DIVERSITY AND NEEDS THROUGH LANGUAGE, CULTURE, AND GENDER SENSITIVITY

BARRIER: CULTURAL DIFFERENCES DURING APPOINTMENTS WITH HEALTH CARE PROVIDERS

SOME SENIORS THINK OF HEALTH CARE PROFESSIONALS AS **AUTHORITY FIGURES**

"KOREANS ARE USUALLY APPRECIATIVE AND APOLOGETIC. WE'RE NOT STIFF-NECKED, AND WE DRESS CLEAN AND SHOW UP FOR APPOINTMENTS, SO DOCTORS USUALLY TREAT KOREANS KINDLY."



SOLUTIONS

- CONTINUE CONNECTIONS WITH HEALTH CARE PROVIDERS RE: ASBC FIRST LINK REFERRALS
- HAVE STAFF WHO SPEAK THE PATIENT'S LANGUAGE
- HAVE DOCTORS PRESENT TALKS/WORKSHOPS
- CROSS-TRAIN/SHADOW OTHER PROGRAMS TO SHARE INFORMATION AND EXPERIENCES
- INCREASE UNDERSTANDING OF HEALTH CARE PROVIDER GUIDELINES
- INCREASE EASE OF NAVIGATION (E.G., BOOKING APPOINTMENTS)
- LANGUAGE SPECIFIC AND CULTURALLY ADAPTED FORMS FOR PATIENTS
- ENSURE PHYSICIANS HAVE ACCESS TO AND AWARENESS OF INTERPRETER SERVICES (PHSA)
- REFERRALS SHOULD BE TO SPECIFIC PEOPLE NOT JUST ORGANIZATIONS

BARRIER: STIGMA ATTACHED TO DEMENTIA FOR KOREAN AND PUNJABI PERSONS



“FOR THE MOST PART IN OUR COMMUNITY WE LIKE HIDING THESE TYPES OF ISSUES. SOME FAMILIES REFUSE TO TALK ABOUT IT BECAUSE THEY WILL THINK THAT OTHERS WILL JUDGE THEM. THIS SHOULDN'T HAPPEN. WE NEED TO BE MORE OPEN.”



SOLUTIONS

- **PROVIDE MORE CULTURALLY APPROPRIATE EDUCATION ABOUT DEMENTIA**

TARGET PUNJABI SENIORS THROUGH RADIO TALK SHOWS, SOURCES WITH ESTABLISHED TRUST, THEIR GP, AND TV CHANNELS

DIFFERENCES IN KOREANS' UNDERSTANDING OF DEMENTIA ARE RELATED TO DIFFERENCES IN EDUCATIONAL ACHIEVEMENT AND THE TIMING OF IMMIGRATION.

NEED ACCESS TO MORE KOREAN-SPEAKING GPs AND EDUCATION FOR THOSE DOCTORS

REFRAME WHAT WE MEAN BY DEMENTIA (SITUATE THE CONVERSATION IN CULTURAL GROUP'S NARRATIVE ON HEALTH, ILLNESS, AND AGING)

- COMMUNICATE IN DIVERSE WAYS, NOT ALWAYS WRITTEN
- START A PROVINCIAL EFFORT TO INCORPORATE DEMENTIA FRIENDLY CENTRES IN COMMUNITY CENTRES, NEIGHBOURHOOD HOUSES, TEMPLES, CHURCHES, PARKS, AND MALLS
- USE NATIONAL HOLIDAYS FOR CREATING DEMENTIA AWARENESS (E.G., INFO BOOTHS, TALKS). INVOLVE ENGAGED DOCTORS AND PROVIDE WORKSHOPS IN DIFFERENT LANGUAGES
- MEET PEOPLE WHERE THEY ARE IN THE COMMUNITY (TALKS AT TEMPLES; ESTABLISH TEAM TO GO OUT & DO COMMUNITY TALKS)
- FIND OUT WHAT TOPICS THE COMMUNITY WANTS TO LEARN ABOUT. EVALUATE AT END OF WORKSHOP



BARRIER: CULTURAL DIFFERENCES AND STIGMA ATTACHED TO GETTING OUTSIDE HELP IN THE HOME TO SUPPORT THE PERSON WITH DEMENTIA OR THEIR CAREGIVER



HOME CARE SERVICES ARE OFTEN REJECTED DUE TO STIGMA THAT ATTACHES TO THE FAMILY 'NOT TAKING CARE' OF THEM AND/OR THE CULTURAL AND LANGUAGE INCONGRUITY WITH HOME CARE WORKERS.



SOLUTIONS

- HELP HEALTH CARE WORKERS REACH OUT TO FAMILIES BY REFRAMING HOW HOME CARE SERVICES CAN HELP
- BUILD TRUST WITH THE FAMILIES BY PROVIDING ASSURANCE, UNRAVELING DISTORTED MESSAGES, EXPLAINING HOW EXTRA SUPPORT MAY LOWER RISK FOR OTHER HEALTH CONCERNS, AND COMMUNICATING THAT ADDITIONAL SUPPORT MAY HELP INCREASE THE QUALITY OF LIFE OF THE PERSON THEY ARE CARING FOR.
- USE REFRAMING TO EDUCATE FAMILIES OF DIFFERENT LIFE CYCLES
- FOSTER DIVERSE TEAM MEMBERS WITH VARIOUS LANGUAGE ABILITIES IN ORGANIZATIONS

ACCOMMODATE LANGUAGE

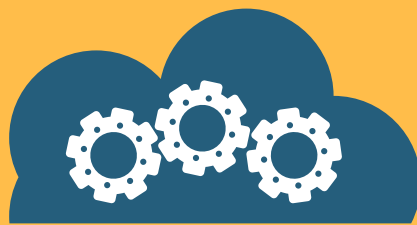


BARRIER: NO/LIMITED DEMENTIA SUPPORT SERVICES AND RESOURCES IN KOREAN AND PUNJABI LANGUAGES



REFERRING TO TRANSLATED MATERIALS AND SUPPORTS PROVIDED BY KOREAN OR PUNJABI LANGUAGE SPEAKERS OR WITH INTERPRETERS





SOLUTIONS

- GENERATE AN INVENTORY OF ALL RESOURCES AND PRIORITIZE WHAT TO TRANSLATE (DETERMINE WHAT IS NEEDED OR IN DEMAND)
- CONDUCT RESEARCH AND NETWORK WITH EXISTING INITIATIVES AND JURISDICTIONS
- CONNECT WITH INTERPRETATION/TRANSLATION AGENCIES
- ENSURE THAT SERVICES ARE SUSTAINABLE
- SHARE RESOURCES AND INFO BETWEEN ORGANIZATIONS TO ENSURE ACCURATE AND APPROPRIATE TRANSLATION - PILOT 1ST
- PROVIDE WRITTEN BROCHURES IN KOREAN AND PUNJABI LANGUAGES THAT ARE EASILY ACCESSIBLE IN DOCTORS' OFFICES, PHARMACIES, TEMPLES, AND CHURCHES; INCLUDE RELIGIOUS HOLIDAY PARTICIPATION
- USE SOCIAL MEDIA/PUBLIC MEDIA (TV, RADIO, INTERNET, AND SOCIAL NETWORKING SITES)
- REACH OUT TO ETHNOSPECIFIC OR IMMIGRANT SERVING AGENCIES WITH SENIOR CLIENTELE (INCLUDING NEIGHBOURHOOD HOUSES)
- PROVIDE LANGUAGE/TERMINOLOGY TRAINING
- COLLABORATE WITH FOUNDATIONS (TO BUILD UPON AND TAILOR RESOURCES TO CULTURAL NEEDS) AND ENGAGE WITH INTERPRETATION SERVICES FROM POST-SECONDARY INSTITUTIONS
- CREATE PUNJABI AND KOREAN STUDENT-LED VOLUNTEER PROGRAMS

BARRIER: MOST SENIORS CAN FIND A GP WHO SPEAKS THEIR LANGUAGE, BUT NOT SPECIALISTS



THERE IS A CONCENTRATION OF PUNJABI DOCTORS AND SERVICES IN SURREY, BUT LESS SO FOR KOREANS.

SOLUTIONS



- SHIFT RESPONSIBILITY TO HEALTH AUTHORITY TO PROVIDE INTERPRETATION
- TRAIN “RETIRED” HEALTH CARE WORKERS AND VOLUNTEERS WITH PUNJABI AND KOREAN BACKGROUNDS TO PROVIDE LANGUAGE SUPPORT FOR PWD, FAMILY MEMBERS, AND CAREGIVERS
- CREATE A LANGUAGE-SPECIFIC CLINIC FOR PWD AND FAMILY CAREGIVERS

BARRIER: MOST PUNJABI AND KOREAN PARTICIPANTS RELY ON ENGLISH- SPEAKING FAMILY MEMBERS TO NAVIGATE THE HEALTH CARE SYSTEM



“ RIGHT NOW IT'S OKAY BECAUSE WE LIVE TOGETHER.”

“SHE CAME ALL THE WAY AND LIVED WITH ME FROM TORONTO. SHE CAME BY HERSELF TO CARE FOR ME LEAVING HER FAMILY BEHIND.”



LIVES OF FAMILY MEMBERS ARE **BUSY** AND **COMPLEX**



- TRAIN LANGUAGE-SPECIFIC VOLUNTEERS TO ACCOMPANY PWD TO DOCTOR'S OFFICE
- HIRE LANGUAGE-SPECIFIC NAVIGATORS TO CONNECT SERVICES TO PWDS
- REACH OUT TO ETHNOSPECIFIC OR IMMIGRANT SERVING AGENCIES WITH SENIOR CLIENTELE TO FIND LANGUAGE-SPECIFIC VOLUNTEERS FOR SUPPORTING PWDS AND FAMILY CAREGIVERS



MAXIMIZE PARTNERSHIPS

BARRIER: REFERRALS BETWEEN FRASER HEALTH AND ASBC ARE COMMON; HOWEVER, COLLABORATIONS WITH PICS AND MOSAIC ARE RARE



HOW CAN TRUST AND COLLABORATIONS BETWEEN DEMENTIA SERVICE STAFF AND IMMIGRANT SERVING STAFF BE BUILT, DEVELOPED, AND MAINTAINED?



- FUNDING TO SUPPORT DEMENTIA WORKSHOPS TOGETHER
- SUPPORT COLLABORATION BETWEEN PICS, MOSAIC, FH, AND ASBC - MAINTAIN NEW CONNECTIONS AND RELATIONSHIPS
- SET FACE-TO-FACE MEETINGS WITH AGENCIES TO COMMUNICATE
- TRAIN HEALTH CARE WORKERS THROUGH CULTURALLY-SENSITIVE TRAINING WITH INFORMATION-BASED GROUP SESSIONS AND WORKSHOPS
- SHARE KNOWLEDGE AND GOALS WITH THE COMMUNITY AND OTHER ORGANIZATIONS (INVOLVE INTERACTIONS BETWEEN OTHER BODIES)
- START PILOT PROGRAMS
- HAVE PROGRAM COORDINATORS RESPONSIBLE FOR CONNECTING ORGANIZATIONS & COMMUNITY MEMBERS
- ESTABLISH CONNECTIONS AND HAVE DESIGNATED PEOPLE IN ORGANIZATIONS SO THERE IS CLARITY AROUND WHO TO CONTACT
- USE COMMUNITY HEALTH LIAISONS/SPECIALISTS
- HOST ASBC WORKSHOPS AT AGENCIES WITH FACE-TO-FACE DIALOGUE
- USE IMMIGRANT SERVING AGENCIES TO PROMOTE EDUCATION AND SERVICES OFFERED BY FH AND ASBC
- INVOLVE MEDICAL SCHOOL PROGRAMS IN COMMUNITY WORK



PARTNERS ALSO MENTIONED THAT THERE MIGHT BE OPPORTUNITIES FOR PARTNERSHIPS BETWEEN ORGANIZATIONS (E.G., ASBC, FH, AND IMMIGRANT SERVING AGENCIES) AND RELIGIOUS INSTITUTIONS (E.G., CHURCHES, TEMPLES, AND GURDWARAS)

“PEOPLE USUALLY GATHER AT CHURCHES, IF THE ADVERTISEMENTS ARE SENT TO THE CHURCHES, THERE MIGHT BE CHURCHES THAT WANT DEMENTIA PROGRAMS.”



A SUGGESTION TO REACH PUNJABI OLDER ADULTS IS TO CONNECT WITH SOME OF THE WOMEN'S SOCIAL GROUPS ESTABLISHED IN THEIR RELIGIOUS COMMUNITY AND ADVERTISE EDUCATION AND INFORMATION THROUGH THESE COMMUNITY MEMBERS.

BARRIER: KOREAN AND PUNJABI OLDER ADULTS OFTEN FIND THE CANADIAN MEDICAL SYSTEM TO BE UNRESPONSIVE, SOMETIMES DUE TO A LACK OF UNDERSTANDING OF WHAT'S AVAILABLE OR HOW IT WORKS



- HELP BRIDGE GENERATIONAL GAP
- PROVIDE DOCTORS WITH SOME EDUCATION AND TRAINING IN CULTURALLY SENSITIVE SOCIAL WORK AND OFFER SOCIAL SKILLS TRAINING
- WORK WITH MOSAIC & PICS TO DEVELOP ASBC'S "NAVIGATING THE SYSTEM" WORKSHOP IN PUNJABI AND KOREAN LANGUAGES
- TRANSLATE AVAILABLE TOOLS TO HELP FACILITATE DISCUSSIONS WITH FAMILY DOCTORS (SIMILAR TO QUEBEC'S "DISCUTANT SANTÉ" TOOL)
- DEVELOP PHYSICIAN ENGAGEMENT THROUGH LOCAL DIVISIONS OF FAMILY PRACTICE, INCLUDING PSP AND DOCTORS OF BC

EDUCATE STAFF

BARRIERS: STAFF AT IMMIGRANT SERVING AGENCIES LACK FORMAL TRAINING AND EDUCATION ON RECOGNIZING SYMPTOMS OF DEMENTIA. ALZHEIMER'S SOCIETY OF BC AND FRASER HEALTH STAFF LACK EDUCATION ON CULTURAL SENSITIVITY

SOLUTIONS

- HAVE IMMIGRANT SERVING AGENCIES REACH OUT TO ASBC TO RECEIVE DEMENTIA EDUCATION
- HAVE FH AND ASBC CONNECT WITH IMMIGRANT SERVING AGENCIES TO RECEIVE BASIC TRAINING ON CULTURALLY SENSITIVE CARE
- PROVIDE PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR IMMIGRANT AGENCY STAFF RE: DEMENTIA CARE
- INCREASE LANGUAGE-SPECIFIC RESOURCES
- TRANSLATE ASBC'S DEMENTIA EDUCATION SERIES
- REFRAME APPROACH TO INFORMATION USING A CULTURALLY SENSITIVE LENS (E.G., USE WORDS LIKE WELLNESS)
- EDUCATE STAFF THROUGH DIFFERENT MEDIA CHANNELS

