



# Care Watch

## Speaking<sup>UP</sup>/Speaking O U T

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**Care Watch** prepares for anticipated provincial elections:  
Will *Living Longer, Living Well* live up to expectations ?

*Sheila Neysmith*

As readers of this newsletter are aware, the Ministry of Health and Long -Term Care released the final version of its long awaited seniors' strategy late in December 2012. Care Watch members read and discussed the implications of recommendations in this report for supportive home care services. We found ourselves endorsing some aspects of the report but having serious questions about others.

In particular, we were concerned that the "devil will be in the details" and, of course, there was little in the report on the specifics of implementation. Thus, Care Watch penned a response to Minister of Health Deb Matthews, focusing on the principles outlined at the beginning of the report and raising issues from the report that seemed to contradict these principles.

*Living Longer, Living Well* opens with a statement of five principles for a seniors' strategy for Ontario. Care Watch examined how well the document's recommendations reflected these principles. Our conclusion is that a senior citizens' strategy that builds for the future needs bolder initiatives. We use the stated principles as starting points for suggesting some of these. Following is the main text from our response:

### **1. Access**

"We are spending more on health, social, and

community services than ever before, yet older Ontarians, their families, and their caregivers still find it challenging at times to access the right care, in the right place, at the right time." p. 7

We agree BUT it is service providers, not old people, who define what is needed and organize how care is delivered. Thus, services and delivery patterns reflect health care system priorities. Until older people and their family members are at the decision-making table, problems such as integration and barriers will continue.

**Care Watch recommends:** that the LHINs abandon advisory groups and replace them with policy-making groups.

### **2. Equity**

"We recognize that one of our greatest assets is our diversity as a province. Diversity is both visible and invisible." p. 7

We agree BUT want to point out that one of the biggest sources of invisibility in our society is ageism. It influences how we think about services that are used primarily by elderly persons. It is no coincidence that high tech medical interventions associated with acute care grab the headlines, while home support services associated with chronic care and illness prevention disappear from view.

**Care Watch recommends:** a public awareness campaign that exposes how age based discrimination permeates how we think about and value the contributions of older people

### **3. Choice**

"We offer an incredible variety of supports and services for older Ontarians, yet their ability to understand their options and express their choices is not always as fully realized as it should be." p. 7

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We agree BUT choice for whom? In a mixed economy of care, those with financial resources have more choices than those on limited incomes. Care Watch's experience has been that older people understand their options only too well. They know that their home care services are limited to a prescribed number of hours – unless, of course, they have the resources to purchase help in the market sector.

**Care Watch challenges:** the introduction of a fee for home care services. This will quickly lead to system distortion and two-tiered health care – one for the "haves", the other for the "have-nots". Also, why is this inequity visited upon old people who need chronic rather than acute care?

#### 4. Value

"With our current and future fiscal and demographic imperatives, we need to ensure we are spending our tax dollars in the most effective and efficient ways to help ensure the future sustainability of our systems, programs, and services." p. 8

We agree BUT policy wise we seem stuck in a demographic time warp. It is time to rethink what are essential health services as the population ages. Currently, essential services are equated with acute care interventions.

**Care Watch asks:** What are the essential chronic care and illness prevention services that we need in the next decade?

#### 5. Quality

"Within our mandate to control current and future costs, we need to ensure that we never do this at the cost of quality. We are increasingly understanding that better quality care in many cases doesn't actually cost more; it will not only meet our expectations, but also deliver desired outcomes that governments, services providers, and the public all value." p. 8

We agree BUT quality outcomes are dependent on quality inputs. We know that to evaluate adequately and to monitor quality, the perspective of the people using the services must be valued. Senior citizens themselves must have a say in what configuration of services is required to ensure quality and in how success is defined.

**Care Watch posits:** Senior citizens must have input into the development and implementation of processes that ensure quality in chronic care management and illness prevention service provision.

#### Moving Forward

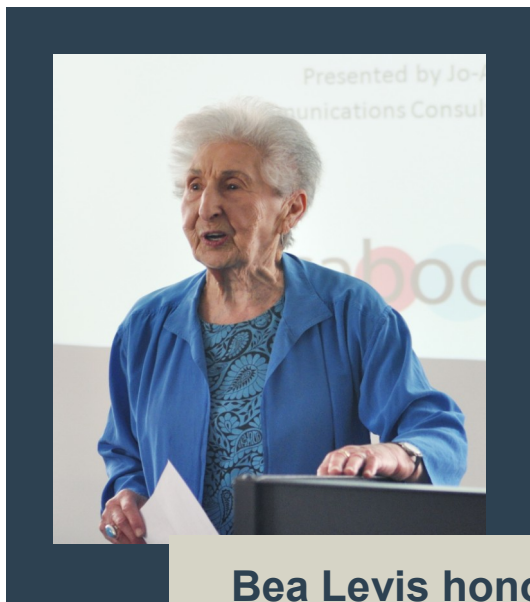
The recommendations in *Living Longer, Living Well* are intended to inform a senior citizens' strategy for Ontario. Given the needs of an aging population, exploring an income-based system for home care and community services (p. 11) seems contradictory. It will place barriers to the very services that the report says should be expanding. Rather than charge fees at points of service,

**Care Watch encourages** the government to explore alternative approaches to funding. The Caledon Institute has recently outlined several such options ([Financing Long-Term Care: More Money in the Mix](#))

Care Watch also partnered with the Ontario Health Coalition and the Older Canadians Network in an open letter to the Minister questioning how universal-ity seems to be compromised in the home care proposal section of the seniors' strategy document. Furthermore, Care Watch was a key player in the Ontario Seniors for Home and Community Care letter that was sent to Minister Matthews also questioning several aspects of the strategy. Partners in this letter were Canadian Pensioners Concerned-Ontario Division and the Ontario Society (Coalition) of Senior Citizens Organizations.

As this newsletter goes to press, health care in general and home care in particular are no longer making the headlines that they did when the seniors' strategy was released. Keeping supportive home services on the policy discussion table is an ongoing battle, as all Care Watch members know. These necessary services only momentarily catch public attention.

Care Watch has just completed an advocacy brochure and is developing campaign materials on ageism – a reality that lies behind the lack of attention given to what senior citizens see as important. In the months ahead we will be meeting with others so that we are all ready for the next provincial election, which many predict will be in the spring of 2014.



### Bea Levis honoured with Positive Aging Award for 2013

Bea Levis, long-time member of Care Watch, was honoured with this highly respected award at the annual conference of the Ontario Gerontology Association, where she gave a memorable and provocative acceptance speech. Her speech was followed by remarks by Dr. Samir Sinha, Project Lead on Ontario's Seniors' Strategy, *Living Longer, Living Well*, and by Deb Mathews, Minister of Health and Long-Term Care.

#### Older adults are citizens, not merely "seniors"

Bea focused her speech on the centrality of older adults as members of our society who are **citizens** with rights as well as responsibilities. She questioned how the all-important noun "citizenship" was dropped from the label given to older adults, leaving reference only to the adjective, "senior." She used the analogy of the senior citizen needing to be in the front seat of the policy car navigating, not in the back seat

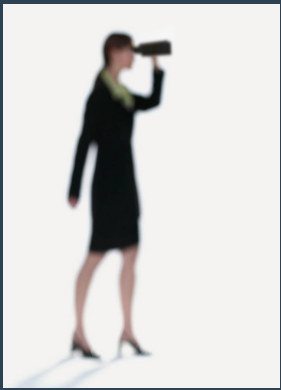
taking in whatever scenery the front seat folks decide warrants attention. Bea challenged all those listening to name and expose **ageism** wherever they see it, particularly where it implies that older adults are merely passive recipients of health and social services, and not the active contributors to their families, communities, and society that we know is the real case. In Bea's words, senior citizens do not and should not lose their licence to "citizenship" once they retire.

Bea's words and ideas clearly influenced how both Dr. Sinha and Minister Matthews presented their ideas to the audience. Both took up

the concepts of senior citizenship, ageism, and social participation. They frequently referred back to Bea's analysis, instead of merely acknowledging her comments and then proceeding with their prepared remarks.

Bea's presentation, reflecting the vision and aims of Care Watch, used this auspicious public forum to effectively influence public discourse on social policies of relevance to senior citizens. We fully expect that both Dr. Sinha and Minister Matthews, as well as other leaders in gerontology who were present, will seriously consider and invoke the above phrases and the ideas they represent as these officials talk about the goals of the senior **citizens'** strategy in the months ahead. Bea has changed the language of discourse about older adults, ageism, and citizenship. We all applaud her!

*Barry Trentham*



## Planning Our Future

*Fern Teplitsky and Lorna MacGregor*

On May 9, the Care Watch Board of Directors met to engage in a strategic planning exercise. The session was facilitated by one of the Care Watch directors.

Care Watch directors discussed the core mission of the organization, and explored what Care Watch does, why it does it, what it focuses on, who does it, and for whom. Following the discussion we developed the following

### **Mission Statement:**

**Care Watch is an organization led by senior citizens that advocates for supportive home services in Ontario.**

Imagining newspaper headlines, the directors developed a vision to reach for in the future. Following this exercise, Board members agreed that they wanted their vision of Care Watch to include the following components:

- Authority
- Respect
- Influence

In developing their vision for Care Watch's future, the directors aspire to make the organization the province's authoritative voice on supportive home services for the media, policy-makers, academics, and the public.

Care Watch Board members also engaged in an analysis of the strengths, weaknesses, opportunities and threats of the organization (SWOT analysis). We used the SWOT analysis to develop a list of key issues to be addressed by Care Watch over the next few years and prioritized the key issues into a list of three top priorities:

1. Administration, Operations, and Funding;
2. Communications, Media Relations, and Spokespersons;
3. Development of an advocacy agenda and strategy that includes ageism and other issues as identified.

The directors, divided into three groups, developed goals for their assigned priority, as well as specific strategic activities. They then identified target audiences, accountability, time lines, and evaluation for each activity.

This strategic plan will guide the activities of Care Watch for several years. To keep the organization on track, the Board will review the plan's progress every three months.

## Exercising Citizenship in an Ageist Society: *A Participatory Action Research Project*

Barry Trentham

It is no secret that people over 60 commonly experience what is referred to as social exclusion. Care Watch members have initiated a shared and innovative research project to better understand how social exclusion, or ageism, affects the work of senior citizen activists and their citizens' right to participate in policy decision-making.

Over the past year, members of Care Watch's Social Action Committee (SAC) have taken part in a participatory action research (PAR) project funded by the Social Sciences and Humanities Research Council of Canada. The project is led by principal investigator Dr. Barry Trentham and co-investigator Dr. Sheila Neysmith, both active Care Watch Board members.

### **PAR examines resistance to ageism, maintaining senior citizens' voice**

The project, titled *Exercising Citizenship in an Ageist Society*, aims to document the actions that are possible when a group of senior citizens engage in policy change efforts. It also examines the forms that ageism and social exclusion take in Canadian society by exposing the types of barriers that impede the social participation of senior citizens in policy-making arenas. As well, SAC members are examining how senior citizens not only name ageism when it is experienced, but also how they work to resist it and maintain their voice as citizens.

SAC members, as research participants and co-researchers, have been active in planning, implementing, reflecting on, and revising social policy change efforts aimed at enhancing public funding for preventive and supportive home care services for older adults. Documentation of the project processes and outcomes, including strategic linkages and partnerships developed, as well as reflections on the lessons learned throughout the process, are expected to inform other senior citizens involved in advocacy work.

### **SAC spearheads policy changes**

To date SAC has: developed *The Pragmatic Proposal*, which outlines the need for designated funding for home care; prompted the development of the Ontario Seniors for Home and Community Care Coalition; developed a brochure on senior citizen advocacy and resistance to ageism; and facilitated a workshop on social media uses for senior citizen activists. SAC members are currently incorporating their insights on their collective experience of ageism into a manuscript for publication. Representatives of SAC have presented their work at the Ontario Gerontology Association's Annual Conference and will further disseminate their findings at the University of Toronto's Dalla Lana School of Public Health's Symposium on Healthy Cities this month.

### **Lessons for other senior citizen groups**

It is expected that Care Watch member experiences will provide valuable insights for other senior-led groups, providing lessons on how senior "citizens" can use various policy venues and technologies to resist ageism and exercise their citizenship right to actively participate in policy change processes.



## HEALTH LINKS:

### New government project to resolve problems of fragmented, disjointed care

Judith Forrestal

In recent months the provincial government has launched a project to bring together a patient's various kinds of health care providers as a team to better co-ordinate care for high-needs patients with complex conditions and to put the patient at the centre of health care services; this includes a focus on senior citizens. Providers collaborating on this effort include family physicians, specialists, long-term care facilities, home care services, and other community supports.

There are now 26 Health Links groups in Ontario, each co-ordinated by one provider, such as a family health team, community health centre, or hospital. The Taddle Creek Family Health Team leads the Mid-Toronto West Health Link, which includes as members: the family health teams of several downtown Toronto hospitals, St. Christopher House, St. Stephen's Community Services, Anishnawbe Health, Centre Francophone, Access Alliance, Toronto Central CCAC, Central Toronto Community Health Centre, the Centre for Addiction and Mental Health, and many others. The Mid-Toronto West Health Link is one of the only Health Links to include advisory committees in its work, and one of these is an older adult group, on which Care Watch Board member Judith Forrestal sits.

#### Care providers collaborate to improve patient experience

A recent study found that 75% of senior citizens with complex conditions who are discharged from hospital receive care from six or more physicians.

The Health Links are in the process of developing one, standard care plan for complex patients that would follow the patient from provider to provider. They are also working with hospital discharge planners to ensure that complex patients are seen by a family doctor within seven days of discharge. The Health Links are meeting with family doctors across the province to promote same day or next day appointments. For complex patients, Health Links aims to reduce the time a patient waits between see-

ing his or her family doctor and that doctor's referral to specialists, home care providers, and other community supports, including mental health services. The project also intends to ensure faster follow-up and referral to services like home care for patients being discharged from hospital.

It is hoped that these improved procedures will enhance the patient experience while reducing the number of hospital re-admissions and emergency department visits.

## The Age-CAP App: Feedback Wanted!

Barry Trentham

The participation of older adults in the development of age friendly communities (AFC) is an example of senior citizenship that fosters cohesive and inclusive communities. However, senior citizens face numerous attitudinal and access barriers to participation in age friendly city initiatives. Web-based applications supported by smart phone and personal computer platforms can further enable such senior citizenship efforts. Age-CAP is a multi-platform application used to support senior citizens engaged in AFC community audits.

#### Use your smartphone or computer to assess your local restaurants, community centres, crosswalks and more: are they age friendly?

Building on the World Health Organization's age friendly cities guidelines (WHO, 2007) and AFC initiatives in other North American cities, researchers at the University of Toronto's Department of Occupational Science and Occupational Therapy, including Care Watch Board and Social Action Committee member Barry Trentham, have developed a user-friendly AFC audit application for use by senior citizens. The researchers are currently doing usability testing where users download the application and complete assessments of locations that they frequent, for example, restaurants, community centres, and crosswalks. After each use, the application automatically prompts the user to assess its usability through a series of questions.

Anyone interested in taking a look at the application and providing feedback can download it for free at <http://age-cap.com>.

If you have any questions about the application, please call Barry Trentham at 416-978-8591, or email him at [b.trentham@utoronto.ca](mailto:b.trentham@utoronto.ca).

## Charlotte Maher Lived Her Beliefs

*Tammy Smith & Mary Estelle Wiley*

On April 12, several hundred people gathered to celebrate the life of Charlotte Maher, a founding member and leading figure of Care Watch. Active and independent until the end, Charlotte died peacefully on March 5 at the age of 89. Both Ontario Premier Kathleen Wynne and MP Carolyn Bennett paid tribute to Charlotte at the gathering. Also attending was City Councillor Josh Matlow. That so many people came to the event is a testimony to the many lives she touched.

In the early 60's, with a teaching certificate from Earlham College in Indiana and a social work degree from Boston University, Charlotte arrived in Toronto and over the next half century used her considerable energy working to change the social landscape in our city. She worked with kids, with women, newcomers to Canada, people with disabilities, and older adults. Never one to stand on the sidelines, and believing in the value of active citizenship, Charlotte joined the political process and served as a school trustee for eight years. She also worked in various capacities in a wide variety of organizations. She took on leadership roles, often as an interim executive director (for no fewer than 48 community and social service organizations). She participated in program planning and service provision, wrote newsletters and pamphlets, conducted research and administered grants, mentored staff and students, stuffed envelopes, and kept lists. Charlotte sat on countless steering committees, boards of directors, and task forces. She advised city leaders and provincial politicians whenever she saw the need, which was often. Much of this Charlotte did as a volunteer.

Early on, Charlotte was instrumental in founding a number of important organizations in Toronto

including POINT (People and Organizations in North Toronto), SPRINT (Senior Peoples Resources in North Toronto), and the Central Eglinton Community Centre.

Over the past two decades Charlotte primarily devoted her energies to Care Watch, advocating for the right of older people to live in their own homes and communities with dignity and independence. Charlotte was committed to the power of community, and all of her work was informed by the belief that individuals counted. She encouraged people to be educated and engaged consumers of social services and to demand the right to influence policies and practices that affect their lives.

Charlotte has been honoured by those she served over the years, most recently receiving awards from the Social Planning Council of Toronto (*The Frances Lankin Community Service Award*), POINT, and St. Christopher House, for her outstanding contribution to the community. To commemorate Charlotte's public service, the City of Toronto dedicated a park in her name in 2001. She was a fearless and tenacious advocate for social justice and her commitment to community building helped improve the lives of many people. Charlotte led by example and truly lived her beliefs.



Speaking <sup>UP</sup> / Speaking <sup>OUT</sup>NEED A FAMILY DOCTOR?  
KNOW SOMEONE WHO DOES?

The Ministry of Health has started a program to help you find a family doctor if you do not already have one. The Ministry's new Health Care Connect program will try to match you with a family doctor who is accepting new patients. Go to the Ministry's website: <http://www.health.gov.on.ca/> Click on English, and on the very first page, the home page, you will see a section called, "Need a doctor?" Click on it and you will get the "Health Care Connect" page. This page will tell you how you can register, either online or by phone. Call :

**1-800-445-1822**

It is your family doctor who refers you to specialists and who keeps track of all of the specialists you see, the treatments you undergo, and the medicines you take. All of your health care activities revolve around your family doctor.



**SAVE THE DATE !!**

**Please join us**

To discuss

## AGING IN AN AGEIST SOCIETY

at our

### Annual General Meeting

Tuesday, December 3rd, 2013

10:00 am to Noon

at

**North Toronto Memorial  
Community Centre**

**200 Eglinton Avenue West\*  
Toronto. ON**

*\*Located north side of Eglinton,  
between Avenue Rd. & Yonge St.  
(pay parking below the Centre) OR  
take the 32 Bus west from Eglinton  
Subway Station to Lascelles Blvd.*



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