OUTREACH

March 2018

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March 27, 2018 @ 3:00pm

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Message from Executive Director

Elizabeth Nykorowytsch Macnab

It's important to keep informed on changes to programs and services. Become informed and educated with this month's issue. Most Ontarians don't know about the changes that governments make to eligibility, or entitlement to programs or services until there is a need.

The *Patients First Act* integrated the CCAC's into the Local Health Integrated Network and created a new crown corporation. According to Wikipedia, LHINs are community-based, non-profit organizations funded by the Ministry of Health and Long-Term Care to plan, fund and coordinate services delivered by: hospitals, Long-Term Care Homes, Home and Community Care (formerly CCAC), Community Support Service Agencies, Mental Health and Addiction Agencies and Community Health Centres.

We learned how complex this new system is when my husband, who decided to surprise me by making dinner, instead scalded himself. It took him nearly 3-hours of calls between the nursing agency, LHIN staff and the pharmacy to organize his nursing supplies. LHIN staff suggested he go to a clinic for wound dressing if those supplies did not arrive. They did not know these services are only available at Windsor Regional hospital.

We also learned with the amalgamation of hospital services that the Ouellette campus clinic does not carry the required burn wound dressing supplies. Those are available at the *other* campus. We have to bring our own supplies when visiting the plastic surgeon.

Why is a plastic surgeon handling burns? There are no burn medical specialists west of London. I guess that communities with heavy industries in Sarnia/ Lambton, manufacturing in Windsor or agricultural industries in Chatham-Kent have no need of such health specialists.
With online research and support groups, I learned that nutritional needs of burn victims are different. I paid a dietitian to educate me. Burns to 40% of the legs and feet also requires physio or occupational therapists which are expensive. When I called the LHINS, they told me my husband was eligible for these services. Eligible? The surgeon was unaware of this eligibility. No one at the time of hospital discharge informed us. Was it a secret?

The *Patients First Act* brought about massive change. Still this patient and his caregiver do not

Ontario Society of Senior Citizens Organizations
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feel the patient is put first. The process is more complex under this new crown corporate structure. After all of these changes, no one ever asked for feedback, whether they feel their or the patients' needs are 1st. I don't think they ever will.

ORCA Working to Reduce Dementia Sigma

Submitted by ORCA

The Ontario Retirement Communities Association (ORCA) is breaking new ground together, as a united sector, to reduce dementia related stigma.

"The development and implementation of ORCA's Dementia Inclusive Initiative is very near to our hearts," said ORCA CEO, Laurie Johnston. "We know that more than 400,000 Canadians aged 65 and older have been diagnosed with dementia –those numbers and the care of the people affected are why we are spearheading this campaign to ensure better understanding, patience, and education around this disease."

ORCA's Dementia Inclusive Initiative builds on the global dementia friendly communities movement. Funded by a grant from Baycrest's Center for Aging Brain Health Innovation (CABHI), this initiative is one of the first and only movements of its kind to focus specifically on reducing dementia related stigma and increasing inclusion in retirement communities.

Laura Booi, the Principle Investigator for this project has spent the fall and winter conducting site visits of retirement communities across Ontario. She has met with staff, residents, and family members in these settings to understand the current barriers and facilitators to dementia inclusivity. She has also been working alongside a group of engaged dementia care experts from the sector, incorporating their feedback and guidance to lay the foundation for this project's success.

"The outcomes of this initiative have the capacity to serve as motivation and inspiration for other progressive sectors that wish to come together and join the global dementia inclusive movement," said Laura Booi. "This campaign is progressive and has the potential to make a real, positive difference in the lives of those affected by dementia."

This program will be piloted in the Spring of 2018 with materials and education flowing to all retirement homes in the Fall of 2018.

"Retirement homes have always been on the forefront of ensuring that all seniors are treated with respect and kindness – our work builds on this premise," said Johnston. "We know that other sectors are also making important progress in this area. We continue to encourage other sectors - other groups - others with interest - to take steps to also reduce dementia related stigma. We know together we can do so much for the people who need us most."

For more information contact Kari Cuss, Director, Communications & Public Affairs at kari@orcaretirement.com

The Future of Management and Social Change Impacts on Quality of Life

By Mitra Mohamedzadeh

Photo: Mitra Mohamedzadeh with Elizabeth Macnab

Management styles across every aspect of our lives and from an organizational view have shaped economic activities for centuries through organizing different factors and achieving efficiency and economies of scale. Conceptually, the future of management would be flexible structures that promote creativity as well as the extent of positive social impacts of management types and actions.

According to Denning (2013), management is a critical factor in shaping the quality of life in a society and the absence of it. People will be uneducated, poorly communicate, as well as being unable to run companies and the government. The issues of globalization, technology, innovation, Governance

Corporation, and diversity are essential as the business aspect has been changing. Eliminating these challenges would require managers to integrate new approaches to the work environment.

Managers will have to change styles and organizational structures to accommodate societal and cultural differences in a global world as well. For example, learning new technical skills, open communication, and flexibility would also be critical. Additionally, diversity and respect for others as well as supports creativity and innovation would be vital. Also, managers as leaders must create visions, inspire others and lead them on the path to achieving it, take risks, be open to new ideas and solicit opinions of others to remain competitive.

Management models shape the direction of an organization, and the choice of models will vary depending on the type of business. Also, multicultural diversity can influence the management and leadership models of organizations.

I believe the future of management would unfold as follows:

- The creation of more diverse, flexible, and dynamic teams to adapt to local and global changing markets.
- Increase in virtual organizations creating the need for more collaboration with others.
- Organizations carry with more creativity and innovative culture there is awareness of social issues such as poverty, poor access to healthcare, food, water, and pollution.

For Porter, organizations can profit from solving social problems by using models that do not trade-off social development and economic efficiency in the long-term. The implication of this is that, as the reinvention of management continues, it inadvertently impacts social change. Therefore, organizations should embrace models that create value by addressing part of the social challenges and becoming profitable as well.

This social consciousness brings organizations in alignment with the principles of corporate social responsibility. Overall, the discussions about the future of management revealed a shift towards decentralization, flexibility, innovation. These variables impact social change as organizations will not think about just profit for their shareholders, but how their activities affect the whole society.

On the other hand, members of society have also changed how they view the activities of organizations.

Health Minister Hospital Announcement on Hospital Bed: More is Still Needed

by Ontario Health Coalition

"Although the Minister's announcement today promising to extend funding for 1,235 'temporary' hospital beds for one year is a positive step it is only a temporary band aid that will not solve the hospital overcrowding crisis," said Natalie Mehra, Executive Director of the Ontario Health Coalition to news media today, "More is needed."

Despite the Minister's welcome announcement of 1,200 temporary hospital beds last fall, Ontario's hospital overcrowding crisis continues. "Flu season is not the cause of the overcrowding crisis in hospitals," Mehra said. "This crisis has been building for over a decade as a result of the most extreme cuts to hospital funding in Canada, resulting in severe bed shortages and hospitals stacked with sick people in halls and emergency rooms."

Cuts have made it impossible for hospitals to plan and expand to meet the needs of our growing population. This announcement by Minister Hoskins must be put into the context of the crisis as it exists today – right now. Ontario communities have lived with the deepest cuts to hospital services compared to any other province in Canada. And, more alarmingly, the cuts are deeper than in any other country in the developed world.

Please note this fact: Ontario has the fewest hospital beds per person, the least amount of nursing care per patient, and the most severe hospital overcrowding in all of Canada.

Mehra warned that the government's written fiscal plan is to increase funding for one year and then cut health care funding the year after the election.

Leading into June's provincial election, the Coalition is calling for all Ontario political parties to commit to developing a capacity plan to reopen hospital beds, operating rooms and services based on the population's need for care.

"No more opportunistic pre-election promises."

"You can't cut funding for a decade and then a year before an election start to put some – but not enough – money back in. People are suffering and we need a real plan to restore public hospital capacity to reasonable, rational, evidence-based levels to get us out of the ongoing crisis. Anything less is irresponsible and inhumane," concluded Mehra.

Photo: Natalie Mehra facilitating workshop at OSSCO on healthcare changes

Without Family Councils We Wouldn't Stand a Chance

by Kathy Pearsall, Concerned Friends

I recently had the pleasure of sitting at a roundtable of members of the Family Council Network Association. It took place at "The Hub" in east Toronto, as it does every month.

I witnessed a group of strong women (and one man) who are trying earnestly to improve the care of patients living in long-term care facilities. They do this by sharing their experiences with each other, with other members across the city, and, occasionally, with members of the Ontario Ministry of Health and Long-Term Care.

I am a caregiver too. I know how much they hurt and how much they need to share their experiences with each other.

Family Councils were brought to Ontario in 1998 by the late Freda Hannah, a past president of Concerned Friends of Ontario Citizens in Care Facilities. Freda was a visionary. She recognized that the Family Council model that was active in the United States could be imported to Canada and incorporated into the Ontario legislation, and she made it happen. As a result, almost all of the 630 long-term care facilities in Ontario have an active Family Council today.

Sitting at that table listening to the voices of Family Council members from across Toronto, I felt my friend Freda on my shoulder. She would have been so proud to hear their voices, and to feel their passion to get things done.

She would have been very proud of their leader, Naomi D'Souza, for pulling them all together under the umbrella of the Family Council Network Association. What an important step this was in the evolution of Family Councils. There is real strength in numbers. Freda would have been saddened, however, that the same problem she tried to resolve two decades ago (the lack of a stable and well-trained workforce) continues to this day.
Naomi believes you can catch more flies with honey than you can with vinegar. This is how she has been able to invite so many bureaucrats and politicians to speak to her group, without them.

Elder Orphans: Aging Alone

By Susan Hyatt

Susan Hyatt is the CEO of Silver Sherpa Inc. Her company offers clients a Personalized Living Plan™ for 'smart aging'.

New trends generate new terms and one you are going to hear a lot more about is *elder orphans*.

They are Baby Boomers who are childless or estranged from their families, and living without a partner to care for them. There is little research on them in Canada or elsewhere, but we do know from the 2016 Canadian census that 33 per cent of seniors aged 65 and older are women who live alone, and 17.5 per cent are men who live alone.

Also, there is a growing number of 'grey divorces' in Canada or, as the Vanier Institute calls them, 'silver separations.' These are divorces among elderly couples. Data for the period 1985 to 2005 shows a gradual increase in divorce rates for men aged 50-54 years from 7.2 to 11 per cent, and for women, from 5.4 to 8.9 per cent.

The Vanier Institute cites the work of U.S. sociologist Susan Brown of Bowling Green State University who sees an emerging trend among divorced couples aged 40-69, with women initiating the divorce 66 per cent of the time. A late-in-life divorce can have significant financial impact, and the changes in economic security can be difficult for women, especially if they live alone. Her research focuses on family events and the transitions made throughout life with an emphasis on the implications of the rapid transformation of family life for the health and well-being of adults and children.

Why should we be concerned about elder orphans? These people can become socially and/or physically isolated without any family member or caregiver around to help them. They may be reluctant to appoint Power(s) of Attorney to help them if they are incapacitated and cannot speak for themselves. And with no family or partner they may not have told anyone about their express wishes or choices known where it concerns making decisions about future care or future living accommodations.

Today church congregations and healthcare providers are talking about elder orphans. There is worry in the community that this group is vulnerable, and as they reach their later years they are susceptible to all kinds of scams and elder abuse. Even identity theft. Planning is crucial at all stages of life and especially crucial for people in this group. Here are some important questions to ask:

- How should elder orphans start to plan ahead?
- Who can help them should they have serious surgery or a terminal illness?
- What happens to their assets after they die if they don't have a will? (Today 48 per cent of Canadians do not have a will, never mind one that is up to date.)

Elder orphans are more prone to suffer from loneliness and social isolation if they have no family and are not part of a vibrant community. This is why they must get their legal issues cleared up, and this may require an estates attorney who is familiar with estate planning. This will involve drawing up a will, and drafting Powers of Attorney in the event that one day you are incapable of making decisions for yourself. Then there are such matters as shopping for basic daily items, managing medical appointments, and staying active and social. The latter point can be especially daunting for an elderly person aging alone.

In the United States an Elder Orphans' Facebook Group got started in 2016 and over the first year it gained 5,000 new members. Today it serves as a support and self-help group, and for many of these people it may be the only support they get.

"Most of the members are very grateful to have found us and

Free programs for adults 50+

WHAT'S HAPPENING AT OSSCO

Coffee & Conversation

Every Thursday morning in March
TIME: *10:00 a.m to 11:30 a.m.*
LOCATION: *333 Wilson Ave, Suite 406, Toronto, ON M3H 1T2*

6-week programs return Beginner Novice & Beginner Intermediate Computer Classes

Novice Starts: *March 7*
TIME: *10:00AM -12 NOON*
Intermediate*: March 7 & 8*
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realize that there are so many more like them," says Carol Marak, who started the group. She is a recognized authority on older adults aging alone and an editor at www.seniorcare.com.

"We all share the same grievances, the same hardships and challenges," Carol says. "We give support to people who are going into surgery or who have had an emergency or some sort of medical event, and I cannot tell you how supportive that feels for the people who are going through an incident like that."

Looking to the future with a growing aging population, consideration will have to be given to services that elder orphans will need. Who will act as their Powers of Attorney if they have no one? There needs to be a trusted community of people to whom an elder orphan can turn when they need help. For example, churches have elder orphans in the congregation, but they may also have retired police officers, firefighters, medical specialists, not to mention lawyers, who can lend a helping hand. Why not set up a group of these people within the congregation? Another benefit of this is that such friends and trusted peers of elder orphans can serve as an oversight of the appointed Power of Attorney to ensure that the person's best interests are addressed.

Likewise, for the healthcare system. It is a prime time to be considering what the options are for smart aging. The fact is that many Canadians will age alone as elder orphans. Professional associations of healthcare workers could start addressing these concerns through regular education sessions, and include eldercare issues in all their discussions that involve preparation for retirement.

Canada has a greying workforce. We need to think about elder orphans and plan ahead. As the saying goes, an ounce of prevention and early discussion is worth a pound of cure.

Naturally Occurring Retirement Communities (NORCs)

According to the AARP, Naturally Occurring Retirement Communities (NORCs) are "communities that were built decades ago and originally served a mix of families and young households, where low turnover of households has led to the transformation of neighborhoods consisting largely of older residents who are aging in place." A NORC is denoted by any geographically defined community where more than 40% of the population is aged 60 or above and live in their own homes.

Once these communities started to develop, organizations may be formed to provide services to these aging populations. Referred to as Supportive Service Programs (SSPs), these programs provide community-based intervention and assist residents obtain health and social service support, ancillary series like nutrition and fitness, partnerships with other service providers, and service coordination. SSPs may arrange for home repair, social activities, and volunteer support as well as discounts at local merchants. They also provide opportunities for residents to volunteer within the NORC itself.

Although providing services to all aging populations is a goal, it is important to limit the area that a specific NORC encompasses. In an U.S. News report on NORCs, a manager of a St. Louis NORC believes that "by limiting the area, the program retains a local, neighborhood focus. It allows for a deeper understanding of area residents, enables organizers to build a network of local merchants offering discounted services, and makes it easy to develop resident councils within individual neighborhoods and housing complexes".

NORCs are a great way to provide services and assistance to aging community members and lower the costs associated with moving to traditional nursing homes, assisted living communities, and in-home health care. Most of the funding for NORCs comes from private or public sources such as grants. Members do pay fees, but they are relatively low, especially when compared with the typical costs of assisted living facilities. NORCs also allow residents to stay in their own homes and maintain their sense of independence, which is important to aging Baby Boomers, in particular. For more information, see the blueprint developed by a New York agency for creating, implementing and evaluating successful NORCs.