**Ontario Council Speaker Series Oct. 3 2020**

Respectfully submitted by Ruth Levkoe and Moira Forbes

This Conference was held on Zoom, due to Covid restrictions. It was open to all members, and free to attend on Oct. 3, 2020. Three excellent speakers enlightened us as to the current state of Long Term Care (LTC), home care, and community living. Their presentations were timely as planned, given the CFUW Oakville resolutions. The Standing Committee chairs have posted Summary Reports on the Ontario Council website and the full videos will be posted soon on the same OC website. Moira and my reports are posted with more detail on our own CFUW website.

The Covid-19 Pandemic exposed and exacerbated the many problems with elder care in Canada, especially in Ontario and Quebec, where Covid-19 hit hardest. It is our national embarrassment and an outrage with the high number of deaths in our Long Term Care Homes.

Dan Levitt, Executive Director of Tabor Village, a community of more than 300 seniors, spoke about legislative issues in elder care, specifically pertaining to ageism.

Dr. Dan Levitt’s message and missive was one of celebrating aging, of recognizing the inherent risks associated with aging but also advocating for the independence of the aging individual. During his message the participant was asked to consider or rather reconsider what is “old”, expressing that we should consider our lives as measured in thirds which would mean that we are young, middle aged and spend the last third of our as “old” and to consider aging as another third of our lives on the aging journey.

Dr. Levitt asked the Speaker Series participants to reconsider the media narrative and in doing so instead of affirming that 80 is the new 50 we collectively need to push back with 80 is 80; to celebrate the number for what it is and the good that accompanies growing older. Dr. Levitt emphasized that doing so would work towards debunking youth culture as the ideal. This debunking was picked up by women’s clothing brand Chico’s in their new slogan of #HowBoldAreYou. The campaign used by Chico’s brand proposes the use of the statement “I’m not growing older, I’m growing bolder”. In doing so we take on a more purposeful role in aging.

In further getting participants to rethink aging Dr. Levitt conveyed to participants that a shift in our current cultural climate towards the acceptability of Ageism is needed. That though we firmly rally against other “isms” such as sexism, racism, etc. not rallying against ageism is detrimental towards aging. Members were asked to reconsider the use vernacular such as “She’s still…driving, living on her own, working, exercising etc. at her age” to reassess our words and to choose phrasing that aligns with a more positive view of the aging journey by saying “of course she still…at her age”. Furthermore, we need to call out ageism as strongly and firmly as we would other “isms” and to be intentional about discontinuing ageism jokes.

For those on social media Dr. Levitt recommended members follow Baddie Winkle, a lively, fun senior with a following almost 2.5 million on Facebook and Instagram and others like her who are proof that those over 60 are anything but boring.

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Karen Henderson, founder of the Long Term Care Planning Network (LTCPN), has a long history in the needs of aging Canadians, having been in dementia care for fourteen years prior to the creation of LTCPN. The Long Term Care Planning Network is Canada’s leading on and off-line resource centre for aging and long term care (LTC). Karen is an educator, speaker, writer, media commentator, publisher and consultant in the field of long term care and has developed a renowned seminar series, has established eldercare web sites, produces newsletters, and has participated in TV/video series. Along with her Long Term Care Planner, Karen is internationally recognized for her key aging and long term care educational and resource tools.1

Karen’s presentation, entitled **Long Term Care: The Past, The Present/COVID-19 and The Future,** shone a bright light on key issues in long term care. It should be noted that, as Ms. Henderson pointed out, these issues are longstanding: it is the impact of the COVID pandemic on LTC problems which has caught the public’s attention.

The fact that LTC remains outside the Canada Health Act, putting it into a provincially determined extended care position and thus uninsured, means the industry does not have to adhere to any national standards. Our CFUW Emergency Resolution on long term care also highlighted this inequity.

Karen noted that the ‘system’ of LTC is biased toward staffing with women, so gender inequities exist not only at the resident level (more residents of LTC are female) but also with those providing care. Wages are poor as are hours, resulting in care workers servicing clients in a number of institutions daily.

A surprise to me is that Canada has one of the highest rates of institutionalisation of elderly in the world (1 in 3) and allocates little of its LTC budget to home care (13% versus the average of 35% across the OECD). In fact, many indicators of poor care doomed Ontario’s elderly in LTC with the arrival of COVID – a largely private system with too many beds, too few hours of individual care, a high proportion of patients in 4 bed wards, patients with increased medical complexity and a government unwilling or unable to adopt recommendations made to improve LTC and prevent another debacle when a second wave of COVID hits. Added to this are care homes with poor facilities for infection control, inadequate supplies of personal proactive equipment, no updated pandemic protocols, understaffing, cross contamination certainties and fewer government inspections further contributing to the COVID carnage in Ontario’s LTC facilities.

The near future is bleak, according to Karen. The longer picture, too, is complicated by a lack of government transparency as to LTC money allocation and accountability.

Will things change? Difficult to say. Class action suits against private LTC home owners Revera Retirement Living, Sienna Senior Living, Chartwell and Responsive Group are underway. In the meantime, Karen recommends that Ontario Council members continue to push for a **commission** instead of a public inquiry into LTC inadequacies in Ontario. CFUW OC advocacy should address **staffing** in LTC and demand **sustainable, transparent funding**. Other recommendations included joining CanAge and SSAO, and take all steps possible to remove the stigmas of ageism around ageing/long term care.

Ms. Henderson also left us with an abundance of resources to support our advocacy work, found at the end of her presentation.

1. <https://www.ltcplanningnetwork.com/professional-advisers/about-ltc-planning-network/>

Michele Harding of Care Watch was the guest speaker representing Education. Since 1998, Care Watch, has been a strong advocate for quality Home Care and Community Care. Care Watch is a non-profit, volunteer run and senior led organization.

Michele’s focus has been community planning, social policy, and legislation. She believes in the strength of community and values community action. Michele has undertaken leadership roles in many local, city-wide, provincial, and international non-profit organizations to advocate for community health and health equity.

Their work includes:

* Communicating with their community, politicians, decisionmakers, media and the public
* Informing and engaging their audience
* Influencing policies for quality home and community care
* Monitoring and responding to issues that affect home and community care for seniors

Home and Community care is provided through a mix of for-profit and not-for-profit corporations. It is the fastest growing business sector.

Home care relies on services provided by women, primarily racialized and immigrant women. In Toronto, Calgary and Vancouver 70% of care workers are immigrants and 87% are women. These jobs tend to be low paying less secure and less sick days.

Home Care suffers from inadequate funding: Provincial Spending estimates in 2020

* Home Care - $3.2 Billion
* Community Supports - $645 Million
* Assisted Living in Supportive Housing - $341 Million

In Contrast:

* Hospital Operations - $18.9 Billion
* Capital Funding - $4.8 Billion
* Long Term Care Homes - $4.62 Billion

The Home Care system is challenged by:

* staff shortages, high turnover
* Low pay minimal benefits
* Precarious employment in multiple locations
* Staff burnout
* Rural locations do not receive the same funding
* Increased privatization
* Spending more on LTC and not as much on Home Care

Care Watch is advocating for more seniors to be able to live in their own homes if it is safe to do so. They are unwilling to give up on vulnerable seniors who need a strong voice for quality and affordable care. It is important that seniors can connect socially and are respected for their contribution to society.

Women working in Home Care should receive more than minimum wage with benefits and safe working conditions. Work should be full-time with stable shifts and adequate training.

Palliative Care

Only 15% of Canadians have access to Palliative Care. Set up at home for palliative care is easy, but families must play a role. Many families find it difficult to cope.

**Care Watch encourages CFUW Ontario Council members and clubs to advocate for Home Care that:**

* Protects, promotes, and restores physical and mental – well being
* Accessible – access to all necessary services based on need and no financial barriers
* Equitable – all seniors receive the same care based on need, regardless of financial circumstances
* Accountable – costs are transparent, and providers are publicly accountable
* Cost – Effective – social investment reaps high benefit returns at lower costs.
* Let Government know that for-profit is unacceptable
* PSW’s should be considered professionals
* Provides proper rehabilitation, therapeutic activities to stimulate seniors’ minds