

Age-Friendly Communities



What's the issue?

Policies, practices and planning that make communities age-friendly benefits us all. Such communities have structures and services that:

- promote healthy and active lifestyles
- enable seniors to remain in their homes
- give them reasonable and safe access to public transportation
- offer them opportunities to socialize and volunteer

An age-friendly community optimizes opportunities for health, participation and security, to enhance quality of life as people get older.

Some challenges

Reducing the pressure on health care: If communities are not age-friendly, it can affect health outcomes, add to the burden on the health care system, and increase demand onspaces in long-term care facilities.

Social well-being and vibrancy: Without age-friendly strategies, we can lose many of the contributions that seniors make, from their own families to local causes.

Meeting the needs of diverse communities: There is no single approach to making the range of communities – from urban centre to rural and remote areas – age-friendly.

For more information:

Global Age-friendly Cities: A Guide <http://bit.ly/agefriendlyguide>

Age Friendly Checklist <http://bit.ly/age-friendlychecklist>

Age-Friendly Rural and Remote Communities: A Guide <http://bit.ly/agerural>

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Questions

- 1 How does the concept of age-friendly communities fit into your party's policy?
- 2 Where is your community on the spectrum of age- friendliness?
- 3 What benefits do you foresee from promoting age-friendliness in our community?
- 4 What are the challenges to implementing an age-friendly community?



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Bill 33 – Amending the Long-Term Care Homes Act



What's the issue?

Residents of long-term care homes need and deserve a minimum standard of care. Yet there is a crisis in care quality and staffing in these facilities. That crisis threatens the health and well-being of residents, many of whom are elderly and require complex care.

If passed, Bill 33 (*Time to Care Act*) would amend the *Long-Term Care Homes Act, 2007*, mandating at least four hours a day of nursing and personal support services per resident (averaged across the residents). The minimum hours may be increased by regulation.

Some challenges

High workloads: 97% of residents have two or more chronic conditions and need help with daily activities like getting out of bed, eating or toileting. One in three is highly or entirely dependent on staff. Residents with greater physical, psychological and emotional needs create ever-increasing workloads for staff. These staff are overworked and require better training, supervision and support.

Underfunding: Ontario underfunds resident care compared to other provinces. That situation needs to change, so we can care for our elderly, and often most vulnerable, citizens in a timely and dignified manner.

Growing wait times: Along with meeting care needs, we need to address waiting lists for beds that are long and growing longer. As of June 2017, the average time to placement in long-term care was 137 days, and the wait list for long-stay beds was 32,046.

Chance of health complications: Improper nursing and personal care increases the numbers of health-related complications requiring hospitalization.

For more information:

Bill 33 Facts and Figures <http://bit.ly/factsfiguresBill33>

A crisis in care quality and staffing threatens the health and well-being of residents.

Questions

- 1 Given the health and financial costs associated with improper nursing and personal care, passing Bill 33 as quickly as possible makes fiscal sense. What can you do to accelerate the passage?
- 2 What are you prepared to do to ensure that PSWs are better trained to deal with the growing numbers of residents with complex and/or behavioural needs in long-term care homes?
- 3 What monitoring measures (oversight) should be added so that government can address stressed areas in long-term care facilities? What are you willing to do to bring about this change?
- 4 How would your party address Ontario's shortage of long-term care beds?



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Elder Abuse



What's the issue?

Elder abuse is a widespread yet mostly hidden problem. Any situation that limits or controls the rights and freedoms of an older adult is a form of elder abuse. That includes physical abuse, but also psychological/emotional abuse (e.g. threatening, isolating, removing decision-making), financial abuse (e.g. stealing, misusing power of attorney), and neglect.

North American studies show that anywhere from 2-10% of older adults will experience some type of elder abuse each year. Based on that, some 40,000-200,000 seniors in Ontario may be affected. That could rise significantly, with the 65-plus population projected to more than double by 2036.

Some challenges

Under-reporting: The person most likely to abuse a senior is a family member. This contributes to an under-reporting of abuse. Victims are often dependent on the perpetrator, so are afraid of losing that relationship or too embarrassed to speak out. Lack of awareness of resources to help: Even those willing to seek help often do not know where to find it.

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Lack of recognition: Many perpetrators do not even recognize that their behaviour is abusive. Some have a lengthy pattern of abuse, while others become abusive under the stress of caring for an elderly relative with inadequate support.

Long-term care staffing: In long-term care facilities, residents may also be abused by staff members. In some cases, staff may be inadequately trained and/or too overworked to give appropriate care to each resident. Inadequate supervision can lead to resident-on-resident abuse. Many residents who abuse themselves have high needs, e.g. advanced dementia with aggressive behaviour.

For more information: www.elderabuseontario.com

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Questions

- 1 What is being done locally to give seniors easy access to a coordinated network of supports, including homecare?
- 2 How can we ensure adequate staffing levels in long-term care facilities?
- 3 What is being done to properly train nursing home staff in working with dementia patients?
- 4 How would your government ensure oversight of elder care to protect those most vulnerable from abuse?



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Pharmacare



What's the issue?

Canada is the only country with universal health care that does not also provide universal drug coverage. While establishing a pharmacare system would cost approximately \$4 billion, the government would save an estimated \$11 billion a year.

A pharmacare program would also cut costs to individuals; allow for better monitoring of the effectiveness and safety of medications; lead to a healthier population; and reduce the burden on other medical treatments.

Some challenges

High drug costs: Of the 32 most industrialized countries, Canada pays the second highest per capita costs for prescription drugs.

Lack of coverage: 3.5 million Canadians have no drug coverage whatsoever, and countless others leave prescriptions unfilled because they can't afford them.

Influence of pharmaceutical companies: These companies spend an average of \$36,000 per doctor, per year, promoting their products.

For more information: Health Coalition <http://bit.ly/RTOEROPharma>

Pharmacare would cut costs, allow for better monitoring of medications, lead to a healthier population, and reduce the burden on other treatments.

Questions

- 1 How could the provincial and federal levels of government work together to create a universal drug plan?
- 2 The federal government already provides prescription drugs to First Nations, veterans, the military, refugees and prisoners. How would you see the government's role evolving in implementing universal drug coverage for the remainder of Canadians?
- 3 What obstacles might hinder implementing a pharmacare system?



What's the issue?

The United Nations has said clean water is a right. The 1971 Canadian Environmental Protection Act (CEPA) aimed to reduce the flow of toxic substances into the environment, with enforcement power given to the provinces. Yet in Canada water regulation has been ineffective.

Some challenges

Industrial contaminants: Pharmaceutical, mining, and lumbering industries draw huge amounts of water and contaminate it.

Run-offs after rain: Blue-green algae develops when agricultural fertilizer runs off of farms into lakes after it rains, or when human and animal wastes are forced into the lakes during rain storms. Its presence is a growing problem in Ontario.

The destruction of our wetlands: The degradation of nature's filtering system allows algae blooms to spread in the upper layer of the water. The green appearance is caused by an explosion of the algae known as cyanobacteria, which release toxins damaging to human health. As the bloom continues to grow, a scum forms and oxygen is stripped from the water, killing off all living organisms and creating a "dead zone." Toxin concentrations increase as lake levels drop; in Ontario, this is at the greatest level in Lake Erie.

Well water: One-third of Canadians depend on groundwater (well water). This water can be contaminated by landfill leaking, septic tanks, chemical runoff and industrial waste sites. Some contaminants stay in the system for 10,000 years.

For more information: The Council of Canadians – Water Campaign www.canadians.org/water

Clean water is a right, yet in Canada water regulation has been ineffective.

Questions

- 1 What is your government willing to do to combat contamination of our water supplies and lakes?
- 2 How will your party deal with the issue of granting groundwater rights to bottling companies?
- 3 What changes are needed to create a water policy that is effective, enforced and properly funded?

Bill C-27 – Amending the Pension Benefits Standards Act



What's the issue?

Bill C-27 establishes a framework for establishing, administering and supervising Target Benefit (TB) pension plans. TB plans offer a target amount as opposed to the specific amount in Defined Benefit (DB) plans. With TB plans, benefits can be reduced if funding deficits develop.

Teachers in Ontario have a DB plan, administered by the Ontario Teachers' Pension Plan and jointly sponsored by the Government of Ontario and the Ontario Teachers' Federation.

DB plans offer Canadians pre-funded, low-cost and shared-risk pensions. The security and predictability of these plans allows members to budget their daily lives in retirement. Such plans operate under a legal covenant obliging employers to fund their employees' earned benefits, guaranteeing retirement security regardless of market volatility.

The proposed Bill C-27 to amend the *Pension Benefits Standards Act* would remove that legal protection, and encourage the proliferation of Target Benefit (TB) plans. This could potentially lower benefits for both current and future retirees.

Some challenges

Surrendering defined benefits: Employers would be allowed to persuade individual active and retired plan members to surrender their earned DB in exchange for a less secure, less stable TB plan. Bill C-27 would undermine accrued (already-earned) benefits, which are legally protected and may not be retroactively reduced.

Shifting risk: The conversion could lead to reductions of current and future pension payments, as it would move the financial risk from the employer to plan members.

Lack of consultation: Bill C-27 was introduced in the House of Commons on Oct 19th, 2016 without notice or consultation with Canadians at large, and specifically with the pensioners or unions to which it applies the most.

For more information: Bill C-27 <http://bit.ly/BillC27>

The proposed Bill C-27 could potentially lower benefits for current and future retirees.

Questions

- 1 Instead of proceeding with Bill C-27, why won't the federal government actively encourage all private-sector and public-sector employers to introduce, maintain and enhance workplace defined benefit pension plans?
- 2 There is evidence the federal government will bring back C-27 this fall. Are you aware of the bill's long-term impacts on retirees, and what will you do when the House resumes?
- 3 When and how will your party support a defined benefit pension plan that gives retirees more security?



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Geriatric Training



What's the issue?

Over the next two decades, the numbers of Canadians aged 65-plus will double. Those 85 and over will quadruple.

Among the key factors that support healthy aging – the availability of appropriate health, social and community care providers. Having personnel with the knowledge needed to care for older Canadians is essential.

Some challenges

Shortage of professionals: There is clear evidence that geriatricians play a vital role in helping older adults to remain healthy and independent for as long as possible. Canada has one geriatrician for every 15,000 adults. That is unacceptable if our senior population is going to be able to age with dignity and receive the best health care.

Lack of training: Compared to other countries, Canada is falling behind in recognizing and preparing its health and social care professionals to meet the growing need for geriatric expertise. For virtually all these professions, there's no mandatory core and postgraduate training around understanding and managing the issues related to caring for older adults.

Pressures on health care costs: Older Canadians constitute about 16% of our population, but account for nearly half of our health and social care systems costs. An efficient and effective system will ensure the right care, at the right time, in the right place, by the right provider.

For more information: National Seniors Strategy <http://nationalseniorsstrategy.ca>

Canada is falling behind in recognizing and preparing its health and social care professionals to meet the growing need for geriatric expertise.

Questions

- 1 How is your party supporting and encouraging mandated geriatric training for all health care professionals? What funding will it commit?
- 2 More incentives are required to support community-based geriatric facilities and placement of trainees. Such facilities will provide valuable real-life exposure to the geriatric population. Will your party consider a tax-deduction for contribution to research or education, or a grant to facilitate these types of inter-generational partnerships?
- 3 Including inter-generational studies in the secondary curriculum will promote an early interest in and understanding of geriatrics work. How can we encourage the Ministry of Education and school boards to support this discussion/initiative?



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AN IMPORTANT NOTE:

RTO/ERO has responded to some of these issues by establishing the charitable RTO/ERO Foundation in 2014, with geriatrics as a core area for granting. Among the Foundation's achievements:

- Created a permanent Chair in Geriatric Medicine at the University of Toronto, with \$3 million raised by RTO/ERO. Dr. Paula Rochon, the inaugural Chair, mentors students at the undergraduate, graduate and post-doctoral levels.
- Funded dementia training through a grant to a Ryerson/McMaster joint project. Students from multiple disciplines (including medical, occupational therapy, physical therapy, nursing, nutrition, physician assistant and social work) participated in an online module and an in-person geriatric skills day workshop.
- Provided orthogeriatric training through a project at Mount Sinai Hospital. This mandatory two-week rotation focuses on the special peri-operative considerations in caring for complex frail older adults, followed by two weeks acquainting the surgery trainees with holistic geriatric medicine (issues such as frailty, recurrent falls, cognitive changes).