Did You Know?

Nova Scotia recently announced a landmark, province-wide formal Caregiver Allowance program which began this Fall 2009.

The program promises to provide financial assistance to families who voluntarily look after someone with a disability or a chronic illness. That financial assistance could reach $400 per month for eligible family caregivers. There appear to be very few restrictions on how an informal caregiver is defined. The Caregiver Allowance program recognizes the important role of caregivers and supports their efforts to assist loved ones and friends.

For more information, go to:
www.gov.ns.ca/health/ccs/caregiver_allowance.asp

Updates from CRNCC

A big “thank you” to Ashma Patel, who in June 2009 graduated with a Bachelor of Arts degree from the Politics and Governance program at Ryerson University. As a member of the CRNCC, she contributed to the background research for the Sexuality and Aging Symposium, the “Seniors in Motion” DVD and numerous In Focus Fact Sheets. Her linguistic abilities in Gujarati, Urdu and Punjabi were invaluable in our supportive housing interviews. Best of luck to Ashma in her new position at the Ontario Community Support Association.

Congratulations to Jennifer Sladek who has entered the PhD Social Work program at the University of Toronto. With a nursing background, Jenn completed an undergraduate Social Work degree at Ryerson University and a Master of Social Work degree at McMaster University where she won the Judge Hugh C. Arrell Memorial Prize for the top MSW Thesis. She has contributed extensively to numerous CRNCC projects and In Focus Facts Sheets. With her post modernist sensibilities and wit, she adds balance and sober second thoughts to our endeavors. We are confident that Jenn will excel in her doctoral studies!

CRNCC Co-Chairs,

Janet M. Lum  A. Paul Williams
Profile of Success

Ann Aikens - Mayor, Deep River

We are proud to present Ann Aikens, Mayor of Deep River as this issue’s Profile of Success. With an Honours B.A. in Therapeutic Recreation and Business Administration from the University of Waterloo, she began her career at the Ministry of Corrections at the Syl Apps Maximum Security Centre for Adolescents in Oakville and then became Director of Recreation at Lyndhurst Spinal Cord Rehabilitation Center. Here, she designed a creative program of leisure counselling and patient planned activities. In 1982, Ann moved to Deep River and started to make huge changes to the well-being of older people through her community activities. Deep River has not been the same since! Mayor Aikens chairs the Renfrew County Social Services Committee, Champlain LHIN Community of Care Advisory Forum, Renfrew County Housing Corporation and is a member of the Renfrew County Board of Health.

Ann was the driving force behind the North Renfrew County Long-Term Care Centre. Among the distinctive features about this facility is the combination of 21 long term care beds (including 1 respite bed) and 10 supportive care apartments (including 1 respite unit) with the flexibility for residents to move from a supportive care apartment to a long-term care bed when needs warrant, and then, back to supportive care if their needs change. A long-term care bed is NOT the last stop. In November 2008, with funding from Ontario’s Aging At Home Strategy under the Champlain LHIN and in partnership with Deep River and District Hospital, Help Call Communications and the County of Renfrew Paramedic Service, Mayor Aikens along with Kim Rodgers, Administrator of the North Renfrew County Long-Term Care Centre, launched an innovative program to provide 24-Hour Flexible In-Home Support for 16 frail seniors living in Deep River.

These were older people who were on the wait list for long-term care placement and identified as high users of hospital emergency services. The 24-Hour Flexible In-Home Support Pilot program offers clients the same services they would normally receive in the supportive care apartments in their own homes. The initiative contributes to client choice, reduces the need for capital commitments from small rural service providers and helps reduce the inappropriate use of long-term care beds and hospital emergency services by providing supportive services around the clock when needed. Mayor Aikens and Kim Rodgers adapted and built on the widely used practice of “night patrols” in Denmark to enhance their existing supportive care program in Deep River. [For more information, see the upcoming issue of the Longwoods Publishing, Healthcare Papers this winter]

Here is some advice from Mayor Aikens:

“Staff must be very flexible and accommodating. If we can’t get the toast right, we can’t get in the door!”

“Care plans develop slowly. Clients need time to develop a trust relationship with staff.”

“Community Paramedics in Rural Communities are well trained to deal with emergency responses. They need time to develop a new role of care relationships in situations that may not necessarily be emergencies but offer the potential for health teaching, health promotion and injury prevention. The way we see it, each time they teach is potentially one fewer 911 call.”

Here’s what some clients say:

“It’s reassuring to know that help is just a button press away.”

“I would be in a long-term care facility and not in my own home if it weren’t for this program and home is where I want to be!”

Congratulations, Mayor Aikens, this issue’s Profile of Success.
Profiling Placement Students
Suman Budhwani at Bridgepoint Health

What experience did you bring to this placement?

As a MA in Public Policy and Administration student at Ryerson University, I brought to this placement my academic knowledge of the processes of public policy and administration, and the overarching political forces that shape the allocation of resources to varying health care sectors and organizations. I also brought my previous undergraduate experience in health sciences where I focused on health promotion. I am particularly interested in community based health care and wellness provision for specialized populations such as immigrants and low-income patients.

How did your responsibilities build capacity at Bridgepoint?

My responsibilities included conducting research and creating a background report on how people with chronic conditions can best co-manage their own care with appropriate supports. How can health care providers enable patients to take an active role in managing their chronic health conditions? Bridgepoint is known for leading initiatives in health care provision to older adults. Hopefully, my research and final report will serve as a stepping stone for the future development of programs that support self-managed care for patients at Bridgepoint.

What attracted you to this placement?

One main attraction of this placement for me was the opportunity to work on a topic that coincided with my ongoing Major Research Project, which I had to complete as part of my degree requirements. I also gained valuable hands-on experience of how front-line workers interact with, and empower, older adults to take charge of their own care. This placement opportunity gave me a deeper perspective of a policy issue for my research project and added considerably to my theoretical knowledge. Contributing to, and building the capacity of, a community organization is an additional bonus!

Describe some of the challenges you faced at your placement.

Timing was a challenge. My placement took place in the summer, but operations usually run at a slower than normal pace in summer, with many employees taking vacation time. So, scheduling was a little difficult.

What recommendations would you offer to other students interested in placement opportunities?

Choose a placement that goes hand-in-hand with any major research you are completing for your degree. This helps both the placement and yourself. Remember that there is much knowledge to exchange. Students can offer their research skills while placement supervisors can offer real world insights. Placement supervisors can also provide those important future references. Most of all, have fun!
Sexuality is fundamental to the quality of life and well-being for new generations of older people. That was one of the many key messages at this year’s CRNCC-OSCA symposium. Here are some other highlights from our invited national and international speakers who shared their insights and research into the myths and realities of older people’s sexuality and how it affects service planning, service delivery and institutional policies.

Janet Lum (CRNCC Co-Chair) started with a theme that echoed throughout the day: sexuality has a very broad meaning encompassing companionship, relationship, romance, looking and feeling good, as well as emotional and physical intimacy. She noted that a scan of national and international jurisdictions revealed few examples of standardized rules/regulations or Residents’ Bill of Rights allowing for privacy and the expression of sexuality in long-term care facilities.

Merryn Gott (University of Auckland, New Zealand) summarized her research showing that older people wished to talk about sexuality issues with doctors and other care providers but that doctors often felt uncomfortable raising sexuality issues with older (50 years+) patients. Such communication barriers led to predictably negative consequences for health and well-being.

Michael Bauer (La Trobe University, Australia) related his experiences in the long-term care sector, noting that the fewer than 3% of nursing homes surveyed in Australia addressed sexuality and intimacy issues. Dr. Bauer emphasized the importance of clear and explicit overarching regulations defining residents’ rights in long-term-care facilities. He also shared some best practices that help facilitate privacy in institutional settings in unobtrusive and dignified ways.

Bill Ryan (McGill University, Canada) focused his presentation on the lesbian, gay, bisexual and transgendered (LGBT) seniors. His national study found that LGBT seniors are profoundly invisible in society due to historical discrimination. Community service providers and LTC facilities need to recognize this specific history in planning supportive services and facility policies for this population.
Peggy Brick (Consortium of Sexuality and Aging, United States). With wit, dynamism and mega doses of humour, educator and author Peggy Brick presented lessons and best practices around sexuality and aging. She inspires all of us to get “older, wiser and sexually smarter.”

Devan Nambiar (Rainbow Health Ontario) cautioned participants that our notions of LGBT seniors may not apply to those from diverse ethnic and cultural backgrounds. Outreach and educational materials on sexuality and aging need also to consider older immigrants who may be married, have grown children, but are now choosing to “come out” in LTC facilities.

Michele Cauch (St. Paul’s l’Amoreaux Centre, Toronto) offered practical insights into the organizational, ethical, safety and security aspects of setting up the first multicultural speed-dating program in Canada. Two participants from the program joined her to talk about their experience. They emphasized that speed dating was also about socialization, companionship and having fun in a safe environment.

The symposium ended with a vibrant Town Hall meeting with participants fielding questions to all the speakers. Issues raised by the audience included the following:

- the increased burden on front-line providers in an environment of client-centred care;
- tensions between the personal conscience of providers, particularly PSWs and the preferences of those receiving care;
- the primacy of legal and policy frameworks in LTC facilities vs. personal morality;
- the important leadership role of facility managers;
- the complexities of anticipating the future needs of aging baby boomers; and,
- the importance of continuing research into sexuality and aging issues.

Presentations, links to media interviews, and the feedback survey from the Keep on Rockin’ Sexuality and Aging symposium are available on the CRNCC knowledge bank at www.crncc.ca/sexualityandaging.html
NOVEMBER 2009
20 | Community Care and Health Human Resources Symposium

The CIHR Team, funded by the Canadian Institutes of Health Research, directed by Raisa Deber and co-directed by A. Paul Williams, is a partnership between researchers (at University of Toronto, Ryerson, Michener, McMaster and University of Ontario Institute of Technology) and community organizations to address the need for better evidence concerning two key elements affecting, and being affected by, the shift of care between hospitals and home/community.

For more info please visit www.teamgrant.ca/2009sym.php

FEBRUARY 2010
17 | Self-Managing Care: From Ideas to Solutions

The rise in chronic illness, particularly among older persons, is transforming healthcare landscapes globally. Self-management has contributed to improved health outcomes, health system sustainability, and enhanced quality of care for persons living with one or more chronic conditions. As a result, important questions are raised around policies and practices to improve self-management support for people most at-risk of hospitalization and/or admission into long-term care. This full-day conference presents key policy issues, shared insights and practical innovations for self managing care as key elements in managing complex chronic conditions.

Time: 8:30 AM – 4:30 PM
Location: Ryerson University, Toronto, Ontario

Morning session: Keynote address from renowned Canadian author, Wayson Choy, who is now managing his own chronic illness, followed by speakers across the care continuum who will stimulate the exchange of ideas and know-how. Afternoon session: A series of skill-building workshops offering a rich opportunity to engage in knowledge translation and exchange with other front-line practitioners, health providers and administrators, policy planners, and consumers.

Cost: $75.00 (includes a copy of Wayson Choy’s latest book, Not Yet: A Memoir of Living and Almost Dying)

For more info please visit www.crncc.ca
CRNCC is committed to creating an open and accessible environment that offers the most current and relevant information. We welcome all comments, questions, and concerns via any of the following contact options.

**Address**
350 Victoria Street
Jorgenson Hall – Suite 723
Toronto, Ontario
M5B 2K3

**Phone**
416.979.5000 x2606

**Email**
crncc@ryerson.ca

CRNCC is funded by the Social Sciences and Humanities Research Council (SSHRC) of Canada through the Knowledge Impact in Society grant and Ryerson University.

If you would like to be removed from this listserv, or know someone who would like to be added, please contact us at crncc@ryerson.ca.

*The views expressed here do not necessarily represent those of the Social Sciences and Humanities Research Council of Canada, Ryerson University, or the University of Toronto.*