



We Need Your Ideas

Stay tuned for our next major event. In February 2010, in partnership with Solutions, the CRNCC will be hosting the **Self-Managing Care: From Ideas to Solutions** symposium featuring celebrated Canadian author, Wayson Choy, who will talk about how he is managing his own care. For details, see page 5 of this newsletter.

We would like to showcase your experiences and best practices around self-managing care. Do you have examples that you'd like to share with our members?

If so, please email us at crncc@ryerson.ca

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arranging meetings with several Vilans colleagues to discuss their research work.

CRNCC Co-Chairs,

Janet M. Lum  A. Paul Williams

Did You Know?

The Mental Health Commission of Canada (MHCC) is now implementing path breaking research demonstration projects in mental health and homelessness across the country. On November 23rd, MHCC launched **At Home/Chez Soi** in Moncton, Montreal, Toronto, Winnipeg, and Vancouver. A total of 2225 homeless people living with a mental illness are participating in this four year research project. Of these, 1,325 participants will get a subsidized place to live and will be offered health and social supportive services to assist them. The remaining participants will just receive health and social supports but not subsidized housing. Both groups will be compared to see which approach works best.

The overall goal is to provide evidence about what services and systems could best help people who are living with a mental illness and are also homeless. According to Dr. Jayne Barker, MHCC Director of Policy and Research, "The study will produce evidence on whether providing a place, plus services, will better support reintegration into functional, meaningful living." Another question, adds research lead, Dr. Paula Goering, is whether it will cost less to house and provide services than it would if these marginalized individuals were in hospitals, prisons and shelters. For more information please visit www.mentalhealthcommission.ca/English/Pages/homelessness.aspx

Updates from CRNCC

In August, we visited one of our international partners, [Vilans](#), the Centre of Expertise for Long-Term Care in Utrecht, the Netherlands. Vilans is an impressive organization that generates new knowledge and communicates existing knowledge to enhance the independence and quality of life of those requiring home and community care as a result of chronic illness, disability or the natural course of aging.

A really striking revelation for us was the considerable emphasis that Vilans puts on the older person. Rather than asking how to design a system of care "top down", Vilans begins by asking older persons and their caregivers what they need and how the system can best support them. For example, regarding the Dutch national dementia programs, a central take-away message was that when older persons and caregivers participate in identifying problems and approaches to solving them, care providers are more motivated, programs are more effectively implemented, and improvements find a useful and appropriate focus. We were surprised to learn that the Netherlands has a national consensus on quality of life indicators.

From Vilans' CEO, Henk Nies, we learned about non-intrusive, client friendly ways to address dementia care that are also simple and cost effective (e.g., Alzheimer café, Carefarms, Meeting Centres, Older People's Advisors). We also discussed 22 projects around chronic illness management that began in April 2009 [See: [Disease Management](#)].

Many thanks to Dr. Henk Nies for kindly



Do you have a Champion in your organization ?

Nominate a person or organization that has made significant contributions to the Home and Community Care sector.

Winners will be featured in the next newsletter and will also receive a printed certificate from CRNCC in recognition of being selected as a Home and Community Care Champion.

*Send an email to
crncc@ryerson.ca
for application
and guidelines*



TRANSPORTATION SERVICES *Carefirst Seniors & Community Services*



PSW HOMEMAKING SERVICE *Carefirst Seniors & Community Services*



FAMILY HEALTH CENTRE *Carefirst Seniors & Community Services*



Profile of Success

Carefirst and Helen Leung

This Issue's **Profile of Success** highlights the achievements of Helen Leung (B. Soc. Sc., MSW) and Carefirst, a non-profit community services agency that has specialized in culturally and linguistically appropriate community-based health, social, and supportive services to Chinese older people across the Greater Toronto Area (GTA) since 1976.

Today, Carefirst offers services to 6500 clients while coordinating 340 staff, 1200 volunteers and an annual budget of \$8 million. It is one of the few community agencies that provide a broad range of programs and supports for primarily Cantonese and Mandarin-speaking clients over a broad geographic area, across the catchment areas of other community service agencies in Toronto, York Region, Mississauga, Scarborough and Richmond Hill, as well as across a number of Local Health Integration Networks (LHINs), including Central LHIN, Mississauga Halton LHIN, Central East LHIN and Toronto Central LHIN. This means that Cantonese and Mandarin speaking older people, many of whom do not speak English, may access services regardless of where they live in the GTA.

Carefirst programs include Home Care Services, Supportive Housing Services, Adult Day Programs, Renal Social Support Program, Chronic Disease Self-Management Education Program, Diabetes Education and Maintenance Program, Client Intervention and Assistance, Chinese meals -on-wheels, Transportation and Escort, Friendly Visiting, Bereavement Services, Security Checks, a Chinese Elder Abuse Helpline, a Wellness Club, Congregate Dining and an assortment of social and recreational activities.



Not one to rest on past achievements, CEO Helen Leung and Executive Director Danny Mui wish to position Carefirst to be ahead of the curve. This means targeting the needs of other emergent linguistic and cultural groups such as the diverse South Asian community. As well, learning from the CRNCC symposia on integrating care [see: [Aging at Home: Connecting the Dots in Ontario and Beyond](#) as well as [Look Globally - Act Locally: Integrating Care in the Community for Vulnerable Populations](#)], Helen and Danny envisage implementing a PACE style, cross-continuum care model similar to that of the On Lok Seniors Care pilot in San Francisco. They want to link the Carefirst Family Health Team, a multidisciplinary primary care provider (e.g., doctors, nurses, nurse practitioners, dietitian, podiatrists) with existing community based programs (e.g., chronic disease management, wellness education, adult day program) and community support services (e.g., homemaking with PSWs, transportation) oriented to wider linguistic and cultural groups of service users to enable aging at home.

Finally, Danny Mui and Betty Wills (RN, PhD in Nursing) attended the CRNCC [Keep on Rockin': Sexuality and Aging](#) symposium and brought back the message that new generations of diverse older people are placing more emphasis on sexuality and aging. Says Helen Leung, "We like to have a bigger picture to position ourselves 5, 10 years down the road. What do we need to do as ethno-specific providers to meet the needs of older adults with different languages, cultures, needs and value? We want to remain dynamic and relevant." Listening to Helen, we know that she, Danny and the rest of the Carefirst team are up for the challenge.

For more information, please see: Carefirst Seniors and Community Services Association (www.carefirstseniors.com).

Congratulations, Carefirst & Helen Leung, this issue's Profile of Success.

On The Mic.

Profiling Placement Students

Erika Gates-Gasse and Rachel Brewer (MA in Public Policy and Administration students, Ryerson University) at Toronto Community Housing

Describe the project you were involved in.

In 2006, Toronto Community Housing (TCHC) began work on a seniors' strategy to create "age-friendly" communities in their seniors' buildings. The overall research goal was to give TCHC concrete recommendations to support its senior tenants to "age-at-home".

In partnership with managers from TCHC, we selected the social housing building to be studied, a seniors-only building in the east end of the city. Key objectives of this research were to: 1) understand the community support needs of tenants and gaps in services; 2) identify barriers that external community agencies face in providing support services; 3) conduct internal and external scans to assess building and neighbourhood resources and barriers; 4) explore the strategies which TCHC can use to promote "aging at home"; and, 5) suggest the conditions under which "aging at home" strategies could be rolled out across other seniors-only buildings. We conducted 70 in-depth interviews with tenants and 4 area agencies to determine the supports older people need to enable them to age-at-home successfully.

Environmental scans were also conducted to determine what supports, services, and barriers exist both in the surrounding community and on-site in the building. One very interesting finding was how a seemingly isolated issue, such as bedbugs, can have a cascading negative effect on so many aspects of a senior's life. For example, in our research building, many seniors deliberately chose to reduce their social activities with neighbours and family members for fear of catching or spreading bedbugs. In so doing, they increased their risks of and challenges with social isolation—loneliness, getting sick without others knowing, falling and getting injured. We are excited that our report will be publicly released by TCHC in the coming months.

What were the most rewarding aspects of this placement?

Among the many benefits of this placement, we especially enjoyed the opportunity to make connections with the seniors in the building. As we were allowed a personal look into people's lives, we were able to see the positive impact that community support services can make for seniors as they age. In the classroom it's hard to see what is meant by the "continuum of care" and how critical housing and community supports can be for the health and well-being of older people. During interviews, these concepts really come alive.

We also enjoyed getting to know the tenants, hearing their stories, and realizing what a positive impact just listening to someone can have. Who said interviewing seniors was difficult? They want to tell their stories. Erika even used her Spanish skills to make a connection with a Cuban tenant who spoke no English. It is very rewarding to do research that can make a difference...to know that our research is actually going to create positive change and not just sit on a shelf.

What were the main challenges involved in this placement?

It was difficult to see some of the conditions that the people we interviewed were living in. For example, seeing the impact that bedbugs have on people's lives, and the lack of support available to help people eradicate them was a real eye opener (although this is changing due to developments in TCHC's Pest Management Strategy). We also experienced challenges in keeping the scope of the research manageable. As we saw more and more areas where improvements could be made, we were tempted to expand our research but it was important to stay within the initial focus of the project.

What impact has your work had on TCHC and the surrounding community?

The Toronto Community Housing Board of Directors is expected to approve a Care Manager Pilot Project this winter based on the recommendations from our report. One of the main recommendations we made was to put in place on-site social workers/care managers who could monitor the well-being of residents and liaise with community agencies or Community Care Access Centres to coordinate supportive services.

In addition, the community service agency close to this building is using our report as the basis for its proposal for funding from the Local Health Integration Network to implement a bed-bug support program in the building we studied.



Student Placements

Organizations

A key objective of the CRNCC is to facilitate student placements within the Home and Community Care sector. Tell us about the internship/practicum opportunities in your organization by completing the Student Placement Form available at <http://www.crncc.ca/studentplacements/placement.html>

Students

Students who are interested in placements are welcome to visit our website and apply directly to the respective organization of their interest. Please visit the CRNCC website for recently posted student placements: <http://www.crncc.ca/>

What's New

IN FOCUS FACT SHEETS

The Balance of Care
Updated

Sexuality and Aging
New

PAPERS

Mapping the State of the Art: Integrating Care for Vulnerable Older Populations

CONNECTIONS

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Event Highlights



CIHR

Team in Community Care
and Health Human Resources

The 3rd annual symposium by the CIHR Team in Community Care and Health Human Resources was held on November 20, 2009 at the University of Toronto, Health Sciences building. The event featured presentations and posters from CIHR Team researchers as well as graduate students involved in the research. Partners, policy makers and stakeholders discussed the research and some policy implications. Themed sessions covered preliminary results from Team Projects in health human resources (Nurses, PT, Healthcare Managers, Anaesthesia Assistants, RT and MLT), the Balance of Care (including projects examining the role of supportive housing, urban-rural differences, the implications of sexual diversity, dementia, supporting caregivers) and factors affecting the ability to implement palliative care in Canada, US, UK and Germany.

Session 1: Health Human Resources

- **Andrea Baumann & Audrey Laporte** - [Health Human Resources](#)
- **Karim Bandali** - [Migration of Allied Health Professionals from Hospital to Community: Fact or Fiction?](#)
- **Anshoo Kamal** - [What Factors are Associated with Job Dissatisfaction for Nurses? Are these different for younger nurses?](#)
- **Mike Landry and Molly Verrier** - [Relative Attractiveness of Employment Settings for Physical Therapists \(1999-2007\): Implication for Internationally Educated Physical Therapists](#)
- **Brenda Gamble** - [Health Administration Alumni: Where are they working and what are the skills required to manage in healthcare?](#)

Session 2: Community Care (Balance of Care)

- **Paul Williams** - [Setting the Balance of Care for Older Persons in Ontario](#)
- **Janet Lum** - [Supporting Older People at Home & the Balance of Care](#)
- **Kerry Kuluski** - [Setting the Balance of Care in Northwestern Ontario](#)
- **Frances Morton** - [Dementia Care Considerations](#)
- **Allie Peckham** - [Caring for Caregivers: Balancing Formal and Informal Care in the Community for Frail Older Persons](#)
- **Jillian Watkins** - [Setting the Balance of Care for Sexually Diverse Seniors](#)

Session 3: Cross Jurisdictions, Integrative Policy Analysis

- **Raisa Deber** - Putting it Together (no PowerPoint)
- **Chris Klinger** - [Different Approaches to Care for the Terminally Ill: Barriers and Facilitators to Service Provision](#)

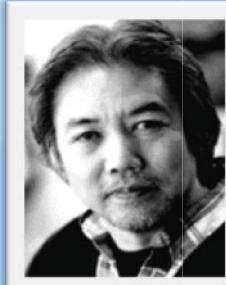
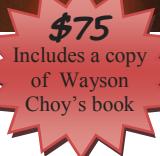
To view all presentations and other event information, please visit
<http://teamgrant.ca/2009sym.php>

On The Radar

FEBRUARY 2010

17 | Self-Managing Care: From Ideas to Solutions

Time: 8:30 AM - 4:30 PM Location: 245 Church Street, Ryerson University, Toronto



Featuring Wayson Choy
as a Keynote speaker

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.

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 talk about how self-management is being used in their communities.

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.

Registration open on December 15, 2009!

For more information visit www.crncc.ca

This Issue's Fast Facts

- Over half of Canadians live with a chronic disease¹
- Chronic diseases cost the economy \$77 billion – almost half of the annual cost of illness in Canada¹
- Two thirds of direct health care costs, and about 60% of indirect costs result from chronic disease¹
- Approximately 6.1% of Ontario residents suffer from diabetes²
- Treatment for diabetes and related conditions (i.e. heart disease, stroke, and kidney disease) currently cost Ontario over \$5 billion each year²
- The WHO projects that deaths from chronic diseases will increase by 15% and deaths from diabetes will increase by 44% in Canada over the next 10 years³
- 15.6% of Canadian children aged 4-11 have been diagnosed with asthma⁴
- Approximately 10% of hospitalizations for Canadian children under 4 years of age and 8% among those aged 5-14 years were due to asthma⁴
- On average, about 100 children each day are treated in Ontario EDs for asthma⁴
- Since 2002/03, 2-4% of children treated in emergency for asthma have been back within 72 hours⁴
- 53% of Ontarians who suffer from asthma do not have it properly controlled⁵
- Asthma care managed by a primary care team (using decision supports and guided self-management) resulted in 50% fewer emergency department visits after one year for adults and children⁵
- Diversities intersect the ways in which people from varying backgrounds access and use supports to manage their chronic illnesses⁶
- A study examining patterns of Type 2 diabetes management in adults found that English-speakers as compared to Cantonese and Portuguese-speakers were more likely to be better informed about how to manage their disease⁶

¹ Canadian Coalition for Public Health in the 21st Century. (2005). Chronic disease – A public health issue. Ottawa: Author. Retrieved November 26, 2009 from http://www.cphc.ca/uploads/policy/cph21/facts_chronic_e.pdf

² North Simcoe Muskoka Local Health Integration Network. (2007). Integrated Health Service Plan 2010-2013: Improving chronic disease management – Access to integrated diabetes care. Orillia, ON: Author. Retrieved November 26, 2009 from http://www.nsmlhin.on.ca/uploadedFiles/Public_CommunityIntegrated_Health_Service_Plan/2010-2013CDM%20IHSPI%20Presentation.pdf

³ World Health Organization. (2005). Facing the facts: The impact of chronic disease in Canada. Geneva: Author. Retrieved November 26, 2009 from http://www.who.int/chronic_disease_report/media/CANADA.pdf

⁴ Central East Local Health Integration Network. (2009). Chronic conditions in the Central East LHIN (Draft). Agincourt, ON: Author. Retrieved November 26, 2009 from http://www.centrealehlin.on.ca/uploadedFiles/Home_Page/Chronic.Conditions...PHO_in_the_C.E.LHIN_summary_V4.pdf

⁵ Ministry of Health and Long-Term Care. (2007). Preventing and managing chronic disease: Ontario's framework. Toronto: Author. Retrieved November 26, 2009 from http://www.health.gov.on.ca/english/providers/program/cdpm/pdf/framework_full.pdf

⁶ Canadian Research Network for Care in the Community. (2009). Diversity: Ethnoracial issues in home and community care. Toronto: Author. Retrieved November 26, 2009 from http://www.crncc.ca/download/English_speaking.pdf



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.

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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.