


CRNCC Updates

this issue

CRNCC Updates

Care-ring Voice
Network

PSNO & Lori
Holloway Payne

Champlain
healthline.ca

Upcoming Events

Research in
Progress - Interlinks

Last October, at the CRNCC/OCSA symposium, *Whatever Happened to Aging at Home*, Dennis Kodner (New York Institute of Technology) critiqued Ontario's "Aging at Home" strategy as a halfway solution that fails to address systematically the range of inter-connected LTC challenges on the macro, meso and micro levels. Building on that presentation, Kodner elaborated his ideas at *The Integrated Care University* organized by the Ontario Community Support Association, Association of Ontario Health Centres and the Ontario Federation of Community Mental Health and Addiction Programs. Click here for the presentations from this event.

Is the healthcare sky falling? Are increasing numbers of older people pushing the cost of healthcare beyond health system sustainability? See the recent issue of *HealthcarePapers* (Vol. 11 No. 1) for thoughtful analyses. Chappell and Hollander begin with their lead article, *An Evidence-Based Policy Prescription for an Aging Population*, followed by commentaries by leaders in the health policy and practice field, including Robert Evans, Réjean Hébert, George A. Heckman, Judith Shamian, Margaret MacAdam, Hon. Sharon Carstairs and CRNCC Co-Chairs, Janet Lum and A. Paul Williams.



Many of us are informal caregivers for family and friends. How best can we support caregivers? On June 9, 2011, Solutions - East Toronto Health Collaborative in partnership with the Canadian Research Network for Care in the Community will present *Informal Caregiving in the Formal Health System: From Ideas to Solutions* at Ryerson University, Toronto. See Page 6 of this e-news for more details.

From all of us at the CRNCC, best wishes for warm and wonderful spring.
CRNCC Co-Chairs,

Janet Lum



A. Paul Williams

Have you heard?

Care-ring Voice Network/Réseau entre-aidants

How ordinary phones can create extraordinary lives!

Inspired by Ring Around Carers developed in the UK, the Care-ring Voice program was launched in 2004 and is now expanding its tele-learning to caregivers across Canada.

The Care-ring Voice Network is a coalition of nonprofit and community organizations working together to deliver critical information and support to family caregivers. The free and confidential program empowers caregivers by providing them with simple access to vital information and support through interactive tele-learning sessions. Caregivers connect via telephone or on-line, either from home, the office or on the go, and can participate in interactive workshops or seminars on caregiver relevant issues.



The program is managed and operated by the Caregiver Support Centre of CSSS Cavendish. The CSSS Cavendish is a public health establishment committed to the principle that each individual has access to health and social services that respond to his or her needs at every stage of life. The Care-ring Voice program is made possible by support from the J.W. McConnell Family Foundation's Care Renewal: Reaching out to caregivers initiative.

For more information, attend Mark Stolow's workshop at the Healthy Connections 2011 symposium, **Informal Caregiving in the Formal System: From Ideas to Solutions** and visit <http://www.caringvoice.com> or <http://www.reseauentraidants.com/>

What topics
would you like to
see
explored?

Please e-mail
us at:
crncc@ryerson.ca

Visit our CRNCC Website



With the help of Ryerson University's Digital Media Department and funding from Ryerson University, we now have glossy updated website. Please visit and provide feedback since we are always looking for ways to improve the user experience.

Visit us at
www.crncc.ca

Profiling:

Personal Support Network of Ontario (PSNO) & Lori Holloway Payne

How did the PSNO start?

PSNO started with Ontario Community Support Association (OSCA) which has a long history with Personal Support Worker (PSW) programs. OSCA was the original partner with the MOHLTC when the PSW program was developed in 1997. As a result, OSCA became the public guardian of PSW program standards. We had many opportunities for exchange with stakeholders, and also received numerous inquiries from PSWs over the years having questions, comments, concerns but nowhere really to direct them. So 5 years ago we launched the network to support these frontline workers.



Can you give some examples of what the PSNO does?

In addition to our annual PSNO symposia, we have hosted regional conferences in London and Ottawa to provide our professional development opportunities outside the Toronto area. We have been a SHRTN community of practice which provides a virtual community for those wanting to exchange knowledge and information within the realm of a particular expertise. We've developed many information pieces – briefing notes, fact sheets to demonstrate that we are the voice of PSWs in Ontario and to clarify the role of PSWs in the health care system and their role as it relates to other health providers—what PSWs do and don't do—and hopefully get the recognition that they deserve. They are the backbone of the healthcare system, the unsung heroes. It's time to shine a spotlight on these essential care providers.

Where do you see the PSNO going in the future?

We wish to see PSNO develop into an association that can play a strong leadership role for PSWs. In this way PSWs can have an active voice and be leaders in their profession. They can articulate common goals, understandings; communicate to stakeholders about what is required to have a well-staffed health system; and, define their critical but unrecognized role within health human resources which is a big piece of home care and long-term care. Once organized, PSWs can have conversations around issues that will let them develop professionally: scope of practice, ways to protect the public, wage parity across different sectors and so on.

For more information,
visit the Personal
Support Network of
Ontario website:

<http://www.psno.ca/>

On the idea of “professionalizing” PSWs who provide supportive services, many would argue that PSWs are valuable precisely because they are cost effective, that they provide supportive care that is very important to staying at home but don’t require a lot of training.

Naysayers have to get with the times. They need think about inter-professional practice and collaboration across the entire care continuum. If integrated care is the direction we want to go, then PSWs have to be part of that dialogue. The value of PSWs is complete holistic care, for which they combine assistance with their clients’ activities of daily living, personal care, monitoring, and social activities. The combination of these tasks, for



Lori Holloway Payne with the 2010 PSW of the Year, Marlene Magashazi

example, enables clients to stay at home in the community safely while helping to maintain their well-being, independence and peace of mind. At the same time, they contribute to the overall sustainability of the formal health system. As well, we’re seeing task-shifting in Ontario, Canada and elsewhere from acute hospital care to care in the community, but research is telling us that we’re not going to have enough professionals for all the people who will need care. If

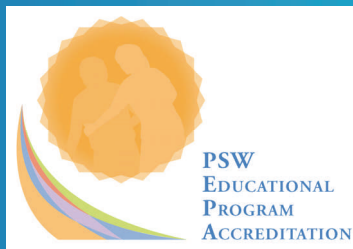
we continue to task shift increasingly greater responsibilities to PSWs, health care providers must recognize and include PSWs as an integral part of the everyday care team.

For more information, attend Lori Holloway Payne’s workshop at the Healthy Connections 2011 symposium, **Informal Caregiving in the Formal System: From Ideas to Solutions** and visit <http://www.psno.org>

PSW Education Program Accreditation

Every year, more than 7,000 new PSWs graduate from Ontario training programs. The quality of these programs can vary widely. Employers and students, wanting to maximize investments of time and money, need some way to judge which programs, from among PSW training programs, gives the best return on their investment. For this reason, OCSA is launching the PSW Educational Program Accreditation (PEPA). PEPA will recognize schools that meet accreditation standards based on the Ministry of Health and Long Term Care PSW Program Standards. Accreditation will validate compliance and earn the PSW program respect and recognition by students, potential students, employers, and the community at large.

For more information please visit www.pswepa.ca.



Did you know?

Champlainhealthline.ca

The Champlain Healthline (www.champlainhealthline.ca / www.lignesantechamplain.ca) is a bilingual web portal and information network supporting access to health and social services information across the Champlain region. Introduced in April 2009 by the Champlain Community Care Access Centre, Champlain Healthline lists more than 2,100 services, organizations and programs to help users in the Champlain area make informed decisions and choices about their health and social well-being. The Champlain Healthline was developed in collaboration with the Southwest CCAC and the Community Information Centre of Ottawa, representing the Eastern Ontario data partners.

Over this past year, the Champlain Healthline has enhanced its web-based tool with various partnership initiatives. One example is "Living Healthy Champlain," an initiative identifying resources across the Champlain region to help users coordinate and facilitate chronic disease self-management.

For more information on the Champlain Healthline, please visit www.champlainhealthline.ca in English or www.lignesantechamplain.ca in French.

Thanks to Lise Racicot and Kristin Harold (Champlain CCAC) for their assistance.

New Reports

Chicken Little? Why the Healthcare Sky Does Not Have to Fall



A. Paul Williams, PhD
Professor, Department of Health Policy, Management and Evaluation,
Faculty of Medicine, University of Toronto
Co-Chair, Canadian Research Network for Care in the Community

Janet M. Lum, PhD
Associate Professor and Graduate Co-Director
Department of Politics and Public Administration, Ryerson University
Co-Chair, Canadian Research Network for Care in the Community

Williams & Lum

Chicken Little? Why the Healthcare Sky Does Not Have to Fall

Because this *is* the rainy day: a discussion paper on home care and informal caregiving for seniors with chronic health conditions

February, 2011

The Change Foundation
Because This is the Rainy Day:
A Discussion Paper on Home
Care and Informal Caregiving
for Seniors with Chronic Health
Conditions

Facing the Facts

Winter 2011

What do we know about families and friends taking care of Ontario's palliative home-care clients?

Canadian studies report that friends and family provide more of the care (80%) for people who are frail, elderly and/or have disabilities¹. This contribution uses Canada's health-care system \$13 billion a year². The viability of our health-care system depends in part on our ability to distribute the care and responsibility placed on informal caregivers.

What we've discovered about the timing and severity of stress experienced by caregivers of palliative home-care clients can help inform the development of targeted, proactive supports for all informal caregivers.

FACTS

- There is often more than one person caring for a dying friend or family member. In 2006-2008, more than half (54%) of palliative care clients in Ontario were cared for primarily by their spouses or partners, while a third (28%) received most of their primary informal caregiving from their children or children-in-law. Secondary caregivers were more likely to be children or children-in-law (Figure 1).
- How caregivers found caring for loved ones manageable and rewarding. However, more than one in four (23%) showed signs of distress, including anger, depression, being overwhelmed and unable to continue providing care. Caregivers of 12% of Ontario palliative home-care clients exhibited more than one sign of distress.
- Caregivers of palliative home-care clients had high levels of distress. Interestingly, as care topped 36 hours, caregivers learned to manage better. The dying person's health status, health decline, depressive symptoms and cognitive impairment also added to caregiver distress. As the health of the loved ones deteriorated and/or depressive symptoms evolved, caregiver distress increased. A mild-to-moderate decline in cognitive of palliative home-care clients was stressful for informal caregivers. Over time, they learned to cope better (Figure 2).

The Change Foundation is an independent policy think tank active in changing the health-care debate, the health-care practice, and the health-care experience in Ontario. Established in 1996, the Foundation leads and sponsors research, analysis, quality improvement and strategic engagement to enable a more integrated health-care system designed with patients and caregivers at its heart.

¹ Holmes, J.P., Thomas, A., Green, T., & McKee, P. Predictors of caregiver distress among palliative home-care clients in Ontario: Evidence based on the Health and Retirement Study (HRS) submitted to Journal of Palliative Medicine and Supportive Care (in press).

The Change Foundation
Facing the Fact Factsheet
Series

CRNCC
E-news
Spring 2011

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Upcoming CRNCC Event



Informal Caregiving in the Formal System: From Ideas to Solutions

JUNE 9, 2011 • 8:30am – 4:30pm
George Vari Engineering Centre, 245 Church Street
Room ENG 103, Ryerson University

More than 2 million Canadians and 1 in 5 Ontarians are informal caregivers. Informal caregivers provide approximately 80% of all the care needs for people with chronic health issues and contribute an estimated \$25 billion in economic value. If we are to sustain our publicly funded health system, we need to spotlight the challenges caregivers face. There is considerable interest in Ontario in evidence which can inform planning, implementation and evaluation of supports for informal caregiving. A comprehensive caregiver strategy needs to meet the needs of informal caregivers and the people they care for in a responsive, accountable way that will also help sustain the health system. What would such strategies look like?

Morning Session

- **Margaret Federico**, informal caregiver and author of *Welcome to the Departure Lounge: Adventures in Mothering Mother*
- **Adalsteinn Brown**, Dalla Lana School of Public Health, University of Toronto and former DM of Health and Long-Term Care (ON)
- **Dr. Joel Sadavoy**, Head of Geriatric and Community Psychiatry Programs, Mount Sinai Hospital
- **Dr. Joan Lesmond**, Executive Director, St. Elizabeth Health Care
- **Dr. Françoise Hébert**, Chief Executive Officer, Alzheimer Society of Toronto

Afternoon Session

Featuring skills-building workshops. Workshops leaders are:

- **Dr. Leslie Nickell** and **Shawn Tracy**, Sunnybrook Research Institute
- **Dr. Joan Lesmond**, St. Elizabeth Health Care
- **Mark Stelow**, Care-ring Voice Network
- **Lori Holloway Payne**, Personal Support Network of Ontario

This one day conference is presented by Solutions: East Toronto Health Collaborative and the Canadian Research Network for Care in the Community (www.crncc.ca) in partnership with the Toronto Central Local Health Integration Network (TC LHIN) and Ryerson University.

For more information or to register visit
<http://www.crncc.ca/knowledge/events/healthyconnections2011.html>



Registration \$75

Includes a copy of
Meg
Federico's book

On the Radar

May 2011

4-5 | Partnership and Integration: Working Together to Promote Position Aging

Presented by: Ontario Gerontology Association

Location: Holiday Inn Hotel & Suites Markham, Markham, ON



16-18 | OANHSS 2011 Annual Meeting & Convention

Presented by: Ontario Association of Non-Profit Homes and Services for Seniors

Location: Westin Harbour Castle Hotel, Toronto, ON



June 2011

5-8 | Festival of International Conferences on Caregiving, Disability, Aging and Technology

Presented by: FICCDAT

Location: Sheraton Hotel, Toronto, ON



17 | Advancing Health Research Toward Social Justice: Building on Diversity & Resilience

Presented by: Daphne Cockwell School of Nursing, Ryerson University

Location: Toronto Marriott Eaton Centre Downtown, Toronto, ON



23 | Downsview Services for Seniors: Annual General Meeting

Presented by: Downsview Services for Seniors



We encourage you to check www.crncc.ca/events often as our calendar is continually updated

Research in Progress



CRNCC international partners have embarked on a new, 3 year, multi-national research project. [Interlinks](#) - funded by

the European Union Commission of the European Communities, Seventh Framework Programme seeks to develop a general model to describe and analyze health and social care systems for older people from a European perspective. CRNCC partners in the project include:

Kai Leichsenring - [European Centre for Social Welfare Policy and Research](#) (Austria)

Jenny Billings - [University of Kent, Centre for Health Services Studies](#) (UK)

Henk Nies - [Vilans](#) (The Netherlands)

Look for updates on this exciting project at www.crncc.ca



Welcome Back, Jane Weber

After consulting on health policy projects while living in New York City, Jane Weber, former CRNCC Manager, has returned to Toronto to take on the role of Project and Outreach Coordinator, Community Care East York. As if that is not enough, Jane is one of the youngest members of the Rexdale Community Health Centre Board of Directors, where she continually strives to learn from her surroundings and to affect positive changes in the community.



CRNCC is committed to creating an open and accessible environment that offers current and relevant information. We welcome comments, questions, and concerns.

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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.