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 and the Canadian Research Network for Care in the Community, in partnership with the TC Local Health Integration Network and Ryerson University presented Informal Caregiving in the Formal Health System: From Ideas to Solutions at Ryerson University, Toronto. Featuring national and local speakers, the symposium provided valuable knowledge exchange opportunities for both speakers and participants prompting a rethinking of caregiving strategies for people with different care needs. See Page 6 of this e-news for a summary of the event. Look for upcoming CRNCC In Focus series on Informal Caregiving.

As more of us live longer and choose to stay in our own homes, we need to plan ahead for continued independence, safety, and possible future mobility limitations. Page 2 of this e-news draws attention to “universal design” and renovating to age in place. Interesting also are the numerous types of smart technology to help us along the way.

Following British Columbia, the Ontario Ministry of Health recently announced the creation of a new registry for personal support workers (PSW) by summer, 2012. The registry promises to enhance transparency and accountability of PSWs. Coupled with OCSA’s PSW Educational Program Accreditation that will recognize schools meeting accreditation standards based on the Ministry of Health and Long Term Care PSW Program Standards, the initiatives highlight and acknowledge the critical role of PSWs in enabling older people to stay at home.

From all of us at the CRNCC, best wishes for warm and wonderful summer.

CRNCC Co-Chairs,

Janet Lum        A. Paul Williams
“Home for Life” Renovations

Recently, there has been considerable interest in “universal design” and renovating to age in place. As more people live longer and choose to stay in their own homes, often alone, it is important to plan ahead for continued independence, safety, and possible future mobility limitations. Even modest budgets can achieve accessible housing outcomes.

Here are some “home for life” renovation examples for any homeowner to enjoy:

- Removing interior doors widens clearance through doors;
- Removing area rugs reduces tripping hazards and increases hard surface areas for mobility devices;
- Installing lever-style door handles and rocker (instead of toggle) light switches allows easier manipulation;
- Raising the height of toilets makes using the toilet easier for those with mobility challenges;
- Converting a tub to a no-threshold shower creates extra room for a wheelchair;
- Installing a shower bench permits sitting while showering.

There are also numerous "gadgets and gizmos" to support the well-being, safety and independence of older people and at the same time, offer peace of mind to family and friends who provide informal care.

For general safety - fridges warn when the door has been left open; stoves automatically shut off when unattended; taps turn themselves off; motion detectors inside the home and other smart home systems alert caregivers remotely when something in the home is out of the ordinary (e.g., door left ajar; getting up in the middle of the night but not returning to bed; falls; missed medication).

For health monitoring - automated medication reminders for people with memory deficit; locators for commonly lost or misplaced items such as glasses and keys; and, sensors that track pulse, respiration, temperature, blood pressure and blood sugar level.

For promoting well-being - intelligent fitness systems prompt and guide exercises; automatic prompts to help people remember daily tasks and how to do them.

For added household convenience - robotic vacuum cleaners and lawn mowers, robotically controlled systems for lighting, draperies, and entertainment systems, talking microwave ovens for those with vision problems.

Smart technology in the home can help avert serious medical crises or lessen their severity. They can also alleviate caregiver worry and enable monitoring by friends and relatives who live geographically far from those in need of care. By investing in small home adjustments today, those wishing to age in place can sustain their safety and independence at home.

Yee Hong
Caregiver Education & Support Services

How did the Yee Hong Caregiver Education & Resource Centre start?

The Yee Hong Caregiver Education & Resource Centre was established in 2008 with Aging at Home funding from the Central and Central East LHIN. The objective is to provide support, education and skills training for those caring for older people in the community.

What supports and services does the Centre offer?

We offer a range of educational and skills training programs for family caregivers. The workshops are in 3 categories: Knowledge, skills and caregiver wellness. Examples of workshops we host include: "Ontario Senior Welfare", "Healthy Eating for Seniors", "Financial & Legal Planning for Caregivers", "Lifting and Transfer", "Caregiver Anger Management", as well as "Long Distance Caregiving". Moreover, we also host various support groups and self-management programs.

How much do the services cost?

The costs vary. Some courses and workshops are free. Others cost up to $100 for 8 workshop sessions. We also offer "immediate family discounts," that is, other immediate family members can attend workshops and seminars for the price of one member.

How do you attract participation in your program?

Many Chinese caregivers do not look in the Yellow Pages or do online searches for programs. Instead, they rely on word-of-mouth recommendations from family, friends, doctors and other health providers. That’s how we built

Brochures and other materials available at the resource centre.
our reputation. Our quarterly courses and service overview is distributed via our website, via email, in addition to distributing to various medical centres, health clinics, pharmacies, local restaurants, and community centres. Our programs are advertised in the Chinese newspapers, radio stations and television community news as well. Caregivers who do not have time to attend workshops can visit our Resource Centre to pick up printed materials regarding services, diseases and caregiving tips for reference. Furthermore, the “Busting the Myths about Dementia” DVD is available for pick up at all Yee Hong locations. Our challenge is to locate those who need our services but are so busy trying to juggle work and other family commitments.

**What are the future plans for the Yee Hong Caregiver Education & Support Services?**

In the future, the Yee Hong Caregiver Education & Resource Centre wishes to continue assisting Chinese family caregivers in their journey as well as reaching to those who might not identify themselves as caregivers. We are currently reaching to corporations and medical professionals to promote ideas of caregiving. We are slowly exploring the possibilities of hosting our workshops in English also since many adult children of Chinese seniors might not be fluent in the Chinese language.

Thanks to Kitty Sin Ting Lee (MSW) for her assistance. Also look for her presentation at the Healthy Connections 2011 symposium: **Informal Caregiving in the Formal System: From Ideas to Solutions.**

Foe more information, please visit: [www.yeehong.com](http://www.yeehong.com)
Did you know?

Canadian Virtual Hospice

The Canadian Virtual Hospice offers a wide selection of resources for caregiving and collaboration. Its website is Canada’s largest repository of information on palliative and end-of-life care, loss and grief, and a great resource for anyone working in the health care system or conducting research. It addresses every aspect of caregiving, in community and clinical settings, and covers topics from spiritual challenges to the day-to-day practicalities. All content is compiled and reviewed by a respected team of palliative care professionals with decades of experience.

The Virtual Hospice team is constantly building on popular features.

- **Tools for Practice** lists more than 400 clinical tools that have been reviewed by Virtual Hospice’s clinical team. The category index makes it easy to find assessment and evaluation tools, protocols and other best practices.

- **The Exchange** is a knowledge translation platform with peer-reviewed articles. *The Exchange* is like an online journal covering everything from sexuality to dementia, but without access fees or subscriptions. Submissions are welcome!

- **The Gallery** is a collection of videos and other multi-media content featuring experts in the field.

- **Ask a Professional** allows Canadians to pose questions directly to Virtual Hospice’s professional team, which includes doctors, clinical nurse specialists, a psychosocial consultant, spiritual care advisor and ethicists. To pose a question, all you need is an email address and your postal code. The confidential responses are provided within three business days.

- **Asked and Answered** is a collection of 80 key Q&As based on questions posed through Ask a Professional (with all identifying information removed).

- **The Topics** section features evidence-based articles on a spectrum of issues including symptom management, emotional health, decision-making and providing care. One of the most frequently used articles, *When Death is Near*, helps families understand changes close to death so they can prepare emotionally and logistically.

Canadian Virtual Hospice is grateful for the important investments of the Canadian Partnership Against Cancer and the Winnipeg Regional Health Authority.

For more information, go to: [www.virtualhospice.ca](http://www.virtualhospice.ca).

Thanks to Tricia Yerex for her assistance.
CRNCC/Solutions Event Highlights
Informal Caregiving in the Formal System:
From Ideas to Solutions

Margaret Federico, columnist, informal caregiver and author of Welcome to the Departure Lounge: Adventures in Mothering Mother (Halifax, Nova Scotia) opened the symposium with her insightful and funny stories about caring for mother (with mobility issues) and mother’s new boyfriend (with dementia but mobile) to much raucous laughter and knowing nods. Her message? Caregiving is a tough and often thankless duty, so you “gotta laugh!” Humour helps lighten life’s heavy caregiving load.

Camille Orridge (Toronto Central LHIN) identified Toronto’s diverse caregiver needs for new immigrant populations, poor families living in high-rise apartments in high-density neighbourhoods and LGBT communities. As Toronto’s urban population changes and ages, we need to re-think traditional concepts of informal caregiving so as to reflect and support the needs of future caregivers.

Adalsteinn Brown (University of Toronto). To get from “here” to “there”, while recognizing that there is no one-size-fits-all model, Steinni Brown suggested that the evolutionary arc of caregiver support strategy should hold three promises: 1) to give recognition and voice to caregivers; 2) to build in protection for their health (e.g., appropriate respite care) and livelihood (supportive and flexible work environments); and, 3) to integrate caregiving into the formal health system since maintaining healthy systems of informal care is critical for sustaining the formal health system.

Dr. Joel Sadavoy (Mt. Sinai Hospital, Toronto) stressed the importance of addressing the physical and emotional health of informal caregivers as they adapt to new (and existing) caregiving responsibilities for those with dementia. He suggested that comprehensive clinical programs to provide advocacy, education, coaching and respite would greatly benefit caregivers and care receivers.

Françoise Hébert (Alzheimer Society of Toronto). While caregiver education, referral sources, community support groups, specialized service agencies, crisis intervention teams and the ways in which informal caregivers intersect with formal systems of care are all important, the myriad web of information can be confusing and disorganized particularly from the perspective of nonprofit community-based organizations. Alzheimer Society of Toronto is attempting to clarify and simplify a “caregiver pathway to training and care services.”
Kitty Sin Tin Lee introduced participants to the Yee Hong Caregiver Education and Support Services, funded by the Central and Central East LHIN as part of the Aging at Home strategy. Using a cultural and linguistically appropriate psycho-educational approach, the program provides education and support for caregivers including monthly info sharing sessions, chronic disease management workshops, caregiving skills training, and caregiver wellness workshops such as anger management and yoga.

Drawing from her experiences as an informal caregiver and nurse, Ann Pottinger (Centre for Addiction and Mental Health) described common issues facing informal caregivers when working within the formal healthcare system. She suggested the following strategies: communication/collaboration; caring-for-self and others; cultural sensitivity; can-do attitude; co-creating solutions; and commitment to follow through.

Lori Holloway Payne (Personal Support Network of Ontario) focused on some of the unique challenges for Personal Support Workers who must negotiate the roles between clients and informal caregivers. She added that PSWs can better support clients and their caregivers with enhanced training and greater recognition of their roles as members of interdisciplinary health teams. Ontario’s recent announcement to create a registry for Personal Support Workers by summer 2012 is a step in the right direction.

Mark Stolow (Care-ring Voice Network) outlined many advantages of this tele-learning program designed to provide information and support to families in an interactive web-based setting. They include: flexibility and ease of access to information and support; the ability to overcome geographical, social, financial and psychological barriers; and, the ability to enable large numbers of users to benefit simultaneously. With 37 Network Partners involved and over 400 tele-sessions to date, more than 17,000 families have benefitted from this service.

Dr. Leslie Nickell, Shawn Tracy and Stephanie Bell (Department of Family and Community Medicine, Sunnybrook Health Sciences Centre) spoke about the lessons from the Inter-professional Model of Practice for Aging and Complex Treatments clinic (IMPACT). The team found that it could mediate common types of caregiver distress (burnout, isolation, lack of confidence or awareness) by including caregivers in a team consisting of a family physician, visiting nurse, pharmacist, occupational therapist, dietician, social worker, physiotherapist and healthcare trainees. Caregivers played a key role in assessment and care planning while receiving recognition, education, support, mentorship and training.
On the Radar

July 2011

13 | Data Sanity: Dealing with Data Through Statistical Thinking
Presented by: Ontario Association of Non-Profit Homes and Services for Seniors
Location: Le Jardin Conference & Event Centre, Woodbridge, ON

October 2011

17 | The Power of One: 5th Annual PSNO Conference
Presented by: Personal Support Network of Ontario
Location: Hilton Suites Toronto/Markham Conference Centre & Spa, Markham, ON

18-19 | The Quality Imperative: Getting to Excellent
Presented by: Ontario Community Support Association
Location: Hilton Suites Toronto/Markham Conference Centre & Spa, Markham, ON

November 2011

15-16 | Leading the Way: The Conversation Continues
Location: Hilton Suites Toronto/Markham Conference Centre & Spa, Markham, ON

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

New Reports

PricewaterhouseCoopers
Public Priorities for Ontario’s Health System

The Change Foundation
Using Social Media to Improve Healthcare Quality

Veterans Affairs Canada/Department of National Defense
Survey on Transition to Civilian Life: Report on Regular Force Veterans

New InFocus Backgrounder Series

Look for the upcoming InFocus Backgrounder series on Informal Caregiving at www.crncc.ca/knowledge/
CRNCC is committed to creating an open and accessible environment that offers current and relevant information. We welcome comments, questions, and concerns.

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

**Phone**
416.979.5000 x7045

**Email**
crncc@ryerson.ca

**Online**

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*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.*