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## Caregivers, Long-term Care Places, and Innovative Community Initiatives

Greetings CRNCC members! This has been a busy 2016 spring.

In April, with support from the Faculty of Arts, Ryerson University, the CRNCC partnered with the Health System Performance Research Network and the Institute of Health Policy Management and Evaluation, University of Toronto to host a symposium on **CARING FOR CAREGIVERS: BRIDGING THE CARE GAP**.

In June, the Montreal based Institute for Research on Public Policy (IRPP) and the CRNCC co-sponsored a working luncheon to explore further the policy issues around **EXPANDING LONG-TERM CARE IN THE COMMUNITY: CAN IT BE DONE?** The working luncheon was in response to the outstanding interest in a recent article published by the IRPP with Paul Williams as the lead author.

At the end of June, CRNCC co-chairs travelled to Seoul, Korea for an **International Symposium on Health and Social Policy for Older Person with Dementia** where countries shared best practices on dementia strategies.

As well, there have been many innovative developments in the community sector. Please see the details in this E-News.

Best wishes for summer 2016 from CRNCC Co-Chairs,

Janet Lum  Paul Williams

# CRNCC Symposium: Caring for Caregivers: Bridging the Care Gap

Informal caregivers are critical in maintaining the health, well-being, functional independence and quality of life for growing numbers of persons of all ages who cannot manage on their own. In doing so, informal caregivers also moderate the demand on already stretched formal health care systems and contribute to their sustainability. Aside from rising levels of caregiver burden and stress, our demographic trajectory suggests that the caregiver pool is shrinking. How should policymakers and healthcare leaders respond?

The CRNCC symposium invited key speakers Lisa Levin (Ontario Caregiver Coalition), Krista Keilty (SickKids Hospital), Janice Keefe (Nova Scotia Centre on Aging & Mount Saint Vincent University), Samir Sinha (Sinai Health System and the University Health Network Hospitals), Anna Greenberg (Health Quality Ontario), Adalsteinn Brown, University of Toronto and Paul Williams to contribute their ideas on how best to care for caregivers and to bridge the growing care gap.

## Key messages:

- Actively include caregivers as an integral part of care planning.
- Enhance service supports for low and moderate needs clients in the community.  
Predictable and scheduled help with simple everyday tasks can help relieve stress.
- Establish a program of financial support for caregivers.
- Don't assume that parents providing care to children can better bear the burden of caregiving because they are younger. In reality, parents experience high levels of stress, poor health outcomes, inadequate sleep patterns and depression.
- Establish a national standard for caregiver policies in workplaces to help caregivers, the majority of whom are employed full-time,. Examples include flexible work environments (e.g., flex schedules, use of technology to enable work from home). There needs to be clear entitlements and care eligibility vs. the current "postal code lottery of care".
- Reduce social isolation among caregivers through caregiver networks and supports—a single place where caregivers can go to ask questions, get answers, exchange ideas and advice, find supportive services.

For more ideas, please see presentations available on the CRNCC website.

**Presentations are available at:**

[http://  
www.ryerson.ca/  
content/ryerson/  
crncc/events-  
alphabetical-sort/  
caregivers2016.ht  
ml](http://www.ryerson.ca/content/ryerson/crncc/events-alphabetical-sort/caregivers2016.html)





# Expanding Long-Term Care in the Community: Can It Be Done?

## Integrating Long-Term Care into a Community-Based Continuum: Shifting from “Beds” to “Places.” IRPP Study

Available at:  
<http://irpp.org/research-studies/study-no59/>

This working lunch was based on the widely read and well received article published in the IRPP Study 59 by the Institute for Research on Public Policy. We began with a key idea that the community sector has long held: clients with greater care needs could stay at home in their communities longer if they had access to more community support services to help with everyday activities such as transportation, medication management, meal prep, shopping and banking, thereby delaying the point at which they would require residential long-term care. Staying at home longer not only aligns with the wishes of growing numbers of older people but would also reduce inappropriate hospital admissions and moderate the need for long-term care beds.

Political decisions however took a different turn opting instead for institutional care. The predictable scenario followed: lapses in everyday care, crisis, hospitalization, and then, because of a lack of other options, placement in residential long-term care or long hospital stays resulting in inappropriate and costly use of resources.

The article suggests three steps to expanding long-term care in the community. First, we should plan for care places and not just beds including supportive housing or expanded home and community support services. Second, governments must enable change by establishing the conditions under which promising ground-up initiatives can scale up and spread. Finally, funding should be based on clients' care needs, and not the location of care.



# CRNCC Impact: From On LOK to ONTARIO

## **Congratulations** to Carefirst Seniors and Community Services

**Association** which has officially opened its **One-Stop Multi-Services Centre** in Scarborough, Ontario.

Back in 2011, CRNCC invited Grace Li, Chief Operating Officer of On Lok Lifeways in San Francisco, to discuss how On Lok's successes can inform Ontario. On Lok Lifeways is an internationally acclaimed, fully integrated program of care for older persons with multiple health and social needs. For over 40 years, On Lok has provided a range of coordinated medical care, prescription drugs, home care, adult day health, transportation to a culturally diverse community of "at risk" older persons, allowing them to age at home for as long as possible, safely and cost-effectively. By 2015, On Lok's groundbreaking care model has been replicated in more than 116 Program of All-Inclusive Care for the Elderly (PACE) organizations across 32 states in the U.S.

The event convinced **Carefirst CEO Helen Leung** that she was on the right path in establishing a similar community care hub. In November 2013, Carefirst held its ground breaking ceremony and in June 2016, officially opened the Centre with much fanfare.

The **Carefirst One-Stop Multi-Services Centre** offers an accessible, integrated, cultural and linguistically relevant array of health, community support and social services.

**The Social Services Wing** provides community support services coordination, information & referral, client intervention and counselling services. It includes a social and recreational centre to promote active and healthy older adults; an adult day centre to serve frail seniors, people with disabilities and cognitive impairments and a Vocational Training Centre to serve the community.

**The Medical Wing** includes a primary care treatment centre and a Health Education & Chronic Disease Management and Prevention Centre.

**The Transitional Care Wing** houses transitional care beds for short stay respite and convalescent care.

The Centre also provides physiotherapy, dental and pharmacist services. For more information about this exciting project, please visit:

<http://www.carefirstonestopmscentre.com>





# CRNCC Impact: From PACE to PEEL

Fresh from a fact-finding tour of an ON LOK Program for All-Inclusive Care for the Elderly (PACE), the team at the **Region of Peel Health Services in Ontario**, Canada, is embarking on an ambitious strategy to adapt a model of care incorporating PACE key principles: interdisciplinary care teams that coordinate, deliver, and manage integrated care plans tailored to the medical, social, cultural, and functional needs of individuals and their families, co-location of services, strong partnerships and a person-centred approach.

The Region of Peel is anticipating increasing numbers of older people who will live longer and wish to age as well, and as actively as possible, at home in their community with appropriate health and community support services.

The Peel Manor Site Conceptual Plan is the outcome of community partner discussions and research into best practices, including CRNCC input. The plan presents a comprehensive campus model that will include the following.

177-LTC beds at the **Peel Manor Long Term Care Centre**, including beds for residents with specialized/complex care needs, such as residents with dementia and responsive behaviours, as well as some short stay or transitional care options. Those who finally need LTC beds can access them in a familiar environment that is part of their community.

A **service hub** with an Adult Day Service, enhanced Community Support Services and other collocated services to attract older people to the campus.

Partnerships with co-located community partners to provide **outreach health services** such as rehabilitation, pharmacy, primary care, paramedical services and caregiver supports to Peel Manor LTC residents, Adult Day Service clients and clients in the surrounding catchment area. The site can also serve the broader population for **recreational, educational and social activities**.

We look forward to tracking Peel's progress!

For more  
information,  
see:

[https://  
www.peelregion.  
ca/ltc/peel/peel-  
manor-future.htm](https://www.peelregion.ca/ltc/peel/peel-manor-future.htm)



# International Symposium on Health and Social Policies for Older Persons with Dementia



In June 2016, the International Association of Gerontology and Geriatrics collaborated with the Joint World Conference on Social Work Education and Social Development and the Korean National Health Insurance Service to sponsor an **International Symposium on Health and Social Policies for Older Persons with Dementia**.

Korea, like many other nations, is facing an aging population and potentially, increasing incidences of dementia. The questions around the world remain the same. Are there best practices that we can learn from one another? What is the “state of the art” in care for people with dementia?

In a previous [E-news](#), we outlined key Dementia Care Lessons from Japan. Here are some examples drawn from other jurisdictions.



Germany does not have a national dementia care strategy. Beginning in 2012 however, the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth provided financial assistance to organizations wishing to establish networks to support and promote understanding for people with dementia. Called “local alliances for people with dementia” (lokale allianzen für menschen mit demenz), these ground-up approaches involve municipalities, associations, church communities, multi-generational homes, hospitals, doctors, cultural institutions, businesses, senior citizens’ offices and self-help organisations aimed at developing comprehensive community-based initiatives to improving the lives of people with dementia and their families.

Like Japan, Korea implemented a Long-Term care Insurance policy in 2008 dedicated to home and community care that is targeted to older people to cover services provided by professional caregivers with cash benefits to family caregivers in special circumstances. Korea’s 3rd National Dementia Strategy focuses on client-centred care, a balance between medical and social care, and the goal of supporting community-based care for people with dementia and relieving burden on caregivers. To reduce care-giving burden, Korea enables clients with dementia to qualify for additional support (the presence of dementia can result in a 1 grade increase in the 5 grade level of care needs assessment), and has a holiday system to provide 6 days per year of respite to family carers.

In the United Kingdom, AgeUK is the largest charity organization working with older people. It impacts government policies around aging through research, analysis, policy and literature reviews conducted independently and in partnership with academics and the community. As well, it conducts parliamentary briefings, serves as the Secretariat for the All-party parliamentary group on Ageing and older people, hosts events at political party conferences, and has created an Age Friendly Places guide to support dialogue at the local level.

In addition, Age UK Cheshire East has dementia coordinators working with care teams to provide early identification of people with dementia, create care plans and to recruit volunteers to provide low level support. Age UK Newcastle engages Dementia Navigators in hospitals to work with patient and their carers to create discharge plans and follow-up care at home. Age UK Norfolk has dementia wellbeing coordinators who work with individuals and their families to develop coping skills and links to services.

## For more Information:

**Presentations from the SWSD 2016 Conference**  
[Dr. A. Paul Williams](#)

**Germany**  
[Dr. Eckart Schnabel](#)

**UK**  
[Ruthe Isden](#)

**Additional Information**  
Local Alliances for People with Dementia  
<https://www.lokale-allianzen.de/index.php?id=100>

**UK**  
Age UK  
<http://www.ageuk.org.uk/professional-resources-home/public-affairs/>

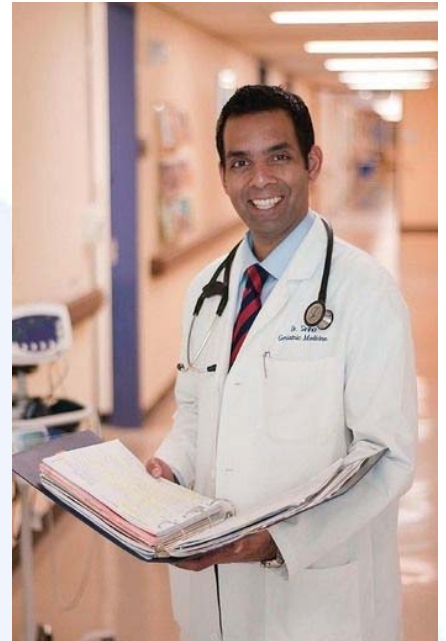


# Welcome Dr. Samir Sinha to Ryerson University

Dr. Samir Sinha was appointed to **Ryerson's Board of Governors** in 2016 for a three-year term.

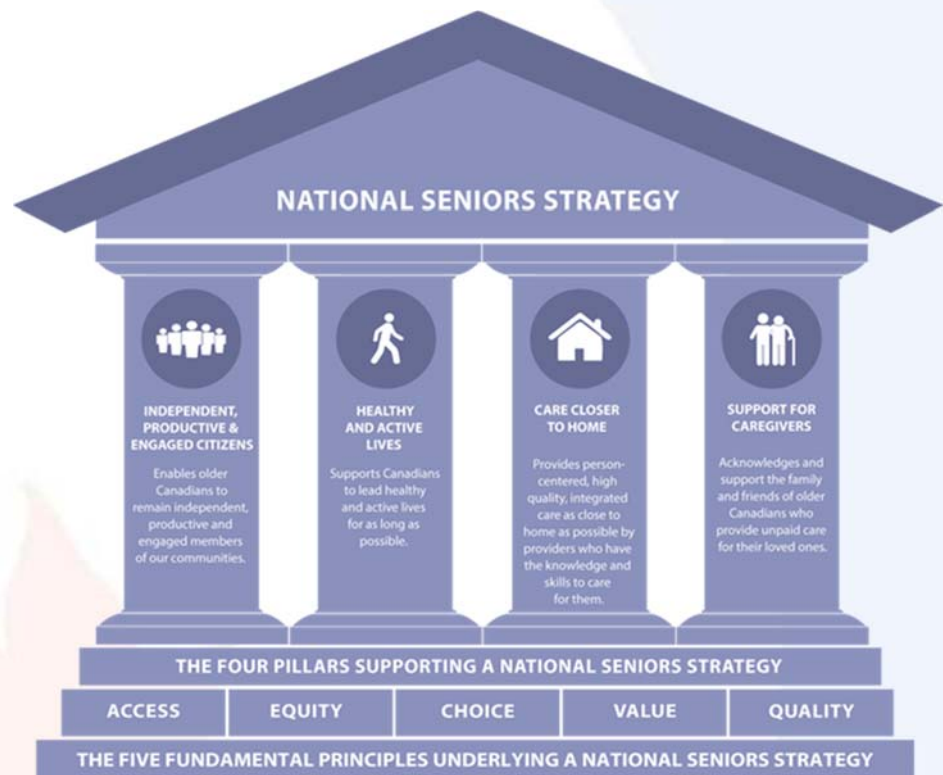
As the Architect of the Government of Ontario's Seniors Strategy and Director of Geriatrics at Sinai Health System and the University Health Network Hospitals in Toronto, Dr. Samir Sinha is an international expert in the care of older adults. He also brings to Ryerson his National Institute on Ageing which advocates for four pillars of a National Seniors Strategy: Access, Equity, Choice, Value and Quality.

The CRNCC looks forward to close collaborations with Dr. Sinha and the National Institute on Ageing on future events.



For more information, see:

<http://www.ryerson.ca/about/governors/boardmembers.html>



# On the Radar

October 2014

**18-19 | Prepare, Adapt, Thrive! 2016 OCSA Annual Conference**

Presented by: Ontario Community Support Association  
Location: Hilton Suites Markham Hotel and Conference Centre, Markham, ON



**20 | Heroes of Health Care: PSWs Power Up! 10th Annual PSW Conference**

Presented by: Personal Support Network of Ontario  
Location: Hilton Suites Markham Hotel and Conference Centre, Markham, ON



**20 | Health Quality Transformation: Quality Matters 2016**

Presented by: Health Quality Ontario  
Location: Metro Toronto Convention Centre, Toronto, ON



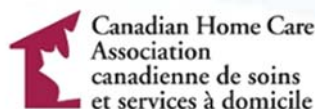
**20-22 | Fostering Innovation in Research on Aging: CAG 2016**

Presented by: Canadian Association on Gerontology  
Location: Hotel Bonaventure, Montreal, QC



**25-27 | The Modernization of Home Care - What's Next? 2016 Home Care Summit**

Presented by: Canadian Home Care Association  
Location: Hyatt Regency Vancouver, BC



November 2014

**4-6 | Let's Grow Together 2016 ONPHA Conference and Tradeshow**

Presented by: Ontario Non-Profit Housing Association  
Location: Sheraton Centre, Toronto, ON



**21-23 | CIMVHR Forum 2016: From Science to Service**

Presented by: Canadian Institute for Military and Veteran Health Research  
Location: Westin Bayshore, Vancouver, BC



**23-25 | This is Long-Term Care 2016**

Presented by: Ontario Long Term Care Association  
Location: Westin Harbour Castle, Toronto, ON



We encourage you to check [www.crncc.ca/events](http://www.crncc.ca/events) often as our calendar is continually updated



**CRNCC**

Canadian research network for  
care in the community



**RCRSC**

Réseau canadien de recherche pour  
les soins dans la communauté



*From Left to Right: Nicole Bernier, Janet Lum, Graham Fox, Lea Hansen,  
Dr. Samir Sinha, Carolyn Clubine and A. Paul Williams*

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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*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.*