

(Muriel):

Welcome everyone and thank you for joining our first Vibrant Voices webinar.

My name is Muriel Howden, I am the executive assistant and senior outreach advisor for RTOERO.

I will be moderating today's session and providing active offer for any participants who wish to ask questions or have information relayed in French.

Throughout the webinar, please feel free to use the Q&A chat box to submit your questions for the panelists.

(in French):

My name is Muriel Howden, I am the executive assistant and senior outreach advisor.

I will be moderating today's session.

I invite you to share your questions or comments in French, in the Q&A chat box, so I can submit them to our panelists.

As we begin the webinar today, we would like to pay our respects to the indigenous lands that connect us across Canada.

Then our board chair, Rich Prophet, will introduce today's panelists.

We acknowledge, recognize and honor the ancestral traditional territories on which we live and work, and the contributions of all the indigenous peoples to our communities and our nation.

(in French):

We acknowledge and honor the ancestral traditional territories on which we live and work.

As well as the contribution of all the indigenous peoples to our communities and our nation.

Merci.

Thank you.

Meegwetch.

Rich?

(Rich):

Hello.

My name is Rich Prophet.

I'm the chair of the board of RTOERO.

We are a bilingual, trusted voice on healthy, active living in the retirement journey.

At RTOERO, we deliver world class programs, social engagement and political advocacy.

We know older adults are the fastest-growing age group in Canada and together with our members and partners, we advocate for critical policy improvements to address urgent needs now and create a more secure and compassionate future for everyone.

We also know that we can accomplish more by working towards a common goal together, rather than doing it alone.

Our panelists will provide expertise and insight as we discuss the topic: Rights of older persons, support, ratify, demand and now.

Today's webinar connects two of our Vibrant Voices issues: Geriatric Health Care and Senior Strategy.

Our first panelist is Margaret Gillis.

Margaret is the founding president of the International Longevity Center Canada part of a Global Alliance of 16 centers dedicated to the needs and rights of older people.

She is an award-winning executive and innovative leader who played a key role in establishing the Age-friendly Community Program in Canada and internationally.

Today, Margaret will talk about the importance of supporting United Nations convention on the rights of older persons.

Our second panelist is Tamara Daily.

Tamara is a professor at York University, director of the York University Center for aging research and education, and director of the social sciences and humanities research council partnership for age-friendly communities within communities.

She recently held the position of research chair for the Canadian Institute of Health Research in gender care work and health.

Her research focus is on long-term care in international comparison, gender and health equity, social care policy, quality working conditions and aged care across international cities.

Tamara will be exploring the national standards of long-term care facilities.

I will now turn it over to our moderator, Muriel Howden, to get the webinar started.

Muriel?

(Muriel):

Thank you Rich.

I would like to remind you to submit your questions in English or French using the Q&A box.

If your question is directed to one panelist in particular, please include that in your question.

(in French):

I would like to remind you to submit your questions in English or French using the Q&A box.

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And we now welcome Margaret Gillis.

Margaret, the floor is yours.

(Margaret):

Thank you so much and it's wonderful to be here and I appreciate the invitation to work with your wonderful group.

I want to start today by having you listen to the voices from the written testimony of personal support workers at Grace Villa.

It's a story from The Hamilton Spectator from January 25th deep into phase two of the pandemic.

So let me quote them.

I'm simply going to describe a few hours of just one of the nightmare shifts I worked.

I never dreamed what happened could happen in Canada.

Canada is not a war-torn country, but inside the long-term care home, you'd think it was.

The chaos, the confusion, the outright neglect that took place, all while we begged and cried for help.

It was traumatizing and it was criminal.

Another worker said, the images of residents some hanging out of beds moaning, vomiting, crying.

It's all too much to bear.

I cannot sleep at night.

Or let's listen to the words of the residents themselves as told to the Ontario long-term care commission interim report.

Terror awakened, devastating, emotional.

I'm broken spirited, and I'm muzzled and trapped.

It does indeed sound like someone caught in a war zone.

And just in case you think this is new, let's think back to phase one of the pandemic.

Who among us can forget the media reports of older persons left in their beds to die of the virus without medical aid, or older people dying of dehydration and malnutrition in the middle of our large rich cities.

Or the images of family members outside care facilities.

Hoping to glimpse their loved one, whom they had not heard from in days, only to hear that they had been abandoned and left to die in the most horrific manner.

Or the workers who moved into long-term care facilities and risked their own lives and their families, sometimes without proper PPE, personal protective equipment.

I ask you if you think this would have been allowed to happen in our schools, in our daycares, hospitals or any other institution.

These are clear and disgraceful human rights violations of our fellow citizens and it has been allowed to happen again and again.

A year ago, I doubt any of us would believe that the Canadian military would release a report of unimaginable misery and neglect of vulnerable older people, not in some far part-- excuse me, far off place requiring peacekeepers, but here in Canada with our sophisticated healthcare systems and our age discrimination laws.

Yet, it happened here and it will happen again if we do not take the steps to demand that human rights of people of all ages are protected and respected.

Quite literally, COVID-19 has revealed the rampant ageism in our country and in our communities.

And it has changed the lens from indifference to abuse and neglect and from an implicit to explicit and often hostile ageism.

Covid has shown us how badly things can go wrong when human rights are not protected.

Now while we're focused on long-term care today, there are other glaring examples of ageism revealed by the pandemic.

For instance, the tenfold increase in elder abuse and the media marginalization of older people.

And I'm going to advocate that we have a great opportunity here to respond to the pandemic in the most compassionate way.

A way that reflects Canada's long strong history of empathy and compassion and a way to uphold the rights of older people.

Let us support a convention on the rights of older persons.

Now for background, a convention is a tool that sets human rights laws by laying down obligations to countries to take positive action, to promote and protect the human rights of all its citizens.

It is generally agreed that the universal Declaration of Human Rights is the foundation of international human rights laws.

But in addition, a series of Human Rights treaties or conventions, adopted since 1945, have expanded that body of human rights laws.

Such as the convention on the elimination of all forms of discrimination against women, the convention on the rights of the child, which many of you may be familiar with and the convention on the rights of persons with disabilities, all of which had strong Canadian support and Leadership.

Yet, we do not have the convention on the rights of older persons, like there are for women, children and persons with disabilities.

And the pandemic has shown us that we absolutely need one.

I'd like to take a quick moment just to tell you how a convention is an opportunity for a more compassionate age inclusive world.

It's a method to achieve positive change by combating ageism, guiding policy making, improving the accountability of governments at all levels.

It educates and empowers and sees older people as rights holders with binding protection under international law.

And it would protect us from discrimination and allow older people to have equal opportunities to live independently.

And it allows us to defend our human rights as we age.

Now one positive aspect of the systemic human rights violations in Canada, a country, by the way, with strong human rights legislation, is that it has reinvigorated activism in the revelation of the need for a convention.

And there have been some positive news on this front.

In 2018, International Longevity Centre Canada, my our organization, brought forward a petition to the United Nations to have Canada lead and support the convention.

We were encouraged when the Canadian delegate to the UN announced that Canada had opened the door to discussion on the convention.

Now, we're we have not yet stepped through that door.

On May 4th, I presented to the House of Commons parliamentary committee on COVID-19, where we called for a Convention.

As also in May, the secretary general of the United Nations wrote a very important policy brief on the impact of COVID on older people across the world.

And I'm proud to say our government Canada was instrumental in getting a 147 countries to sign on to and support the secretary General's document, which called for a stronger legal framework.

Most recently, Senator Bovey from Manitoba called on Canada to support the UN convention on the floor of our Senate.

And moreover, ambassador Bob Rae, our ambassador to the United Nations, tweeted about a recent meeting we had with him on the convention, and said that it was a fascinating and positive discussion on the prospects of a UN convention.

So we all need to grow from this treatment of older people that we've seen in the pandemic and quite honestly, I think we all need to start screaming.

We must demand that Canada continue its long, proud history at the UN and support human rights.

I hope you will join us in demanding a convention and supporting the call of our country for real compassionate change to our long-term care systems, and to address ageism in other aspects of society.

Think again of those older people impacted by COVID in Canada.

Each of them had the right to life, they had to right to freedom of violence and abuse and they had the right to family.

One thing that the pandemic has taught us is that we need societal change.

And it demands that from all of us, from government, civil society such as our organizations and citizens.

We must come together and celebrate and respect the gift of longevity.

ILC Canada's slogan is that human rights do not have a best before date.

They are inherent, lifelong, grounded in compassion and empathy and solidarity.

Thank you.

(Muriel): Thank you so much Margaret for sharing with us your insightful tips and information about how we can support the rights of older adults here in Canada and around the world.

I actually see that we're starting to receive some great questions and we will address them after our next speaker.

Please, welcome Tamara Daly.

Tamara, the floor is yours.

(Tamara): Thank you for inviting me to this inaugural Vibrant Voices webinar.

In rare instances a policy window can be opened and it becomes possible for big policy changes to occur.

Normally this happens when sufficient attention is paid to an issue and there is wide-ranging consensus coming from multiple stakeholders that something must be done.

These windows are fleeting, so the louder the voices and the extent that they are singing in unison, make it more likely that change will occur.

In the case of long-term care, the undeniable tragedy sparked by COVID cracked this window open and even shattered the glass.

However, while COVID opened the window, the poor conditions which made COVID so deadly once inside Canadian long-term care homes were hatched long before COVID.

These conditions were well known and often ignored by successive rounds of politicians of every political stripe.

As a professor of Health policy and Equity, I've spent the last two decades researching alongside, excellent teams of colleagues, studying long-term care and community care.

Our research started by documenting the worst parts of long-term care systems.

Including the understaffing, the poor working conditions and poor conditions of care.

With a view for wanting to push for change, we began focusing on the most promising practices about 15 years ago, by conducting comparative research internationally which demonstrates how practices, policies and programs can be improved.

We've shared this research widely.

In it, we've spent thousands of hours across Canada, Australia, New Zealand, Germany, Norway, the US and the UK, observing long-term care on the front lines, surveying workers and conducting thousands of in-depth interviews with front line and support staff, with families, with residents, with volunteers and managers.

We literally talked to everyone.

While our research has documented the myriad promising practices and policies that work to bring dignity and respect to residents, as well as decent work for care providers, today I'd like to focus on just one promising policy approach.

And that is national standards for long-term care.

Most developed Nations have systems for regulating the quality of their aged care services.

Each system varies in the extent to which it focuses on principles and values, how it defines and assesses quality; how inspections are approached, compliance is enforced and how negligence is punished, and also the extent to which it's focused on the system, the provider organizations or the front-line care.

To reflect the variety of country approaches, some long-term care standards are focused on organization and provider outcomes and those include Australia.

Others like Scotland are written from the perspective of the person receiving care.

The corollary in teaching is the extent to which the standards are focused at the educational system, the school or the teachers on the front line.

What is important to note is that most countries have national standards for long-term care.

Canada does not.

I'll focus the remainder of my remarks on 10 reasons why we must advocate for national standards for long-term care, as distinct from the principles of the Canada Health Act, so we can ensure that we not only respect the rights of older persons, but we also uphold gender equality.

So first, increasing home and community care is foundational, but not everyone can remain living in their own home.

Some people do not have suitable homes, others lack the support of family or friend networks that are required to remain living in the community.

Needing high quality long-term care is not a failure.

It's a needed option within a system of care.

No one asks to get dementia or Alzheimer's, MS or Parkinson's but these diseases can outstrip the capacity of even the most well resourced of families to cope.

This is why we must have an approach that shares the risk across the province and even the country.

We need a high quality long-term care system that removes stigma from families who need it; supports good quality of life for a person at the end of their life; good working conditions for providers; as well as enables families to participate in care while getting the essential support they need in providing it.

In long-term care settings, COVID has been particularly damaging in those places with poor working conditions, because there's an inextricable connection between good working conditions and good quality care.

If I put this another way, bad working conditions promote conditions where poor care can flourish.

Like teaching, care work requires the capacity to develop relationships if it is to be done well, and we all know that relationships require time to cultivate.

In places with poor working conditions, there's significant understaffing.

There's too little time to develop the relationships that good care requires Staff are worked off their feet to the point of burnout and residents are neglected as a result.

Long-term care as it stands is not covered as an insured service under the Canada Health Act.

However, the answer to higher standards does not lie in simply opening the Canada Health Act, as some have advocated.

Doing so would expose the Act to fiddling.

We need a new set of standards specific to long-term care that include home and community care and that encompass and also recognize the inherent relationship between social and healthcare needs for older adults.

Despite this lack of coverage for long-term care in the Canada Health Act, each province and territory does publicly fund long-term care.

The Ontario budget is 5 billion per year in operating funds alone.

Even more is spent on underwriting capital expenditures.

This is not a small amount.

Long-term care currently operates with a mix of for-profit and non-profit, and publicly owned operators.

There's also a complicated array of contracting out for care, food, dietary, laundry services, as well as management services.

This complex ownership and contracting model makes long-term care less publicly transparent, even though there are significant reporting requirements.

This lack of transparency hinders public accountability for public funds, on the one hand, but importantly it allows bad apples to continue their bad labour and care practices.

Given the significant public investment, we lack sufficient public accountability for the money spent and transparency around the labour conditions that exist in different homes.

I like to say if we provide public funds and allow private profit-taking, then we should not allow private data.

More meaningful public reporting is required in instances of profit-taking with public funds and there are plenty of excellent examples that can inform this design.

At an organizational level, you can find good homes and bad ones.

However higher quality has been associated with non-profit and public homes.

Largely due to the funds that are retained in the homes and the higher staffing levels, higher pay, more permanent work and better working conditions in non-profit and public homes.

Long-term care is not an open competitive market, even though the returns are quite lucrative and stable.

It's a closed and controlled market with high barriers to getting a license.

There's a waiting list of more than 39,000 Ontarians alone.

And that's just talking about one Province.

Homes get 30-year licenses in this particular province where I live.

Long-term care services also produce these very stable government backed secure returns.

When there's a profit taking allowed, funds are removed from the system and dividends are paid.

Profit-taking contributes to old, crowded buildings, worst food, higher turnover, less secure and well-paying work, and poorer quality of life.

As well as quicker death in for-profit settings.

If we want to improve quality, we need to either get rid of profit or make for-profit providers take on some of the risk for taking profit, by changing what standards they must meet to retain their licenses.

So the regulation and inspection systems we have done little to deter bad actors.

This current Ontario government, in my province has limited inspections to complaints and critical incidents.

There are repeated violations documented and there have been few penalties of consequence.

I like to say that the regulations provide little incentive for homes to be better than mediocre, and no penalty for being mediocre or worse.

So to my two overarching points in relation to Human Rights, implementing long-term care standards means we must confront ageist notions of what it means to age well, with dignity and respect.

How we maintain people's dignity and respect particularly when they are no longer able to self-advocate, says more about who we are as a nation than almost anything else we do.

Also, addressing long-term care is a matter of gender equity.

The majority of residents and workers in long-term care are women and the majority of unpaid care work is also performed by women, who leave paid work or work precariously to meet the competing demands of paid and unpaid work.

Care work has been so tragically undervalued and it's lowly paid even though it is highly skilled work.

A high quality and dignified long-term care system with transitions from community to long-term care homes recognizes that addressing the care needs of older adults cannot be exclusively done with the unpaid work of family and friends.

It values the workers with properly compensated, secure and decent work.

Over these two decades of my research in this area, I really sometimes felt that there was no other issue as urgent, but that no one was listening.

And that despite our best efforts at speaking out and sharing her research findings publicly, the collective voice was simply not loud enough and the desire for change was not there.

Covid changes everything and I believe that the collective voice has also changed.

It is aligned, people are singing from the same song sheet.

Creating national standards that hold provinces and organizations to account preserves our collective humanity and dignity.

The federal liberals have signaled an interest in creating national standards.

The federal NDP is floating this as an electoral issue.

The time for adding voices to this chorus is now.

Turning away, especially now given what we collectively know, is not an option.

If there is to be a bright light coming from this pandemic, let it be that we finally create the standards for dignified, high quality long-term care in this country that older adults and those who provide their care deserve.

Thank you.

(Muriel): Thank you so much, Tamara.

Your example of innovative approaches to long-term care from other countries, and, of course, in Canada, give us so much to think about.

So we actually have a number of questions that have come in and we'll get to as many questions as possible in the time that we have today.

This is very exciting.

(in French): We'll get to as many questions as possible.

Thank you for submitting your questions in the Q&A chat box.

So I'm going to start right away.

And I'm going to send the first question to Tamara.

The next one is actually for you Margaret.

Just giving you the heads-up.

So here's the first question: I have no family or advocates and I am terrified of being in this situation.

How can we protect ourselves?

My doctor cannot answer this question.

(Tamara): I think it's always difficult to think individually and then in terms of systems, and so if I answer that question individually, it's part and parcel of making sure that we're connected to good family councils that are part of organizations in long-term care and certainly making your wishes expressly known in advance.

At a system level, the issues are more around demanding that our policymakers address issues around inspection and enforcement, and regulation of this sector in a way that has not been done sufficiently or appropriately.

(Muriel): Thank you very much, Tamara.

Margaret, here is the next one for you.

So Margaret, do you have tools and social media that maybe we could use to spread the word about the Convention on the rights older persons?

We would be glad to spread petitions and information.

(Margaret): That's fantastic.

We've already got a write-in campaign underway, and if you go to ILC Canada.

org on the very front page, you'll see a letter that we've written that you can either copy or just send in.

We've got the addresses of the two ministers it needs to go to, Minister Schulte the minister for seniors and the new Minister Garneau, for international Affairs.

And it asks them to support the convention.

So that's something you can do right away.

Yeah.

I'm on social media a lot, particularly Twitter.

So @ILCCanada and you'll see I tweet out issues on the convention all the time.

And yes, I can connect you to a lot of resources with respect to the convention and I noticed someone asked for my speaking notes.

You can have my speaking notes and all my backup material.

There is also a group called The Global Alliance and the rights of older persons, which organizations like yours can join, which is an international one.

And I'm the chair of their convention committee.

And we pull together a lot of work on what needs to be done to get the convention.

So there's lots to be done.

And I would love to work with you all on this.

(Muriel): Thank you so much Margaret and I should add to this for the participants and for you that this webinar will be, actually is being recorded and will be shared, with the full translation in French.

So our francophone participant will have everything as well.

And the information that you just provided Margaret will be included in there as well.

(in French): This webinar is being recorded and will be translated in French.

All the information shared by our panelists, Margaret and Tamara, will be shared with you.

So don't worry if you haven't had time to take notes.

So the next question is actually for Margaret, but Tamara, the next one will be for you.

Just giving you the heads-up.

So, Does Margaret Gillis agree with Dr.

Pat Armstrong that we need to stop the privatization of long-term care and promote non-profit ownership?

(Margaret):

Well, I thought Tamara answered that question very well in her presentation.

I am certainly leaning towards what the evidence shows, which is that private and...

you know, provides less strong support.

I think national standards would go far to help answer that question.

And we have to make sure that the same provisions, if we allow private to homes to continue, that they apply the same rules as everyone else, and that there are really truthful and difficult to ramifications if you let things slip.

But I guess in my heart of hearts, I look at how our healthcare system works and it was a reaction to, you know profit in healthcare.

And somehow, I guess it's a little Canadian me that just says, I'm not crazy about people making profit off of sick people.

So I think I probably land, you know on the other side.

So, Tamara's the expert.

I hand it to her.

(Muriel):

Did you want to add anything to that Tamara?

(Tamara):

Yeah, I actually think that profit-taking in healthcare shouldn't be allowed, when we're talking about the sorts of things that mean that we need to sustain people.

And we know that people are accessing home and community supports and long-term care services because they have significant healthcare needs and I think that that needs to be recognized.

One of the challenges with the way that we set up the original Canada Health Act was that we had some services insured, so we insured hospital services and physician services and surgical dental services.

And aside from that everything else is considered an extended service, but we all know very well how much healthcare has been pushed outside of hospitals and outside of physicians' offices.

And so I think part of advocating for a public system is recognizing a) how much we already spend publicly but b) wanting to ensure that we have the highest quality system for the public funds that we do spend.

(Muriel):

Wonderful.

Thank you Tamara and thank you, Margaret.

So the next question came in French.

It's for Tamara.

So I will read it in French first and, of course, I will give you the question in English after.

So here's the question.

(in French): Why are the national standards for long-term care a more promising approach than the one of provincial approaches?

So, why are the national standards for long-term care a more promising approach than the one of provincial approaches?

(Tamara):

I think what we've seen is that we have a real patchwork of approaches across this country in terms of the provincial approaches and territorial approaches.

And what we've seen in other countries is that having this national oversight allows for a broader conversation and a larger sharing of risk on the one side, and on the other side, it enables provinces that want to go further to do so.

But it sets a floor, like these are in a way a minimum set of standards to which provinces have to comply, would have to comply.

And so I think if we want systems that are responsive and designed to meet people's needs, we have to think about the ways in which there are things that can be shared, and the ways in which there are things that have to be specific.

And national standards do not preclude particular provinces from doing things that are specific to their geography and their people.

(Muriel):

So maybe Tamara, for you as well.

Although, Margaret may have something to say on this.

I think it's in linked to what you just...

the information you just gave us.

But the next question from Lorraine is: How do we get our leaders to recognize the value of national standards of care when the leader of the federal opposition is quoted as saying that they're not required and -- required and should maintain the provincial territorial portfolios?

(Tamara):

Well, I think that in this situation the federal government can use the levers that are available to it.

And the federal spending power or the levers that are available to it.

So with money can come some strings.

And so I would argue that in order to have that cash, that string should be attached.

And the expectation should be that we design a system that speaks to the needs of older adults today.

(Muriel):

Thank you.

This one actually is for you, Tamara.

Next one will be for you Margaret.

And this question is, should we have separate federal legislation for long-term care?

So for example, the Canada Long-Term Care Act with conditions attached to funding, requiring accountability from the provinces and the territories.

(Tamara):

Yeah, there are some technical reasons why opening up the Canada Health Act would be a wrongheaded move.

The most important reason is that once you open it up, you open it to the terms of the trade agreements.

And so that opens existing services to further privatization.

So my argument would be that you keep the existing Canada Health Act as it is.

And you also create a new piece of legislation that recognizes the inherent link between Healthcare and social care that are part of home community and long-term care, so it's in fact a different system.

We don't expect care for older adults to simply be about medical care.

We have to also think about dignity, respect, quality of life and the sorts of things that are really important to people as they age.

So yes, a separate piece of legislation and a separate approach.

Even though some people are advocating simply opening up the Canada Health Act, I would not argue in favour of that.

(Muriel):

Thank you.

Thank you very much.

Maybe for you.

Margaret.

Ron is saying, you know, the current opposition PCs have already killed this idea by saying that one size doesn't fit all.

And let the provinces deal with it.

So, how will you convince governments to create national standards?

(Margaret):

Well, I think we've got pretty clear evidence right now that the system is not working all that well in the provinces.

So, you know, I think I can negate that argument pretty quickly.

So quite honestly, we need a new system and a more heartfelt system.

I think what Tamara suggests is quite reasonable.

I think connecting the money...

I'm a former public servant and I actually worked at Health Canada.

I know that Canada Health Act.

Well, you do not want to open that absolutely not.

And so I think of the idea of a new act is the correct way to go.

But I think quite clearly there needs to be an injection of funds and the federal government can do that.

I always find it frustrating when the two levels of government go like this.

Because the people who are caught in the middle are people like those folks in long-term care right now.

We need a coordinated reasonable response to this.

We need something that sets standards so that we never have this situation again.

And by the way, I'm back to my comment.

This is a human rights violation.

I'm sorry.

No, you know political answers on one side of left or right is the answer for something where there are fundamental human rights abuses.

(Muriel):

Yeah.

Thank you, Margaret.

I'll actually leave the next one with you.

Martha's asking: So, how can one, individuals, because we hear this question all the time, and two, organizations like RTOERO make the voice louder?

(Margaret):

Well, I think we need to be talking to our politicians at all levels of government right now.

That's one thing.

So, you know, write your MPP, write your MP.

As I mentioned, we've got write-in campaigns.

We're in the midst of just seeing where things are going to land on the convention.

I'm hoping that the government is going to move on that closely.

I think we need to really start to watch what's going to be happening in the federal budget, because if there is going to be increased funding for long-term care, it should be in the budget that's going to be coming up in the next couple of months probably in March or April, I'm not sure if we have a date yet.

I haven't heard it.

So I think that's an important piece.

I know that RTO has already supported one of our letters from the group.

But I think individuals need to be screaming on this.

Because governments respond to that.

If they think that we're going to all forget about this in a month, why would they put all the money in what needs to, you know, be changed?

And that's how we got in this mess in the first place.

This is 30 years of neglect in government, at both levels of government.

This is a long-term mess.

And you know, you just have to look at the fact that Canada...

As study by the uh...

the OECD in the summer, of 16 developed countries, we were dead last in terms of disgraceful deaths.

You know, we had the highest number of deaths in that study.

And not only did we have the highest number of deaths, we were double what other countries had.

We got a real problem with this system.

So we need a really great, thoughtful response and we need it now.

And if we don't let our voices be heard, we're going to be talking about this in five years ten years.

You know, as we have for the last 30.

So we really need to push.

(Muriel):

Thank you Margaret, and I actually I see there's many more questions.

I see one from Catherine that has come in and it's the same.

It's really people asking how they can personally help and get involved.

So, you know, it's clear that people want to see a change and fast.

Tamara, maybe this one is for you.

How do you make sure that once a national standard is created, that actually those standards are implemented?

We already know that they are a few penalties.

So, how do you ensure that it's actually being...

it's happening?

(Tamara):

Well, given the division of powers between the feds and the provinces, normally what happens is there are transfers that are made to the provinces.

And then it's left to the provinces to ensure that the system is being upheld in the way that it's supposed to.

And sometimes there's arguments back and forth and there's threats to withhold funds, etc.

So one way that the federal government can ensure that national standards are being upheld is with its spending power.

The way that that happens within provinces and territories is usually through regulations or ministerial directives.

And so what we're really looking to see is that the province's themselves start to be held to account.

We have a system, I'll give Ontario as the example.

We have a system in Ontario where the province literally pushes all responsibility and accountability down to individual organizations.

And those organizations do a lot of reporting but very little of it is made publicly available.

So we have all of this funding.

Very little transparent data to be able to see who the bad apples are, what it is that they're doing.

And even when we have publicly available inspection reports, you see like time after time that these operators are allowed to continue operating and doing the same things over and over again without severe penalties.

And they're allowed to keep operating.

So I think what we need is to operate as citizens at both levels of government, number one.

We have to make sure that the feds get involved.

And we also have to make sure that the province steps up and takes responsibility.

I think like early in the pandemic, they literally said that they don't have responsibility for long-term care.

I remember reading the paper that day and thinking to myself, are you kidding me that you don't have responsibility for long-term care?

So that's number one.

But then the other way of doing this is municipally.

So each municipality in the province of Ontario, I'll speak to that again, has at least one long-term care home.

So there are lots of ways to make sure that your municipality is doing what it should do, in terms of supporting good working conditions, supporting good living conditions for residents, and also making sure that they're not contracting out their services.

So what you're getting for your Public Funding is publicly funded staff who are then reportable...

Like they are accountable to local levels of government.

So I think that what we need to demand is better accountability, better data reporting.

And also making sure that all levels of government are being held to account.

That they don't get to say that this isn't their responsibility.

It's their responsibility, but it's also our collective responsibility.

If we look away right now, shame on us.

(Muriel): Yeah, thank you, Tamara.

And I see the next questions which I'm sure both of you have a say on, but...

Again always on, you know, the long-term care as an elder.

So it's from Deborah.

Thank you, Deborah.

As an elder, I wonder if our voices will have an impact on the model for long-term care.

I know that Margaret was saying it's actually a time where we finally-- And both of you were saying we're finally listening to this situation.

She says, I have read exciting research from other countries.

That would be progressive instead of draconian.

So, Tamara, do you want to take that first?

(Tamara):

Absolutely.

II think that there are many, many promising practices that can be employed.

And we don't even have to stick to one particular model or you know, follow one particular path.

Some of my favourite homes and some of them are in my own province, they have management teams that are able to identify promising practices and make sure that they're employing the at an organizational level.

To make sure that they have great working conditions and really good quality of care and quality of life.

So some of these things require really, really big changes.

And others require a different frame of mind, a different managerial approach and a different set of ideas about what's possible.

Having said that, we do have especially in my province, but also in some of the other provinces across Canada, we have a fairly prescriptive regulatory environment.

That was done precisely because we have so many for-profit providers.

And the more that we amp up these regulations, the less we are able to enable places to be creative and innovative in their approaches to care.

So to the extent that we want to enable innovation and creativity and bring in some of the promising practices that are employed in other countries, we need to think about smart regulation and smart accountability in ways that are done completely differently than we've been doing so far.

And part of that may in fact be putting far stricter limits on the way that profit-taking is allowed.

(Muriel):

Thank you very much.

I'll send you this one Margaret.

What is your thinking about the education process for PSW workers?

Is it sufficient for training workers in the community and in group settings like LTC homes, retirement homes, etc.

Where do you stand there?

(Margaret):

Well, I think it's always good.

I'm speaking to a bunch of educators, so I'm going to say education is always good.

You know a strong proponent of lifelong learning and I certainly need it myself.

So I think you know healthcare workers of every stripe need to have continual learning.

I think one of the biggest issues though that keeps me awake at night with respect to personal support workers is their horrible working conditions.

And I think let's start there, you know, pay them properly.

Don't force them into part-time work.

You know show a little respect.

And all within that, sure, there should be training and we should move it forward.

But this is a really tough job and a really noble job, and we need to treat those people better.

So that's my response to that, it's a human rights response again.

(Muriel):

Thank you, and maybe I'll send the next one to you.

Although Tamara will maybe want to add to it.

Here's the question from Jocelyne: I'm in an apartment designated in a long-term care facility and I wonder if they could add something in place for MAID, if a resident decides to use it.

So I should just add to this that MAID is Medical Assistance in Dying.

What are your thoughts, Margaret?

(Margaret):

Are you asking me if I'm supporting it?

I'm not sure I understand the question.

(Muriel):

Let me read it again.

I'm in an apartment designated in a long-term care facility and I wonder if they could add something in place for MAID - That's the way it's written - if a resident decides to use it.

So is it a request?

Is it maybe asking for your opinion on it?

(Margaret):

Well, you know, I think those are hugely personal questions.

And I think the provisions right now where this is a discussion between patients and their doctors is very, very important.

So, you know, I agree that we have those rights to decide.

But for me, there's another piece to that.

For instance, we've heard lots of stories of people in long-term care who have grown completely frustrated.

That levels of depression are huge now, after being locked down for months and months.

And I think, we need to think about how we care for people in other ways in which we can address issues.

And one of the big pieces of that is proper palliative care.

So we need to make sure people have choices that are real choices.

(Muriel):

Thank you very much.

I have a question that came from Carol.

And Margaret and Tamara, I'll ask you to dive in.

But it may be a good idea to have our CEO Jim Grieve and the chair of the board Rich Prophet to come on that one.

Because it's, of course, related to RTOERO.

But it's, of course, in link to this wonderful discussion that we're having.

So the question is from Carol, and here's the question.

Many problems to be dealt with.

I believe that we need to focus on two or three issues, as far as help for our seniors and their care.

So is this the direction RTOERO-- if this is the direction RTOERO takes, what two issues would you both say that we should be the one we should concentrate on?

So Margaret and Tamara, you're more than welcome to answer that if you have a top two.

And then, I'd love to hear from the chair of the board, Rich and our CEO, Jim.

Margaret?

(Margaret):

Well, obviously I'm advocating for a convention because I think the impact of it is wide.

And it addresses ageism and it will deal with a lot of pieces of the discussion.

And I absolutely agree that long-term care just has to be addressed now.

We just cannot let this slip by, we must act now.

(Muriel): And before I give the floor to Rich, Tamara, would you have a first two as well?

(Tamara):

I mean clearly I'm a big supporter of national standards for long-term care.

And also though, I want us to think about how long-term care also means home and community care.

And that this is a system that needs to work together.

(Muriel):

Thank you very much.

And Rich?

Rich, if you could unmute.

(Rich):

Two words stand out in my mind always, when I think of long-term care: financialized and warehouse.

I think that too frequently, long-term care home owners, they're there for profit, their financialized.

There's investors involved and so obviously it's the return for the investors that counts considerably.

And I said warehouse, it's been recorded that at least one out of nine, that are in long-term care homes do not need to be there.

And unfortunately the Ontario government is spending the vast amount of its dollars on institutions, rather than home care, community care.

And dollars should be spent there rather than just saying, Hey, look how much money I spent on institutions.

X number of millions of dollars.

Community care is extremely important and not-for-profit institutions as what we're looking for.

(Muriel):

Thank you Rich.

Jim?

(Jim):

Yeah.

We're trying to cure five decades of neglect in one webinar.

And honestly from an RTO perspective, our request for a senior strategy in this country that articulates how we're going to deal with our prized elders, particularly in long care long-term care and home settings is honestly my number one and number two.

And I'm with Margaret 100 %.

I do not understand.

I cannot fathom why a country as supposedly forthright, and at the cutting edge as Canada is one of the few that has no signature on the UN convention for the rights of older adults.

We have signed the rights of children.

You have very similar issues related to young children and the treatment of young children in childcare in this province.

And in this country, it's the same process.

There's ageism at both ends of the spectrum.

And there is sexism in terms of the way in which the vast majority of those...

care workers or PSWs are treated, trained and compensated.

(Muriel):

Thank you very much.

Thank you to the four of you to take part in this very important question.

Margaret.

I'm going to send the next one to you.

So it kind of goes back to some other questions similar to that that we've had.

But, here's the question from Marilyn.

I participated in a monthly family forum in my mother's long-term care.

How can I bring forth this information to the Family Forum?

(Margaret):

Well, I'm happy to share the information with you.

I'm happy to speak if I have time.

It's a busy period for the next month or so, but after that there's openings.

And I'm always happy to talk to folks and there are lots of people who can discuss this issue.

One thing I just want to say that I think is important.

It connects to a lot of what Tamara said.

One thing that a convention will bring to us is the ability to go before the Human Rights Council and complain to the Human Rights Council when Canada doesn't follow through for instance with changes to long-term care.

So if this continued, we would have an ability to go outside the country and talk about this.

And then a report would come back to Canada from the Human Rights Council that says, Here's the things you need to do for instance in long-term care, if that was the issue.

And then we as activists can follow up on that.

So that is a really important piece to have.

A complaints mechanism, in a document like a convention.

And it gives just one more layer of accountability to governments.

And it also allows us to deal with the four-year change in governments because it tracks it.

So the next guy, you know can't point to the one behind.

Because there's already been a document that's told the country where the problems are.

So it gives us a voice, groups like ours, RTO and ILC Canada could go before the Human Rights Commission with the extraordinary research of someone like Tamara and explain the problem.

And request that there be changes made.

So it's one more piece in the drawer of the arsenal.

(Muriel):

Thank you Margaret.

So the next one is actually for both of you.

Maybe I'll start with Tamara but it's definitely addressed to both of you.

As you both know, this issue is not new.

We have heard from all stakeholders that this has been brought to all governments at all levels.

We were told that the federal government has provided extra funding to all provinces for assistance.

Yet, no extra stuff has been provided.

Having a spouse in long-term care makes this issue personal.

Where and when do you think we will actually see this money being used?

Tamara?

(Tamara):

Well, I think that one of the critiques that has been leveled at our current government in Ontario - I'm assuming that this is coming from Ontario here, this question - is that a whole bunch of money has come to the province but it hasn't actually made its way to the front line.

So that is a significant issue.

I think Quebec has probably done a better job here.

And British Columbia also stands out in my mind as particularly promising in their response to COVID.

What they did in Quebec is they actively went about trying to increase the labour market incentives to bring people into the sector.

They provided stipends and money to enable people to train well on the job.

British Columbia has done something very similar.

So people are actually getting certified in the work while they're doing the work.

So it's kind of like a training on the job process.

So they understood that they needed to ramp up their supply of people working in the sector.

And I think both of those approaches suggest that there is something the government can do immediately.

Like they don't have to wait.

They don't have to talk about increasing the number of hours, you know five years from now.

They can actually do something now.

And we have a terribly small number of hours that are allocated per resident per day.

That's one way that we measure the staffing ratio.

And I think that we should be demanding that governments immediately implement standards.

Up to four hours per resident per day as a minimum standard in long-term care.

And that they also turn around and implement immediately incentives to improve the labor market conditions.

So that people are attracted to the sector people come back to the sector and people stay in the sector.

(Muriel):

Margaret, do you have a sense that this is about to happen?

This is happening?

(Margaret):

Well, I don't know if it's about to happen.

I think Tamara's summed it up quite nicely there.

At getting people into these places quickly, there's been some goo practices as you've explained in Quebec and BC before them.

There's some broader issues here too.

For instance, we really need to access-- this is where we need the provincial and federal governments working together.

We need to access the immigration system to bring in people from other countries who want to come and work in these sectors.

But we need to do that in a fair equitable manner as well.

So I think there are ways to move forward, as Tamara said.

But I think we need to look at this whole issue in almost a longer term and short term.

How do we do with the crisis we have in hand right now?

And how are we going to fix this thing in the long term?

And there are a whole bunch of provisions that will be involved in that.

(Muriel):

Thank you.

Thank you both of you.

Maybe with you, keeping it with you Margaret A question from Jerry and a compliment.

An excellent presentation from two highly articulated and well-informed speakers who understand the moral imperative in changing long-term Health Care in Canada.

For sure.

How do we get the attention of politicians about the long-term care crisis in the face of rampant ageism?

(Margaret):

Well, there's that's a really big question, because ageism is at the root of it.

It's been an easy place for...

if you think of long-term care, it's an easy place to make cuts, right?

Who's screaming about that?

Nobody thinks they're going to go there and the people who are in there are not in a position to scream.

So it's you know, the family members perhaps that have it.

So we need to really address the ageism at the bottom of it.

And I think there's a couple of things that need to be done.

First of all, I really think and it's part of Jim's comment on a federal strategy.

We really need to be looking at ageism.

It's an ism that's ignored and that people...

it's very inbred, people don't think about it.

I work in the field and I have to think about my ageism that's inherent in me every time I open my mouth.

And I think we need a whole program that looks at it and how it has permeated things like long-term care.

And then I think we need to be screaming right now about long-term care.

Enough is enough quite honestly.

This has gone on for - as Jim and Tamara have said - many, many, many decades.

Let's stop it.

Now.

We should be telling all of our elected officials at all levels that we want to hear what they're about to do about it.

And that it needs to be done now.

This is enough.

(Muriel): Thank you Margaret.

I'll send the next one to you, Tamara.

Question from Audrey.

It's a few questions in the question, actually.

Can you explain the details regarding how the government subsidizes long-term care homes?

I have read that thousands of dollars have been paid for care that was not given.

What exactly does that mean in terms of how the government gives for-profit homes?

And does the government subsidize individuals who cannot afford the very high cost for a for-profit care?

Thank you.

(Tamara):

Okay.

So each of the provinces and territories has their own approach to funding long-term care.

So by way of example, in Ontario what happens is individual homes are provided with an envelope of money that covers different aspects of the care.

So I don't want to get into all of the technical details, but the only way that the amount of money varies is in the number of beds that are in the home, as well as what we call the acuity of care.

And that's a measure that is supposed to reflect the healthcare needs of the population.

The tricky bits about these systems and the way that they work is that often there's a lot of underfunding that happens, because the funding system doesn't recognize people's...

the complexity of dementia and the amount of care that's required in order to provide dementia care.

Especially when someone has responsive behaviours.

So the funding formula is set, the accommodation rate is typically set.

In some provinces, you'll pay a different rate for your accommodations depending on a means test.

So your own income levels.

In other provinces like -- BC does that.

In Ontario, we have a set rate.

So if you're in a shared room, you pay a certain type of price.

If you're in a semi-private room, you pay a different type of price and if you're in a private room, you pay a different type of price.

So the only place where you pay 100 % for all of the care that you purchase is in a retirement home.

And that's a different system than the long-term care system.

So I hope that's enough detail without boring details.

There's a lot of detail with the funding.

(Muriel):

There's so much to be said, that's wonderful Tamara.

Yes.

It's a great information.

Thank you.

I'll send the next question to Margaret, question from Larry.

Has there been research in Ontario comparing profit including family-owned versus publicly owned, with respect to capital operating costs in individual homes as well as cost to residents?

(Margaret):

I think that's more of a question-- (Muriel): It's a big question too.

(Margaret):

I don't know if that's a Margaret question.

(Muriel):

It might be.

I'm a Human Rights activist, I know about long-term care broadly.

But I'm going to hand that one over to the expert, if you don't mind.

(Muriel):

That's great.

Yes.

Wonderful.

(Tamara):

So the one thing that I would say, is that...

Having researched kind of this sector going back about 40 or 50 years, one of the things that we've seen particularly in Ontario, where we have a very high proportion of for-profit provision, is that we've seen a lot of consolidation in the sector.

So we used to have a lot more of small family-run businesses.

Now, we have a far higher proportion of what are called chain operators.

So these can either be corporate chains.

They could be private equity firms.

They can be family-owned chains.

And we have examples of all of these in the province.

So about 60 % of the beds fall into one of these categories.

And we also have a number of for-profit providers that do management services.

So not only do they own particular buildings and provide services in those ones but they'll do the management in other homes.

So they might manage a municipal home or manage a non-profit home or another for profit.

We have a very, very complex set of funding and ownership relationships that exist in the province, which makes the transparency and the accountability issues even more important and necessary.

Because we have a lot of contracting out as well.

So we have little bits and pieces of organization.

So you might have a different company that's running the dietary staff, a different company that's running the laundry staff, another one for cleaning another one for management, and someone a private equity firm offshore that owns the actual building.

When we talk about profit taking, we're talking about multiple levels at which profit is being extracted from the system.

And that we don't have very, very good understanding of all of these seepage points.

And it also means that we're getting poorer quality overall.

Because we're not putting as much money back into the system.

(Muriel):

Thank you.

Thank you, Tamara.

The next question is actually for you and Margaret if you want to add to it after, of course, feel free.

And the question is - I know it was discussed earlier and with Jim and Rich as well - but, how can I take a proactive stance on the LTC issue?

So people always want to know, What can I do personally?

(Tamara):

So I've been really impressed lately to see so many different groups that are forming and trying to bring their voice to kind of this collective chorus.

So even papers like the Toronto Star have been doing a lot of investigative reporting for the last 20 years on long-term care.

Now, they have a letter-writing campaign.

So you can go on to their website and join this letter-writing campaign it'll send messages directly to your...

provincial and federal MPs and MPPS.

That's in Ontario.

Nationally.

I think like anyone can write to their members of parliament either provincially or federally or territorially.

I think it's also important to remember that municipal leaders have some responsibilities for long-term care.

And we can't forget those people.

I am a big fan of Twitter.

And there's a lot of people on Twitter who are quite vocal about long-term care.

So sharing your support and voices to those common kinds of conversations.

There's a letter-writing campaign that Ontario docs for long-term care...

Ontario doctors for long-term care justice.

There's a hashtag associated with that and so you can go on and look on long-term care and find a lot of people participating in the conversation.

So that would be another way.

And then I think simply speaking about it with family and friends.

And finally, nothing counts as much as a vote.

(Muriel):

Yeah.

Absolutely.

And I'll actually send the next question to Margaret, but it's really, definitely and in the same direction.

Question from Valerie.

How can we as an organization support change, and going back to RTOERO, you know, how about RTOERO submitting petitions?

What do you think of this?

Obviously, RTOERO has done a lot.

There's been the writing of white papers, position papers.

A lot of letters to provincial and federal officials.

What do you think of additional actions that could be done?

(Margaret):

You want me to start with that or-- (Muriel): Yeah, Margaret.

(Margaret):

Keep doing it.

You know, I don't think you can-- don't stop.

And I think keep using every example of abuse and neglect that you see.

And it keeps coming out, the newspapers, as you mentioned, are doing that.

And write and voice your outrage at what's happened.

So I think that needs to be something that we just continually do until we see change.

And I think elections issues, if we do have a federal election coming up.

I think it's going to be very hard for people not to have this issue on the agenda.

As I said, I think we're probably going to see something in the budget.

We're going to have to look and see if what comes through is reasonable.

Because Tamara gave you the example of the five billion dollars that's used right now in Ontario.

And we're not exactly knocking it out of the park, are we?

So we need a substantive injection of money into this process to make it better.

So, you know, that's one thing to keep in mind.

But I think we need to be talking about it all the time.

You got to think about this, right now it...

I think of my parents because my mother, who recently passed away was in her 90s, and her friends were in long-term care, but you know what it's us.

And then it's going to be our kids.

If we don't fix this, this is this isn't a one generation problem.

It's a problem for the whole society.

So we need to fight it and we need to stop it.

And it's un-Canadian and it's disgraceful and it needs to stop now.

So just keep shouting all the time.

(Muriel):

Thank you Margaret, and we will.

Next question for Tamara.

Tamara, this question came in French.

So I will read it in French first and we'll give you the question in English.

(in French):

Are there ways to mobilize so that we can obtain immediate changes?

So, Are there ways to mobilize so that we can obtain immediate changes?

What are the ways we can...

(Tamara):

Yeah, it is a great question.

I think that COVID does present some opportunities.

It seems to me that the Media has been doing a really fantastic job of making sure that these issues stay on the agenda.

So to the extent that you can even engage with the CBC.

I mean every major broadcast, print, radio, they've all been focused on this issue.

So the extent to which you can call in to the radio shows when long-term care is an issue and express your concerns and what you think needs to be done.

The extent that you can write letters to the editor.

The extent to which you can join various demonstrations.

And I know we're not doing that in person right now, but there are lots of campaigns.

A lot of the unions in various provinces have taken a social justice approach to this issue.

So they advocate for increased hours and better conditions and quality of life for residents and workers in long-term care.

So you can lend your voice to their campaigns.

Some of them are around the time to care.

Some of them around at a minimum number of hours.

So that's another avenue for advocacy and resistance.

I think really just making sure that this issue does not come off of either the media agenda and it's front and centre.

Like I said, the Liberals have they've indicated they're moving in this direction.

In terms of what might happen in terms of the budget.

And the NDP as strongly indicated that this is going to be part of any sort of platforming that they do.

So the extent to which we can also pressure other parties to make sure that they see this as an important election issue I think is really key.

(Muriel):

Thank you, Tamara.

I'll actually send the next one from Will now to you and then the one after will be for you, Margaret.

So, Tamara, this one is, many homes have different tiers of care with retirement apartments, retirement homes and chronic care all under one roof.

Would new standards cover all these areas of care?

(Tamara):

So from my perspective, I would like to see that happen.

I think we've seen an unnecessary fragmentation of housing for seniors.

And I think what Rich referred to as the financialization of senior housing essentially.

Many of these long-term care nursing home operators.

See themselves actually as real estate providers.

Like they see themselves in the business of housing seniors.

And the care provisions are sort of secondary.

I think if we really want to address these issues we have to see some of the human rights issues around housing for seniors and put these kinds of things as front and center.

In order to not be kind of segmenting and siloing where it is that people access care.

I like to say things that we shouldn't be expecting people to wrap themselves around care.

We should be expecting care to wrap itself around people.

And that's what they do in the Nordic countries.

And so I would like to see a situation where we envision that kind of model.

And we can build things up to support people.

Where they live and where they need to get it.

(Muriel):

And the next one, I'm still going to send it to you Margaret.

It might be a dual answer.

Question from Judy.

What are some of the main elements covered in national standards for long-term care in those countries that have them?

I would like to hear and understand some of what is covered in these standards.

For example, are working conditions typically covered and is the focus on those receiving care or both?

I am assuming that there are models that would be a place to start for the Canadian government.

They would not have to be necessarily reinvented.

So what are your thoughts on this?

(Margaret):

Well, this is a Tamara question, but I have a couple of opinions I'll throw in.

I'll be very quick so we can send it over to the expert.

Yes there are great examples.

Tamara mentioned the Nordic countries, where they put a lot of money into the front end and into home care.

And of course, they have long-term care homes for those situations.

But we need to think about this as a continuum of care not just long-term care and then home care.

These things are all integrated and in fact even into acute care in hospital.

So we need to think about how that system works better and put money into the front end, as well as into long-term care and keep people in their homes as long as they want to be.

So that's an important piece here.

And I think you know in standards, Australia has great standards.

They actually have allowed private homes, but they have very strict rules around violations.

And you can lose your license pretty quickly if you don't adhere to the standards.

But for more of that I'm flipping to Tamara.

(Tamara):

Yeah different countries have different approaches.

So in some of the Nordic countries, I always love what my Swedish colleague used to say.

And she said like the standard is simply that only the best will do for older people.

So that's like it basically the highest standard that you can imagine.

And that's something that is inculcated through their services.

It's been eroded though over overtime.

I'll give that caveat.

Norway has national standards as well that are linked around values.

So we can think about standards in terms of values and principles.

We can also think about standards in terms of the specific things that we require.

So like particular quality outcomes.

Standards can be geared at the system.

They can be geared at organizations.

They can be geared in terms of front-line work.

And minimum standards in terms of the time that's available to care, the staffing levels, the minimum training requirements, etc.

It really runs the gamut but you're so right.

We do not need to reinvent the wheel here.

We can borrow and we can improve upon what already exists.

There's so many promising policies and promising philosophical approaches to the care for older adults.

So I agree with your statement.

(Muriel):

That's great.

And I'm actually going to go to Louise's question because I feel it's um...

We'll start with you Tamara, because it might be in relation to patterns and looking at models.

But Louise saying in her community the hospital and home while not officially linked are unofficially together as the board members share the responsibility of both entities.

As chair of the quality committee of both entities, they have a better control of residents wellness.

Could this be a pattern for other communities when you have the hospital and the home?

(Tamara):

It is possible.

My one caution and this might not be the situation in your community, but my one caution is that acute care tends to be a very hungry animal.

And acute care tends to eat up resources and attention.

We've seen this happen in Ontario where in an effort to protect...

acute care and ICU beds, long-term care was left out to dry.

And long-term care has often been considered the poor cousin.

And unfortunately home and community care considered the even poor cousin to acute care.

So it's also why I suggest that we can't forget about the essential component that social care brings to quality.

When it and you know this already, you work as part of like a wellness committee.

I don't need to tell you what you already know.

Nut I just think when we're thinking about standards and we're thinking about models that we want to remember that care for older adults is not simply healthcare.

But it's also about wellness.

It's about social Care.

(Muriel):

Thank you so much.

It has been absolutely incredible.

I cannot believe it's 2:15.

You have given us so much to think about.

I need to thank our wonderful participants for posting their great questions.

And for you, of course, Tamara and Margaret for sharing your insight with us.

So with that final question being now answered, I will pass the mic to Jim Grieve our CEO and again, a really, really big thank you.

(in French):

Thank you so much, Margaret and Tamara.

Jim, the floor is yours.

(Jim):

Thank you, Muriel.

Listen, the one thing I regret about webinars and Zooms and whatnot is that when we end this you will not hear the thunderous applause that you deserve.

Margaret Gillis and Tamara Daly, you have done an amazing job today.

You know to captivate what over 325 people for the balance of an hour and a quarter, is just the tip of the iceberg in terms of the depth of feeling about this particular issue.

We have 81 000 members.

Every one of them is deeply concerned just as are our colleagues across Ontario and across the country.

I'm going to quote Tamara on one issue and that is: If we look away now, shame on us.

You know, and I know that that us refers to: federal government, provincial governments, municipal governments, and I think it's really important that you both appointed that there are three levels of government.

All of whom share the opportunity, I'll say the blame but share the opportunity to make a big difference.

And what our members are so good at and that's why Vibrant Voices is the banner under which we are doing our advocacy...

It's why we are saying to our members, get out and speak to the people you know best.

And if it happens to be a municipality, a municipal politician so much the better.

But in many cases, it's MPS and MPPs or MLAs across the country.

So a decades-long problem, well articulated.

It is scary how this pandemic has focused the attention.

Our goal, I guess as RTO is to make sure that we take that focus and that energy and actually make a difference.

So if we look away now, shame on all of us at this point.

So to you both thank you for wow, just the stimulating hour.

You just have proven that we've chosen the right two for this particular issue.

And that the topic - 100 % thanks to Danielle and to the team in marketing communications - was the right one to begin with.

We have recorded this.

And it'll be posted on our website.

And for those of you who are listening still it will be sent to you or emailed.

The link will be emailed to you later on.

Probably a couple of weeks, I think, as we want to add some Français.

And by the way, share the link with anyone you want because this is too good not to be shared.

We've got another one coming up.

We have two more coming up, which is great.

I'll invite you to join us on a significant day for some March the 17th at 1 p.m.

And we're going into the aging continuum.

Which I think will be a fascinating conversation as well.

And each of these sort of come back to that ageist issue.

If you have a chance in the short-term, sign on to the UN rights of the older person.

And make sure that you are a signature to that.

Margaret gave you the reference and thank you, Margaret for a second opportunity to hear from you.

Tamara, this will not be the last we hear from you, I hope.

We just have had a delightful time today and scary time too.

To those of you who participated under the staff that helped pull this together and the board members of RTO, thanks.

Take care, and have a wonderful afternoon.

Bye-bye.