

**On screen - Muriel Howden**

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

My name is Muriel Howden.

I am the Executive Assistant and Senior Outreach Advisor for RTO ERO.

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

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

(speaking French) As we begin the webinar today, we would like to pay our respect to the indigenous lands that connect us across Canada.

Then our board chair, Rich Profit, will introduce today's panellists.

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

(speaking French) Merci, thank you, miigwech.

Rich, the floor is yours.

**On screen - Rich Profit**

Hello.

My name is Rich Profit.

I'm the Chair of the Board of RTO ERO.

Thank you for joining the second webinar in our Vibrancy Voices Advocacy Series.

RTO ERO is a bilingual trusted voice on healthy active living in the retirement community.

We work with our members and partners to advocate for critical policy improvements to address urgent needs now, and create a more secure and compassionate future for everyone.

The topic for today's webinar is, The Aging Continuum: Secure the Support Necessary for the Journey.

This topic connects two of our Vibrant Voices issues: geriatric health care, which in reality is the...

Physical and mental health for older adults, and, Senior Strategy.

Our panellists will explore the infrastructure we need to support Canadians as they age, in addition to confronting health and other challenges.

Our first panellist is Anita Plunkett.

She is the owner, operator, and lead educator of LinkSmart Health Training Programs.

Anita is the personal support worker co-chair for the continuing education school board administrators.

She supports and advocates for 23 school boards that provide the PSW program in Ontario.

Anita provides training, resources, and services to long-term care and retirement homes, hospitals, and home care agencies in eastern Ontario.

Anita's health care career started over 14 years ago as a personal support worker in long-term care and home care.

Today, Anita teaches the personal support worker program through the Catholic District School Board of eastern Ontario.

Our second panellist is Grace Welch.

Grace is the chair of the Advocacy Committee of the Champlain Region Council, a family council network in Ottawa, which is a volunteer group that advocates for the improvement in resident care.

They provide support, information, education for the family councils in the 60 long-term care homes in the Champlain region.

Grace is also a member of the Ottawa Council on Aging Health Issues Committee, which advocates for making long-term care a strategic issue, and a member of their Housing Committee.

I will now turn it back to our moderator, Muriel Howden, to commence the webinar.

Muriel?

**On screen - Muriel Howden**

Thank you.

Thank you very much, 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 panellist in particular, please include that in your question.

(speaking French) And we now welcome Anita Plunkett.

Anita, the floor is yours.

**On screen - Anita Plunkett**

Good afternoon, everyone.

I would like to thank RTO ERO for having me attend today's session.

I'm very honoured to be asked.

And we have some really important topics to share with you.

So I'm just going to go ahead and share my screen.

So, you've probably heard of the saying, It takes a village to raise a child.

And when you hear that saying, it hopefully conjures up an image of care and support around that, you know, no one does this alone, and I think we need to expand on that.

I think we also need to include that, It takes a community to care for an older adult.

Because, you know, we need to look at people across the entire age spectrum, and across the age continuum.

We need to include in our focus, older adults that live in our communities, in our long-term care homes, our retirement homes, and provide a holistic approach to that continuum.

So, we're going to be looking at three areas of focus with regards to our current community of care.

And those three areas will be preparing to care, frontline workers that are currently involved in care of older adults, and training and education surrounding gerontology.

So, preparing to care...

So, one of the things that is pretty rampant in our communities right now is ageism, and one of the things that we sort of battle with ageism is the attitude and the stigma that can be presented towards older adults.

And we need to look at the words we use, the perceptions we have towards aging, and towards the older adult, because this ripples out and transitions down into our models of care that are present in our long-term care homes, where it is often very task-oriented in its approach.

Also, the continuum of care, so, how we surround an older adult as a community, and how stigma and ageism can affect that continuum of care.

There is a YouTube video that I will certainly send out to anyone on ageism, and it does cover an interesting perspective on it, because we are, as human beings, you know, we tend to sometimes do it to ourselves.

You know, how many times have you woken up in the morning and looked in the mirror and said, you know, Oh, there's another wrinkle.

Oh...

you know, I can't open that jar of pickles and whatnot.

You know, it's got to do with aging.

And so really, our attitudes and our perceptions of what it means to age, we really need to sort of relook at that.

Some of the things too that we need to recognize is some of the things that uniquely affect older adults, such as elder abuse.

It's often referred to as the hidden abuse, because it's so under recognized in our communities and across the spectrum.

We do have a battle as well, as older adults are often victims of what we call systemic discrimination.

And the pandemic, the COVID pandemic that we've been experiencing for the last little over a year has really brought to light some of these systemic issues that affect older adults.

Approximately 4,000 residents died in long-term care due to COVID, and it really brought to light some of the challenges, some of the areas that we really need to work on to better support our older adults.

Often, people that were sick in long-term care homes that needed to go to hospital were often told, Well, they're sick.

You know, why would they take up a bed in a hospital when somebody else could be using it?

You know, don't bother to send them to the hospital.

Some of the other systemic issues that older adults will face with regards to care, medical care, is often, they are seen as taking up valuable beds in a hospital.

So, in some cases, an older adult might go into the hospital with an infection or an injury, and then they'll be awaiting transfer into a long-term care home, and then often, the stigma and the attitude is they're taking up valuable space.

So we really need to recognize that, that these are issues that are systemic and across the country.

We also have a chronic lack of chronic or long-term care beds, not only in our long-term care homes, but in our hospitals as well.

So are we providing the appropriate level of care across the continuum for all older adults where they need the care?

In some cases, older adults aren't, sort of, pipelined into the appropriate care.

So they might be sent back to the long-term care home when, in fact, they could benefit from transitioning into a rehab setting.

The next thing I want to talk a little bit about is frontline workers, because this is something that was brought very much into the forefront across the pandemic, and we're really talking about PSWs, practical nurses, and registered nurses.

So, currently - and I will speak specifically to PSWs, just because that...

I'd love to have lots of time to talk about practical nurses and RNs, but I will stick to the largest population of frontline workers, which is PSWs.

So currently across Ontario, there are three recognized training organizations: School boards, community colleges, and private career colleges.

And they produce approximately 12,000 PSWs a year, which is still at a huge shortfall every year.

So, there's about a 4,000 numbers shortfall every year.

We're not producing enough to meet the demands currently in Ontario.

Approximately 40% of all PSWs will leave the field within the first two years, and often this is due to an unreal expectation of the field they're getting into, especially with regards to how they're prepared, and what sort of services and aspects of support they will be providing to older adults in the field.

Health care right now, whether it's retirement home, long-term care, or home care, tends to be very, very task-oriented.

So, we lose an aspect of that person-centred care, which often is why people get into the field in the first place.

They want to make a difference in people's lives.

And the reality is often the approach in these settings is very task-oriented, and can be quite overwhelming.

At any one given time in a long-term care home in Ontario, they can be expected to be short five to ten PSWs within a 24-hour period.

So again, working with those challenges of being short-staffed.

Another huge challenge in the field of health care, but again, long-term care where the pandemic really brought this out, was mental health issues.

So again, there's a huge amount of burnout with workers in these settings.

Feeling a lack of support, a lack of leadership opportunities in order to be able to support people as they age across the continuum.

So, some of the things with regards to frontline workers and the care that they will provide is kind of taking a step back and looking at the classroom.

So the training and education that is given to them prior to them entering the field.

And the module of gerontology, or caring for the older adult currently, and again, I can't speak for every single training organization, but it's only at about 5% of the module.

So, that is an area that definitely training organizations can relook at to increase that amount.

So, people getting into the field feel much better prepared.

And some of the things, you know, that students have often come back to training organizations with is how well prepared did they feel to enter into the field of health care or long-term care?

There are many, sort of, challenges that are specific to an older adult whether it be comorbidities they're dealing with.

Often older adults are under-assessed in certain areas, because not all of their comorbidities are looked at.

Pain is often a huge area that can be quite challenging to assess.

Older adults again, can be at greater risk for certain diseases and conditions, and whatnot.

And what are we doing on the prevention and promotion side to ensure that some of these issues don't become an issue?

And the idea of holistic health.

So again, just very quickly, holistic health includes five dimensions: physical, emotional, mental or cognitive, social, and spiritual.

And training organizations do speak to a lot of this.

Again, how much focus is spent directly on the older adult and what some of the unique challenges might be, or what are some of the unique circumstances surrounding each of these dimensions, with regards to the older adult?

And I think training organizations can look a little bit more to, sort of, beef up that so students feel better prepared to care for people.

One of the other areas too is the rise in dementia-related diseases.

So Alzheimer's disease being the big one, and approximately 135 million people worldwide will be diagnosed with Alzheimer's by 2050.

And by 2036, people that are 65 years of age and older will make up approximately 25% of the population.

So it's, you know, this is something that's only going to get larger and larger, and we really need to relook at how we train people, and how much we train people to help support the older adult across that age continuum.

So, just looking briefly.

Wanting to create a new community of care that supports the older adult and addresses some of these items I have spoken to.

So, some of the solutions or ideas is creating a value for the older adult, and I think as a species, as a human species, we aren't always great at diversity in a lot of cases.

We often, you know, don't recognize the value that older adults really bring to all areas.

The workforce, and so on.

So we really need, to sort, of relook at how do we value older people in our community and in our world?

One of the things is looking at gerontology as a specialty in all training fields.

Rather than having it, you know, sort of as part of the component, really creating it as a specialty that people can focus on, and really get the training they need to be better prepared.

Another idea is integrating more of an intergenerational approach.

So in the high schools across Ontario, there are SHSM programs, which is Specialist High Skills Majors that do have a health section to it.

So again, looking at those programs to see, is there a way to increase interest and value for the older adult in those programs?

Providing co-op opportunities and long-term care homes so that the younger generation can get an appreciation, and get an awareness of aging across the continuum.

Another thing too, our health care field tends to be a little bit more focused on treatment as opposed to prevention or promotion.

And again, supporting organizations, supporting programs and ideas that focus on that promotion and prevention aspect to try to prevent some of these, you know, some of these risks from happening and so on, so that again, as we age across the continuum, we're aging well.

So, what can we do?

You know, what can be done and what can we do?

So, there are lots of organizations out there that are doing lots of wonderful things with regards to, you know, education and information on gerontology and aging across the continuum.

One of them in particular is the Centres for Research, Learning and Innovation in long-term care, and they have provided lots of great resources, information that all training organizations can use to bring into their classrooms so that people, students, PSWs, practical nurses, and registered nurses can feel better prepared when they are entering into the long-term care setting.

We also have all the local chapters of the Alzheimer's Society do lots of great community events to bring awareness and education, not only to the classroom, but to the community at large.

Elder Abuse Ontario is another great organization that is working hard to bring awareness and prevention of elder abuse.

And, of course, lobbying government and ministries to create leadership opportunities for frontline workers.

And this was something that came out of the government's recent long-term care strategy.

I was very fortunate, along with my colleague, Grace, who you will hear in a minute, we were part of the Staffing Advisory Group, and one of the things that came out was how do we address the forty percent attrition rate of PSWs exiting long-term care?

And one of the areas was just to create leadership opportunities for them so that they do see a value for the work they're doing, and a value for the environment of long-term care.

I think, you know, working closely to home is always really important.

I love what Mother Teresa said one time, you know, Go and find your own Calcutta.

You know, looking at sort of blooming where we're planted, you know, local communities, local organizations, becoming part of a long-term care home's Community Advisory Group, that sort of thing that can really help people get involved, become aware, and to have a voice in change.

I want to thank you very much for allowing me to speak, and I will turn it back to you, Muriel.

Thank you.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Anita, for sharing your insightful tips and information on the holistic approach of health care and how to address some of those challenges that we are facing.

I see that we've actually received some great questions.

So we will address them all after our next speaker.

Please welcome with me Grace Welch.

Grace, the floor is yours.

**On screen - Grace Welch**

Okay, I'm just gonna call my slides up to share.

Oops.

Are they showing up?

**On screen - Muriel Howden**

No, it's showing...

**On screen - Grace Welch**

Okay.

**On screen - Muriel Howden**

Yeah, you're probably not on the right page yet.

**On screen - Grace Welch**

There we go.

**On screen - Muriel Howden**

There you go, perfect.

**On screen - Grace Welch**

Excellent.

So again, like Anita, I'd like to very much express my appreciation to RTO ERO for asking me to speak today.

Like you, I'm very interested in healthy aging and the aging process.

So today, I wanted to speak about where you will age, because that's a really critical component of our aging journey.

So I think many of you are already saying, Well, I'm going to age at home where I am right now.

But that may not be the best place for you at this time...

It might be the best place for you now, but is it the best place in 5, 7 or 10 years from now?

And I think an important component of successful aging is thinking about the aging process and planning for the changes we might encounter as we age.

So I'm going to talk about in your home, to think of factors to consider, other independent housing options, and residential living.

So, here are some of the things that we need to think about.

And I'm going to be drawing a lot of what I talk about today from the smart aging program, which is, I'm involved, as you heard, with the Council on Aging of Ottawa, and they've developed this eight module program called Smart Aging, and the idea of it, the idea is that it encourages seniors to make smart decisions at key transition points rather than in the midst of a crisis.

So, the workshops cover topics such as staying socially connected, preparing for a health crisis, transportation, finances, and of course, housing.

So, we all want quality of life and independence as we age, so we have to plan now.

Especially about where we will age.

And I wanted to highlight this one item, social isolation.

Because I think that as we think about housing, we have to recognize the risk of socialization as we may face mobility or cognitive issues.

RTO ERO notes in their National Senior Strategy document that upwards of thirty percent of seniors are in danger of becoming socially isolated.

And we're now learning about the dangers, the health impact of social isolation.

Some say that social isolation is equal to smoking 15 cigarettes a day, and as a risk factor for mortality, social isolation exceeds obesity and physical activity.

They've even created, in the United Kingdom, they have created a Ministry of Loneliness to combat social isolation.

So staying in your home, I mean, I think that's everybody's first choice.

It's certainly appealing.

It means you don't have to clear out the accumulation of 40 or 50 years in your home.

But the question is, is it the best place for you to age?

At our Council on Aging workshop on housing, we talk about the 4 As of housing.

So, affordability.

Is your house affordable?

How much are you paying for taxes, heating, maintenance, insurance?

Can you afford to add other services if you are no longer able to maintain your yard or to remove your snow?

Are you paying more than 30% of your before-tax income on housing?

Is your home accessible, both for yourself and for your friends?

Is there a bathroom on the first floor?

Once you are challenged by stairs, can your friends even get up the front stairs to come and visit you?

What renovations would you need to make to accommodate decreased mobility as you age?

Is there a walk-in shower with grab bars?

Where's your laundry room?

How far are you from public transportation?

The third A is Appropriate.

Is your existing home going to allow you to age in place?

Would a bungalow perhaps be better to reduce the number of stairs?

Are you nearby families, friends, restaurants, community events?

So if you could walk to a medical appointment or a walk to the grocery store.

And the other question is Available.

Are the services that you need to stay at home in your neighbourhood?

Could you get home care or have medication or groceries delivered?

So those are some of the issues, questions that you need to consider when you think about where you're going to age, and whether it's suitable for you in the years to come, or would you be better off in a condo or a rental unit?

Certainly in Ottawa, we're seeing a lot more rental apartment buildings being built that are sort of geared for seniors.

But the decision to stay at home is very personal and only you can make that decision, but you might also consider some other options.

And I've talked, actually, it was kind of interesting that Anita talked about community and it takes a community to support an older adult.

So there's other opportunities that are becoming available.

So, as I mentioned, we don't always think about staying in our own home, that it could be, in fact, socially isolating.

The neighbours that you are close to may move away.

Mobility issues may restrict your ability to go out in the community.

And your family may live in other cities or other provinces.

So we're now seeing a growing trend for seniors to seek opportunities to live in a community whose members voluntarily choose to rely on one another.

I call it Senior supporting seniors.

These options support independence, but also encourage co-care and mutual assistance, and provide that social interaction for healthy aging.

So aging in community shifts the emphasis away from dwellings toward relationships.

So one of the ones that...

A few of the options available to us are co-living, and The Golden Girls model.

I think we've all seen The Golden Girls TV show.

So that involves buying or building a house with friends.

So you have common spaces, the kitchen, living, and dining rooms.

But each member of the house has their own bedroom and bathroom.

So, these friends often become family, and develop supportive relationships and living expenses.

And...

Sorry, and living expenses, chores, and upkeep, are shared.

The province of Ontario has even issued a guide called Co-owning a home guide.

Another option might be home sharing, which...

there's a woman out of Montreal who speaks about Radical Rest Homes.

It's very similar to The Golden Girls model, but the homeowner may choose to rent out rooms in their home to other seniors or other like-minded individuals, and then support services can be brought into the home as needed.

And Home Sharing doesn't actually have to be limited to seniors.

It could also, there are benefits to intergenerational living.

For example, if you have a spare room or suite, you could offer a younger person that in exchange for money or help with chores and maintenance.

So there are several Home Sharing pilots and matching programs here in Ontario, and I can't speak for other provinces, but I'm sure they exist as well.

Co-housing is another option.

This is where a group of people who may not even know one another, get together to plan and develop a Co-housing Community, which is a...

Could look like a single apartment-like building.

So you have your own apartment, but you share spaces such as dining and activities, activity rooms.

So it encourages communal dining, bringing in all kinds of activities.

So you've got your independence and you have privacy, but it also builds a supportive community.

And there's something called the Canadian Co-housing Network.

It's a very good resource, and it lists the host co-housing projects across the country.

For instance, there's one in British Columbia called Ravens Crossing, and it seems that BC sort of is leading the country in the development of these co-housing communities.

In terms of rental options, cooperatives are another type of not-for-profit rental housing that's managed by its members.

So we are now seeing some that are geared specifically to seniors.

Rents are usually below market, so they're slightly more affordable.

And many cooperatives have some geared to income units, and these cooperatives are often faith-based or other charitable organizations.

So how many of you have actually heard of NORCs?

Naturally Occurring Retirement Communities.

This is another fairly recent development.

NORCs develop in apartment buildings that house mostly seniors.

So there's an example not far from Ottawa in Kingston, which is called The Oasis Project, and it's been around for over 10 years now.

So prior to development, they interviewed some of the early members.

And before they created the NORC, the seniors in the building spoke of crushing loneliness.

So they actually organized, they got funding from the local health unit to purchase, to hire a personal support worker and set up a series of activities.

Like, they had a morning coffee club that everybody could participate in.

They bring in guest lecturers, they have exercise classes and card games.

So it's become very much a supportive community.

What they did is they approached the owner of the apartment building, and he provided space for a lounge and a separate dining area and kitchen.

And they bring in subsidized catered meals three times a week for the residents, and that's done in cooperation with the local, hospitality group of the local community college.

So as a result, the benefits have been found...

are quite substantial.

So there's more opportunities for social engagement and support, so they stay longer in their apartments.

They require less home care, and some of the members of The Oasis Model have even been able to defer their moves to long-term care, which I think is significant as well.

And owner benefits because he has now long waiting list for this apartment building.

The residents are happier, and there's less turnover.

So right now, there's three universities in Ontario that have received a grant to expand this program to six other buildings in Southern Ontario.

And we're also starting to hear about campuses of care, or seniors' villages, and these settings are a mix of different types of housing, independent units, assisted...

...assisted living, and often usually associated with the long-term care.

And so the people who go into these campuses of care are generally older adults with health issues.

But there's also a lot of supportive services in these campuses of care.

Lastly, I wanted to talk about residential living.

I think I don't want to spend a lot of time on retirement homes.

They do, I mean, they do provide a high degree of independence and opportunities for socialization.

But some of them are not affordable for seniors.

There's some beautiful retirement homes, for sure, and the idea is that you can be quite independent, but often there's care services that can be purchased from the home as your care needs change over time.

And lastly, I want to talk about Long-Term Care Homes.

I've been an advocate for long-term care change for more than ten years.

So...

and it's the one, I'm sure you're all saying, I'm never going into long-term care.

And in fact, that would be, that's the view of most Canadians.

96 percent of Canadians over 65 report that as they get older, they'll do anything they can to avoid moving into a long-term care home.

So, you know, we want to have more home care services to support healthy aging at home, but we also have to recognize that there's always going to be a group of seniors who can no longer be safely supported at home.

So we need a good long-term care system.

And the problem is that the system's been neglected for more than 20 years.

Probably even longer than that.

And we've all seen the terrible devastation over this past year.

So we need to fundamentally transform long-term care.

Make it more like a home.

Quit building these large institutions that look like hospitals.

And we need to offer person-centred, relationship-based care, where the needs of the residents come first.

And that you make quality of life the focus of care, and you value this sector and the committed people who work there as an essential component of the health care continuum.

I'm hoping that if there's only one good thing that comes from this pandemic, it's the political will at both the federal and provincial levels to address the systemic issues in this important component of the health care continuum.

And although you never...

You yourself may never need long-term care, your friend or family member may require that level of care, and I think we all have a responsibility to push for transformative change in this sector.

So, what can you do?

So, in terms...

on a personal level, part of healthy aging is not just about eating right, exercising, and staying socially engaged.

You have to also recognize you have to plan for the future, and recognize that there could be changes in your health and your mobility.

So what suits you now may not be suitable in 5 or 7 years.

So I think you really realistically have to think about your future.

Talk with experts and talk with your family members.

I mean, what do they...

You know, can they give you their opinion and some advice?

We also really need to advocate for a national senior strategy, and I was really pleased to see that RTO ERO has it as one of their advocacy efforts.

So the idea is that you're advocating for keeping seniors in their own homes with the proper supports and other housing, making more other housing, community housing options available.

But it also values the role of long-term care.

So talk to politicians at all levels.

We need national standards.

I think last month you talked about national standards, which are linked to increased funding to support long-term care.

And we need provincial politicians to ensure that seniors' health care is a priority, and the right investments are made to support independent living, but also to build a better long-term care sector where, you know, the residents are the focus of care, and the frontline workers are appreciated and respected, and receive decent wages, benefits, and full-time work.

And I think I just want to end with what...

I think we also have to think about ageism and try and combat it as much as we can, because I think it's, you know, led to some of the neglect of long-term care and other seniors health.

So that is what I have to say today.

So I'm certainly open to questions.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Grace, for providing tips, and information, and practical actions that we can take to support the aging continuum.

We actually have a number of questions that have come in.

You are all extraordinary.

We have questions.

We have links.

We have a book sharing.

There's lots going on, and we thank you so much for that.

We will get to as many questions as possible in the time that we have today.

Just a very quick reminder that you can submit your questions in English or French using the Q&A box.

And if your question is directed to one of our panellists, so Anita or Grace in particular, please include that in your question.

(speaking French) So I'm getting to the question.

So the first one was actually submitted by Diane.

Thank you, Diane, for getting us started today.

I think I'm going to send this question to you, Grace, and the next one will be for Anita.

So here's the question, Grace: What steps can be taken to change the current broken states in our LTC homes and the way seniors are treated today?

**On screen - Grace Welch**

Well, we certainly don't need any more studies.

I have studies, you know, as high as that.

We know the way forward.

One of the most significant changes is we have to increase the number of hours of care for seniors in long-term care, and the biggest challenge, I think Anita hinted at that or stated it, we have to get the right people.

There's a very urgent need for recruitment and training of PSWs.

And they have to be the right people.

I'm a little bit concerned.

The government announced finally that they were going to do training of 8,200 PSWs through the community colleges.

Although, I'm not sure why they missed out on the school boards, but the thing is, you have to be able to attract the right people, and right now, because there's so much...

It's hard to bring in...

Until they improve wages, working conditions, offer full-time, it's hard to get people to come to long-term care.

So it's going to be a challenge.

We also, as I mentioned, we have to start remembering that this is the home for seniors.

It's their final home.

They don't want to live in big institutions with long hallways.

We need to think of creating a home-like environment.

So there's some really interesting models that are out there.

So there's going to have to be investment, there has to be political will, and I think we, as seniors, have to start demanding that investment.

We actually have...

There's a lot of actually really interesting initiatives going on to transform care as well.

First to move to person-centred care.

So there's a lot of will in the long-term care sector.

I mean, they want to offer good care, but they need the funding and support.

So that's where I'm coming from.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Grace.

So the next one is for you, Anita.

So here's the question: You spoke about some of the areas of risks, challenges, and under-assessment for the older adults.

How well do the current training models address these items?

**On screen - Anita Plunkett**

So, as I mentioned, thank you very much, Muriel, for the question.

And as I mentioned earlier, the module of gerontology, or looking at the older adult, is only approximately 5% of most training programs currently.

And often what happens is there's kind of this broad look at, you know, somebody with say, diabetes, for instance.

So when we're looking at say diabetes, we sort of do this blanket kind of, This is what it looks like.

And I think what we really need to do is look at how does it affect the different age groups, and not just the older adult.

But of course, there's pediatric considerations and whatnot.

But when a lot of the training organizations are sort of sending students off into placements, which often tend to be long-term care homes, often a lot of what comes back is the under recognition of what other challenges can go alongside of this.

So as I mentioned earlier, pain, all the comorbidities that older adults can often present with, you know, they're at greater...

As we age, we do become at greater risk for some things, and I think really broadening that in training organizations to make sure that, whether it's a personal support worker or a nurse, really has good

observational skills to recognize what some of these things may be, will help better prepare people so that, again, they don't feel that they are under-trained going into the field.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Anita.

I'm actually going to send the next one to you, I see we're receiving a lot of questions related to PSWs.

It's very understandable.

So this one from Mona is, Have there been thoughts about the addition of a practicum as part of the training of PSWs?

And if so, has there been thoughts of seniors having input into the training content about their personal experiences?

**On screen - Anita Plunkett**

Perfect.

Thank you very much, Mona, for your question.

And yes, Mona.

So, there is a practical component to all PSW training programs.

So the minimum training in Ontario is 600 hours.

All training programs, whether it's school board, community college, or private college, do it in excess of that, somewhere around the 700-hour mark.

And approximately half of the training is done in a practical setting.

So there's a supervised component where you are with a nurse on the floor and then there is a consolidation component where you're paired up with a PSW in the field.

And I think you bring up a really excellent point about that sort of integration of the older adult into providing that feedback in that practicum setting.

A couple of the school board programs interestingly enough, have brought in older adults into their lab component in the classroom, so that, you know, when the students are practicing, whether it's a transfer, or documentation, or whatever it might be, they have an older adult to sort of talk about, you know, where they are at on the health continuum, and what their experience has been of the health care system, and how...

and it really gives students a perspective to, sort of, broaden themselves to not just sort of look at things in a bit of a silo, but to say, Oh, this is interesting.

So this is this person's experience.

This is this person's perspective.

And I think that would be wonderful if that could be broadened to include, you know, having someone come into the lab component to really give that foundational aspect to students prior to going into placement.

Thank you.

**On screen - Muriel Howden**

Thank you.

Thank you, Anita.

Grace, I think I'm going to send this next one to you.

Anita may have some things to add as well.

But here's the question, Grace.

Will there be some investigation into how to help other adults get the best resources when these adults, these older adults, do not have a family or, you know, anyone to advocate for them?

**On screen - Grace Welch**

I don't know whether, I'm not quite sure what they mean by an investigation, but certainly we are...

The home and community care has just been moving over to the Ontario Health team.

So even if you don't have a family advocating for you, you should have a case manager when you're at the point where it's recognized you need additional supports.

Now, if we had a much better system, certainly, we would not have to worry about people who don't have family advocates.

I know one of the concerns in long-term care when the families were cut out is we've always...

When you visit with your family member, you're also watching out for the other residents.

So even though they may not have family, you're sort of taking, sort of reporting things or bringing things up to help them.

So I know families were very distraught, not just that they couldn't see their family member, but they also couldn't be there to see what was going on.

So...

But if we have a good system, nobody should be left behind.

And I think we need to get more of these.

I don't know enough about how they're building the...

Now that they're moving to the Ontario Health teams, you need navigators that really watch you all the way along your health care journey so that nothing is left behind, and that's one of the pieces, I think,

that's always been missing from our health care, is you get referred here, and then nobody pays attention to you.

And if we had that sort of...

if we can reduce those silos and have those navigators, it would help tremendously.

**On screen - Muriel Howden**

Thank you.

Thank you very much.

I'll send the question from Carol to Anita.

How can we get the message to the ministry that the SHSM, which stands for Specialist High Skills Major, SHSM programs in our secondary schools, that there needs to be a competent in the health SHSM about seniors?

**On screen - Anita Plunkett**

Thank you very much for the question.

And that's something...

When I've got my CESBA PSW co-chair hat on at the moment, and that's something we are looking to investigate a little more to see, can Specialist High Skills Majors programs support those students in grade 11 and grade 12 who were interested in health care become more aware of the field of gerontology or health care in general, long-term care home, whatever it may be.

And I think it's speaking to directors of education, superintendents of education, you know, connecting possibly with your local school board.

Do they have a PSW program currently running?

Right?

There is actually, interestingly enough, Montcalm Secondary School in the Thames Valley School Board.

I have yet to connect with the instructor, but she is looking to introduce a PSW certification through the SHSM programs.

And I think that's a really wonderful opportunity to be able to expand upon.

So I think I mentioned there were 23 school boards in Ontario that do the program, and so finding out, is there a school board in your district that provides the PSW program?

Connecting with local high schools, do they offer the SHSM program?

Do they offer the health one?

And looking to see if they can look at providing those placements and those experiences for those students prior to exiting the school.

Thank you.

**On screen - Muriel Howden**

Thank you.

Thank you, Anita.

Actually, the next one is for you.

It's from Martha.

And the question is, You mentioned-- And you may have something to add for sure, Grace.

But here's the question from Martha: You mentioned a lobbying government regarding leadership opportunities.

What about improving their working conditions?

**On screen - Anita Plunkett**

Yes.

Thank you very much for the question.

And that is something that has been certainly a huge component of the long-term care staffing study that Grace and I were colleagues on, as well as some of the areas that the government needs to implement moving forward.

So, a lot of what the feedback has been from - and I'll speak specifically to PSWs, because they make up the largest group of workers in long-term care, in health care, generally - is that full-time positions, right?

So often, prior to the pandemic, you might have a PSW that's working two part-time jobs just to make ends meet.

But of course, when the pandemic hit, PSWs weren't able to...

if you were working in health care, sorry, long-term care and home care, you had to choose one or the other, because you weren't allowed to kind of bounce from home to home if you were working in long-term care.

So a lot of what PSWs are looking for is improved wages, improved recognition for the role that they do.

And some of those things, as far as recognition, is leadership opportunities, right?

So, being valued by registered staff, you know?

Having a more, sort of, PSW champions in the field so that they do have a recognition.

Better opportunities for continuing education so that they can broaden and deepen their knowledge of health care, because training organizations do a very good role at preparing them.

But of course, health care is organic.

I mean, it changes and it grows.

So I do agree.

Also addressing the shortages.

And I know Grace had mentioned the government's announcement of 150 million dollars, and it was a little bit discriminatory, because it only addressed the community college programs, and my CESBA hat again, we are addressing that for the school board programs.

However, that it's retaining them.

You can put a million people into the profession.

But if 40% are leaving within the first two years, you're going to just keep having to interject that many people.

So, really looking at their wages, looking at the positions that they can hold, more full-time positions and leadership opportunities.

Thank you.

**On screen - Muriel Howden**

Thank you very much, Anita.

I will actually call to the chair of the board, Rich Profit, and our CEO, Jim Grieve, for the next question.

So it's-- oh, yes, Grace?

**On screen - Grace Welch**

Can I just add to Anita's...?

**On screen - Muriel Howden**

Of course!

**On screen - Grace Welch**

One of the things, we need more hours of care.

The government is committed to moving to four hours of care by '24, '25, which is still four years away.

We need those care hours now, because one of the frustrations, one of the reasons that people leave long-term care, it's not even just the wages.

They don't feel they can do the job that they want to do.

They want to care for those people.

And they don't have enough time.

It's because it's so task-oriented, and because there's so few staff.

They just run from resident to resident.

Because most of the people that go into long-term care go there because they want to care for the individuals.

They really feel that it's a calling.

It's not just a job, for the most part.

I mean, that's not true of everyone.

And so, if they can't deliver the care that they feel the residents need, it becomes very frustrating.

So I also didn't want that to be overlooked.

**On screen - Muriel Howden**

No, very, very, yeah, very appreciated.

Honesty, do that anytime.

This is fantastic.

So the next question that came is...

I'm going to send it to Rich and Jim.

And here's the question: As RTO ERO is not allowed to lobby, only advocate, what activities would you suggest we, as members, engage in?

Rich?

**On screen - Rich Profit**

Thanks, Muriel.

And yes, I would say that what we do, we choose to advocate rather than lobby, with respect to that, and the most important thing that we likely do is we advocate parties to assist in developing policies.

Whether it be a liberal party.

I know we have met with the policy developers with respect to that, so that they will develop the policies for their particular party, and that one was in Ontario.

We also suggest very strongly, and we've done this, is that people advocate with the MPPs, that they advocate with municipal officials, they advocate with federal officials, with respect to that, and with regard that.

We're also going to partnership with groups such as the National Institute on Aging.

We've heard about the ILC earlier today.

And also, we also partner with the Canadian Health Coalition with regard to that.

So we're always going to address the advocacy issues.

I think Grace mentioned today earlier about the National Senior Strategy and the standards that we advocate for very, very strongly.

And what we're doing today is we're educating through these webinars, we're educating our own members with respect to issues that we do have that are extremely important, and we want all our members, all of our 500 members who might be here, to go out and to impress upon their own community the necessary needs that we see the seniors who deserve and should have.

**On screen - Muriel Howden**

Thank you.

Thank you very much.

Jim?

**On screen - Jim Grieve**

I just had a couple of points, if I can.

First of all, there's a fine line between lobbying and advocacy.

Lobbying seems to be focused on just the government in power, or the person, people in power.

I would advocate for uber advocacy, and that is, we have the ears of just about everybody in this country on the long-term care issue.

So many of the issues that both Grace and Anita have surfaced today are ideal opportunities to raise the issue, and raise the topic with local municipal politicians, with MPPs, MLAs.

Whomever across the country, who ultimately has a say in the process.

It's unthinkable, as Grace said, that we would be advocating for yet another study.

I mean, as Grace knows, the studies were up to here.

It's unthinkable that PSWs have been as poorly paid as they have for five decades.

I am amazed you're getting 12 thousand people coming and wanting to train as PSWs knowing what they're coming into.

I love them and their calling, I love it.

Why we haven't had a decent wage, decent training, fully connected with the health care system is so blatantly evident right now that I would definitely advocate for those who are still on the line here, some 312 of you...

get those cards and letters going in.

Go to the constituency office and say, I don't know what plan is being evolved during the middle of this pandemic, but it better darn well be serious about those PSWs who are working with our most vulnerable and most valuable elders.

It's the same issue we fought in childcare, we still fight childcare, where you have people working with children being poorly located and without any kind of support.

Both ends of the spectrum are entirely the most vulnerable and the most at prospect.

Elders, we should be learning from our elders, not warehousing them.

So uber advocacy is what I would say, and doesn't matter what the party is, go and speak to them.

**On screen - Grace Welch**

Muriel, can I...?

Thank you so much, Jim.

That's very appreciated.

The Ontario budget, I know there are people from other provinces on the line, but in Ontario, the budget comes down on March 24th, and if we don't see anything in that, any investment in improving wages, working conditions, and offering full-time work, I really, really ask everyone to pick up the phone and call your constituency office, because if we don't see that, we're not going to get more people.

They're going to continue to go drift off and work at Amazon and other places.

We just saw that in the paper the other day.

So we have to start investing now, and the first major hurdle is we have to, you know, recognize those people.

And also they've just spent the last year putting their lives at risk every single day that they've gone into the home.

So we have to acknowledge that.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Rich, Jim, and Grace for that.

This is fantastic.

Actually, the next question came to us in French.

It is for you, Grace.

Although again, Anita may have something to add.

So I'm going to read the question in French first as it came, and then I will certainly give you the English question.

(speaking French) So the question is: If we have all the support necessary to help older adults to stay home, then will we still need long-term care homes?

**On screen - Grace Welch**

I'm actually very happy to have that question.

We certainly do need more home care support.

A lot of the support that is provided as a PSW is health support.

But you know, there aren't supports like, you know, someone to come in and clean your house, or do the yard work, etc.

But the thing is, even with...

For some people, there's always going to be a certain proportion of the population that will need that 24 hour medically supervised care.

I can give a perfect example.

One of my best friends had a stroke at age 65.

Her husband, with incredible amount of effort, was able to keep her at home for two years, but it was at the point where her health was at risk and his health was at risk.

So she went into a retirement home while she waited for long-term care, and she's now been there for two years.

But he did everything.

And my mother's another example, where, as her Alzheimer's...

You know, she went into a retirement home.

And then one day I got a call and it said, We can no longer care for her.

So I think it's trying to strike the balance, and I actually...

Andre Picard, I mean, in his latest book said, Between 20 and 50 percent of people in long-term care could be supported at home.

I'm sorry, I go into a long-term care several times a week, and there's very few.

There are some that might have been able to stay at home longer, but there's very, very few.

So I think it's making sure people have enough supports if they choose to stay at home, but also, we have to invest for those people that need that significant level of care.

And we also have to, as I've mentioned, we have to also make it their home, and not, you know, not turn it into, sort of like...

You know, it's too institution-like.

I hope that answered the question.

**On screen - Muriel Howden**

Yeah.

Anita?

**On screen - Anita Plunkett**

Thank you, and I don't mean to interrupt, but just to add onto that thread, one of the things we need to be very careful about is there's so much focus on long-term care now, and not that there shouldn't be, because it's been hugely neglected for decades.

However, we don't want to risk having people, sort of, default to long-term care, because there's a huge exodus of PSWs from home care and retirement homes to long-term care.

Because wages, you know, there was the three dollar per hour pandemic pay, you know...

Long-term care homes do tend to pay the best from across all sectors.

And again, so what I'm finding in my experience is that we have to make sure that we still have the supports in place in our community agencies and in our retirement homes, because if that's where people choose to be, and if they can be there, we don't want to lose all our workers to long-term care.

**On screen - Muriel Howden**

Go ahead, Grace.

Thank you, Anita.

**On screen - Grace Welch**

And I think that's a really important point right now, because there are some significant issues keeping staff in home care.

I think it's always about striking the balance and making sure we have the right investments.

And that's one of the reasons why I love the senior supporting seniors' housing options.

But one of the things in my advocacy history is under the previous government, they built almost no long-term care beds.

They said, We're going to support everybody at home.

Well, now we have a waiting list of 38,000 people waiting for long-term care, and I would bet almost everyone on that list needs that level of care.

So it's trying to figure out, you know, making sure we have the right investments and the balance between the two, and we're not ignoring one sector at the expense of the other.

So I just wanted...

**On screen - Muriel Howden**

Thank you very much.

I actually see that we've received two questions/comments from Joseline in French.

So first of all, a big thank you to Joseline.

I will put those two together, if you're okay?

Grace, this is for you.

Anita may have something to say as well.

It's more a comment than a question, but I'm still gonna share it with you.

She said she actually lives now in an apartment that is designated as long-term care, but it's in a village, and she said it took her eight years to get there, and she said we need more room.

People can't wait that time.

And so, her second comment is actually on this.

So what would you say to that?

How can we address that?

**On screen - Grace Welch**

Well, we're playing catch-up.

I can only speak for Ontario, but I think also one of the things is, you know, more national standards that comes with funding.

We do have to build more long-term care beds.

And as I mentioned, there was almost none built in the...

Well, in the 2000s.

There were almost no beds added.

Sorry 2010 to 2020.

So, our current government actually is investing in quite a strong program to add new beds.

So I think that's encouraging.

Now, I wish I would see more beds that were in more home-like settings.

I would like to see the standards changed, the building standards.

Right now, it's all 32 bed wards, which I think is...

units, which is too many.

It means long hallways, more risks of falls, etc.

So I think we're headed...

I think there's finally a recognition that they do have to invest in infrastructure, and they also do have to rebuild.

They also have to, in Ontario, we have 30,000 beds that don't make current building standards.

So there's a huge amount of work.

It's sad that someone had to wait eight years.

But if we can get the right...

And if we can have more home supports, we can keep people at home longer.

I mean, the average length of time now in long-term care is 18 months.

It used to be 24, 27 months even just a few years ago.

So we are trying to keep people at home.

**On screen - Muriel Howden**

Thank you.

And actually, I guess the next question from Sharon is for you, and it's probably in the same...  
on the same topic.

Next one will be for you, Anita.

So this one, Grace's: What are the supports currently in the community or health service to help seniors transition to co-op housing, co-housing, NORCs?

**On screen - Grace Welch**

It's not a case of transitioning.

I mean, the co-op housing, there aren't very many of them.

So you have to get on waiting lists.

So it's something...

If you're thinking it's something that you might choose, then you have to sort of seek them out in the community and get on their waiting lists.

You also promote more development of that kind of options.

Now, the NORCs, I think, are really interesting.

As I mentioned, there's six buildings that are going to happen in southern Ontario with the support of the universities, and I'm hoping the government will provide more support.

So if you lived in a seniors' building, or you live in an apartment building that has a lot of seniors, you could, perhaps, start to approach the local health authority about creating a NORC, because I think this is a really...

It allows people to stay with their neighbours and support one another with some extra effort.

And so, it actually saves the health system money.

So I think it would incentivize them to...

You know, give a grant to hire a coordinator or a PSW to come in on a regular basis.

**On screen - Muriel Howden**

Thank you.

Thank you, Grace.

The next one is from Marion, and I'm going to send it to you, Anita.

So the question is: Would creating a college of PSW encourage retention?

**On screen - Anita Plunkett**

Thank you, Marion, for your question.

And that is something that has been debated for quite a while now.

And just to give a bit of history, I mean, PSWs really come under the umbrella of nursing, right?

So I mean, historically, it was the physician and the nurse, and the nurse did all the bedside care and the medications, and whatnot.

And as people became a little bit more complex, right, that nursing role had to be broken up.

So you have registered nurses, practical nurses, and PSWs.

And there's the association OPSWA, Ontario Personal Support Worker Association.

They've been lobbying pretty hard for PSWs to be regulated.

And I think that would be beneficial two-fold.

So again, patient safety, competency of care for vulnerable individuals, but as well as allowing PSWs to have a stronger voice with regards to their scope of practice, working conditions, and so on.

So that is definitely something that has been on the agenda for a number of years now, and I think it's just a matter of time before that happens.

Who will the regulatory body be?

I know OPSWA would like to be the regulatory body.

They're currently an association, they have no authority that way.

But I think it's just a matter of time, and certainly that has come up continually.

So, thank you.

**On screen - Muriel Howden**

Thank you very much.

And the next question.

Oh, go ahead, Grace.

Of course.

**On screen - Grace Welch**

I'm sorry.

I just...

PSW certification is something that families would also like to see, because I think what Anita said, they would have more respect.

The Royal Society did a report on long-term care, and they kept talking about unregulated workers, which I found...

I actually personally found it was a little disrespectful.

But they don't have a regulatory body.

So I think, as Anita said, it would give them more authority and more respect in the workplace.

So I think it's an area that needs...

it's where they should be going.

**On screen - Muriel Howden**

Okay.

Thank you, Grace.

Actually, the next one is for you, Grace, it came to us in French.

So I will read it in French first.

(speaking French) So, Should social services play a more important role with older persons, in helping older persons?

**On screen - Grace Welch**

Okay, I'm on mute.

So, social services, if you're referring to things like community supports, there's a lot of community service organizations within Ontario.

I can only, again, speak for our province.

And they are doing quite a bit to support seniors.

There's a group in Manotick, It's called rural Ottawa South Support Services.

They do friendly phone calls to seniors.

So it's just checking in to sort of reduce the social isolation.

They have a respite program, so it's helping...

They have a day care program for seniors.

So if you're a caregiver, you could have...

First of all, it helps the person who needs more stimulation, and it gives a little bit of a break for the caregiver.

So I think that...

I think we, again, it's part of a whole strategy where you sort of think about what the needs are, you identify those needs, and figure out the best approach, because I think for some people, just having a phone call, it just makes, you know, brightens their day.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Grace.

So the next question, I will actually call Rich Profit, the chair of the board, and Jim Grieve, our CEO, for the next question.

So it came from Elizabeth.

And here's the question: Will RTO be addressing issues related to diversity in the aging community and also representation of diversity in the RTO organization?

Jim, do you want to start?

Or Rich?

**On screen - Rich Profit**

Okay, I was going to say definitely, to answer both questions.

In our strategic plan, one of the areas, a goal that was approved last year one of our goals is to be the trusted voice in the broader education community.

And in that goal, we have a number of focus areas.

And one of the focus areas is diversity, equity, and inclusion.

That has been the staff itself, I've had a number of sessions with respect to diversity.

And it's very timely that this morning, Jim and I were setting up four potential dates for the directors to have training in diversity, equity, and inclusion as well.

And it is the intent of RTO ERO to ensure that 100 percent of staff and 50% of volunteer leaders have completed self-assessment by January of 2022.

So, that's not very long from now.

So definitely, that is a main focus area that we're addressing.

(Jim Grieves): Yeah, there's not much more I can add, other than the fact that the more we sit on an advisory group with the Minister of Seniors Affairs and Accessibility, the more we better understand the real, deep challenges that seniors, especially from the LGBTQ+ communities face when they go into long-term care, and have to go back in the closet, or indeed come out in those circumstances.

So that's sort of to connect the dots between our great speakers and this issue.

One hundred percent, Rich and I are all over this.

The board will get training and finish all of those four sessions before June, and then we're going to plan a series of sessions, including a self-evaluation, self-assessment on diversity, equity, and inclusion, with all of the chairs of the committees and their members.

And with all of the presidents in our 51 districts and their executives before the end of the year.

**On screen - Muriel Howden**

Thank you very much.

Thank you very much, Jim and Rich for this question.

We actually have one last question, and then I will pass back the mic to Jim for the wrap-up.

So here's our last question.

I need to thank you all very much for all your questions.

So this question came in French.

I will read it in French first, and then, of course, in English.

Anita, I think this one is for you.

So...

(speaking French) So let me read that in English, now.

So, the government's new long-term care plan, a better place to live, a better place to work, increases the number net of new frontline workers by 23,000 over the next four years.

Can school board training accommodate this effort?

Do we have the training resources?

**On screen - Anita Plunkett**

So, thank you very much for that question.

And absolutely.

So part of that strategy is to increase new net workers, frontline workers by 23,000 in the next four years.

Currently, school board programs - as I mentioned, there are 23 of them in Ontario that offer the PSW training - we train approximately 20 percent of the workforce.

So school boards are looking to increase that to approximately 25 percent within the next year.

And one of the things that we are working hard at the CESBA level is to support, encourage, and have school boards either expand their current programming or for boards that don't have a PSW program as of yet, to start one up.

And school board's really provide...

I want to make a point about school board training programs.

We really do provide a unique niche in adult education.

And you know, we often serve more rural remote communities where there isn't a private or community college, so long-term care homes community agencies that support that area have a direct pipeline of workers from school board programs for their workforce.

The other thing is, if you go to a community college or private college, you need to have your OSSD.

You don't with your school board program.

Because we provide wraparound services, so we can provide that numeracy literacy support.

ESL, FSL, and you are obtaining six or seven senior high school credits while you're training for your PSW certification.

So we provide a lot of great services, training-wise, that can help support people for career laddering.

So whether PSW is your last stop in your career, that's great, but if you want to bridge onto practical nursing or registered nursing, you know, we can sit down with the person and provide that academic support to help them achieve that goal.

I think there is work to be done to expand, definitely, but school boards again are looking to increase the percentage of PSWs they graduate to help with that government's initiative of 23,000 net new frontline workers in the next four years.

So thank you for that.

**On screen - Muriel Howden**

Thank you.

Thank you very much, Anita and Grace.

I will now call on Jim to do the wrap-up.

Thank you again.

Merci.

**On screen - Jim Grieve**

Well, I just have to say a huge thank you to both of you.

You've just done a superb job, Anita and Grace.

It's a perfect follow-up to our webinar last month, when we were looking at the rights of older persons, and the fact that Canada hasn't yet signed on to the UN rights of older persons, and we're still pushing for that as well.

But helping all people who are aging, and trying to navigate through the aging process is the purpose, and you certainly more than accomplished that.

And I love the fact that we had, at peak performance, you had 346 members here.

And many still on.

A real solid kudos and thanks to everyone who signed in today.

It's an important indication of just how this issue has been resonating, and how urgent is the need in dealing with our aging population.

And then those of us who are in that population understand that all too well.

I love the fact that we record these sessions.

This is no exception.

We are recording it, it will be processed, meaning it will be available both in English and in French.

It will be posted on our website in another week or so, so that anyone who missed this or wants to go back and quote you, Anita or Grace, can do that.

And so that, we'll look for in the next couple of weeks.

I want to invite all you who are still on the line to our next in the series.

We have another Vibrant Voices webinar on April the 29th, where the topic, no less challenging, and that is the whole notion of environmental stewardship.

In fact, the topic is called: Our Earth, Our Responsibility.

Take action.

Yet another advocacy opportunity, and really looking forward to other speakers that we've lined up for that.

Again, Anita and Grace, thank you so much for doing this, and congratulations on the work you're doing in eastern Ontario.

It's so profound and so important.

And with that, I believe we are at an end.

Have a wonderful afternoon, and thank you for joining us.