Transcript for Building an eldercare care system that actually cares

Our captions and transcripts are created starting from auto-captions, with some editing. Please excuse any errors! If you have feedback you wish to share, or require the content in a different format, please contact us at media@rtoero.ca.

Muriel Howden:

Hello everyone, and welcome to our Vibrant Voices Webinar - Building an elder care system that actually cares. 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 an active offer for any participants who wish to ask questions or have information relayed in French throughout the Webinar. Feel free to use the Q and A box to submit your questions for our guest speaker.

[content repeated in French]

As we begin the Webinar today, we would like to pay our respects to the Indigenous lands that connect us across Canada. And then our board chair, Rich Prophet, will introduce today's guest speaker. I am speaking to you today from the traditional territory of many nations, including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat Peoples, which is now home to many diverse First Nations, Inuit and Métis peoples. 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.

[content repeated in French]

Thank you. Miigwech.

And now to Rich. I will let Rich introduce our guest speaker today.

Rich Prophet:

Thank you, Muriel. Hello, my name is Rich Prophet. I'm chair of the Board of Directors at RTOERO, and I want to thank you for joining us today. RTOERO is a bilingual, trusted voice, on healthy active living in the retirement journey. 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. Our three key advocacy issues are Senior Strategy also Geriatric Health Care, which also

may be known as Physical and Mental Health of older adults and Environmental Stewardship.

I am delighted to introduce our special guest speaker for Today's Webinar. André Picard is a nationally recognized health reporter and columnist for the Global and Mail for he has been a staff writer since 1987. Mr. Picard is also the author of five bestselling books and his new book, Neglected No More: the urgent need to improve the lives of Canada's elders in the Wake of a Pandemic is available now for Preorder. As one of Canada's top health and public policy observers and commentators, he truly is an expert on this topic. I know we're all looking forward to his presentation and I will now turn it back to our moderator. Muriel Howden to start the Webinar. Muriel?

Muriel Howden:

Thank you so much, Rich. I would like to remind you quickly to submit your questions in English or French using the Q and A box. Note that the Chat box is not monitored. So make sure you use the Q and A box.

[content repeated in French]

And now let's begin, Mr. Picard, the floor is yours.

André Picard:

And thank you for that very kind introduction. And for the invitation today to this great audience. Today, I want to talk about an issue that should preoccupy all of us of a certain age, and you might be able to tell from my hair colour that I fit in that demographic. And that question is, where and how do we want to live as we age? This is one of the key questions of our time in an aging society. So to do so, I'm going to use what happened in care facilities during COVID-19 as a launching off point. But mostly I'm not going to talk about COVID. We talk about that a little too much in our daily lives. I'm going to speak mostly about the philosophical and political failings that allowed this carnage to happen. And of course, I want to talk about solutions. I'm gonna be relatively brief. I'm gonna make some opening comments, but I'm told you're a very engaged audience that you like to ask tough questions like you did when you were in the classroom.

So I'm going to leave a lot of time for interaction. And unlike when maybe I was a high school student, this time I've done my homework. I'm prepared. So I am ready for any questions you're ready to throw my way. I saw two polls recently. One said that 90% of Canadians never wanted to go into a long term care facility. In the other poll, it was only 85%. Now, these numbers are no surprise, especially given the carnage that happened during COVID-19. People were leery about longterm care before the pandemic, and now they're downright frightened. We've had about 27,250 pandemic deaths in Canada to date, and more than 18,000 of those have occurred in long term

care homes and retirement homes. So in congregate settings. The numbers are horrifying, but even worse is the way people died, often abandoned, neglected, starving, dehydrated wallowing in their own urine and feces. There's an article in today's Globe and Mail about an inquiry taking place at the at the Herron nursing home, which talks about these things. The first chapter of my book is all about Herron, but it's only one example. Only, and I use that term loosely, only 51 people died in that home, and many other homes were more than 100 deaths. About 30 or 40% of residents in many homes died. This is just carnage on a mass scale.

Now, beyond that, there is a lot of collateral damage, the isolation, the loneliness, the deconditioning and decline that occurred when residents were locked in and their family caregivers were locked out. And for the most part, they were locked out, unjustly and unfairly. And this really hurt particular groups like people with dementia who make up the majority of people in institutional care. So the damage is really hard to calculate, but it was devastating well beyond COVID. You know, families entrust their loved ones to these facilities. And these families were betrayed, and they were betrayed profoundly by our public policies and by private and public providers. And we know the underlying causes of what happened, an environment that created the ideal conditions for the virus to spread. This is almost like early in the pandemic we talked about cruise ships. These were like landlocked cruise ships, but without the fancy buffets. Overcrowding is the norm. We have three and four bedrooms. We have outdated infrastructure that includes poor ventilation, lack of fresh air, severe staffing shortages have been the norm for many years. During the pandemic it meant that sick patients were not isolated. They spread the disease readily to the others in their facilities. Often they didn't even get the most basic care, like toileting and bathing, as I mentioned. This is not the way for people to live out their lives in dignity. Policies that directly endangered nursing home residents, like placing the priority on protecting hospitals were also deadly. We actually shipped patients who were safe in hospital to homes where they were placed in mortal danger.

And we did that just because they were old and on and on. Now were some of these actions and inactions of providers criminal? Perhaps. I'll leave that to our public prosecutors to decide. Will there be civil lawsuits? Absolutely. They've already begun, but money can't make up for the loss of a loved one. Will there be Coroners inquest and public inquiries? You can bet that we're going to have those up the Wazoo; a retrospective inquiries are a Canadian specialty. They've already taken place in Ontario, in Quebec, and they're planned in many other provinces. Now, clearly, there were failings here, policy failings. But beyond that, there were moral failings, profound ones. We have a social contract in this country that says that we should care for the most vulnerable. That's our duty as a society. And that was violated every single day during the pandemic. These are fundamental human rights violations on a grand scale. Again, happening in a Democratic country, a wealthy country like Canada. You know, it seems that elders don't seem to have the same rights as others in society. They're considered disposable. You know, we have this profound ageism that's baked into our public policies and into our attitudes in society. You know, I can't tell you how many

times during the pandemic I heard people say very nihilistic things like, well, they're old. They were going to die anyhow. And that's not true. Every one of these deaths was a premature deaths. Every one of these deaths was preventable.

There are many countries in the world that had no deaths in long-term care facilities. There are many countries that had very few deaths among elders, even though they were at greatest risk of the pandemic. Now our society is aging rapidly. We all know that. This is not a catastrophe, and we have to stop saying that it is. It's actually a triumph of medicine. It's a triumph of social policy. We should be celebrating this every single day. The fastest growing demographic in society is 100 years old. That's great. Something we could never dreamed of. People are not old and frail and doing nothing for the most part. People as they age, are very active. I have an uncle who's 93, plays in a Dixieland band, and he complains that the touring schedule keeps them from playing tennis and going out on his boat. This is the reality for many people as they age.

This is what we should all aim for sure. We'll have a bunch of aches and pains, but they're not overwhelming. We can live good lives as we age, and public policy should facilitate that. No living longer means we're going to live a little longer with chronic illnesses. But all that means is we need some support. We need to adapt. These are not bad things. The real tragedy here is not that people are aging. The tragedy is that we've done nothing to adapt society to the reality. We need social policies that reflect our demographic realities, not social policies based on a demographic that existed 50 or 60 years ago when we created Medicare. Now none of us like to think about aging. Some of us are reminded of it every morning when we look in the mirror by our hair colour or lack of hair. But nobody wants to think about that. No one wants to lose their autonomy. No one wants to be dispatched to some institution. Nobody wants to be forgotten and alone. And we can counter all these things.

You know, this sector, I'm critical of the sector. The long-term care sector, the elder care sector, but it's never going to win a popularity contest. This isn't Disney World. Getting old isn't always fun, but long-term care is essential for some, for a very small minority. But we have to ensure the care they do need and the care they get is safe and dignified. That has to be the number one priority. Now, you heard in the introduction that you're in the Pandemic. I wrote a book, a book called Neglected No More, and it's not about COVID, except very peripherally. Nor is it a condemnation of the sector whole hog. It's about larger themes that I've been writing about for decades, and the Pandemic gave me an opportunity to explore them in more depth. So what kind of issues? How do we ensure that every Canadian gets the right care at the right place at the right time? That matters to elders because they make up most of the patients in our system. Again, that's not a bad thing. That's reality. As we get older, we need a little bit more help. Two: how do we structure our health and welfare system so that everyone can live life to their full potential? That's really all we can dream of: live to our full potential, whatever that is.

And finally, how do we in all our healthcare interactions, prioritize quality of life, not just quantity, not doing stuff to people, but helping them live a good life till the end. And I believe that when it comes to our elders in Canada, especially our frail elders, we fail on all these. We don't deliver what we should to help people live out their lives with dignity. The generation that Davis, our beloved Medicare system, that's the generation that is dying in our long term care homes. They've been forsaken by Medicare, by the social Safety net. Now, unfortunately, this isn't news. There have been countless reports written about this. In fact, there have been about 150 government sponsored reports written about the shortcomings of Medicare and about elder care in particular. Now, all these reports have the same conclusion. The same conclusion I have in my book, unsurprisingly.

The neglected elders is a systemic problem, and there's only one way to correct it and that's to fix the damn system. And that's really the blunt message of my book. So the blunt message I try to deliver in every public talk I give. We have to stop talking about this. We have to stop pointing fingers. We have to stop passing the buck. We have to stop making excuses, and we just have to fix this. We owe that to ourselves. We owe it to our loved ones. You know, assuming the horrors we witness during the pandemic finally give us some impetus in our backbone to do these changes. And I hope they do. Where do we start? That's the question. You know, there's so much to do, so much to fix. Where do we start? I think we have to start within ourselves. We have to start with a fundamental change of attitude by adopting a philosophy that says we value our elders and we want them to remain active members of our community. Once we have that goal, once we have that philosophy, really a human rights perspective, if you want to state it that way, then actually everything else is fairly easy. It is technical implementation, and other countries have done this. The countries who have good elder care have that simple starting point. We want our elders to live among us and to live good lives. We don't have that view. In Canada.

We have 400,000 elders in Canada living in institutional settings. It's one of the highest rates in the world. So it's 7% of all people over 65 are in institutions. That's at least double what it should be. Some people have to be there, but many do not. What we practice in this country is elder apartheid. And I think that's unacceptable. And I know that's a harsh term, but it comes into sharper focus if, you know, a little history. And again, in the book, I have a whole long chapter on the history. But the short version is that essentially long term care came up through the Penal system. It's not as something that has been delivered in the health care system for very long. In fact, into the 1960s, in Canada, we still had people living in homes working for their room and board in uniforms, much like prison settings. And we call that elder care. Things have changed a lot, but they haven't changed enough. Many of our homes still look and feel like prisons. They're very regimented. People don't have rights. They don't feel like homes. They essentially behave like they have for centuries. It's almost a punishment for getting old.

Today, long term care homes are not really part of the health care system. They're kind of an aside, and we fund them reluctantly. Our Medicare system coverage in Canada funds hospital and physician care and is 100%. Everything else is partially funded, really, with no rhyme or reason. For the most part, long term care is only partially covered by Medicare. We cover the medical aspect of the care, and we do that inadequately and that's free when I use that term loosely. But residents still end up paying anywhere from $2,000 to $15,000 a month to be in these institutions. Not many people can afford these costs. Even with good pensions, fewer still planned for them. Often they devastate their families, takes all the money they've ever saved to live out the last two months of their life. Yet, that's where we funnel everyone. We funnel them to a place where they'll be unhappy and penniless. You know, what kind of public policy is that? The default setting in society should not be that you go off to an institution when your health begins to decline.

The default setting should be that we want you to stay in your home as long as possible. We want you to remain an active member of the community as long as humanly possible, and we'll only send you to an institutional setting as a last resort if it's needed to protect you. And practically, what does that mean? Practically, it means we have to shift some spending from long term care to home care. It also means investing in community supports, affordable housing for elders, meals on wheels, respite care, having people shovel your walk, all these little things send people to institutions and they're easily fixable in the community. In fact, the biggest gap in elder care is in community supports. You know, I mentioned a few minutes ago, but many of them struggle to get basic supports, like just getting the sidewalk shovel to help with their groceries.

All this is so easily solvable. Again, I'm not suggesting we don't need care homes or congregate settings. We do, but they should be a last resort,and they should be built purposefully. As you know, the majority of residents of long term care are living with dementia, but very few facilities are actually designed for their needs. Outdoor spaces to wander safely, for example, are essential. And home should always be well, home-like. You know we have these 200 and 300 behemoths across Canada. And that's not right. That's not how people want to live, especially if they've lived in their homes their whole lives. Care homes should be integrated into the community as well. Ideally, they should be paired with other facilities. They should be beside daycares, daycares and schools.

We should see elders everyday. They shouldn't be invisible. You know, countries that do this well, children interact with elders every single day and we have to stop pretending that old people only want to spend time with other old people. It's not true. Now there's a lot to fix. I could go on and on. So where do we start? You know, I talked about changing a philosophy and that's important. But then we have to do the real practical stuff. And I think we have to begin where the biggest problem exists and that's staffing. Healthcare is a people business, like education. And we need sufficient number of people to provide care. And we under invest in people in Canada.

There's a lot of clamouring for standards of care, essentially guaranteeing That's a good starting point. We don't do that now. We deliver less than 3 hours of hands on care to people. Then we have to talk about staffing ratios. What's the right mix of staff? Probably about 55% personal support workers, 25% RPNs 20% RMs. So you need to get that nursing carried balance right. I think I wish these things weren't necessary. I didn't wish we didn't have to spell them out in legislation again. In countries that do this well,they don't have to. They just do the right thing. But standards are a good starting point, a good starting point for fixing the system. I mentioned infrastructure not too long ago. We have to get rid of those Ward rooms that look like prisons, three and four people to a room.

That's not how to live with dignity as an elder. Money is also a big question. We absolutely need to invest more because we've neglected this sector for decades, but we don't necessarily need a dramatic amount more than other sectors. In the recent budget, the government announced $30 billion for safe, affordable childcare. I think that's a wonderful initiative, good for society, especially good for working women. But there's no reason we shouldn't be making similar investments for safe, affordable elder care. There's actually more women in this country that care for their elderly parents and in laws than care for children.

They need the support and they need the relief as well. I don't know how much money is needed. There have been estimates of we spend about $35 billion on elder care. Now, there have been estimates we could easily spend double that. But it's not all about money. It's about changing the attitude, changing how we spend. You know, getting value for money matters just as much as how much we spend. Now. I want to wrap up because I'm looking forward to your questions. But the final thing I want to talk about is the need to reform the system more broadly. This is just one example of how we have to make our health system more reflective of the needs of society. And again, health care is all about older people, and meeting their needs.

Long term care is just one part of it. But ultimately, as I said, it's about people, About respecting their rights and their beliefs, our obligations to them. And we have many obligations that we're not fulfilling. During the pandemic patient centered care and patient centric care is something we talk a lot about, but it really took it on the neck. We have to give patients and consumers a voice. We have to get back to them. If we had, we wouldn't have locked out people the way we did and made people suffer of isolation and loneliness. There are literally people who died of loneliness during this pandemic.

There's no question about it. People also need choice. They need real choice about where they live out their final years. About how they live them out. They don't just need care, but they need quality care. They need dignified care, and all of this is possible, and all of this has to be a priority. And again, once you put the emphasis on quality, everything else pretty well falls into place.

And finally, just a few last words on innovation. As you can tell from my brief comments, my book is a sometimes harsh condemnation of the care we provide to our elders, and it should be. But I think it's ultimately a hopeful book because I stress that not only do we know all the problems, and I've elaborated some of them, but we know exactly how to fix them. We know all the solutions we've partially implemented, the solutions all over. We have fabulous care homes. We just have to scale up our successes. We have to stop repeating our failures. You know, elder care, like health care, is provided on a spectrum. Yes, there are some terrible homes, the Herrons of the world that we're looking at in inquiries, but there are also a lot of good ones, too. And I should note in passing, way too many mediocre ones, but every problem we have has been resolved over and over again. We've done it in pilot projects. We've done it on a small scale. We have to scale up our successes more broadly. Now, during my book tour, which was virtual, by the way, like everyone else, I haven't traveled much, but during this virtual book tour I participated in many, many call in shows in public forums.

I always requested that the same question be asked. The same question I asked you at the beginning of my talk. Where and how do you want to live as you age? The answers I got were overwhelmingly similar everywhere in the country, in every age group, in every economic group. And that gives me hope. People all want the same thing. They know what they want to do. Everyone wants to remain in the community. Everyone wants to remain in their homes as long as possible. You know the expression there's no place like home is one that people take quite literally. One we should respect. To the broader question, how do you want to live as you age? The answer can be summarized in three words. Everyone wants the same thing, autonomy, respect and dignity. Surely we've all earned those. So we must insist that our health and social welfare system delivers those to the very end of our lives. We have to ensure that our health and social policies reflect our values. And I think we have good values. We have them individually. Every one of us loves our mothers, our grandmothers. Wants them to be cared for respectfully. And we just have to extend that to the collectivity away from the individual. We have to once and for all, demand that all our elders are neglected no more. So I'm going to stop there. Again, thank you for the opportunity to be here. And I'm really happy to answer any questions on or off topic that you might have today. Thank you.

Muriel Howden:

Thank you so much, André. This is such a very importantand relevant topic. So we are going to move into the question and answer period, and I can see that we have received a lot of questions. We have a lot of questions in the queue, which is wonderful. Thank you all. So we'll get to as many questions as possible in the time that we have today. Just would like to remind you to submit your questions to our guest on André Picard in English or in French using the Q and A box as the chat box is not monitored.

Je vous rappelle que vous pouvez poser vos questions ou partager vos commentaires en français pour André Picard dans la boite de conversation Questions et Réponses afin de les soumettre à notre invitée.

André, let's move to the first question. It comes from Claudia, and the question is, should we be asking for LTC longterm care to be included in the Canada Health Act to ensure that residents have the protection of being with the same status as hospital?

André Picard:

I think the answer that question is we definitely need to have better public funding. We have to be more clear why people are when and how people are funded. The big problem with our Medicare in Canada is not clear why many things are covered and how so people want clarity on that. Opening up the Canada Health Act I think I am not very keen on that. I think that would open up Pandora's box. I think it can be done with parallel legislation more easily, but the underlying issue is yes, we have to fund this better and smarter to ensure that people can afford to get in homes when they need them.

Muriel Howden:

Thank you. So the next question is, why do so few people feel called to work with older people? Is this an expression of ageism?

André Picard:

I think there's a little bit of ageism in there, but a lot of people love working with older people. It's very rewarding work. There's a lot of good care workers out there, but they're dissuaded from doing it. They have terrible wages. They have terrible work conditions. One of the big lessons of COVID is that we learned, and I think teachers know this lesson well, is the conditions of work are the conditions of delivery of your service. In this case, the conditions of care. So if you mistreat your workers, whether it's in schools or in hospitals or long term care homes, if you mistreat your workers, they're not going to deliver a good service. It's not possible. You have to start and finish with treating workers well, and that's reflected in the care. So the way to get more people working with older people is to pay them a decent wage, to give them benefits, to respect them. And we do the exact opposite. There's a hierarchy in health care about where you work. A hospital is the ideal and you get paid more and you get better benefits and then you move into longterm care and you get a lot less paid and a lot less and you don't get full time work and then home care is the bottom of the barrel. You have to scramble to stick together as a whole bunch of short term contracts. So we have to have equity across the board. Every nurse, every personal support worker should be paid the same regardless of where they work. And that would resolve a lot of these problems almost overnight because a lot of people would love to get out of the

hospital and work with people in their homes, work in care homes specifically. But it's too much, too big of a personal sacrifice to give up half your salary.

Muriel Howden:

That's right. Thank you. Yeah. We have a great question from Catherine. I know you touched on it at the beginning of your presentation. Which countries did not experience the COVID tragedy amongst their elders? But more importantly, what do you attribute this or to what do you attribute this?

André Picard:

I think the simple answer is the best way to protect the most vulnerable in society is not to have circulating virus. So the country is where elders did best are places like Taiwan and Australia and New Zealand, places where there was very little COVID to begin with. If there's a virus circulating, we know that older people, for all elders, are going to die that's unquestionable. They just have lesser protection from their immune systems are more vulnerable to viruses. So that I've been writing about COVID now since January 2020, and that's been my constant reframe. You control spread in the community and you protect those greatest at risk. The other part of it is, it's not just that that's part of it, but the other way to protect elders is having good labor policies. So in Canada, we have one of the highest rates of death in long term care. And the simple reason is because workers work at multiple facilities. I don't blame the workers, but the reality is they were vectors. They brought this illness from one home to the next. It's bad enough having an outbreak in one home. But when those workers go to three other homes in a week, it was just a recipe for disaster. And that's what we had in Canada: a huge disaster. So it's about labour policies. There's very few countries in the Western world that have three and four bedrooms. We know that's unsafe. That's a very unsafe practice for infection control. In Canada we have them, especially in Eastern Canada, less so in the west. And then again, that's why the highest test rates are in Ontario and Quebec. If you look at the data, most people who died were in these Ward rooms, which were just again, you couldn't think of a better way to kill someone then to put them in this room during a pandemic.

Muriel Howden:
Right. Yeah. The next question came to us in French. I read it in French first and then in English. So the question is: in your writing, you have referred to solutions coming from within the community. Can you describe how such momentum may start?

André Picard:

Briefly in English, how can we make change within the community? I think you have to take advantage of what's happening now, this unprecedented attention that's resulted from this catastrophe, and we have to push our politicians to do more. There's been a little bit of talk on the campaign trail federally about addressing this. A few billion

dollars in promises. But we have to really keep pounding away on this and mostly provincially. A lot of this is provincial. So really insist on the changes. To me, the most uplifting thing during my book tour has been actually the interest of young people in this topic. That's, to me, is what's ultimately going to change is if people are interested across the political spectrum and young people have really taken this to heart, they see how their parents and their grandparents have been treated in there. They're literally sickened by it. So I think if we're demanding change at all ages, it'll change quickly. There will be that tipping point. And I really hope it comes soon after this election.

Muriel Howden:

Absolutely. Great advice. So the next question is great from Mary. We'll get to this now and then the following, for the following question, I will actually call the chair of the board, Rich Profit and our CEO, Jim Grieve, as I think it'll be a really great group question. Okay. So let's go to Mary's question right now. So on the day, what is your opinion of the idea of a universal public insurance system for LTC as suggested by Ito Pang of the University of Toronto? What do you think of that?

André Picard:

Yeah, I addressed this a little bit earlier, but I think it's necessary.Well, I think we just have to decide what are the limits of it, right. We can't fund all things for all people all the time. So we have to decide what to address. Should it be part of the Canada Health Act? I think that would be problematic. So let's say we have separate legislation. Then we have to decide what do we cover? I think we absolutely have to cover all the health related gestures in these homes. The tough one becomes about the rent. There is a rent component of this. You are in a home, so there should be some obligation for people to pay who can afford it. So we have to figure that out. Again I always look to countries who do this well. So I look at countries like Norway and Finland and they make people pay for their room and board, but they don't make them pay for their health care, and it's adjusted to your income. People who are wealthy pay a lot to be in a long term care home in Finland, and they should pay a lot in Canada. So we have to figure there has to be some element of payment there because we don't really have a universal housing system in Canada. For better or worse, we all pay for our housing. I think we have to find those components. I'll also answer that by answering a question I know will come because it comes in every event I do is people are going to ask, should we get rid of for profit care? And my answer to that doesn't please everyone. But I don't think that's a priority. I think it's problematic. I don't think we need private, for profit care, but I don't think if we got rid of it overnight, it would have changed anything. Quebec has very little private care, and it has the worst outcomes for COVID. So there are much more fundamental things in ownership. The other thing about private public is there was a good report in Ontario about this that had a really great solution, and one that I agree with. It said that there should be no profit in care. So the care elements should always be delivered by not for profits by

government institutions and who owns the building? Who collects the rent? I don't care about that. That can be for profit. It should be regulated. It should be legislated. But I don't care. One of the big problems in our long term care sector right now is we have real estate companies who are forced to deliver care, and they don't want to. They don't make money off care. They don't like doing it. They shouldn't be doing it. They like the real estate component. They make a lot of money off that. Well let them do it. And we have to really I think separate those two components. And that one deals with the for profit element that bothers a lot of people.

Muriel Howden:

It's such an interesting point. Thank you. So for the next question, we're going to make it a group answer. But I'm going to call on to Rich Prophet, the chair of the board.,And Jim Grieve, our CEO. So let me read the question first. Can you think of a possible champion, whether a person or a group that could successfully influence Canadians and the government to stop neglecting the health care needs of older Canadians? Rich, do you want to take that on first?

Rich Prophet:

Certainly, Muriel. I think what we've seen something like this, a champion in British Columbia. They also have one up in Nova Scotia. It's called a seniors advocate, and the government is not tied to either the parties or whatever. But that individual is a great champion for seniors. And in fact, on November the third, Isabel Mackenzie, the Seniors advocate for British Columbia, is part of a webinar here by RTOERO. That's one thing. And obviously we've been advocating for a senior advocate in Ontario as well. Another great champion. We're advocating for a UN convention on the rights of older people. This is very necessary. We see that as rights for students. We've seen it rights for various groups, but there aren't any for elder people, because I think André indicated almost before that. Sometimes we've seen the seniors being warehoused in these institutions. And what we want the seniors advocate to do would be to recommend that education take place it rather than spending billions and billions of dollars on institutions, which makes the government look good, but spend that on educating seniors so they can stay in their own residence, as André is advocated for the 90% that do wish to remain in their home as long as they possibly can. As I said, we ourselves, the National Institute on Aging partnered with them, and we're having research. Two interns are doing research on seniors, and in fact, they're going to be reporting to the fall forum. And those are some of the Champions that I know. Jim has more to add to that.

Jim Grieve:

Well, it's a fantastic question. I can't wait to hear André answer this one because, first of all, I'm not going to give you a name. I don't have a name of a particular person who would be the champion. That said, you know, we're a country, supposedly, you know,

advanced and looking forward all the time with a decent health care system that is universal. We don't have a farmer care system that is available across the country, and we don't have a national senior spend. So it strikes me, these are major planks in our advocacy these days. This whole business of not having a senior strategy is one of the fundamental problems. Why we don't... can't name non partisan key champion other than André Picard, who is fantastic, you know, to head this up, but it can't be political. It has to be, you know, an advocate who has sway and who has purchased across the country. You know, just before we came on, I just realized that, you know, the auditors had to look at one of the provinces transfer spending or transfer payments and is under spent by two $2.3 billion of pandemic transfer money. Well, how is that possible? How is that a way to stand up and be counted as a political entity in a province where we've had rather staggering numbers of people pass away during the pandemic and yet not spend the monies that are sent? So it's not a federal government issue. It's not a provincial government issue. It's an all governmental issue, but we need someone with an awful lot more sway, and we certainly need a plan. Consideration in this regard? A national senior strategy would be a decent plan. Where is it? André? Your take on this?

André Picard:

Well, those are very good suggestions. I can hardly do better, but I would just I would urge people to have the chance to listen to Isabel McKenzie. She's the seniors advocate in BC. In my book, I say every problem should have a seniors advocate. I say she is the the one person who's changed elder care for the better in this country more than anyone. So should really listen to her. She has a lot of wisdom to share. Beyond that, I would say, I think in governments, we have to have ministers for seniors that are not just junior ministries that have to actually oversee the delivery of care to seniors broadly. In a province like Ontario, for example, seniors care is spread over five different ministries, so no one is responsible. Everyone passes the buck. We need someone with clout in cabinet. This is a really important demographic and that cabinet post should have clout, and it doesn't. And the final thing I'll say is, I think the single most important thing is we should all be our own advocates. That's really what will change things if every individual takes interest in this, especially when we're relatively young and relatively healthy. We should all be fighting now to ensure that we're going to get decent care when we need it. When you need it, it's too late. Unfortunately, you have you're in crisis. There's a lot of demands on your time, and you just can't advocate, so take advantage now. Get your grandchildren and your children involved because they're going to benefit from it if you get good care.

Muriel Howden:

This is amazing André and actually, RTOERO is all about advocacy. So it's such a really, really good point. We have a really great question coming from Kahan. And of course, you've touched on this, but can we actually have places for elders to live

independently, but in a welcoming, assisted community setting, especially when the physical layout of the home is just no longer safe? Is it doable?

André Picard:
Oh, it's absolutely doable. It exists all over the world. In a chapter of my book, I look at long term care facilities or elder care around the world. And the one I single out as really the gold standard is Denmark. So Denmark has adopted this philosophy in the 1980s. It said our society is aging, how are we going to respond? And they said we're going to ensure that elders remain among us. So they made this deliberate decision, and then they built a system to do that. So they have excellent home care. So many people can stay in their homes and they get assistance. And then they have care homes that actually look like homes. So they're roughly a dozen people. If I walk down the street in Copenhagen, which I've done, you can see family home, family home, care home, family home. You don't know the difference. People don't wear uniforms, the help they live there. They live with the residents. The residents get to cook and eat when they want. Get up when they want. It's actually their homes. It's not like our institutions where it's regimented. You eat breakfast at six, you have your dinner at 4:00 p.m, unfortunately, and stuff like that. So make it a home. They're all beside schools. They're all beside daycare centres, so that when the kids have recess, they come and play with the older people. It's just normal for them. So that's what we have to do. And society they adapted their society so that older people, the lights last longer. Little things like that. We're going to give you 40 seconds to cross the intersection, not 20, which is impossible for you to do. These little things really matter dramatically, but you have to think about them. So yeah, the answer to the question is yes. We have excellent models of this in Canada. There's a lot of commercial models out there. I don't want to promote anyone in particular, but there's green homes and Eden alternatives. They all have fancy names, but they all have the same thing. Small, intimate settings where residents do what they want. They decide how care is provided and how they live. It's not an institutional imposition. Dementia villages are another example, which are great. The only problem is they're extremely expensive. You have to pay out of pocket. Not many people can afford ten or $15,000 a month. We should be able to provide this care in our public system to people who need it. And then I'll finally say, because I don't want to badmouth the public system. One of the best homes in Canada, the last chapter of my book is about SunnyBrook Veteran Center in Toronto. It's an old rundown building. It doesn't look very nice, but the care is fabulous, and it's all about patience and longterm care. The average age in that facility is 94. So there's a lot of not very young men living there, all of them with dementia. They have a beautiful wandering garden. You can go out and wander in the garden day or night. You eat when you want. You wear whatever clothes you want. There's a pub, there's a library. It's like home, even though it's not the nicest looking place outside. It's a beautiful environment. And again, that doesn't cost any more than anything else. It's publicly funded, and we took really good care of our veterans. But we've stopped doing that. And the point I make at the end of my book is it's good enough for veterans they deserve good treatment, but so does everyone else. That's how we should treat all our elders, the way people are treated at Sunnybrook.

Muriel Howden:

That's amazing. I actually think you kind of partially or maybe fully responded to the next question, but I'm still gonna read it because it came in in French. But I know you definitely touch on this when you talked about the place in Toronto and of course, Denmark. So the question is from Jean So could you please elaborate on models in countries that have actually managed to treat their elders or their seniors well, right.

{Response in French}

Muriel Howden:

Fantastic. Thank you so much. The next question from Janice, I am sure you've heard this question many, many times. What suggestions on the day you have to get governments to act versus just talk?

André Picard:

Well, I think we just have to you just have to, I believe in kind of the water torture tests. You have to just keep hammering away at it over and over. Politicians need to believe that this matters. I think one of the great impediments to not fixing elder care, something we've known for decades needs to be fixed, is that people don't make it a ballot box issue. They complain about it and they rail about it and they mad about it. But when they go into the ballot box as they're going to do next Monday, they're going to hold their nose and say, I'm going to vote on the economy or whatever. People very rarely vote on health care. And if they did politicians would pay attention a lot more quickly. But I think there is I think there's the willingness to address this and we just have to individually and collectively just keep hammering away at it. The time is right. We saw this $30 billion investment in child care, and I think there's almost equal willingness to do so in elder care. We just have to get across the way. Working women have done very well. I've convinced governments that, listen, you got to fix things or you're not going to get our vote. That's why we got a child care program and they can do the same for or elder care, because as I mentioned, there's just as many people and I say women because it's the vast majority. Let's be honest. There are some men who do care, but it very much falls on the shoulders of women like child care, and we need to help them out. They need respite. It destroys their careers. It's bad for the economy. We really need. There are many economic benefits for this. So I think that's the final thing I would say is I often say, I know you're very good advocates in your group. But to me, the key of advocacy is always, say, speak the language of the person you're trying to influence. And the language of government is money. And investing in elder care is a good investment. It's a payback for people who've paid their taxes for 50 or 60 years. And it's also a good way to keep working people in the economy, especially women. And it's a good way to provide good jobs for newcomers like immigrants who do these jobs. If we double the salaries of personal support

workers, we do a tremendous benefit to the economy because we have these hard working people who are going to use that money wisely and they're going to spend it and it's there's no disadvantage to invest in being in elder care.

Muriel Howden:

Really, really good point. I actually, if Rich Prophet, the chair of the board is around, I love his take as well on this question. And if Jim is around, of course, too. But Rich, what suggestion do you have to get governments to act versus just talk?

Rich Prophet:

Thanks, Muriel. Well, I showed at the outset and we're talking about these books. These are very important because within them we talk about the influence of one that's each one of our 82,000 members, how they can influence whatsoever. All the people they can influence legislation, they can influence in the vote. But there's the power of many as well. Each of the 51 districts that we have across Canada, they can greatly influence, because even though I didn't say it or I didn't hear it said the greatest champion that we have is each one of our 82,000 members, because as Andre said, if we bring 82,000 people, bring long term care to the attention of the government, it is going to be addressed. And so therefore utilize a lot of the information that is in these books, especially on the strategy. We know about pharma-care. We know about the national long term senior strategy, but this is where 82,000 people can make a profound difference in impact on the culture of Canada.

Jim Grieve:

Well, if I may just very quickly, first of all, those white papers that Rich has been holding up are available on our website. You don't need to send for these or have them mailed to you. They're up there and ready to go. So help yourselves. The neat thing is what we've done, you've let out our secret. Our secret of advocacy is loading up the individual member and their families. And so In addition to what Richard said, we've actually promoted with every one of our members to get out and meet their MPs during this significant process until next week and beyond to meet with their MLAs to meet with their MPPs, to meet with their municipal, because the municipalities have a pretty significant role to play in making the Denmark-like home care possible. And so you'll find in each of those white papers advocacy questions that need to be asked of politicians of all stripes at all levels. And that's what we're doing. We're in, sorry to use a sports analogy. We're using a full court press on all levels to really advocate this whole issue of seniors health and seniors respect and growing old with dignity in your home if you can do it. And this is a non partisan issue. And there are other organizations that we partnered with in the past and currently seven or eight of them that are also national, and they're always on the same page as we are. So we're trying to make our clamour quite loud and quite individual and quite specific in order to get to that kind of child care like response through federal funding and provincial funding.

Muriel Howden:

Thank you so much. And I should thank you very much, Rich and Jim for coming on. And I should remind or inform everyone that the three white papers that Rich showed us are actually on the three key advocacy issues of RTOERO are actually available on the RTOERO website. I just wanted to clarify this. So the next question, I'm actually going to go to another French question. It's a bit long, so I'll read it in French, but I will summarize it in English if you don't mind. So Christian thank you for your question. So if I understand well, Christian is mentioning that we're always having all those discourses, but we don't see real solutions. And we're always talking about building those perfect, beautiful, big retirement homes. But really, shouldn't we focus more on the relationships between generations on that care, especially now that we have a lot of families that are different and are separated. So what's your take on this André on the generational relationship.

André Picard:

So I think these intergenerational families in multicultural Canada are a really interesting thing. We need to support them. It's a way of preventing people to going into institutions. I mentioned, too, that there's a big trend in having very specific homes like Korean homes Sikh homes, people living in commonality. In the book, I have a chapter about something called radical rest homes. So it's a way of different generations living together and helping each other, and as a way of avoiding going into institutional care and people. So there are homes of artists or homes of people who speak Polish and they live young people and older people and they they interact and they do child care. So there's all kinds of models out there that are great that are not about sending people away, but integrating them into the community. So we have to be a little more imaginative. And again, when we have these successes, we have to invest in them. It can't be all about building these large homes as the question asked. Politicians love to cut ribbons, so they're a little less keen to invest in these other things, but the other ones are much more efficient and cost effective.

Muriel Howden:
That's great. Thank you. We have a great question coming up for Joyce, she says, how do we find which LTC facilities in our town are oriented towards dignified home-like environments in care rather than institutional efficient operations?
Are there lists that give ratings to the various aspects of life in these places? Like such as staff ratios, food preparation, socialization etcetera. Do you know any of that?

André Picard:

Yeah, that's a really good question. And an important issue I talked about in the book how it's really impossible to get good information. And as I mentioned earlier, almost all these decisions happen in a time of crisis. You don't want to think about this thing.

Finally, one day your mother falls, she breaks her hips. She can't go back home and you make these decisions in a panic, which is the worst way to make them. So again, I urge people do this research now, when you're young and when you're healthy and be ready, and that will make a world of difference because our wait lists are so long there's 34,000 people on the waitlist in Ontario alone for a place in long term care. You often don't get a lot of choice. You're told you can have a place in this bed 100 km from your home and you have 24 hours to decide. And if you don't you go to the bottom of the list again and you might wait another year. Those are impossible decisions to make that people shouldn't have to make. So unfortunately, there is very little information. Some provinces are better. For example, Alberta is fairly easy to get information on homes, but they won't tell you anything about private homes. They'll only tell you about the public ones. And that's not a way to do things. You have to be more open and give people options, whether they like them or not. There's a few groups that are forming to try and provide this information. And again, if we give them a little funding, it could go a long way with helping people. But yeah, really tough decisions. One of the big failings of our healthcare system. Where do you get basic information to navigate what you need? And it's a big hole.

Muriel Howden:

Yeah. Thank you. Great question about physicians from John, so, is it an issue that they are that they are many times more paediatricians than geriatric physicians when the demographic of zero to 17 year old is roughly the same size as 65 plus.

André Picard:

Yeah. It's a really good example of how our public policies are illogical, that we do train many more paediatricians and geriatricians. And it makes no sense again, that's a policy that's existed from since the fifties, and we just don't change it. And we have to change really fundamental things like that. We also have to make geriatrics more attractive. Shouldn't be a really low paying job. It should be a job set that people covet. Andthat's about changing societal attitudes as well. So, yeah, it's a really good example of illogic in the system.

Muriel Howden:

Yeah. And we have a question from Jean Franklin Hampshire, who may sound familiar to you André. It's a very important question. So I'm presently a sole caregiver at home for my husband. We have no children and no siblings who live nearby. After two years of being constantly on duty 24/7 I'm tired. And yes, I want to keep my husband at home as long as possible. So the question is, what could society do to health care givers like me to continue our important work?

André Picard:

A really important question. Sadly, I hear these stories over and over again that's the reality is older women caring for their even older husband. So that's what most caregiving is. There are 7.8 million people in Canada who provide care to a loved one and about 10% of them, about 800,000 people do it as a full time job, unpaid job, about That's the reality. We burn people out. We drive them into the ground. And again, people end up in institutions as a result. So what's the solution? Well, what she needs is some respite care. She needs a break sometimes. That's a really good investment from the public system. It prolongs the time people can spend at home. She needs more home care support. We have… Home care is the only service in Canadian health care that has arbitrary limits. You have a maximum of 3 hours a day in Ontario, I often say to people, imagine if we said you need 12 hours of chemotherapy, but sorry, we only pay for 3 hours. Well, why? Well, because that's the rule. We can't do that. We have to give people the care that they need. Now there has to be some limits. I was going to say it can't be 24 hours a day, but sometimes it can be. Sometimes that is cost effective. So we have to figure that out. So it's really simple stuff. Give people respite care, give them some home care, give them some community supports. Make it easier for her to go out and get her groceries. Have a volunteer do it for her. Have Meals on Wheels so she doesn't have to cook. All of this stuff pays off in spades, and we just don't do enough of it. We have fabulous community groups. They do what they can, but they're overwhelmed and they're underfunded. When my children were young we used to do something in Montreal called Santropol Roulant Where we would bring meals, hot meals to elders living alone in the community. And the food was important. But even more important was just the interaction. They got to talk to my kids would go in and talk to them for half an hour. And that was often the only visitor they had in the week. So this stuff all really matters a lot to keep caregivers sane and healthy. And one of the saddest things that I see over and over again is I see caregivers, and the person they're caring for for years dies and they die shortly after. They literally kill themselves with caring. You know, I call it in the book. I call it that people are constricted by love. You know, people want to do this, but we have to make it easy. We have to make it dignified as well. The caregiving has to be dignified, not just the care.

Muriel Howden:

Absolutely. Thank you so much for that. I can't believe how fast time is passing by. So we are down to the last ten minutes of our webinar. And this is amazing. We still have lots of questions. We'll get to as many as we can in the little time that we have left. So the next one André is from Jerry. Are naturally occurring with time and communities, the NORC, part of the answer to the LTC problem and why or why not?

André Picard:

That's a good question about NORCs. I do have a chapter in the book about them. So what they are or if people who don't know is if you travel around your cities, you'll notice that there are neighbourhoods with lots of old people. People have just been

living in their homes forever. And this is essentially a naturally occurring retirement communities. So all these retirees live in the same area. So what do you do? Do you ship them off one at a time to a care home? Or do you bring services to them? So if you bring services to them, it's way more efficient. People are happier and that's what we have to do. So NORCs are often done in apartment buildings. So you take apartment buildings. They're not retirement homes officially, but they're full of retirees. And what do you do? I have an example in Toronto. You move in nurses, the nurses live there, they go up and down. When people need help, people go in and cook meals. And it's a way of preventing this awful transition to care homes. It's way, way more expensive where people don't want to be. So it's all about keeping people in the community, whether it's in standalone homes or apartments. A really good. And there's again, here's really good models all over Canada, but underfunded, underused. So thanks for that question. A very specialized question. Someone very knowledgeable there. But NORCs are definitely part of the solution. And the other one I met mentioned earlier when I was speaking French. The… Homes where you have specialized homes in the community. I'm forgetting the name. I said it earlier, but anyhow where you just bring people with specialized backgrounds, artists, etc. And they live in almost like a commune. In communal setting in the city. Radical rest homes is the word I was looking for.

Muriel Howden:

That's amazing. The next question actually is on quality of care from Ellen. So as she said, I'm concerned about PSW training for those working with severe dementia, especially nonverbal residents. I witnessed wholly trained PSW who then trained new PSWs that's perpetrating beyond the poor care. I would like to see PSWs train more specifically for working with the most vulnerable amongst the aged. Has there been any consideration in this regard?

André Picard:

Yeah. So a really important question. Personal support workers or care aides. They have different terminology around the country. The problem is there are no standards. These are not regulated professions, so anybody can hang up a shingle. I can tomorrow call myself a PSW and start working, even though I know nothing. But on the other hand, there are excellent training programs. We have great College programs around the country, really well trained personal support workers. We have to make sure that people are actually trained, but nobody is monitoring or overseeing that. And it's, as noted in the question, really especially important for people with dementia. Anybody who's had a loved one who's ever tried to bathe someone with dementia, for example, this is very specialized work. This is not easy. Toileting is not easy if you've never done it. This stuff has to be learned. And it reminds me we have to offer that training to families. We shouldn't expect them to know how to do this. That can save lives as well. Just training people people how to give a shower to someone who doesn't necessarily want a shower, how to feed people without them choking if they

have swallowing problems. These are things that can be learned and they can help people care for their loved ones. But back to the initial question absolutely we have to ensure better training. And I think part of this is going to be regulating the profession, and having basic standards, a 32 week College course, for example, I think should be the minimum to ensure people can do this. But a lot of great PSWs really well meaning, really dedicated. But that's not always enough. It's not good enough to have a good heart. You have to have skills. And this is really skilled work.

Muriel Howden:

Yeah, absolutely. And the next question for Linda is a piece comment on Bill of Right for essential caregivers who work so hard to advocate family in LTCs or in LTC, yet are often disrespected outside of being a power of attorney. So what would you say about that Bill of Rights for essential caregivers?

André Picard:

Yeah. So there's a lot of movement to that to have a Bill of Rights. I think that stuff is important, symbolically, but more important is just respecting those rights, whether there's a bill or not. This shouldn't be a discussion in any way. We really have to take care of our caregivers, especially the unpaid caregivers family. The example in COVID, just locking people out for eight months when these people, families provide the bulk of care, even in institutions and locking them out was barbaric, was unacceptable. We had to find better ways to keep people from spreading illness. Rather then allowing people to die of isolation and loneliness. So that's an example of where rights were just fundamentally abused or because it was easy for government and it shouldn't be easy for government. It should be easy for caregivers.

Muriel Howden:

Yeah, absolutely. Thank you. And then we have the last question from Joyce, and then I will call on our CEO Jim Grieve for the final remarks. So Joyce's question is, André Picard, what do you think will be the single most important thing that people can do to force the federal government to invest heavily in reliable, easily accessible, quality home care to allow people to age in place and stop building institutions?

André Picard:

Yeah, I think again, it comes back to I think the single most important thing is getting the message across that we all want to live out our lives in a dignified manner that providing physician care and hospital care is important. That's the crux of our Medicare system. But that's not enough. It's not enough to just do sickness care. We have to do health care. We have to let people live and die in dignity, and we just have to keep, as I said before, just hammer away at that and we have to convince them, and we have to make it a ballot issue. If people know you're going to vote on this, they all do it. This is

not, someone noted before in a question quite rightly, this is not a partisan issue. There's no disagreement among the parties. They all say the right things but the way to get them to act is to make them understand that they'll pay if they don't do it, and they don't have to pay because we don't vote on these issues. And the final one, as I said before, is I think it has to cut across age groups. Again, young people taking interest in this, that's really important. Rally your grandchildren, get your children on this, and that's really going to move it forward, probably faster than anything. And again, they have a self interest in doing it. They should want to see their moms and their grandmothers cared for respectfully. And I think when they put it in those terms, they'll embrace this. And young people are really good at advocacy. They're much better than us,the elderly.

Muriel Howden:

Thank you so much. Jim?

Jim Grieves:

Thank you, Muriel and Andre, honestly, a huge thank you. We anticipated that you'd be fabulous. Many of us have seen you on many, many opportunities on The National, The Agenda or any number of places. Clearly, we need to deeply dive into the book, your book, and we post that title up here on the chat, which is great. What a dynamic presentation. It's exactly what we thought we would get and true to form, our members are not shy and retiring. They are quite engaged, particularly in this issue. And, you know, part of the reason we're 53 years old as an organization. But it's only in the last four years that we've said for 82,000 serious retirees who are active voters, actively engaged, and why aren't we taking this as an advocacy issue to heart? And we started that four years ago, and we're now regular presence on Queens Park in numbers of other provinces when they have election issues. And certainly on Capitol Hill. That is our effort to sort of pull together our membership and load them up with some of the facts and figures. We now can update those thanks to you, and really get their voice, individual voices heard along with our collective voices. And we're prepared to do all kinds of things. In addition to partnering with seven or eight other national organizations, we run webinars like this that inform our membership. And we had, you know, just under 400 people sign on today. Everyone that signed on today, will receive the recording of this event so that they can review some of the great words you've used and some of the great questions, but also, everybody who registered and was unable to make it will also get that. We don't let any stone go unturned. Thank you so much for what feels like an optimistic direction for long term care. And the only way that's going to be sustained is if we pick this idea up and keep pushing forward, as you say and following the money, which is so important in the elder care world at this point. So the recording will come. Everyone will get that. And I do deeply thank you for being a part of this, I think, transformational Webinar. You know, for everyone listening and following the recording, I'd like to invite you to join our next Vibrant Voices Webinar. It's October 13, and it's Diana Beresford-Kroeger and she is going to be speaking on one

of our other issues, and that is environmental stewardship. And her topic is saving the forest, saving us. And honestly, it's just going to be quite another remarkable opportunity to dig into what, personally, we can do each of us to save this forest and save the environment. The other is on November 3. Isobel MacKenzie, you've heard her name a number of times today. The seniors advocate for the province of British Columbia. Very articulate. Just like Mr. Picard and Dr. Keri-Leigh Cassidy, a professor of geriatric psychiatry at at Dalhousie University in Nova Scotia. They're going to present paths to wellness for older persons, body, mind and spirit, a perfect complement to the work we've done today. So for more information, just make sure that you register through VibrantVoices.ca and we will look forward to seeing you next time again, monsieur Picard merci beaucoup. Fantastic work. And we're looking forward to seeing everyone back at our next opportunity. Farewell. Au revoir.