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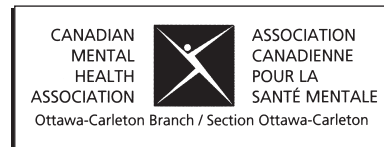
75 Bruyère Street  
Suite 299-1  
Ottawa • ON • K1N 5C7  
• Tel. (613) 789-3577  
• Fax (613) 789-4406  
• Website: [ottawacoa.on.ca](http://ottawacoa.on.ca)  
• E-mail [coa@scohs.on.ca](mailto:coa@scohs.on.ca)

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From July 21 to August 4, 2003

**MENTAL HEALTH AND AGING**

by Jean McQuilliam

**Mental Health Week  
May 5-11, 2003**



**"Mental health has been described as the 'orphan child' of health care."**  
Roy Romanow, *Report on the Future of Health Care in Canada*

Mental health/mental illness is a key theme in the Romanow report. It is discussed in terms of health promotion/prevention, home care, diagnostic services, primary care and access to services. Mental health/mental-illness is also mentioned as a focus for research in the second phase of the proposed Centres for Health Innovation.

How mentally healthy are the seniors in our community? According to a recent report from the National Advisory Council on Aging, although most seniors enjoy good mental health, as many as 20% of people age 65 plus suffer from mild to severe depression. It is estimated that this statistic includes perhaps 5-10% of seniors in the community and as many as 30-40% of those in institutions.

Seniors are among the most under-treated population for mental health. It is estimated that mental health problems go undetected in more than one-third of the population age 65 plus. Why is depression often overlooked in seniors? The NACA report gives several possible explanations:

- Negative stereotypes about seniors - are often characterized by attitudes such as 'older people are cranky and moody', 'they don't want to or can't change', and 'depression is natural - a lot of depressing things happen to old people'.

Depression is qualitatively different in older adults than in younger adults. Seniors' depression is more often marked by anxiety, agitation, physical complaints and memory symptoms. As a result, depression might be misdiagnosed as dementia or mistaken for a physical problem.

- Blurring of the line between impaired mental health and physical problems. Drugs to treat arthritis and cancer can produce depression.
- Seniors are less likely to report psychological problems and social isolation means fewer opportunities for others to detect a problem.

➡ CONT'D ON PAGE NO.4

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# PRESIDENT'S REPORT

by Carol Burrows



When our former Executive Director resigned in December, a chain of events was set in motion. The Executive Committee agreed to accept the resignation of Al Loney as President and he became (interim) Executive Director. At a Special Meeting of the Board of Directors on January 8, this decision was ratified. At the same time I was appointed President and a motion was passed requesting the Executive to recruit a consultant to carry out an organizational review.

Claude Léost was asked by the Executive to undertake this role. As former Executive Director of United Way/Centraide Ottawa, Claude is eminently suited for this task. He has a comprehensive knowledge of the non-profit sector and is fluently bilingual. This review is well underway with the goal to explore our image and effectiveness in the community, as well as looking at the position of Executive Director. Recommendations will come to the Board to help us chart our course into the future. During the review, Council members, stakeholders and key informants are being consulted. The report is due in March.

The Board of Directors is open to the challenges and opportunities presented by these arrangements. There is energy and commitment in the Board and committees. A full schedule of activities and projects is proceeding. Al Loney has come into the breach with integrity and commitment, and a spirit of optimism is in the air! Thanks to all the staff and volunteers who are making this happen.

## Next Bulletin: Summer 2003

**The theme of the summer issue will be "Active Living and Healthy Aging".**

We would like to hear from you on this topic. We also welcome your comments and suggestions for the Bulletin. Please forward all contributions to the Editor at the Council office, tel. 789-3577 x 21.

**The deadline is the end of March. Thank you.**

**Jean McQuilliam**

**Editorial Committee**

**Editor:** Jean McQuilliam

**Assistant:** Dorothy Van Dusen

**Members:** Pierre-Paul Demers,  
Jacqueline Neatby, Joyce Snarr  
and Hubert Frenken

**Disclaimer:** Opinions expressed by authors and contributors are their own and not necessarily those of the Council on Aging of Ottawa. Reference in the Bulletin to any organization, product or service does not imply an endorsement or approval by the COA.

**Please forward letters and contributions to the Editor.**

# EXECUTIVE DIRECTOR'S REPORT

by Al Loney



Well, changes are happening at the Council on Aging. With the departure of Gerald Ouellette, I have agreed to take on the task of Executive Director, on an interim basis. Carol Burrows has agreed to take on the role of President for the balance of this

term. The work of the Council continues and we have a heavy agenda for the 1st half of this year.

## Spring Luncheon & Annual General Meeting

We have lined up terrific speakers for both our Annual Spring Luncheon (**Monique Begin**) and for our Annual General Meeting (**Judith Maxwell**). I trust that we will see a large turnout of our members and their guests at each event. Look for details on both events in this Bulletin.

## City of Ottawa, Seniors Advisory Committee

Just to be clear, the Council on Aging fully supports and participates in the work of this committee. Barbara Lajeunesse and all of the committee members have done yeoman work and are to be congratulated for the efforts they have put forth to ensure appropriate recognition and inclusion of seniors by the City of Ottawa. Especially with the amalgamation of the 11 former municipalities, it is essential to ensure that where good programs and policies exist, they are maintained and, of course, we need to make sure that seniors throughout the new City are well served.

## Elder Abuse

The Council on Aging of Ottawa has long been in the forefront of the efforts to fight this horrible and truly devastating problem. We continue our work on this and have just submitted a proposal for a major project in collaboration with the Ottawa Police Service. It is hoped that this project will be approved for funding and will provide the base work to have a new and concentrated effort by the police to provide sensitive and thorough front-line help in combating elder abuse.

## Fact Book on Aging

Hubert Frenken has again agreed to head the effort to update the very successful Fact Book that had been prepared in 1999. With the new census data now available, this valuable resource can be updated to show the picture with 2001 data. We are hoping to have the new Fact Book printed and on sale by late this year or early in 2004.

## Romanow Commission Report

As you know, we submitted a well-researched paper on Care in the Home to Romanow last year. Romanow does recommend expanded and improved home care in his final report and we have now prepared and submitted to government our strong endorsement of this initiative and have further added to the argument that we must have a comprehensive group of services including homemaking to allow seniors to stay in their homes in safety and reasonable comfort rather than prematurely entering into institutional care.

## Accommodation for Council on Aging

Many of you will be aware that we have long enjoyed the generous hospitality of the Sisters of Charity in that they have been a most accommodating landlord and have provided suitable space for our offices at 75 Bruyère. The SCO is now consolidating and reorganizing its operations and administration. This will see functions, such as financial, moving from their location at St. Vincent Hospital to Bruyère. We will have to move before September of this year and we have been offered a house on the grounds of St. Vincent Hospital.

Your Executive has been actively looking at this and other sites to ensure that we remain accessible to our members and have a good workspace for our staff and volunteers. I expect that the Board will be asked to confirm the details of our move at the March Board meeting.

## Records Management & Retention

Before we move, we want to have a thorough review of our files and library. There is much material, which may no longer be relevant, and we need to rid ourselves of as much as possible. (Why move it if its of no use to us?) We do, however, need to be mindful of maintaining our historical records and this will be carefully watched. If you or someone you know would be interested in assisting us with this task, please call me for further details. A person with experience in records management would be great here and could be assisted by a few other volunteers.

## Volunteer Appreciation

A great deal of the success of the Council on Aging is due to the contributions of our many volunteers. Everything from the work of our committees and task forces to our membership drives and help with office work is a tribute to our volunteers. Starting with this edition of the Bulletin, we are increasing our coverage and recognition of our volunteers. Caroline Horgan and her committee have been asked to look at both internal and external

recognition programs and to recommend to the Board an enhanced program of recognition.

**Our Financial Picture**

Are we solvent? **Yes we are.** Unfortunately, there are some in this world who prefer to paint a picture of doom and gloom – even when such is just not reality. To be clear, you should be aware that our audit for 2002, which is now underway, will again show that we have ended the year with all our bills paid and a reserve account in excess of \$100,000. Copies of our audited financial statements will be made available, as always, at our Annual General meeting. If you want one before that, give us a call.

**Erin Pollard**

Many, if not most, of you will have come in contact with Erin over the past 2 years. She has been an excellent employee and has produced much to be proud of in her time with us.

Erin has now made arrangements to return to school to concentrate her efforts on mastering the French language. With that in her arsenal of attributes, Erin will, no doubt, go on to even greater accomplishments. While we hope that Erin will be able to continue on a part-time basis to do some projects with us, we wish her all the very best in whatever she chooses.

**Other Staffing Changes**

**Bob Prasow**, who has been keeping our accounts straight and handling the myriad of items that relate to our financial affairs, is retiring. He intends to travel, play more golf and curl. We wish him well and many enjoyable years in retirement. Before leaving, Bob is helping with the transition in handing over to **Cindy Flynn**, who we welcome onboard to take over those matters, which Bob has handled.

Preventing depression or reducing its impact also means caring for all aspects of physical and mental health.

**TIPS:**

- Get enough sleep, eat well, exercise regularly.
- Increase the number of pleasant activities each day to help counteract the impact of unpleasant events.
- Maintain social contact with positive, optimistic people who boost your self esteem. Nurture relationships and maintain ties with family and friends so you'll have support when trouble comes your way.
- Find a sense of meaning in your own existence - through spiritual growth, or commitment to social responsibilities.
- Stay involved in pursuits that keep mind and body active and in touch with others. Make new acquaintances, try new things, take risks, keep an open mind.
- Make your own decisions. Gather information and opinions from others but weigh them exercising your own judgment.
- Follow instructions when using medications to reduce the risk of depression as a drug side effect.
- Ask for help when you need it - it's not evidence of weakness or incompetence but a sign of health and maturity, of being in control.
- Meet life's ups and downs with flexibility, adapt - ability and a sense of humour.

**HOME ALONE  
Seniors and Loneliness**

**"Unlike so many problems facing seniors these days, loneliness is not a problem defined by money."** Ivan Hale, Secretary General, International Federation on Ageing

A recent report by Statistics Canada shows that the rate of seniors living alone has gone up dramatically in recent decades. Specifically Canadian men 65 or older are by themselves 6.5 hours a day, - not including time allotted for sleep, - while women of the same age spend eight hours a day alone. The researchers found that the

**Some Medical Definitions**

Benign . . . . .What you be after you be eight  
 Bacteria . . . . .Back door to cafeteria  
 CAT scan . . . . .Searching for kitty  
 Dilate . . . . .To live to long  
 Enema . . . . .Not a friend  
 Labour . . . . .PainGetting hurt at work  
 Outpatient . . . . .A person who has fainted  
 Seizure . . . . .Roman emperor  
 Urine . . . . .Opposite of you're out

**"I used to be a doctor but I didn't have the patients."**

# MENTAL HEALTH AND AGING

older the person, the more time alone is likely. In 1998 Canadians 75 and older spent eight hours alone a day on average, compared with 4.7 hours reported by people 15 to 24.

There are positive and negative aspects to this picture. Is it not a cause for celebration that increasing numbers of older adults can live independently? Also, time alone does not necessarily equal 'unhappy time or loneliness'. These are all important factors. However more and more time alone may contribute to loneliness and a sense of disconnection from community.

**"We simply have to spend more time with each other, within and across generations. If you are looking for a simple, tangible way to improve the quality of life of seniors, this seems like an ideal place to start."** Ivan Hale, IFA.

Reference:

*Mental Health and Aging, Expression, 2002,*  
National Advisory Council on Aging

## Community Resources:

**Canadian Mental Health Association** Tel: 737-7791. Provides community mental health support services and referrals. The CMHA has completed a two-year research project assessing the mental health needs of seniors and the role home can play in meeting those needs.

### **Supporting Seniors' Mental Health through Home Care:**

**A Policy Guide** discusses the key system features required in order for home care to promote seniors' mental health.

### **Supporting Seniors' Mental Health:**

**A Guide for Home Care Staff** a practical tool for use by individuals who work with seniors in their homes. It provides checklists and tools to increase skills which support mental health, and to help staff deal with issues detrimental to seniors' mental health such as social isolation, functional decline and caregiver stress. Guides may be ordered through the CMHA web site or downloaded free. Visit **www.cmha.ca**.

**Alzheimer Society of Ottawa** Tel: 523-4004. Provides support and information to individuals and their families about Alzheimer's and other dementia. Visit

**www.alzheimer.ca**. This site offers a checklist of the 10 signs of caregiver stress, many of which are related to depression. There's also a caregiver forum for sharing information and personal experiences.

### **Geriatric Psychiatry Community Services of Ottawa**

Tel: 562-9777 ext.221, 222. Helps seniors and their families with problems such as depression and caregiver stress, memory loss, anxiety.

### **Royal Ottawa Hospital Geriatric Psychiatry Program.**

Serves seniors suffering from a severe and complicated psychiatric illness. Referral by a physician required.

### **Centre for Counselling and Pastoral Services.**

Saint Paul University. Tel: 782-3022. Provides a range of counselling services for individuals and families.

**Tapestry House** Tel: 562-9628. Offers workshops, support groups and respite for care-givers.

### **The Caregiver Network [www.caregiver.on.ca](http://www.caregiver.on.ca).**

**Sound Mind** Ottawa's only radio show on mental health issues. Every Wednesday 9:30 a.m. – 10:00 a.m. CKCU 93.1FM.



**The Dementia Network of Ottawa has just released a report with recommendations for action from the Dementia Care Forum II. For information contact the co-chairs:**

- Dr Bill Dalziel, Chief, RGAP tel: 761-4568
- Ms. Barbara Schulman, SCO Élisabeth Bruyère Health Centre, Health Service tel: 562-6344

**www.canadian-health-network.ca** - funded by Health Canada in partnership with dozens of health organizations across the country. This site lets you search by topic, group, resource type and by province.

**www.ontario.cmha.ca** - Canadian Mental Health Association Ontario Division

# MEMBERS' CONNECTION

by Jean McQuilliam

**Hello:** In recognition of Mental Health Week, May 5-11, the focus of this issue is on mental health and aging. One of the tips for staying mentally healthy is to increase the number of pleasant activities in your day. World Poetry Day is celebrated on March 21 and what better recipe for your mental well being than to read a favourite poem or discover new poets.

**"While prose may carry all the facts, the voice of verse is sweeter, for poetry transports the soul on lilting rhyme and meter."**

## UPCOMING COA EVENTS

### Spring Fundraising Luncheon

Thursday, April 10, 2003

12 Noon to 2 pm

Ottawa Congress Centre

Keynote Speaker: The Honourable Monique Begin

"Health, Care in the Home and the Elderly - My Vision"

**Tickets:** Individual \$50 - Sponsor a table \$ 500 and up

### Annual General Meeting

Wednesday, June 4, 2003

Elisabeth Bruyère Health Centre - Jardin Gilberte Paquette

Keynote Speaker: Judith Maxwell



## VOLUNTEER RECOGNITION

RITA GRAVELLE

DIANA SOAME

MERILYN MILLER

DOROTHY VAN DUSEN

**V** is for the vigour that you bring  
**O** is for the opportunity to make new friends  
**L** is for the life experience you share  
**U** is for the unstinting loyalty you have  
**N** is for the nurturing you give  
**T** is for the time you give  
**E** is for the enthusiasm you bring  
**E** is for the energy you have  
**R** is for the reasons you have to volunteer.

A special tribute and heartfelt thanks to the members listed above who volunteer in the Council's office and help with a variety of tasks such as phone calls and mailings.

## VOLUNTEER HOURS

**Would you please keep track of the hours you volunteer for the Council by reporting them to the Chair of your committee. Thank you!**

## In Memoriam

Donald W. Simpson 1912-2003

Don Simpson, President of the Council on Aging from 1980-1982, former seniors' activist and former president of the Senior Citizens Council died on January 31. Don was a teacher, principal and inspector of schools, as well as having been the Director of Indian and Northern Education for the federal government. During World War Two he flew 33 missions in Lancaster bombers, winning several medals including the DFC.

Don was a person who engaged fully in life, with his family, his church, his community and his wish to help others by improving services, institutions or organizations. To know him was to laugh with him and experience his openness and warmth. However, he always had his serious side as well. He had the vision to know what seniors needed and the commitment to see that they were involved. His contributions and his memory are valued. We mourn his passing.

Carol Burrows, COA President

## MEMBERSHIP DRIVE 2003

Our aim is 500 members. Would you please reaffirm your commitment to the work of the COA by renewing your membership now. Membership forms are enclosed with this newsletter. We are also asking your help in recruiting new members among your friends and members of your community.

## MEMBERSHIP DATABASE UPDATE

*The Council depends on volunteers to carry out its many activities in support of its mission of enhancing the quality of life of seniors in Ottawa.*



Would you please complete and return the enclosed questionnaire so that we may enter your interests and expertise in our database.

## VOLUNTEERS REQUIRED FOR COA SPEAKERS' BUREAU

If you have a background in seniors' issues and have an interest in addressing groups on these topics, why not consider volunteering your skills and expertise to the Speakers' Bureau?

For information contact Hubert Frenken.  
Tel : (613) 828-4581 or  
e-mail [hubertf@travel-net.com](mailto:hubertf@travel-net.com)

# RESPONSE TO THE REPORT OF THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

The Council on Aging of Ottawa

The Council on Aging established a Task Force to develop a response to, The Commission on the Future of Health Care in Canada (Romanow Report) to follow-up on the two documents – Care in the Home: Challenges and Opportunities (April 2002) and Care in the Home: A Basic Right for Every Canadian (Fall 2002) as referenced in the background to this report. The Romanow Report, along with the previously released Kirby Report, The Health of Canadians – The Federal Role (October 2002), provide excellent direction for health care reform in Canada. This response reflects the view of the Council on Aging.

## RESPONSE TO THE FINAL REPORT OF THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA

The Council on Aging of Ottawa applauds the vision for modernizing the Canadian health care system outlined in the report of the Romanow Commission.

### Accountability:

The Council on Aging concurs with the Commission's direction that a principle of accountability be added to the Canada Health Act. Canadians are the principal stakeholders of the public health care system and as such, the Council on Aging strongly supports the recommendations to make the system more transparent and to make decision-making structures more inclusive.

### Home Care Services:

**The Council on Aging strongly believes that care in the home must be recognized as an essential component of the health care system and be provided with adequate resources to meet the rapidly escalating demand for services.**

The Council on Aging believes that seniors will benefit from the recommended national approach to home care and the inclusion of mental health services, home care services for post-acute patients, and palliative home care services as medically necessary services under the Canada Health Act as a first priority.

The Council on Aging believes, however, that care in the home must include preventative and supportive services that contribute to the quality of life for frail elderly living at home. Given the choice, the majority of seniors prefer to live at home. Care in the home begins with family caregivers who provide the majority of care to the elderly. Many of these caregivers are seniors themselves, who often put their own health at risk to care for their relatives. Without appropriate access to support services, many

caregivers and care recipients are placed prematurely into hospitals or long-term care facilities. Assistance with bathing, dressing, meal preparation, security checks, friendly visiting, and respite for family members can contribute in a significant manner to the safety, security and independence of frail elderly living at home and thus prevent, or delay institutionalization.

A recent study in British Columbia which followed clients who had house cleaning services cut, concluded that, "These simple, cheap services appear to help maintain the elderly person's functioning and prevent his or her deterioration" Study author, Marcus Hollander, PhD stated "We found that a significant proportion of people seemed to have a health care crisis a year or two after their services were cut that ultimately cost the system more."

**... "By the end of the third year, the difference in total average cost to the health system was about \$4,000 more per person (per year), so clearly this 'cost-saving' measure was not cost-saving at all. "**

The Council on Aging urges the federal government to shorten the timelines outlined for implementation of the home care recommendations. There is an immediate need to begin a review and early implementation of the preventative and home support services that contribute to the quality of life for frail elderly and their families. It is urgent that these services become part of a comprehensive system.

The Council on Aging seeks clarification regarding the definition of "medically necessary" and a detailed outline of the basket of services to be included with the priority home care services.

### Human Resources:

The Council on Aging supports the Commission's recommendation to develop a comprehensive and integrated human resource plan for addressing issues related to the supply, distribution, education and training, remuneration, skills and patterns of practice.

The Council acknowledges that human resource planning is a significant issue across the health care system. However, the Council wishes to emphasize the urgent need to address human resources in the community sector. The experience in Ontario demonstrates that lack of job security, and low salaries and benefits contribute to a migration of community providers to institutional settings (hospitals and long-term care facilities). It is critical that issues of parity be addressed in order to sustain the community system.

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## Financial support to family caregivers:

The Council on Aging applauds the acknowledgment of the significant contribution of family caregivers to the care of their family members. The Romanow Commission requests direct support be provided to informal caregivers to allow them to spend time away from work to provide necessary home care assistance at critical times. The Council on Aging wishes to note, however, that with appropriate formal support and care for their family member, many individuals will be able to continue to work.

The Council on Aging appreciates the direction expressed by Anne McLellan, Federal Minister of Health (January 21, 2003), "The Government of Canada is committed to complementing these efforts with compassionate care benefits through the Employment Insurance program and job protection through the Canada Labour Code for those who need to leave their job temporarily to care for a gravely ill or dying child, parent or spouse." Council encourages the extension of these provisions to provincial labour codes.

The Council on Aging welcomes the spirited dialogue and debate that the Romanow report and the previously released Kirby report have fostered regarding the future of health care in Canada. The Council on Aging urges the federal and provincial governments to show the political courage to listen to Canadians and to show leadership by acting immediately to implement the recommendations of the Romanow Report.

## Background

The Council on Aging strongly believes that care in the home must be recognized as an essential component of the health care system and be provided with adequate resources to meet the rapidly escalating demand for services. Two documents produced by the Council on Aging reflect the views of our members in terms of care in the home: Care in the Home: Challenges and Opportunities (April 2002), and Care in the Home: A Basic Right for Every Canadian (Fall 2002).

## Care in the Home: Challenges and Opportunities (April 2002):

**This report concludes that care in the home is crucial to the success of health reform and to making the overall health care system function more efficiently and effectively. Care in the home is central to the health care system because it can often prevent, delay, and substitute for admission to acute care hospitals and long term care facilities, at a lower cost. Given two clients with the same level of needs, the best value comes from supporting the client at home. Since most elderly clients prefer to stay home, it is advantageous for the appropriate services to be there to enable seniors to stay at home for as long and as safely as possible.**

## Highlights and recommendations:

- Today there are more than 90,000 seniors in the City of Ottawa, 12% of the total population .
- In the 1996-97 fiscal year, the 65 and over population was three times more likely to be hospitalized than the population as a whole and for those aged 75 and over it was almost four times .
- Comprehensive care in the home gives seniors choice and the support they require to stay well and independent which is key to their quality of life.
- Although most seniors are well and do not require services, the majority of those who need assistance require help with daily activities (such as bathing and meal preparation) over the long term.
- Due to the decrease in hospital beds, patients are being released "quicker and sicker" into the community with the expectation that services will be there when needed.
- A large proportion of care of the elderly in their homes is provided informally, largely by family and of that to a large extent by wives, daughters and daughters-in-law .
- In the City of Ottawa in 2000/2001 – more than 3,600 volunteers provided approximately 200,000 hours of service to the community long-term care system; the volunteer role is becoming more complex; the pool of volunteers is diminishing in size, aging and facing increased risk of burnout. Agencies struggle to recruit and to provide ongoing volunteer training.

## It is recommended that:

- The essential role of "Care in the Home" as an integral part of Canada's health care system be reaffirmed through inclusion in the Canada Health Act.
- Care in the home services be resourced more appropriately to reflect changing demographics and location of care.
- The importance of health promotion and illness prevention programs for seniors be reaffirmed and funded appropriately in order to reduce future health care costs.
- Accountability at all levels be integral to the delivery of services.
- The Ministry of Health and Long-Term Care provide the lead and means for the development of databases and outcome indicators in order to ensure accountability through the provision of timely and accurate information.
- That additional support for family caregivers be provided by changing the current caregiver non-refundable tax credit to a refundable tax credit.

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## **Care in the Home: A Basic Right for Every Canadian (Fall 2002):**

**This report was developed, as a submission to the Romanow Commission and reaffirms that care in the home is central to the wellness of seniors and to the health care system. Care and support in the home can delay or substitute for admission to acute care hospitals and long-term care facilities, at lower cost. Shared responsibility wide access and appropriate resource allocation are prime ingredients to sustain a national home care strategy and the overall success of the health care system.**

The following issues were presented in this submission to the Romanow Commission:

- Without a national strategy, the delivery of home care services between and within provinces is inconsistent.
- In 1997, 45% of unattached seniors were considered to have low incomes . Without a nationally mandated home care program, isolated and impoverished older adults are less likely to have access to the services necessary to remain safely at home. Acute care needs often receive priority. With the restructuring of the health care system and earlier discharge from hospitals, frail seniors with complex needs require long-term services. Due to budget constraints, many seniors are competing for scarce resources and paying for private care.
- Families provide almost 90% of care in the home . These informal caregivers are largely undervalued, under-trained and at times, highly stressed and ill themselves .
- Many caregivers of seniors are seniors, who often put their own health at risk to care for elderly relatives. Without appropriate access to support services, many caregivers and care recipients are prematurely placed into long-term care facilities.
- There are insufficient numbers of health care professionals to meet escalating demands for services for seniors. The shortage of physicians trained in geriatrics is well documented.
- Discord among all levels of government limits opportunities for the development of a national home care program. Governments, service providers, the corporate sector and consumers are jointly responsible and accountable for its success.

Through this submission the Council on Aging made the following recommendations to the Romanow Commission:

- Care in the home be extended beyond "health aspects" under the Canada Health Act and be recognized as an essential component of a health care system.

- There be fair, equitable and consistent application of the principles of recognition, support, accountability and transparency to both providers and recipients.
- The range of services required to meet the needs of Canadian seniors be defined, possibly by a non-partisan, inter-jurisdictional body.
- Palliative care, respite care, homemaking, nursing and other professional services be included as part of the range of services that enable seniors to remain autonomous and safely at home as long as possible.
- Both private and public sector employers increase their current level of support for care in the home as well as other health care contributions, in order to demonstrate a shared responsibility in and commitment to maintaining the health of their employees and the larger community.
- A long-range education and human resource strategy be developed to promote stability within the system and best practice initiatives.

## **References**

<sup>i</sup> Dr. Marcus Hollander *Evaluation of the Maintenance and Preventive Function of Home Care*, Friday May 25th (2001) at the annual Canadian Health Economics Research Association

<sup>ii</sup> Centre for Spatial Economics, *City of Ottawa, Population, Employment, Household and Dwelling Projections*, 1996 to 2031, May 2001.

<sup>iii</sup> The Council on Aging, *Ottawa-Carleton: An Aging Population: Fact Book on Aging 1999*.

<sup>iv</sup> Armstrong, Pat, *Council on Aging of Ottawa, Home Care Forum*, March 2001.

<sup>v</sup> Statistics Canada, *A Portrait of Seniors in Canada*, 3rd edition, 1999.

<sup>vi</sup> Ontario Community Support Association, *In 20 Short Years: A Discussion Paper on Demographics and Aging*, 2001, p.10.

## REPORT OF THE STEERING COMMITTEE OF THE ASSEMBLÉE DES AFFAIRES FRANCOPHONES

by Nicole Robert

## SENIOR ACCESSIBLE HEALTH CARE FACING CHALLENGES: FACILITATING CHANGE

by Erin Pollard

Nicole Robert, Director of the Psychogeriatric Community Services of Ottawa, has been named President of the Steering Committee of the Assemblée des affaires francophones, at the January 15 meeting. She will occupy the position of president, on an interim basis, until the annual general meeting. We sincerely thank Mrs. Robert for taking on this task.



The Steering Committee of the Assemblée des affaires francophones is made up of retirees and community leaders and has been meeting on a regular basis since September 2002. The Committee looked at the main issues concerning seniors utilizing a documentation review (reports, studies, consultations) covering the last two years and through this is trying to choose the right direction to contribute significantly to resolving the identified problems.

The Steering Committee has looked at its terms of reference, which are mainly to identify the needs of francophone seniors in the community, to participate in projects undertaken by the Council on Aging and represent the views and preoccupations of the francophones. In the past the Committee has organised, with the help of the community, the Annual Forum, on a variety of subjects: Municipal Services in French; Affordable Housing for Seniors; and Home Care. The Committee intends to continue the Annual Forum, to give to the francophone community the opportunity to speak on themes of interest to them and to develop projects with the Council on Aging aimed at improving services for seniors.

With funding from the United Way/Centraide Ottawa, the Regional Geriatric Assessment Program and the Community Care Access Centre, the Council on Aging launched a project entitled *Senior Accessible Health Care* (SAHC) in early 2001. The purpose of this project is to promote the improvement of access to health care facilities, services and information to better meet the needs of seniors in the City of Ottawa.

The Council on Aging of Ottawa and dedicated partners conducted nine focus groups in the spring and early summer of 2002. Several issues were identified by seniors and professionals in both rural and urban settings. The following individual comments echoed the need for enhanced communication: "There are mixed messages within our staff. Directives and lines of responsibility are often confusing"; "Press 1 for this, two for that. It's frustrating. I forget the reason I'm calling in the first place"; and "Written information isn't helpful if you can't see it." Transportation, education, ageism and physical access were also identified as key issues in accessing health care for older adults.

Information gathered at these focus groups guided the direction of the November 7, 2002 Forum entitled **Senior Accessible Health Care - Facing Challenges: Facilitating Change**. Throughout the day, 87 seniors and health care professionals generated recommendations to enhance access to health care for older adults. Following this wonderful opportunity for information sharing and networking, the SAHC Committee reviewed the data collected, considered each suggestion carefully and created a prioritized list with attached actions that were achievable and within the Council on Aging's stated mandate. To document the insight provided by seniors and health care professionals, the Council on Aging produced two reports. The Executive Summary Report provides a brief synopsis of the prioritized recommendations while the Final Report details the issues and recommendations identified by focus group and Forum participants. The Council on Aging encourages individuals and organizations to contact the office at 789-3577 to obtain copies of these reports.

## QUALITY OF LIFE AT THE END OF LIFE FOR PERSONS WITH DEMENTIA

## QUALITÉ DE VIE EN FIN DE VIE POUR LES PERSONNES ATTEINTES DE DÉMENCE

### A Learning Series for family caregivers

The Quality of Life at the End of Life for Persons with Dementia project is funded by the Ontario Trillium Foundation and is being carried out by Geriatric Psychiatry Community Services of Ottawa, in partnership with the Sisters of Charity Health Services, the Royal Ottawa Hospital, the Dementia Network of Ottawa and the Alzheimer Society of Ottawa. The project's mandate has been to develop and deliver a Learning Series for family caregivers of persons with end-stage dementia in the Ottawa region.

The Learning Series consists of three 90-minute sessions offered over three consecutive weeks. Each session is given by a team of persons with expertise on the matter, offering information, skills and resources. Participants' interventions are highly valued. The topics explored are as follows:

**First Session:** What to expect in late stage dementia: natural course of the disease, possible complications and difficult decisions.

**Second session:** Pain and distress in late stage dementia: looking for cues.

**Third session:** The face of caring in late stage dementia: providing comfort, giving pleasure

Since November 2002, the Learning Series has been offered in two Community Centers and one Long Term Care facility. A presentation is scheduled for Gloucester Senior Adults Center on March 21, 28 and April 04. Harmer House will be hosting the Series on April 23, 30 and May 07. We look forward to offering the Series in French at Manoir Saint-Joseph in May. Other Learning Series will be offered in various locations before the end of the project in March 2004.

Should you wish more information about the sessions, want to register for an upcoming Learning Series or book our services for your facility, contact Nicole Aubé RSW, Project Coordinator at 562-9777, ext. 232, or by e-mail at [naube@scohs.on.ca](mailto:naube@scohs.on.ca).



### Une série d'apprentissage pour les aidants naturels

Le projet Qualité de vie en fin de vie pour les personnes atteintes de démence est subventionné par la Fondation Trillium de l'Ontario et est réalisé par les Services communautaires de géronto-psychiatrie d'Ottawa, en partenariat avec le Service de santé des Soeurs de la charité d'Ottawa, l'Hôpital Royal d'Ottawa, le Réseau de la démence d'Ottawa et la Société d'Alzheimer d'Ottawa. Le projet s'est donné comme objectif de développer et d'offrir une série d'apprentissage pour les aidants naturels de personnes atteintes de démence à un stade avancé dans la région d'Ottawa.

Cette série d'apprentissage consiste en trois sessions de 90 minutes chacune. Chaque session est présentée par une équipe ayant de l'expertise dans le domaine. On y offre des renseignements, des habiletés et des ressources. L'interaction avec les participants est de haute importance. Les sujets discutés comprennent:

**Première séance:** A quoi s'attendre à un stade avancé de démence: le cours naturel de la maladie, les complications possibles et les décisions difficiles.

**Deuxième séance:** Souffrance et détresse à un stade avancé de démence: à la recherche d'indices.

**Troisième séance:** Soins à un stade avancé de démence: reconforter, faire plaisir.

Depuis novembre 2002, la série d'apprentissage a été offerte dans deux centres communautaires et une Maison de soins à long terme dans la région. Les prochaines séries seront données au Centre des aînés de Gloucester les 21, 28 mars et 4 avril prochain et à Harmer House, les 23, 30 avril et 07 mai. Nous anticipons aussi offrir la session en français au Manoir Saint-Joseph en mai. D'autres séries d'apprentissage sont prévues avant la fin du projet en mars 2004.

Si vous aimeriez avoir de plus amples renseignements concernant les sessions, ou si vous désirez vous inscrire pour une des prochaines séries d'apprentissage ou vous assurer de nos services pour votre groupe, veuillez communiquer avec Nicole Aubé, T.s.a., coordinatrice du projet, au 562-9777, poste 232 ou par courriel, [naube@scohs.on.ca](mailto:naube@scohs.on.ca).

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**For information call ~ Pour des renseignements composez le : 789-3577 x 21**

**Note:** Please complete the registration form and submit with payment  
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