



Research Exchange Groups

RESEARCH EXCHANGE GROUP (REG) ON AGING

Meeting with Ann Chafe and Jay McGrath of Service NL

Wednesday, March 15, 12:30-2:00pm

Boardroom, NL Centre for Applied Health Research

Present:

Baker	Rochelle	Coordinator, Communications, NLCAHR
Buehler	Sharon	Retired, Medicine, Co-Convenor of REG
Cake	Les	Retired, Psychology, Grenfell (by teleconference)
Chafe	Ann	Public Service Commission, NL
Didonato	Roberta	Dept. of Psychology, Memorial University Speech Pathologist (LTC) Eastern Health
Dorland	Kirk	Public Health Agency Canada, Halifax
Walsh Martino	Laura	Research and clinical interest in seniors' care
Lester	Rosemary	Board, Seniors Resource Centre
Longerich	Linda	Retired, Medicine (CARP)
Longerich	Henry	Retired, Earth Sciences
McGrath	Jay	Public Service Commission
Porter	Marilyn	Retired, Sociology
Thompson	David	Retired, Philosophy
Wells	Carla	Western Regional School of Nursing (by teleconference)
Whelan	Hilda	Mayor, Whitbourne
Wideman	Gail	Social Work, Co-Convenor of REG
Zendel	Ben	Faculty of Medicine/ Grenfell, Canada Research Chair

Background

The NL government is preparing to appoint a Seniors Advocate. Previously, this sort of position was a political appointment. There is now a process which includes recruitment tasked to the Public Service Commission which solicits information from the stakeholder community and composes the advertisement for the position and screens and evaluates the respondents.

Recommendations are made to the Independent Appointments Commission which then brings recommendations to the House of Assembly. The Seniors Advocate will report directly to the House of Assembly. The required legislation is still being drafted. It is assumed this will be a small office of likely four or five staff. Ann Chafe also mentioned the opportunities to serve as unpaid volunteers on government boards and provided a link to the list of current vacancies.

SYSTEMIC ISSUES FACING SENIORS IN NL:

Connecting Research to Action for Seniors

- Need to improve capacity and funding for locally-based research on aging to support evidence-informed policies for seniors in NL
- Need to support integrated, community-engaged research with seniors as active participants in the research process (“nothing about us without us”)
- Need for baseline data about the state of NL seniors’ wellbeing, socioeconomic status, quality of life and the infrastructure that supports them: accessible caregiving, housing, home repairs, transportation, community activities
- Need to evaluate the success of current services and agencies, e.g. cutbacks to seniors’ care/services

Socioeconomic Challenges:

- Poverty
- Appropriate/affordable housing
- Pension rights, especially of widows/widowers
- Social isolation
- Home support including health, home repairs, transport to appointments

Social Justice Challenges:

- Need for enhanced public awareness (and better services) to support seniors’ rights especially those involving elder abuse and ageism
- Recognition that aging should not be exclusively framed as a “health issue” ; issues of respect, quality of life, finding meaning, spirituality, social connectedness are important
- Need for better conversations among families and caregivers to support the autonomy of seniors to make decisions about palliative care, end-of-life, dying with dignity
- Need for age-friendly communities with access to transportation and opportunities for social engagement.

Community-based Supports (helping seniors to age in place)

- Enhanced caregiver/family supports: reliable, well-compensated, well-trained and available homecare/home support workers
- Support for families and people with dementia living in the community
- Harnessing the energy of younger seniors willing and capable of providing community care, social support, offsetting social isolation
- Building community opportunities to offset social isolation

- Recognizing and supporting community agencies and volunteer organizations that help seniors
- Providing access to community-based healthcare: transportation for rural seniors who must travel for healthcare
- Providing home-based palliative care and quality of life at the end of life
- Recognizing the special needs of senior new Canadians: cultural and language barriers, social isolation issues
- Promoting conversations about end-of-life plans and advocating for dying with dignity
- Providing better oral healthcare for seniors especially in long term care
- Promoting innovation in community care (e.g. alternative care models, community housing models, etc.)

Institutional/Government/Health Services Challenges:

- Addressing rural/urban inequities in access to homecare/healthcare services
- Keeping a baseline prevention and healthy living focus but prioritizing the need to serve the most vulnerable populations (seniors living with serious illness including dementia, in poverty, socially isolated, etc.)
- Improving quality of life for residents of LTC (better food, access to social supports, physical activity)
- Assessing the outcomes of privatization of personal care homes (ethical concerns, quality of care, costs to seniors, etc.)
- Promoting age-friendly acute care models
- Providing oral healthcare for seniors especially in long term care
- Changing physician remuneration models to decrease the need for office visits (e.g., routine test results and follow-up appointments) rather than requiring travel for vulnerable seniors
- Promoting gerontology training for family doctors, recruiting geriatric specialists, profiling gerontology in medical school
- Building collaborative healthcare teams based in clinics where seniors can see a variety of care providers in one visit
- Addressing polypharmacy: the over-use/ over-prescribing of medication for seniors
- Promoting innovations in LTC to get seniors out of isolation: (e.g. Nordic model of integrating LTC with childcare centres, integrating student apartments into LTC homes, etc.)

PRIORITIES FOR THE SENIORS ADVOCATE

- An early environmental scan to compile baseline data on seniors and the infrastructure that serves them
- Making important connections with all community agencies and providers of care and support to seniors
- Identifying our most vulnerable seniors and supporting their needs first
- Establishing an Advisory Council to inform the SA
- Establishing public outreach and education about the nature and role of the SA

- Linking the SA to the research community in NL (new Centre for Research on Aging)

QUALITIES NEEDED IN THE SENIORS' ADVOCATE

Character Traits:

- Leader
- Independent (not politically or economically linked to government or special interest groups)
- Belief in evidence-informed practice and policy
- Change agent (creative and innovative thinker)
- Resolute, strong character (unafraid to speak out, be controversial, tackle unpopular causes)

Experience:

- Communication and people skills
- Substantive track record in working with seniors
- Excellent understanding of issues facing seniors (ask for a written/ oral presentation)
- Extensive work in both rural and urban settings

Education (preferred, but not essential)

- Sociology, social work or other educational background that supports “big picture” thinking and understanding of governance and society, etc.

“IF I COULD HAVE MY WISH”, the Seniors’ Advocate would...

- Be self-determined and independent
- Have their performance evaluated
- Produce measurable results and make real change in the lives of seniors
- Be known right across the province, not just in St. John’s
- Motivate people/become a catalyst for a province-wide grassroots community movement devoted to improving the lives of seniors in NL
- Work towards the ultimate goal of having every senior in NL live their life to the fullest, to the end (work themselves out of a job!)
- Work closely with an advisory council and listen to the needs of seniors
- Serve as the Director (or in other ways be strongly linked) with the NL Centre for Research on Aging