



## OWN E-LETTER – December 2018, Vol. 5, Issue 3



Eng-AGE ©



from the OWN desk

E. Harris

Women, Philanthropy, Non-profits and more.....

In November, Kate Chung and I attended the Ontario Healthy Communities Coalition's 26th AGM at the Brickworks in Toronto. The valued work of the Older Women's Network was acknowledged with the Sheila Lupson Healthy Communities Recognition Award. At this meeting, a panel of 5 community leaders explored new directions in changing times. Cathy Taylor, a panelist and member of the Ontario Non-profit Network (ONN) presented statistics and innovative funding options for provincial non-profits.

**"Ontario's non-profit sector is the largest in Canada.** The sector is a \$50 billion economic driver that collectively employs one million people. Rather than extracting shareholder profit, non-profits leverage government and other investments via earned income, donations, and volunteer hours to promote community benefit throughout the economic sectors in which they are active. It is a socio-economic force driving the province and our communities. Together, non-profits address community challenges and opportunities through on-the-ground solutions and real collaboration that improve the lives of Ontarians."

Ontario's Non-profit Sector: a large driver of economic and social development

- 55,000 non-profits and charities operating in communities across Ontario
- Employs over one million workers (600,000 full-time workers)
- 5.2 million volunteers
- Contributes 2.6% of Ontario's GDP; \$50 billion in economic impact
- 45% of income is earned independently of government funding and donations

**Did you know that OWN is one of 30,000 non-profits that are run by volunteers only?**

**It begs the question....how do we compete for volunteers and funding?**

**“When women give, they give big.”** That’s one of the findings of the TD Bank report, Time, Treasure, Talent: Canadian Women and Philanthropy.

For female donors, opening their wallets starts with opening their hearts. A life-changing event, a birth, a death or a health scare....is one of the biggest motivating factors that prompts women to give.

**“The transfer of wealth that will take place over the next two decades is unprecedented, as is the amount of liquid wealth that will be controlled and directed by Canadian women of all ages.”** (Source: TD Bank)

Women are more likely to be **driven by issues** than men, and that women have a higher level of confidence in the ability of the charitable sector to deal and resolve various social issues than they have in either government or the commercial sectors to provide solutions. Given this level of confidence in the sector, it is not surprising that women are likely to encourage other women, particularly members of their immediate family, to both participate in and to support the efforts of the charitable and non-profit sector.

**“Two asset flows – one horizontal between spouses and partners and the other vertical between generations – will result in an estimated \$900 billion flowing to the bank accounts of Canadian women over the next 10 years.”** (Source: TD Bank report)

**In the years ahead, the importance of women as financial supporters will continue to rise, and female donors will build a caring, loyal and growing donor base. Your generous support, at this time of year, is very much needed. Will you take the challenge of being a donor?**

OWN represents at least 1 million midlife and older women in Ontario. Advocacy has been and remains the hallmark of Canada’s democracy. Our task is to work with other socially, environmentally, gender and senior based groups, to keep and extend a fair, just society. The way in which OWN and other Canadian women’s organizations have forced their way to the table and enlarged both the process of constitutional change and its results, is remarkable!

And so we hope that women everywhere, with their complacency shattered and usual preoccupations put aside, will come out and financially support OWN, as we create a new women’s enterprise.

Many heartfelt thanks to ALL our monthly donors as well as the following creative and in-kind donations from Dr. Marion Lynn, Velma Demerson, Elsie Dollekamp, Renee Simon, Sue Gould, Susan Mansfield-Jones, Bev Wade and Thelma Allen.

## Activism and Intersectional Feminist Advocacy:

Following the provincial election, the former members of the Provincial Roundtable on Violence against Women created a VAW Communications Steering Committee. This committee will work on internal and external messaging as issues arise, as well as proactively providing information on key issues to others in the gender-based violence sector.

### Our position statement:

- It's expensive not to address violence against women: it impacts everything from our health system to criminal law processes to the overall economy. The yearly economic cost of sexual violence is \$4.8 billion and spousal violence is \$7.4 billion -- compare this with the costs of gun violence in Canada, which is \$3.1 billion. These figures are from 2013 and 2009 respectively; and so with the cost of inflation, we can only assume that the economic costs have risen for both. What we do know is that both sexual violence and spousal violence are crimes in which the majority of victims are women.
- Violence against women is a serious non-partisan issue.
- Violence against women affects every community in Ontario from rural to Northern to urban communities.
- Collaboration is key to ending violence against women. It requires focused government attention in collaboration with community partners. The Violence Against Women Roundtable enables strong relationships between government and the violence against women sector. We will work with government to ensure that everyone is safe and healthy in Ontario.
- Sustainable funding for community-based supports and services for those impacted by violence against women -- survivors, children, community members and perpetrators -- fosters safe and healthy communities.
- It is vital to support the leadership and expertise of Indigenous organizations in addressing violence against Indigenous women.
- There must be an implementation of the Gender-Based Violence Strategy funding commitments, i.e. Family Court Support Worker Program, community-based sexual assault centres and community-based and Indigenous specific sexual assault centre funding.
- The work to end violence against women must leave no one behind. Marginalized communities face different barriers to accessing safety and support which must continue to be addressed (i.e. deaf women cannot access services if there is no ASL interpreter, women in rural communities face few services and long distances with no public transportation to get to them).

\*Check our website and facebook page for more info on OWN activities and news regularly.

<http://olderwomensnetwork.org/>

<https://www.facebook.com/OlderWomensNetwork/>

**Support Us:** We welcome donations to support our advocacy work. Please send cheques payable to Older Women's Network to: 115 The Esplanade, Toronto, Ont. M5E 1Y7.

**Disclaimer:** The views and opinions expressed in the following articles are those of the authors, and do not necessarily reflect the official policy or position of the Older Women's Network.

## **OWN'S Annual Signature Event**

On Tuesday April 17<sup>th</sup>, 2018 OWN celebrated Equality Day. This is the day when gender was specifically added to the Charter of Rights and Privileges, making women equal to men. Every year we invite a speaker to address how women are gaining, using or losing their rights and privileges. In the past we have heard from former Mayor of Toronto Barbara Hall, women's rights lawyer Mary Ebert, journalist Antonia Zerbiasis, and the Honourable Dr. Carolyn Bennett, a long-time member and supporter of OWN and federal Cabinet Minister.

This April 17<sup>th</sup> we were honoured to have Doctor Reverend Cheri DiNovo speak about her experiences as female clergy and an MPP. An excellent speaker, Cheri had the audience hanging on her every word.

Most interesting was her telling us that she wore her clerical collar everywhere to make a point. She has been accused of posing as a minister and this gives her the opportunity to explain how women are being accepted in many denominations. As an MPP she acted as party whip for a time. In that position she was also able to smooth over disputes and facilitate communication between parties. Many thanks are due to Cheri for sharing her insights and experiences with us.

We ended the afternoon with cake, tea and coffee and mingling. Many thanks to all the volunteers who made the day such a success.

Don't forget to save next April 17<sup>th</sup> for another celebration!

## **Service Canada Ontario Region Seniors Advisory Committee (SAC) Meeting Report from the June 28, 2018 Meeting**

by Marilyn Schafer and Claudette Morier

On behalf of OWN we attended a meeting of the Service Canada Seniors Advisory Committee on June 28, 2018, held at the federal building at 4900 Yonge Street. This committee concerns itself with seniors programs handled by the department such as Canada Pension, Old Age Security, and the Guaranteed Income Supplement. Marilyn Schafer and Claudette Morier were in attendance on your behalf.

There has been an ongoing project to modernize and streamline the enrollment and payouts for pensions and the latest report showed that this was going extremely well. More people can enrol online at a Service Canada Centre, if not at home, and are therefore "put into pay" faster

than previously. Many people are not aware of their right to these benefits and to that end there is a greater emphasis on outreach.

In 2019 enhancements to the **Canada Pension Plan** will occur and these include:

- An increase in the limit on pensionable earnings to 14%
- A top-up benefit for disabled retirement pensioners under 65
- Increase in the Death Benefit to \$2500

The **National Seniors Council** has been reconstituted and is to begin work on developing a new program for the current three year cycle.

In November 2017 the Government launched a 10-year, \$40 billion **National Housing Strategy** that aims to reduce chronic homelessness by 50%. One example of how this is to be accomplished is the National Housing Co-Investment Fund, which will provide loans to ensure that the existing rental housing is not lost to disrepair and to develop new affordable housing.

In the **New Horizons** update it was announced that they have added grants for small projects up to \$5000.

## **Addressing Elder Abuse in Ontario**

A presentation by Stéphanie Cadieux, East Regional Consultant with Elder Abuse Ontario

[http://brainxchange.ca/Public/Files/Elder-Abuse/AddressingAbusiveBehaviourInLTC\\_OpportunitiesForCh.aspx](http://brainxchange.ca/Public/Files/Elder-Abuse/AddressingAbusiveBehaviourInLTC_OpportunitiesForCh.aspx)

## **Bullying between Older Adults: What is happening in Ontario?**

Senior to senior bullying is concerning, yet the majority of bullying research has virtually ignored bullying amongst older adults. Together with Elder Abuse Ontario, and a grant from the Social Sciences and Humanities Research Council of Canada, we are working towards filling this void in the research. By understanding what is happening in Ontario, we will be able to develop best practices and strategies in this diverse population.

The Centre for Elder Research, working in partnership with Elder Abuse Ontario (EAO), is conducting an Ontario-wide study to help us learn more about the prevalence and nature of bullying between older adults. The data will be used to help create a resource package outlining best practices for seniors and those working with seniors to stop bullying.

## **Long Term Care in Ontario**

OWN endorses Councillor Matlow's motion on

The Butterfly Approach: Making Toronto's Long-Term Care Homes more Caring, Respectful, and Supportive.

Read more on Butterfly Care Homes here:

<http://www.dementiacarematters.com/carehomedevlopment.html>

On July 25<sup>th</sup>, Council unanimously adopted the following motion moved by Seniors Advocate Matlow, directing the City's LTC division to work with the Accountability Table to report back on what is needed to run a butterfly pilot in Toronto and to implement elements of the model immediately.

#### **RECOMMENDATIONS:**

1. Council directs the General Manager, Long-Term Care Homes and Services to:

- a) Within existing resources, provide better supports for seniors living with dementia in the City's 10 Long-Term Care Home and Service units by implementing key measures inspired by care-based programs such as the Butterfly and Greenhouse Project models.
- b) Report to the first meeting of the Community Development and Recreation Committee in 2019 on the potential for a full pilot project inspired by care-based programs, such as the Butterfly and Greenhouse Project models, to better support seniors living with dementia, in one of the City's 10 Long-Term Care Homes and Services units, including:
  - i) Outcomes of residents in other jurisdictions living in Long-Term Care Homes employing an innovative care model;
  - ii) financial impacts and potential for savings in the short, medium, and long-term;
  - iii) supports and resources LTCHS would require to further embed a new approach across the City's 10 LTC Homes;
- c) Together with the Seniors Advocate, tour the municipally-owned and operated Redstone House at Malton Village Long-Term Care Centre in Peel Region where the Butterfly approach to dementia care was recently implemented.

#### **SUMMARY:**

The Butterfly, Greenhouse Project, and other innovative approaches are transformative, emotion-centred service models for residents with dementia in long-term care facilities that provides gentle, holistic, individualized care. These approaches help staff and leadership to focus on the emotional wellbeing of residents with dementia, and all seniors, in their care.

For example, the recent implementation of the Butterfly service approach in a municipally-operated Long-Term Care Home in Peel Region was the subject of a recent series of articles in the Toronto Star, reportedly showing positive outcomes for residents and improved job satisfaction for staff. Evidence collected from the application of this approach in British Columbia demonstrates improved health and safety outcomes for seniors, including a 43%

reduction in falls, 58% reduction in violent incidences, and 100% reduction in the use of pain medication.

This motion is urgent as there are no further meetings of Standing Committees and Council until after the October 22, 2018 municipal election. The next regular business meeting of Council will not be held until January 2019. To avoid a delay of at least six months, this motion is being introduced today to ensure that elements of these care-based approaches can be piloted immediately, in consultation with the Toronto Seniors Strategy Accountability Table and other stakeholders, for the health, safety and wellbeing of the residents of the City's Long-Term Care Homes.

### **OWN endorses the Senior Friendly Care Framework**

<https://www.rgptoronto.ca/wp-content/uploads/2018/02/The-Senior-Friendly-Care-Framework-11x17-Handout.pdf>

The goal of senior friendly care is to achieve the best possible health outcomes for older adults. The Care Framework provides the foundation for achieving this goal through guiding principles and defining statements which are intended to foster improvements in care across the system and inspire greater collaboration between older adults and their caregivers, care providers, and organizations.

### **OWN Op Ed**

#### **Why Loneliness Can Be Dangerous—Even Deadly**

By OWN member Karen Henderson

Founder/CEO Long Term Care Planning Network

**Loneliness is our modern day epidemic**—it's considered a bigger health risk than obesity, or smoking. In fact, one can die from loneliness. In Britain research has found that more than 9 million people often or always feel lonely. One survey found that 360,000 people over 65 had not had a conversation with friends or family for a week, while 200,000 hadn't had one in more than a month. In response to these numbers, UK Prime Minister Theresa May has appointed a Minister for Loneliness.

Canada's most recent census found that people living alone accounted for 28% of all households in 2016. They were, in fact, the most common type of households for the first time that year, ahead of couples with or without children, single-parent families, multiple family households and all other combinations of people living together.

In the last decade alone, physicians and researchers have begun looking deeply into the impact of loneliness and social isolation on health, wellbeing and mortality, and the data on the subject is overwhelming: A lonely person is significantly more likely to suffer an early death than a non-lonely one. A few years ago, researchers at Brigham Young University conducted a meta-

analysis of scientific literature on the subject, and found that social isolation increases your risk of death by an astounding 30%, and some estimates have it as high as 60%! Loneliness and social isolation are connected with depression and substance abuse—even suicide, and loneliness is a risk factor for accelerated cognitive decline in older adults, according to research presented at the 2015 Alzheimer’s Association International Conference. The loneliest people in the study experienced cognitive decline at a rate approximately 20% faster over a 12-year period than people who were not lonely.

How else can loneliness be harmful? If you live alone and have a fall or accident, there may not be someone around who can help; loneliness appears to have a direct physiological impact on the body, from the hardening of arteries to depression of the immune system. It can create high levels of inflammation, is a source of stress and can result in poor sleep—all factors that are seriously detrimental to basic good health.

The literature confirms that there are a variety of risk factors that increase the possibility of seniors becoming socially isolated. These include, but are not limited to the following:

- Living alone
- Being age 80 or older
- Having compromised health status, including having multiple chronic health problems
- Having no children or contact with family
- Lacking access to transportation
- Living with low income
- Changing family structures, younger people migrating for work and leaving seniors behind, and location of residence (e.g. urban, rural and remote).

Everyone feels lonely from time to time, but not all of us want to admit it. There is a social stigma to admitting we are lonely—there must be something wrong with us. As a result, we don’t talk about it, making things even more complex.

It’s important, however, to remember that feeling lonely is not the same as being alone. Some people who are socially isolated don’t necessarily feel lonely, and some people who are lonely are surrounded by people who make them feel *more* alienated, not less.

A 2012 Statistics Canada Report stated that almost 25% of seniors wished for more social participation. If you know a senior who does not want to leave the house, you—or her doctor—need to determine why. Is she in pain? Is she afraid of falling? Does she need transportation? Or is she just happy with the way she is living her life?

What can be done to combat the increasing isolation of seniors? Make transportation more available and affordable; promote a sense of purpose by offering volunteering opportunities; encourage seniors to maintain attendance at their place of worship; encourage pet ownership if appropriate; encourage hearing and vision tests and make adaptive technologies—ranging from



hearing aids to walkers—more available. Finally, and probably most importantly, reach out to seniors in your community. Say hello, ask if you can help with chores such as shopping or washing windows—keep a friendly eye out in case anything seems amiss. Remember... we'll all get there at some point. What goes around comes around.

#### Resources

- RISE <http://rise-cisa.ca/resources/best-practices/>
- HelpAge Canada <http://helpagecanada.ca>
- The Loneliness Project [thelonelinessproject.org](http://thelonelinessproject.org)
- The Loneliness Quiz <https://psychcentral.com/quizzes/loneliness-quiz/>

#### The Heart and Stroke Foundation of Canada

##### Time to See RED

**Women are under-researched, under-diagnosed, under-treated and over-dying.**

According to the heart and stroke foundation of Canada, women with heart disease and stroke are often victims of a gender-biased system that is ill-equipped to diagnose, treat and support them. Heart & Stroke doesn't just envision a better future for women's hearts, they are demanding one. Learn more at [www.heartandstroke.ca/women](http://www.heartandstroke.ca/women), and #TimeToSeeRed.

#### OWN supports the RGP

##### Regional Geriatric Program Update

We are pleased to share our 2018 Annual Report with you. This year's report showcases an important landmark in the care of frail older adults – the launch of our Senior Friendly Care (sfCare) Framework.

Our 2018 Annual Report is concise, but encompasses valuable information which we hope will enable and inspire you to advance senior friendly care across your organization and region, including:

- What's happening with Senior Friendly Hospitals
- Practical tools for implementing the sfCare Framework
- The soon to launch Senior Friendly 7 (SF7) Toolkit which transforms the traditional sector-silo approach in evidence-based clinical practice tools
- Innovations in caring for older adults with responsive behaviours in long term care homes
- What senior friendly care means to older adults and their caregivers, including the top 2 themes that emerged when they were asked this question

[Click here](#) to read the report, and please feel free to share it with others.

**About the Regional Geriatric Program of Toronto (RGP):** We are focused on achieving better health outcomes for frail older adults. We drive system change to advance the quality of care

for older adults living with frailty, and innovate bold solutions to complex care problems. The RGP actively supports 136 specialized geriatric service teams in 37 organizations across 6 LHINS. Thank you for your support.

**Barbara Liu, MD, FRCPC**

Executive Director, Regional Geriatric Program of Toronto

Geriatric Medicine Postgraduate Program Director, University of Toronto

2075 Bayview Ave, Room H479 | Toronto, ON | M4N 3M5 | T: 416-480-6766 | F: 416-480-6068

[barbara.liu@sunnybrook.ca](mailto:barbara.liu@sunnybrook.ca)



**OWN HOUSING COMMITTEE**

**News Flash! One bedroom units in Toronto are now going for \$2,260**

<https://www.blogto.com/real-estate-toronto/2018/12/average-cost-one-bedroom-rental-toronto-hits-2260/?fbclid=IwAR2fizHSeHugoil21uOnY6NEz6L1QzbOFCS5FViejKpjszp7mluJC5eoBGg>

**It's currently more expensive to rent an apartment or condo in Toronto than anywhere else in Canada.**

**THE SHELTER AND HOUSING JUSTICE NETWORK ANNOUNCES ITS FORMATION, DECLARES TORONTO A HOMELESS DISASTER AND LISTS DEMANDS TO COMBAT THIS GROWING DISASTER**

**(Toronto)** The Shelter and Housing Justice Network (SHJN) has announced its formation in a press conference at City Hall on Thursday morning December 13, 2018.

SHJN is a collective of homelessness and housing advocates, shelter providers, healthcare professionals, faith leaders, legal workers, and researchers, who have come together to name homeless a disaster in Toronto and to list demands that will combat this growing disaster.

SHJN is comprised of frontline advocates and experts from such noted organizations as Health Providers Against Poverty, the Ontario Coalition Against Poverty, the Interfaith Coalition to Fight Homelessness, the Street Nurses Network, Toronto Overdose Prevention Society, No One Is Illegal and many others.

SHJN declares homelessness a disaster in Toronto and a national disaster. The Network was established as a humanitarian response to this crisis. “The homeless disaster must be recognized and responded to by all levels of government, with the intensity, urgency and foresight needed to save lives”, stated Steven Meagher, Lead for SHJN, who works at the Christie Refugee Welcome Centre.

OWN member Cathy Crowe C.M., street nurse, and a driving force behind SHJN, noted that it was 20 years ago the Toronto Disaster Relief Committee declared homelessness a national disaster, “and today a new Network of organizations has come forward to reaffirm the state of that disaster caused by government inaction on social housing.”

SHJN’s declaration comes as numbers in Toronto’s emergency shelter system reach record highs. On December 10<sup>th</sup>, 994 people slept in 24 hour respite centres, drop-ins, and churches and synagogues through the Out of the Cold Shelters.

Councillor Wong-Tam, who spearheaded efforts on Council to open the armories, and 1000 new shelter beds during last winter, warned we are headed for a repeat of that crisis. “Clearly what the Mayor and Council are doing is not sufficient. It’s inconceivable that after last winter’s shelter crisis that we are here today talking about a situation that is only getting worse and places our City’s most vulnerable at risk.”

Now that the network has launched, we will have a document that describes SHJN, its mandate and its immediate 6 demands. Networks, organizations and individuals who may be interested in inquiring about or in getting involved with the work can join us at:

[SHJToronto@gmail.com](mailto:SHJToronto@gmail.com)

## **OWN Special Interest Groups (SIGs)**

The French Group La Vie En Rose meets monthly.

Social Link meets the first Saturday of the month at OWN.

## **Appreciation of OWN Members**

### **In Memoriam:**

#### **Lalitha Brodie**

A long time OWN member passed away peacefully on July 18<sup>th</sup>. She was a former Council member, radio broadcaster, and prolific writer contributing to several special interest groups.

#### **Nora Pivko**

**We are saddened to learn of Nora’s passing. She was a long-standing OWN member. She is remembered fondly by members of our Book clubs, as a fiercely independent and principled woman, with many practical skills. She will be missed but never forgotten.**

## **Bea Levis**

June 2018

Bea inspired us with her quiet elegant defiance, constructive dialogue, enthusiasm, boldness, compassion, empathy, self-agency, advocacy and activism, while she role-modelled positive aging, humility and grace.

We have witnessed Bea offer her many individual skills in embracing a myriad of gender-based issues and seniors' issue.

She engaged in new trends, frameworks, strategies, and networks, addressing social justice issues and encouraged civic engagement. She changed our strength as social pioneers, ie living on behalf of the future and making a difference with our lives by daring to take risks to meet the needs of many on behalf of organisations and society. Bea was a caring person committed to providing the following areas of caring:

Bea was the recipient of many Awards.

I will mention a few...

The Order of Ontario, Dec 2006 "advocating extensively on social justice issues relating to seniors in the areas of pensions, medicare, LT care and housing."

Ontario Gerontology Association – Positive Aging Award

Bea focused her acceptance speech on the centrality of older adults as members of our society who are CITIZENS with rights as well as responsibilities (analogy of sitting in the front seat navigating, not in the back seat).

With an undaunting commitment to working collaboratively and networking with many unions, influencing the Senate, provincial, federal and municipal governments, hospitals, and organisations, especially OCSCO, CPC, OHC and Carewatch, in reducing the demeaning identities of AGEISM.

**To learn more about Bea- see the Anam Cara book in the OWN office.**

## **Anam Cara**

**Anam Cara** is a gaelic term for soul mate. Soul mates share a bond that transcends time and place. OWN has a commemorative record book which honours individuals or a group. A donation to OWN purchases a page in the book with a message concerning the honoree, a photo, or any other tribute desired. This book is on permanent display at the OWN office. It is a great way to celebrate a life. If you would like to take advantage of this, please contact OWN.

