

OWN E-LETTER – September 2019, Vol. 6, Issue 1




Eng-AGE ©



from the OWN desk

E. Harris



Greetings to our OWN members. Hope you all had a great Summer. With the October federal election approaching, we will be issuing a special e-newsletter soon with issue-specific questions to ask your local candidates. This will help you see where the candidates for all federal parties stand on our issues.



A General Members Meeting will be held on Sunday, Nov. 3, 2019, from 2:00pm to 4:00pm. A future notice will be emailed as a reminder.



BEWARE!

Slam the Scam - Protect yourself against fraud



  Know how to recognize a scam, and how to protect yourself from identity theft. See the link below:

<https://www.canada.ca/en/revenue-agency/corporate/security/protect-yourself-against-fraud.html>

For members who receive this Newsletter by surface mail, you can access the above link, or any other link, at your neighbourhood library.

Aging, Women and Health – unique and resilient.

“When it comes to research and knowledge development, older women face double jeopardy — exclusion related to both sexism and ageism.”

Women, Ageing and Health: A Framework for Action (World Health Organization)

Sex and gender definitely matter as we age. Older women and men tend to suffer similar illnesses, but in different forms and at different rates. Sadly, there remain huge gaps in our knowledge of why these differences exist. This is, in part, because clinical studies in some areas still tend to focus on men only. Also, there is still little research being done on how important social determinants of health affect older women and men differently. And finally, researchers often simply ignore older people in general when gathering data. **Read more.....**

<http://www.cwhn.ca/en/resources/primers/aging>

OWN engages...

One year since the 2018 provincial election, OWN contributed to the Ontario Non-Profit Network Sector 360° survey in exploring how the sector is faring with its funding and programs. The objective of the survey is to gather information on how recent decisions made by the Ontario government are directly and indirectly impacting non-profits across Ontario. We also intend to gather perspectives to identify non-profits' current capacity to meet organizational needs and community demands, how non-profits will address their operations if they have experienced funding changes, and to solicit ideas on how the sector can be supported.

On your behalf, OWN member Mary Hynes attends the Toronto Seniors Strategy and Accountability Table Committee as well as on the provincial Ministry of Seniors Affairs and Accessibility.

Moving forward, OWN supports

- aging at home and in communities
- universal design - accessible/supportive/affordable housing
- development of co-ops
- leveraging Ontario properties for low/modest income mixed housing
- better definition of affordable housing
- need for senior and community hubs
- remaining healthy, active and socially engaged
- youth/older adult intergenerational programs
- dementia prevention programs
- staying safe and secure
- shelters not a solution for abused older adults
- vision zero for road safety
- networking with the labour market and economy



CALL TO ACTION

Every year many women wonder how they should celebrate IWD...locally and globally. Here is an idea whose time has come!

We want to encourage all of you and your feminist organizations and networks to join the call out for a **Global Women's Strike for IWD 2020**. Please share widely in your networks. See <https://apwld.org/press-release-labour-day-feminist-groups-call-for-a-womens-strike/>

This call for a Women's Global Strike on 8 March 2020 has been initiated by the Asia Pacific Forum on Women, Law and Development (APWLD), a leading network of feminist organisations and grassroots activists in Asia Pacific. APWLD's 236 members represent groups of diverse women from 27 countries in Asia Pacific.

To learn more about APWLD visit website at apwld.org

To join us, endorse [our political statement](#) and sign up below!

[ORGANISATIONS](#) [INDIVIDUALS](#)

<https://womensglobalstrike.com>

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

<http://olderwomensnetwork.org/>

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

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.

Activism and Intersectional Feminist Advocacy:

Networking and Partnerships:

OWN supports the [Ontario Health Coalition](#)

ALERT! What you should know

List of Cuts, Closures, Restructuring & Major Health Policy Changes to Date

- Cut OHIP+ so parents with sick children will have to seek private coverage first and pay deductibles and co-payments. (June 2018)
- Cut planned mental health funding by more than \$330 million. (July 2018)
- Canceled all new planned overdose prevention sites. (Autumn 2018)
- Cut funding to the College of Midwives of Ontario. (December 2018)
- Cut funding for the dementia strategy.
- Let surge funding run out for hospital overcrowding. Surge beds are now closed without replacement, despite overcrowding crisis. (Fall/Winter 2018/19)
- Cut and restructured autism funding. (Winter 2018/19)
- Set overall health funding at less than the rate of inflation and population growth, let alone aging. This means service levels cannot keep up with population need. (2019 Budget)

- Set public hospital funding at less than the rate of inflation. This means real dollar (inflation adjusted dollar) funding cuts and serious service cuts. (2019 Budget)
- Introduced Bill 74, which gives sweeping new powers to the Minister and Super Agency to force restructuring of virtually the entire health system. (February/March 2019)
- Municipalities revealed Ford government plan to cut and restructure ambulance services, down from 59 to 10. (April 2019)
- Leaked document reveals plans to cut half a billion dollars in OHIP services. On the chopping block are sedation for colonoscopies, chronic pain management services and others. Plans will be made this spring/summer. (April 2019)
- Cut OHIP funding for residents travelling out of Canada. (May 2019)
- Cut 44 positions at the Ontario Telemedicine Network (OTN) – provider of video medical services -- which previously employed 265 people. In other words, 1 in every 6 telemedicine staff positions are being cut. The official dollar figure has not yet been released, but, OTN received \$42 million in provincial funding 2017-18, nearly all came from the Ministry of Health. (May 2019)
- Set 2019 land ambulance grant funding at less than the rate of inflation. This means real dollar cuts to ambulance services. The City of Toronto has calculated the value of these cuts to amount to \$4 million for Toronto alone. (April 2019)
- Plans to reduce the number of Public Health Units from 35 to 10. Cut 27%, or \$200 million, of provincial funding for public health. Toronto Public Health has been particularly hard-hit. The city of Toronto has calculated the cuts to amount will amount to \$1 billion over a 5-year period. Ford government disputes these figures. (April 2019)
- Cut more than \$70 million from eHealth's budget. (May 2019)
- Cut almost \$53 million from the Health System Research Fund, a fund dedicated to research relevant to provincial policy and health-care system restructuring. (May 2019)
- Cut \$5 million in annual funding for stem-cell research at the Ontario Institute for Regenerative Medicine. (May 2019)
- Cut \$24 million in funding for artificial intelligence research from the Vector Institute for Artificial Intelligence as well as the Canadian Institute for Advanced Research. (May 2019)

Overall Cuts/Restructuring

The Ford government is now clearly embarking on the most aggressive and radical health care restructuring that Ontario has ever seen. Previous large-scale restructuring in Ontario undertaken by the Mike Harris government involved province-wide hospital restructuring, including hospital mergers and closures of dozens of local hospitals. It ultimately did not reduce administrative costs as was promised. In fact, it cost \$3.9 billion. That is \$3.9 billion, according to the Provincial Auditor General, to cut \$800 million from public hospitals. The restructuring costs were made up of laying off staff, moving buildings, renovating and rebuilding, re-hiring staff, renaming services, re-doing letterheads and communications systems and so on. The evidence is indisputable that those cost were lost to health care and were never recouped. Moreover, restructuring led to for-profit privatization and new user fees for an array of services. The costs were never recovered and many of the current problems that we face in health care can be traced back to the last two rounds of restructuring.

Bill 74 - Most Radical Restructuring in our Province's History

In the last few months plans have been revealed that expose the Ford government's intent to undertake the most radical health care restructuring in our history. Bill 74, the so-called "People's Health Care Act" has been passed through the Legislature by the majority Ford MPPs against strong opposition. It does not improve a single health care service. What it does is create one mega-merger of 20 agencies into a Super Agency and give extraordinary restructuring powers to the government. This new law launches restructuring for hospitals, long-term care, home care, community mental health and addictions, community care, cancer care, palliative care, labs, eHealth, air ambulance, community health centres, home care, non-profit primary care and more. The Health Minister has revealed her plan is to restructure 1,800 health service providers down to 30 – 50 conglomerates. That's not all though. In the Provincial Budget, plans to cut Public Health by almost 1/3 of provincial funding (27%) and reduce Health Units from 35 to 10 were revealed. Then, municipalities revealed the Ford government's plans to restructure ambulance services from 59 down to 10.

Sweeping new powers to force mega-mergers, transfer services from one community to another, close services, privatize services

The new law gives sweeping powers to the Minister and the government appointees in their new Super Agency to force through mergers, mega-mergers, amalgamations, transfers of services, closures of local services, and entire closures of service providers. In five separate areas in the legislation these restructuring powers enable the government, its appointees, and health service providers to transfer our public and non-profit health care services to for-profit companies. Already for-profit hospital companies are making bids to take over surgeries in London Ontario.

Unfettered powers to force health care providers to restructure, close, privatize

The legislation allows the Minister and the government appointees that run their new Super Agency the power to order, direct and coerce (using their funding power) local providers of service to comply with these restructuring edicts and pressures. It does this in multiple sections of the legislation. In most of these sections there is no fetter on these extraordinary powers and no public process. It takes away any last vestiges of local control over health care. They can close a hospital with the stroke of a pen, move a service to another town or close it entirely, order the privatization of all labs or all surgeries, for example. It is truly shocking.

No public interest protections, no appeals, no access to information, no clear rulings: worst ever

There are no public interest protections in the legislation. There is no public notice at all for most of the sections that give new restructuring powers. There is minimal public notice in one

section. There is no right to appeal anywhere in the legislation. There is no public access to documents anywhere in the legislation. The new Super Agency is not subject even to the conflict of interest rules of the Ontario Public Service. There are no principles to guide restructuring. There is no requirement that any one, not the Minister, not the Super Agency, no one actually measures and plans to meet the population need for health care, protect any local health services, ensures that patients have access to care. There are no procedural protections whatsoever.

OWN supports the Ontario Health Coalition in their efforts to address the severe cuts in services and coverage, especially to midlife and older citizens of Ontario. On your behalf OWN actively influences government at the municipal, provincial and federal level in creating responsible policies.

What can you do about ageism?

Large changes take time and effort. Here are some suggestions.

- **Name it and shame it.** When you see or hear ageism, call it out. Tell people why it's wrong.
- **Use an anti-ageism lens to analyze and question.** Talk with your doctor, pharmacist, or other provider. Ask your MPP (and copy your local councillor):
 - Why do long-term care homes remain shamefully understaffed?
 - Why is the provincial government reducing the budgets of organizations such as the Advocacy Centre for the Elderly (by 30%) and reducing low income seniors' access to public health clinical services?
 - Will the provincial government embrace a national pharmacare program that will reduce or eliminate co-payments for seniors? Will it support the proposed national strategy on appropriate drug use and prescribing? Nearly 2 million Canadian seniors regularly take at least one medication that's wrong for them, leading to falls, memory problems, hospitalizations, and even death.
- **Educate yourself about ageism.** Even senior citizens themselves believe many of the negative stereotypes. Enter "ageism" in your favourite browser and/or go to www.carewatchontario.com for more information.

Pro Health Navigators Canada

Our knowledge. Your peace of mind.

www.prohealthnavigatorsCanada.com, 905-562-6883, info@prohealthnavigatorsCanada.com

10 Tips to improve your health care experience

10. Speak up! Never be afraid to speak up, ask a question, or challenge something that doesn't look right. Odds are, if something doesn't look right, it isn't right.

9. Be informed Use the Internet to perform your own research. Read the info packet given to you at the hospital. Know your rights as a patient. Beware Dr Google!

8. Be flexible. Choose your battles wisely. A Pro Health Navigator can help you and your family navigate the system and speak for you in tough situations.

7. Know the name of each provider. Know the role that provider plays (attending, resident or intern). Use a notebook for this purpose, and indicate date/time/place of events.

6. Ask for a copy of the results of any procedure and diagnostic test. Keep in your own medical file or binder and take it with you to appointments. In our current health care environment, it's important to be your own "historian". This is where our Health Narrative is essential.

5. Know your medications and dosing. Always have a list in your wallet. Use only one pharmacy for all your medications. Question new medications, a change in dosage, or a pill that looks different from what you usually take. Also know what allergies you have and wear your medic alert bracelet. If you take three or more prescription medications have an **annual free meds check** by your pharmacist.

4. Be a partner in your plan of care. This includes being informed of any changes to the plan prior to the change. Remember the definition of patient-centered care: Nothing about me, without me.

3. Make sure that all healthcare providers verify your ID before giving any medication, or performing any procedure. It is a hospital standard that they should check your identity in two ways (name, birthday).

2. Demand that all providers wash their hands. Hand hygiene is everyone's responsibility.

1. Bring support with you. People forget 90% of what their doctor tells them within 10 minutes of leaving the appointment and 88% of those over 65 don't fully understand what their doctor is saying. The professionals at Pro Health Navigators Canada can be your extra set of eyes and ears and are prepared to make sure you get the best care possible for yourself or your loved ones.

Courtesy of:

www.prohealthnavigatorscanada.com

Call 1-905-562-6883 for a free assessment

info@prohealthnavigatorscanada.com

Our services include:

- Advocating for you at medical appointments and in hospital
- Telephone preparation/coaching for upcoming medical appointments
- Life transition guidance and management
- Advance Care Planning discussions
- Family meeting facilitation
- Developing a customized plan based on your needs

**OWN HOUSING COMMITTEE**

The members of the OWN Housing Committee meet monthly, but we took July and August off. We encourage all members and their friends to contact us about attending once we resume regular meetings in October. We continue to lobby the Federal Government to change the federal and provincial building codes to require that all new multi-unit residential buildings be universal design.

As a follow-up from a meeting with the Seniors Liaison Committee, OWN representative Kate Chung had a request from OSSCO to write an article for their monthly news.

“Living in Place” - Let’s Make Housing Accessible

“Living in Place”©, a campaign of the Older Women’s Network housing committee, advocates that national and provincial Building Codes be changed to require that all units in new multi-unit residential buildings be entirely universal design. No tax dollars should ever create accessibility barriers.

Disabilities play no favourites. Anyone can have been born with a disability, and anyone of any age can be struck by illness or accident which creates a temporary or lasting injury. Thus the campaign name “Living” (not just “aging”) in Place.

Universal design will accommodate anyone of any age or ability, going beyond mere accessibility. It demonstrates an underlying commitment to including as wide a range of users as possible.

Over 22% of Canadians (one out of every five) live with some form of disability. That's a substantial group of possible buyers who are overlooked by builders and by government, even though the cost of universal design is less than 1% more when planned from the initial design stage.

Barrier-free housing is a human right. We need innovative housing which is affordable, barrier-free, multi-generational and promotes the building of community.

The Living in Place© campaign has been endorsed by Toronto City Council and 20 other organizations. Your endorsement would be appreciated. Please email to livinginplaceto@gmail.com

Everyone is asked to contact their elected representatives.

Municipalities can mandate that all new housing they facilitate be universal design.

Provincial healthcare savings will be huge if vast numbers of people who are in long-term care, on the waiting lists, or in hallways of hospitals can go home to fully accessible homes.

The federal government has responsibility for military housing and indigenous housing, and participates in funding for housing in all provinces and territories. Canada Mortgage and Housing Corporation (CMHC) wield broad influence on housing across the country. The new National Housing Strategy could promote accessibility by requiring recipients of public money to not perpetuate existing barriers or create new ones.

Here is how anyone and everyone can help: Distribute the following fact sheet.

EVERY ELECTED REPRESENTATIVE NEEDS TO KNOW:

Housing is a human right.

The need for accessible affordable housing is a crisis, 22% of Canadians have a disability.

It is urgent that we change the National and Ontario Building Codes to make universal design mandatory in all new multi-unit residential buildings. Universal design will accommodate anyone of any age or ability.

The cost is less than 1% more when planned from the design stage.

Accessible housing keeps people out of long term care, saving millions of healthcare dollars.

There is no Ontario law requiring that housing be accessible. The AODA does not mention housing. The Ontario Building Code only requires that 15% of new apartments be "visitable",

not accessible enough to live there.

No tax dollars should ever create accessibility barriers.

An appeal for accessible housing

By OWN member Margaret Lumchick

Margaret Lumchick explains why Bill C-81 is inadequate to address the barriers to accessibility experienced by many people today, and thousands more in the near future.



CLEARING A PATH
FOR PEOPLE WITH SPECIAL NEEDS
CLEARS THE PATH FOR EVERYONE!

Bill C-81, An Act to ensure a barrier-free Canada, has now been sent to the Senate for consideration. I am in support of that legislation. However, if it is passed as is it has “no teeth” and many exemptions, and will be merely window-dressing, doing little to address the life-long barriers many of us have faced on a daily basis and the thousands more who are joining our ranks daily as a result of an accident, disease, stroke or just aging.

A particular problem is appropriate housing. This is acute in the aging sector.

In order to put a face to the problem I hope you will take the time to read a short history of my struggles with accessibility.

In 1949 at the age of 10 years I contracted the polio virus. After a two-year hospital stay, I was in

and out of hospitals for multiple surgeries for weeks, sometimes months, until the age of 17 when I was permanently discharged. I ambulated with braces and crutches and later used a wheelchair part time. This ended with a surgical injury resulting from being catapulted out of the wheelchair, leaving me permanently wheelchair bound.

Within seconds I went from being able to navigate narrow hallways and doors to being physically banned from these areas. Hundreds of people daily, through no fault of their own after suffering a stroke or accident, or simply needing stability to prevent a fall, are being banned from their homes simply because doorways and hallways are not navigable with a walker or wheelchair.

I struggled with access issues in education, work, shopping, entertainment, transportation and housing. Over the years, many of these areas have been at least partially addressed. However, the housing issue which is at the very core of daily existence remains a seriously under-addressed issue especially for those of us who are financially independent and live on our own without supports. Finding a wheelchair accessible rental unit in an “ordinary” apartment building is akin to winning the lottery.

Yes, there are some units, but most of these are in subsidized buildings and often in a “ghettoized” setting accommodating only the most severely compromised. There will always be a need for these specialized units.

What I’m referring to here is basic accessibility that need not look “different”. It means access for everyone regardless of their age or physical condition. An architect just needs to be creative in planning the space, keeping in mind the changing needs of the inhabitants over time, so one does not have to find a new place to live simply because one needs to now use a walker.

I am in the fortunate position of being able to own my own living space so have been at liberty to widen doorways and make other adjustments. Now having reached the age of 80, I have been contemplating selling my unit and moving into a rental, mainly to make it simpler for those in charge to wind down my estate.

I’m not interested in the lifestyle, nor can I afford the \$5,000 to \$10,000 monthly fees for a “luxury retirement apartment.”. I wish to maintain my total independence and I am still able to do so. Any place that I have inquired about has not come close to being able to accommodate even my basic access needs.

I am fortunate in being able to “stay in place”. I am not homeless, nor do I have to resort to living in a long-term care residence yet. I have a choice, but many with new disabilities find themselves in a situation where they are forced to move into long-term care facilities simply because of access problems.

Elected representatives are often reluctant to impose strict regulations on those upon whom they depend for substantial political contributions. The Senate, not being an elected body, is free from that restraint. It is my hope that each and every Senator will consider this carefully and make the appropriate amendments so Bill C-81 will make a real change in the lives of all Canadians, maybe even your own or someone you care for.

Margaret Lumchick

March 3, 2019

Special Interest Groups (SIGs)

Appreciation of OWN Members

Toronto's neighbourhoods and communities are shaped by people who inspire and connect us. Every year, Social Planning Toronto honours extraordinary individuals with our Frances Lankin Community Service Award.

We are thrilled to announce this year's recipients!

Lifetime Achievement Award

Doris Power

Social justice activist



Congratulations to OWN member Doris! Every year, Social Planning Toronto honours extraordinary individuals with their Frances Lankin Community Service Award. This year Doris won this award. Once voted one of the most newsworthy women in Canada, Doris Power is a pioneer in the

struggle for social justice, equality, and female leadership. She has passionately and consistently represented the poor and powerless, raised public consciousness, and influenced legislative changes at all levels. As a sole-support single mother, Doris raised six children and is caregiver to her youngest son, who has Down syndrome/Autism and is legally blind. In spite of financial poverty and mobility challenges, she continues her activism as a senior citizen as a member of various disability organizations and the Law Union of Ontario.

A sign on her wall states: "I wanted to go out and save the world...but I couldn't afford a babysitter!"

Rona MacDonald

Rona served on the OWN Council 2010-2011, but before beginning her PhD Studies in Toronto, she practiced for many years as an Occupational Therapist, largely with older adults. Her recently completed PhD at the University of Toronto in the Rehabilitation Sciences Institute, is titled '*Ms-Understandings*?: A discourse analysis of the talk of older single women'. Winner of the 2018 Joan Eakin Award for Methodological Excellence in a Qualitative Doctoral Dissertation, the research makes visible an unrecognized site of potential discrimination and marginalization in health care.

In Memoriam:

Velma Demerson



A lifelong activist, crusader for social justice, and author who fought to have the government acknowledge the injustice of the Ontario Female Refuges Act, died on May 13, 2019 at the age of 98. She was a long-time member of OWN and major donor, and truly believed in our causes. She was a contributing member of several writers groups and author of 2 books: *Incorrigible* and *Nazis in Canada 1919-1939*. She was very principled, and an extraordinary volunteer at OWN. Velma will be missed.

Frances Chapkin

Frances Chapkin (nee Bernholtz) at age 93 passed away peacefully on June 10, 2019 at home. In 1988, Frances officially retired from the working world, and became a full-time volunteer. She joined the Older Womens Network (became co-chair), Canadian Pensioners Concerned, Givat Haviva, Ontario Health Coalition, Alliance of Jewish Seniors, and Toronto Seniors Forum. She formally represented OWN in Ottawa on the National Action Committee for the Status of Women (NAC). Throughout her lifetime, Frances was a feminist, a principled advocate and activist, change agent, and an adult educator. She fought to bring about social justice in the school, the workplace and the community. We are grateful for her contributions and commitment to OWN.

Edna Beange



Edna Beange died Jan. 7, 2019 at her home. She was 98. Edna lived a long and remarkable life, and was an active member of her community, fighting for seniors'

fairness and access to housing, health care and education. For more than 50 years, she worked on more than 20 agencies, committees and boards on behalf of seniors, including OWN and the Toronto Council on Aging. She wanted seniors to remain independent with the best community health care possible. She was a great leader with a commitment to service who founded, chaired or supported several organizations including Meals on Wheels, Hospital Special Needs, and the Leaside Garden Society. She also served as an alderman on the Borough of East York Council from 1975 to 1988. We thank Edna for representing OWN on the Housing Committee of the Ontario Seniors Secretariat.

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.

