



Elder care provincial plan: An urgent need in Ontario

SENIORS COMPRISE A RAPIDLY growing segment of the population in Ontario, Canada and internationally. Developed countries have seen extraordinary increases in life expectancy for people over the age of 65, and most will enjoy many quality years as they continue into their 70s and 80s. We truly are a fortunate people.

But as life expectancy increases, so too do demands on health and social services. A growing and aging population brings with it demands on our acute care system, which in turn is dependent on the strength of our communities and their capacity to care for our elders. In Ontario, we're beginning to see strains on the capacity of communities to respond to the population's need for care. It is being felt in hospitals with overcrowded in-patient areas, emergency departments and in some cases cancelled elective surgeries.

In my role as VP, clinical programs, and chief nurse executive at Sudbury Regional Hospital, I witness first-hand the daily pressures felt by nurses and nurse managers dealing with overcrowding. To all of you I say thanks for your professionalism and care. We clearly need a well developed provincial plan for elder care, and RNs are positioned to take a leadership role in its development.

Let me start with the community sector. It goes without saying that RNs working in

partnership with other providers in the community are offering extraordinary care to their patients and are serving their communities well. RNAO has been persistent in its policy demands about the need for a robust home-care system with a comprehensive basket of services. We began this quest decades ago and in 1998 founded the Elder Health and Elder Care Coalition. In 2003,

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the coalition was appointed a government advisory.

RNAO, both as an independent organization and as the leading member of the coalition, has demanded from government after government a provincial plan that supports older persons as they age in place. We have also been emphatic that the competitive bidding process, introduced in 1998 by Premier Mike Harris, be abolished. We celebrated when a moratorium on competitive bidding for home-care contracts was issued in 2008.

RNAO has also developed position statements that focus on client-centred care, and how it can be strengthened in long-term care, home care and hospitals. These statements should

be held as the minimum standard of care related to the delivery of nursing services.

Meeting the care demands of older persons requires more than health services. Unfortunately, health and social services often function in silos; leading to fragmented, ineffective and inefficient services that fail to address people's needs, and are a barrier to managing the complex and chronic condi-

there should be more support. RNAO will continue to encourage provincial policy makers to move this policy priority forward so that seniors can get better access to assisted living arrangements.

Finally, the challenges of aging are significantly different in Ontario's rural and northern communities, where there's a higher proportion of older persons with troubling health status. These communities often lack the infrastructure to meet the health and social needs of the elderly. RNAO is actively responding to the government's proposed strategies on how to better deliver care in these regions. As your president and a resident of the north, I am a passionate about this, and constantly advocate for northern and rural communities.

Aging is a complex social issue that needs nursing leadership. I look forward to seeing how nurses – individually and collectively – take charge in ensuring system transformation. **RN**

DAVID MCNEIL, RN, BScN, MHA, CHE, IS PRESIDENT OF RNAO.

tions of an aging population.

Approximately 60,000 seniors live in poverty in Ontario. They require substantive infrastructure investments such as affordable housing and upgraded social housing. They also need income security programs that will lead to immediate health and social benefits. We must look at more integrated models of service delivery, especially those that strengthen social services and community capacity. Once we see these, we will also see a reduction in the reliance on long-term care as the “destination” for our elderly.

There will always be a need for long-term care, but for those who wish and who can live in their own homes,

For more on RNAO's work on elder health, visit www.rnao.org/elderhealth.