

13th ANNUAL CURAC CONFERENCE 20-22nd May 2015, QUEEN'S UNIVERSITY
KINGSTON

NOTES ON PRESENTATIONS.

The conference was attended by approximately 70 delegates from across the country. Carleton was represented by David Holmes and Bob Morrison.

Session 1a. *Toward a National Seniors' Strategy.* Dr. Chris Simpson, President Canadian Medical Association, Professor of Medicine & Chief of Cardiology, Queen's.

Currently the over-65s account for 14% of the population and 40-50% of the health spending. In the next 15 years the number of seniors will double and, starting around 2015, there will be more seniors than children in Canada. The number of those over 80 will quadruple in the next 15 years. Some provinces, especially the Maritimes are already feeling the effects of this grey wave. Policy makers have known this for a long time, but governments are not addressing the issue adequately. Waits are too long for LTC and we have inadequate homecare and palliative care.

There is a need to de-hospitalize the system and treat more people at home or in lower-cost institutions. Health care and social policy need to be better integrated and silos need to be broken down. One in five hospital beds is occupied by people who can't go back home and have nowhere else to go. Hospital is the wrong place to treat the elderly unless they are acutely sick, but hospitals get many chronic patients. As a result, hospitals are gridlocked and in a permanent state of crisis management. Why hold someone who is not seriously sick in a \$1,000/day hospital when a \$100/day nursing home would be better for them?

Canada falls into the trap of comparing its health system to that of the US, but the US is the worst and most expensive in the world. We should look to Europe for comparisons, especially the National Health Service in the United Kingdom. It builds around patients and their families. It focusses on goals and holds people accountable. A recent Commonwealth Fund ranking placed Canada 10 of 11 on health care, just ahead of the US. Obamacare could soon push us into last place.

Pharmacare is unfinished business in Canada. 10% of seniors can't afford their medications, causing all kinds of expensive problems. Bulk purchase of medications would reduce costs.

Poverty is correlated with poor health and we have a significant problem with seniors' poverty and a lack of affordable housing.

This should be an issue for the next federal election. The CMA is sponsoring a campaign for a national strategy for seniors, demandaplan.ca and is also supporting seniorsvote.ca, a coalition of over 50 seniors groups who are organizing for an October 1st event on National Seniors' Day.

In the question session, Dr. Simpson said everyone should have an Advance Care Plan, and frank discussions with family members early on. Families tend to favour every possible intervention to keep the patient alive. Doctors see death as a defeat. This is starting to change. The CMA is no longer opposed to medical help in dying.

Home care is cheaper, and only partly because home care workers are underpaid. Denmark invested in home care and it pays off. Hospitals are the most expensive, with the lowest quality care.

Session 1b. *Senior Health and Mental Health: It's Time to be Bold for the Old.* Dr. Ken Le Clair, Chair of Division of Geriatric Psychiatry, Queen's

One in three Canadians will get dementia before death and 80% of those over 45 have at least one chronic health problem. We shouldn't separate physical and mental health, as they are closely linked. We have an 18th Century system in the 21st Century and need to change it but the health care system is very risk-averse. Depression is a great problem in the senior population, even greater than dementia. 1.6 million older adults deal with some form of mental illness. We need to focus on the person and the family first. What is important for them?

Ageism is as prevalent in the health care field as everywhere else and this should change. At the same time, we need to self-manage. Risk factors like diet, weight-management, exercise and smoking cessation are all important.

Check the websites of the Mental Health Commission of Canada and the Canadian Coalition for Seniors' Health

Session 1c. *A Public Health Perspective on Elder Care.* Dr. Erica Weir, Assistant Professor, Depts. of Medicine and Public Health Sciences, Queen's

With growing urbanisation, the first Canadian Health Board was created in 1882. It was largely a municipal and local issue. In the 1983 Ontario Health Protection and Promotion Act public health included the oversight of homecare. However, the 1994 Ontario Homecare and Community Services Act separated homecare from public health and the two jurisdictions operate in silos. This has the effect of removing medical services from homecare, although the latter act gives a right to community support, personal support, homemaking and professional support through CCACs.

Public health has a strong bias to serving youth. Their programs on fall prevention and vaccination to promote herd immunity are important for seniors. From a public health perspective it is important to promote healthy and safe homes, vision checks and exercise (strength, aerobic and balance) to prevent falls – the leading cause of hospitalization in seniors. It is also important to treat depression - a significant risk factor for dementia. Public health also has a role in regulating retirement homes.

Ontario recently allocated \$750 million over 3 years for homecare, but with growing demand, this works out to only about 8 minutes of additional care per recipient.

Her advice to seniors:

- Focus on exercise, meaningful activities and social connections
- Get end-of-life plans in order
- Develop a financial plan that allows for out of basket expenses.
- Plan for late life. Life after 85 is very different from what went before.
- Find a caring and prudent primary care home that likes older adults
- Use your political voice to advocate

- Remember that the elderly are navigating new waters that many before them have not survived to experience. This can be a wonderful new phase of human existence.

Session 2a. *What is Natural? Living Downwind of the Alberta Oil Sands.* Dr. John Smol, Professor of Biology, Canada Research Chair in Environmental Change, Queen's

We live in the Anthropocene age – soon to become an official term. It means that humans are now the dominant impact on the natural environment. Humans are introducing multiple stressors to the environment. In particular, climate change is a major issue and there is now virtually no scientific debate as to human causation. A big problem in environmental science is establishing the baseline conditions. The speaker is an expert in paleo-limnology, the study of past conditions based on the sediments in lake beds. Canadian lakes give a record of the past 12,000 years since the last ice age. Layers can be dated isotopically and pollens, chemical deposits, insects and microorganisms can give indications of ambient conditions at various times in the past.

Measuring pollution due to the oil sands is tricky, as there is argument about what is “natural” in water courses of the region. Using paleo-limnology it can be clearly shown that polycyclic aromatic hydrocarbon (PAH) pollution is due to human exploitation of the oil sands and is not a natural artifact. PAH concentrations in lakes in Northern Alberta are at 2.5 to 23 times greater than background and are approaching a toxicological threshold.

The speaker went on to describe the worrying censorship of science in the environmental area, especially in anything to do with climate change or the oil industry. It has reached the point where academics in universities are self-censoring for fear of losing grants.

More on this topic will appear on the “Walrus Talks Water” upcoming on the web.

Banquet Speaker. *Does Anyone Have the Guts to Change our Pension System?* Jim Leech, Chancellor Queen's University and former President of Ontario Teachers' Pension Plan.

Leech summarized the main points of his book, *“The Third Rail: Confronting our Pension Failures”* (Random House, 2013). Canadians are not saving enough for retirement, defined benefit pension plans are disappearing and being replaced with defined contribution plans. The Canada Pension Plan is inadequate. Many company and government plans are predicated on unrealistic investment returns and long term interest rates are much lower than anyone could have predicted. Many people have no pension plan at all and more and more people are in short-term jobs with no benefits. Finally we are all living longer. Pensions are a vital driver of local economies. If seniors are left in poverty, nobody's interests are served.

Leech advocates an enriched Canada Pension Plan as an alternative to increasing the OAS/GIS safety net. He is also an advocate of large private plans that have lower administrative costs and that can invest in a range of assets (like the Teacher's Plan). He would like to see more risk-sharing in such plans, e.g. inflationary increases contingent on plan performance, etc. For more on his message, read the book.

Session 3a. *The Future of Post-Secondary Education: Colleges.* Glenn Vollebregt, President St. Lawrence College

The college system in Ontario has grown from nothing in 50 years. St Lawrence has 3 campuses, 7,000 students and offers 85+ programs including 3 degree programs. Colleges together with universities now

educate 60% of the age group in Canada – something in which we lead the world. Enrolment across the system is challenged by declining demographics and this forces institutions to look at the international market. He made four main points. (1) Students at a college see a positive return on investment of \$4.40 over a lifetime for every \$1 spent. A college diploma is worth \$13,500/year over those with only a HS diploma. Every dollar spent by the province on a college generates \$4 in taxes. (2) Technological change in higher education is real and will result in disruption. The Khan Academy gets 7 million viewers per day. The traditional lecture method of teaching is dead and being replaced with a hybrid online/classroom method. MOOCs have so far failed to live up to expectations because people want the credential of an established degree program, but we may see a shift to a la carte education from multiple providers. The new technology of teaching requires an investment in retraining the teacher and keeping them up to date in new techniques. An increased level of student involvement should be expected. (3) There is a looming skills shortage in the skilled trades. By 2021 there will be a shortage of 600,000 people in this area. There is a mismatch between the labour market and post-secondary output. Apprenticeship programs need to grow and open up. There is also a need for greater inter-provincial credential recognition and skills assessment. (4) We need to work on more seamless pathways between colleges and universities as well as amongst colleges and universities. Today 20% of university students go on to colleges, while 40% of college students go on to universities. It should be easier to get credit recognition in both directions. More joint programs should be promoted by the province. An example is a recent joint program in music between Queen's and St Lawrence.

There was some discussion after the talk on snobbish attitudes towards the trades and the use of that term, even though they can be very useful to society and very lucrative – think of your plumber or electrician. Nurses want to be seen as a profession, not a trade. Accounting is a profession here, but a trade in Europe.

Session 3b. *The Future of Post-Secondary Education: Universities.* Brian Frank, DuPont Canada Chair in Engineering Education, Queen's.

Based on his own experience in engineering, the speaker described some current trends in the use of technology and educational theory to improve teaching and learning. He demonstrated the use of clickers to obtain audience feedback and encourage active learning. Students learn a lot by trying to convince each other. The most important attribute of a good teacher is to obtain active feedback from students in the context of clear learning objectives. You always need to know what the students have grasped of the concepts being taught. According to the Conference Board employers want:

- Critical thinking/problem solving abilities
- Good oral communication skills
- Literacy
- The ability to work with others

All university teaching should focus on these broad objectives in the context of the subject being taught.

Other factors affecting the future of universities are the demographic decline in the traditional university age group, the increasing proportion of university budgets going to compensation (over 80%) and the introduction of new technologies for course delivery. We can expect to see more and more use of adjuncts and lower-paid teaching professors to hold down costs. Greater use of online teaching is inevitable, with an increasing number of blended classroom/online courses. The government is

encouraging the development of open online courses (see Council of Ontario Universities website for more courses coming this September). Another trend is the use of online analytics to measure performance of both students and professors. Students at risk can be identified and offered remedial help before they drop out completely. Clear learning outcomes and objectives for all courses and programs are increasingly being demanded by the province (pioneered by Guelph and being implemented at several other universities in Ontario). One aspect is the benchmarking and measurement of learning outcomes against standardised tests. Finally we can expect more use of experiential learning and links to the community and workplace.

Round Table Discussion of Issues Relevant to CURAC

The conference ended with a series of small discussion groups around topics identified by the delegates from a list provided by the conference organizers. The highlights from the rather hurried summaries are listed below. **Health Care.** We need consistent data across the country (Welcome to Canada!). Dr. Simpson indicated some movement in this direction. We need national approaches to dementia, palliative care, and pharmacare. We have to look at equity issues. Do seniors benefit unduly? With good programs, everyone benefits. One group had an interesting take on stairs. Poor stair design (too steep, etc.) is responsible for a significant proportion of falls, which are a major health problem for seniors. Could we solve this with changes to the building code?

Pensions. Addressed by our banquet speaker. Canadians are not saving enough and will face a drop in lifestyle. Two university groups don't have access; adjuncts and contract employees. They are similar to many in the wider population. CURAC's Ontario members should look into the Ontario government's plan for amalgamation of university plans.

Recruiting new members. The main emphasis was on having an attractive program. The usual suspects were put forward: lectures, dinners, birding, gardening, walking, trips to Stratford and Shaw, golf and bridge, along with incentives such as free or discounted parking, free membership for the first year, and scholarships for research by retired faculty. The usual barriers were cited also: getting a good list of retirees, making sure members renew each year, liaising with the Faculty Association.

Renewing the local association Leadership. You have to be very proactive: use personal contacts to identify and recruit people. They should have a positive rapport with the university and good connections. Tailor the positions to the people.

Why CURAC? Advantage of a national voice that speaks for Seniors. We can all put forward topics for CURAC to pronounce on. (There is some scepticism as to CURAC's clout and its ability to put together positions that truly reflect the views of the 15 000 members of its constituent associations). And we can all benefit from others' experience (which in our view is the main value of the Annual Conferences).

Communications with members. Use Facebook – don't be afraid. Newsletters are effective, and members provide lots of material.

Liability. CURAC has decided to insure the national directors, but has no recommendation for individual associations. The risk is low. (We weren't sure what the directors are being insured against. Financial liabilities? In any case, we will look into liabilities for the 2017 Conference).