



Project Proposal

Faith-Based Wholistic Health Services for At-risk Seniors in Ontario



Presented to the Ontario Ministry of Finance
by InterChurch Health Ministries of Canada
(ICHM) December 11, 2016

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I want Ontario to spend *over \$250,000* to fund a *pilot* about *providing health care through health committees and certified parish nurses* in order to *make health care easier to access*.

What is your project idea?

The goal is to deliver wholistic health services to at-risk seniors living at home, in 8 geographically dispersed Church communities within Ontario. “Wholistic” means the integration of body, mind, and spirit [1]. These services will be accessible through a network of faith-based health committees, congregations, and parish nurses (PNs), facilitated by the InterChurch Health Ministries (ICHM) Canada. Providing wholistic health services to seniors at home is a priority, as the rates of isolation, illness and depression are increasing among them. According to a recent article [2], 20% of seniors in Canada report feeling lonely. This group has limited access to health checks. Our project will help at-risk seniors access health care & community services by way of health checks and spiritual care visits. It also facilitates their participation in social events and support groups that have therapeutic value.

The pilot will be led by ICHM, which since 1995, in partnership with community faith groups, agencies, and PNs, has helped Ontario congregants from various cultures and demographics with their wholistic health needs. E.g., in 2016, ICHM conducted several government funded Senior-2-Senior workshops on elderly abuse.

In 2017, this pilot will include (a) inviting 8 church communities across Ontario to participate; (b) information forums within their congregations to provide an overview of health services for seniors, faith-based health and healing, importance of the PN and health committee; (c) training PNs and health committees with curriculum developed by ICHM; (d) involving congregations and PNs in health promotion events/workshops encouraging participation of seniors; (e) creating project

awareness through social media outlets; and most importantly (f) delivering wholistic health services to at-risk seniors at home.

We will measure the success of this pilot through pre- and post-pilot evaluations for the 8 community partners. We will track improvements in social activities, care visits and health checks, access to health care and community services, participation in social events and support groups. Findings will be summarized into a publishable manual distributed via ICHM and Ontario Ministry of Health website. Data will be analyzed and key insights will be presented via data visualizations. Attendance will also be tracked for each of the information forums.

This project will involve 1 full-time project manager to manage and coordinate the project; 8 PNs recruited by their congregations/health committees on a half-time salary; 4 PN mentors to guide new PNs, overseen by the ICHM executive director, and board. Additional costs will include travel and accommodation expenses across 8 Ontario communities, office supplies, computer, wifi, advertising, book keeping, auditing etc.

[1] <https://www.ncbi.nlm.nih.gov/pubmed/15630819>

[2] <http://www.theglobeandmail.com/life/life-of-solitude-a-loneliness-crisis...>

How will this idea provide a solution?

CBC reported [1] that there are more Canadians over 65 than under 15. The population growth rate for people over 64 has increased by 3.5% as of July 2016, which is 4 times quicker than the rest. If this trend continues, Statistics Canada estimates that seniors will outnumber children by 3:2 within 20 years. Of this growing cohort, the 2011 census reports that 92% live in private households while only 8% live in seniors' residences/health care facilities. This puts seniors at home at greater risk, as health care is not readily accessible to them, making them more vulnerable and marginalized. Seniors require more long term wholistic health care as they keep aging. They suffer from a range of intersecting health conditions requiring a wholistic approach to care-giving that addresses spiritual, body and mind matters, and treats not merely the condition but also the person as a whole.

Currently, Canada's healthcare system is unable to address situations where seniors need wholistic care (a) to cope with feelings of loneliness and abandonment, and (b) require company and assistance through a terminal illness. These seniors need advocacy to help access health care & community care services. Through this pilot, PNs and their health committees are uniquely placed to address a growing need to provide seniors with spiritual care visits, health checks, and socially inclusive activities to foster wellbeing. All of this has therapeutic value. As such, the importance of this project cannot be overlooked as it takes wholistic health services to seniors living in their homes.

ICHM's innovative community-based pilot will serve as a model for diverse communities across both Ontario and other provinces. It encourages training and support of community volunteers; promotes personal wellbeing of body, mind, and spirit, community engagements, self-empowerment and mutual support for and among seniors.

[1] <http://www.cbc.ca/news/business/statistics-canada-seniors-1.3248295>

Is there anything else we should consider?

Canada is being recognized more and more as a "greying nation" [1]. In the spring of 2016, the ministry of finance produced the Ontario population projections update [2] that states that "the number of seniors aged 65 and over is projected to more than double from about 2.2 million, or 16.0 per cent of population in 2015, to over 4.5 million, or 25.3 per cent, by 2041." These projections, per media reports and researchers have far-reaching health and budgetary implications for the government for generations to come. As Canada's work force is increasingly getting older, the need for them to stay healthier, for longer, is of greater significance now more than ever.

Health care for seniors over the age of 65 needs to address long-term issues such as chronic illness and comorbidity. Conventional medicine is a vital part of the treatment, but spiritual care, social engagement, nutrition, and exercise help at-risk seniors attain more independence, control and choice. These health services

complement conventional medicine as part of a wholistic approach to address the needs of seniors.

As the aging population continues to grow, costs of health care will rise as well. Health care provided to seniors at home is a cheaper and more feasible option as more and more seniors are opting to stay within the comforts of their own home. It behooves the government to consider and facilitate more cost-effective ways of delivering long-term health care to seniors at home through innovative solutions. Our proposed pilot project is one such innovation that directly approaches and tackles this issue.

[1] <http://globalnews.ca/news/2247372/greying-nation-what-the-latest-populat...>

[2] <http://www.fin.gov.on.ca/en/economy/demographics/projections/>

Project ID: 2806