

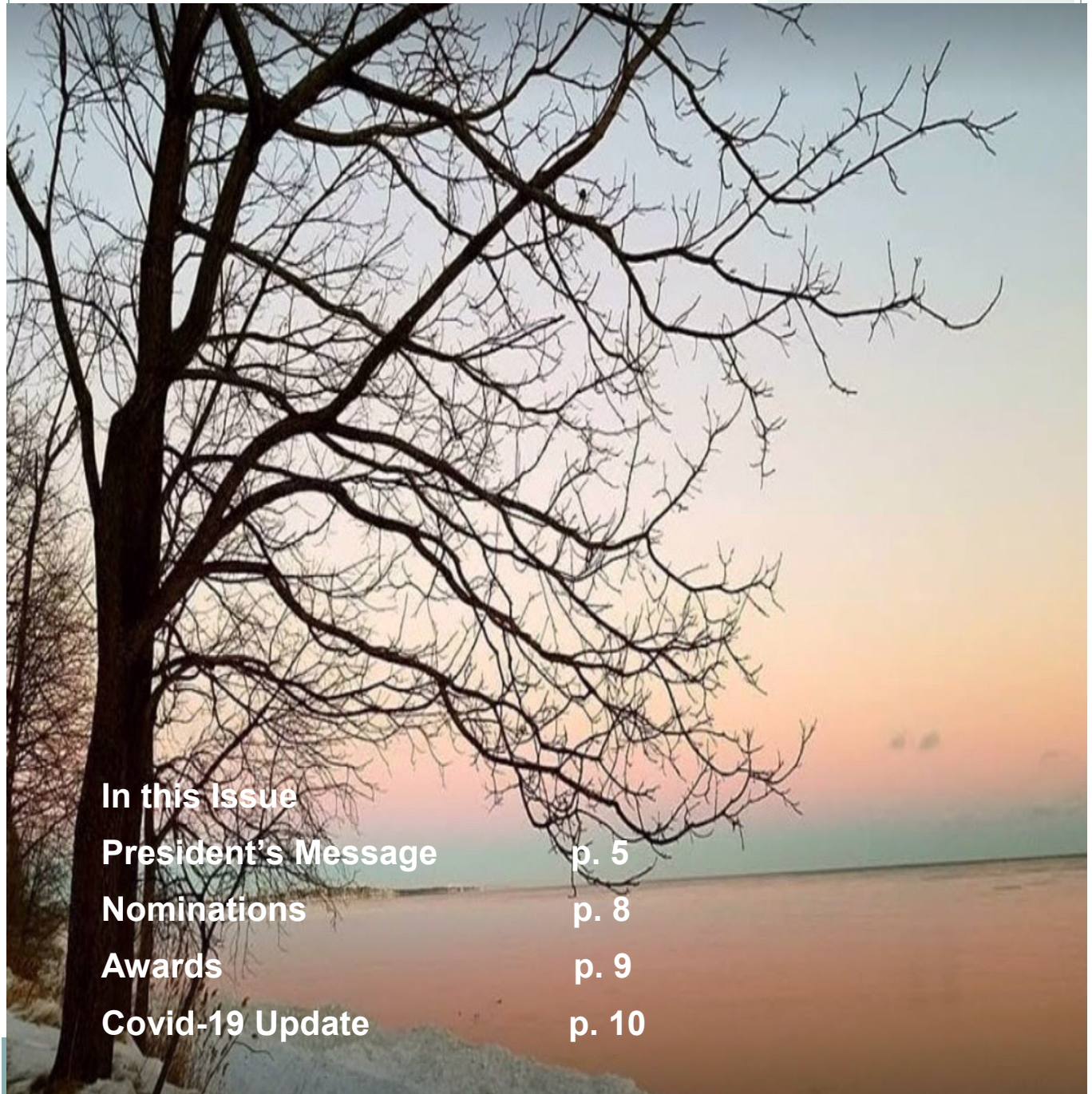


**RTO
ERO**

District 24

Scarborough and East York

Beyond the Blackboard



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Save the Date: Thursday, May 13, 2021
RTO District 24 Election of Executive

Covid-19 restrictions may prevent an in-person meeting. In that case, members will be notified and provided an opportunity for on-line voting.

RTO Membership :

Phone : 416 962 9463 ext. 223

E-Mail: www.membership@rtoero.ca

Please contact Membership for any changes to your contact information.

RTO District 24 Scarborough and East York Website:

<https://district24.rto-ero.org>

RTO 24 Facebook Page:

Rtoero District 24 Scarborough and East York

Book Club A Gloria Courtney

Feb. *The Innocents* —Michael Crummey

Mar. *The Wake: The Deadly Legacy of a Newfoundland Tsunami* — Linden MacIntyre

Apr. *From the Ashes: My Story of Being Metis, Homeless and Finding my Way* — Jesse Thistle

May *Where the Crawdads Sing* — Delia Owens

Jun. *Talking to Strangers* — Malcolm Gladwell



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Beyond the Blackboard is published as a members' newsletter by RTO District 24. The content of this newsletter may or may not reflect the position of RTO District 24 or the official position of RTO. Other RTO Districts are welcome to use any material contained in this newsletter providing appropriate attribution is made regarding source.	P. 11, 12	The Guild Inn History
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On Our Cover: Port Union Waterfront Trail, Scarborough. This trail is a source of exercise and beauty for many residents in Scarborough, especially during the Covid-19 Pandemic.

Beyond the Blackboard welcomes submissions from members of RTO District 24. We accept letters to the editor, article proposals, photos, and artwork. Do you have a story to tell, an experience to share, or a poem that you have written? Consider contributing your work for publication. Articles should be between 400 and 1200 words, and photographs and scanned images should be at least 300 dpi at 5" x 7" size. (Please send photos/images as e-mail attachments and do not reduce size when attaching.) Send submissions to: d24.newsletter@rto-ero.org

We cannot guarantee that submissions will be published or published as received. The editors reserve the right to edit, condense, or reject letters or submissions.

Deadline for submissions for the next edition of Beyond the Blackboard is April 9, 2021.

Executive List 2020 - 2021

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President's Message

Annemarie McKee

The Holidays were different for all of us. I am amazed at the innovative ways people are dealing with the personal and social restrictions amid the pandemic lockdown. As I write this message on January 1, 2021, the good news is that the Covid-19 vaccines are being delivered to Canada. Thank you for playing your part in following the rules and protocols that will eventually put the pandemic behind us. Now is not the time to stop practising all the recommended safety measures – wearing masks, washing our hands frequently, staying at home and isolating as much as possible, and when going out employing physical distancing.

These are difficult times, and it is okay to feel stressed, we need to remember that. I think one important message that applies to everyone is – be kind to yourself. Take a moment once a day to remind yourself why we are all staying inside – to protect others, our loved ones and all the hard-working healthcare professionals and essential workers.

Dr. Susan Abbey, Psychiatrist-in-Chief at UHN's Centre for Mental Health

It is with great sadness that we learned of the passing of District 24 Executive member, Donna Hubel. She was an active member of RTO District 24 Scarborough & East York for over 25 years and twice has been District President. Donna attended numerous RTO Senates, as a Senator or an Observer. She represented District 24 at the Toronto Districts Meetings for six years, and on the RTO Provincial Service to Others Committee for three years. Donna also participated on many District committees. We extend our heartfelt sympathy to her family and friends.



At this time, we do not know when the next in person Annual Meeting will be held. This meeting, usually held in May, is a wonderful occasion where so many of our members get together to exercise their vote, express concerns and meet up with friends. This will be determined on the best advice from government and medical authorities. Last fall e-mails were sent out declaring the new Executive positions. Hopefully we will be able to hold our Annual Meeting this May in person and face-to-face.

As a not-for-profit organization, RTOERO sets the premiums to cover the cost of claims and not to generate a profit. The plan surplus from 2020 will apply in two ways:

- Reduction in 2021 of 3% to premiums for each of the three plans
- Subsidization of premiums for the next five years, to keep changes as low as possible.

Some very good news for members emerged out of the National Forum. Venngo, our discount program will now be extended to all family members when you renew online. When access to the United States returns, members travelling will be able to take advantage of discounts offered by 300,000 vendors there.

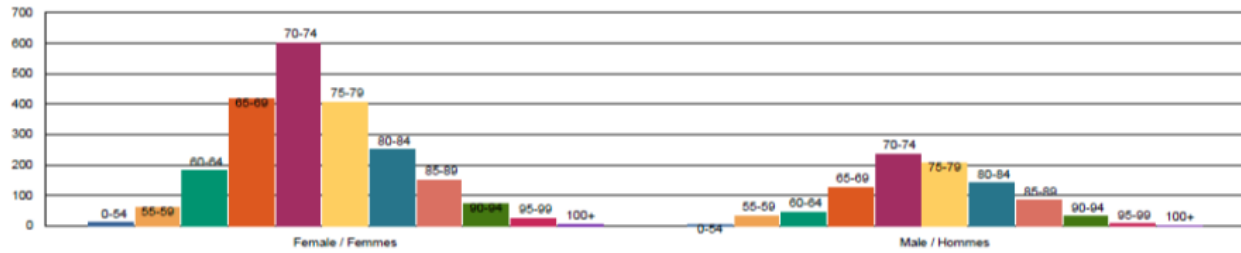
Our Age Banding chart reflects the membership of District 24 shown according to the age of our retirees. There are 13 young retirees and five over the age of 100!!! Stay safe. Stay healthy.

1/1/2021

Age Banding Report for Scarborough & East York

Membership by Age/Gender

Membres par catégories d'âge/de sexe pour



@Gender & @Categories

	Female / Femmes	Male / Hommes	Total
0-54	11	2	13
55-59	61	33	94
60-64	181	45	226
65-69	415	125	540
70-74	601	236	837
75-79	406	204	610
80-84	249	139	388
85-89	151	82	233
90-94	73	30	103
95-99	25	5	30
100+	4	1	5
Total	2,177	902	3,079

RTOERO is focusing on three key issues: Seniors' Strategy, Geriatric Healthcare and Environmental Stewardship. One of the ways District 24 can address the issue of Environmental Stewardship is through the use of e-mail to deliver Newsletters as opposed to hard copy print issues mailed out. To get the newsletter and other information to you as it emerges, we are having to rely more and more on e-mail.

The benefits of using e-mail are many:

- You can save the newsletter to your computer to read at any time.
- We cut down on waste and save many trees!
- It is in full colour mode on your screen.
- We save paper, printing, copying and mailing costs.

Contact Membership Services at the RTOERO National office in order to update your e-mail address.

In writing: 18 Spadina Road, Toronto ON M5R 2S7
 By phone: 1 (800) 361-9888, ext. 223
 By e-mail: membership@rtoero.ca

“Smile, breathe, and go slowly.” ~ Thich Nhat Hanh

Foundation News

Gary Fick

Rebuilding Long-Term Care from the Ground Up

from Foundation Winter 2020 Newsletter

By Dr. Paula Rochon, Dr. Nathan Stall and Barbara Miszkief



Long-term care (LTC) homes have borne the brunt of COVID-19, putting them at the forefront of public attention and discourse. As such, we have an unprecedented opportunity to think creatively about how to provide LTCC residents with medical and social care. One area that has not been fully considered is how the design of long-term care homes impacts the care of its residents.

So how do we change LTC homes for the better? Most LTC homes residents live there because they need to and the majority are women of advanced age, often with dementia, who can no longer be cared for in their own homes. On average their life expectancy is short and for most, it will be their last place of residence. Providing a home that balances health and wellness is essential to give these residents the quality of life they deserve.

First, homes should be designed so that residents have private rooms. Evidence shows that private rooms reduce anxiety, improve sleep and are overwhelmingly preferred. Private rooms also are one way to mitigate the spread of infectious diseases.

Second, we should work to cluster residents into smaller groupings of only 10 to 12 residents per floor -- this is particularly important for those with dementia who do better in smaller social groupings.

Third, spaces must be designed to increase social interaction and stimulation, which are important factors in maintaining cognition and promoting well being. Connecting with nature also has great value in this regard. For example, inner courtyards allow residents with dementia to wander in gardens without getting lost, and create spaces where family can be welcomed.

While these examples were not created to address current challenges resulting from COVID-19, private rooms, smaller clusters of residents and access to outdoor space all lead to better infection prevention control.

In homes where these design elements are already in place, residents have had better outcomes during COVID-19.

We must apply an interdisciplinary lens that brings together geriatricians, architects, families and our provincial authorities to build long term care -- creating homes where older adults not only live, but where they can thrive.

Paula Rochon is a geriatrician, Vice-President of Research at Women's College Hospital and the RTO-ERO Chair in Geriatric Medicine at the University of Toronto.

Nathan Stall is a geriatrician and Research Fellow at Women's College Research Institute at the University of Toronto.

Barbara Miszkief a Director of HDR's healthcare practice and an award winning architect.

Annual Meeting Nominations

Paula Chambers

District 24 Scarborough and East York will be holding its Annual Meeting on May 13, 2021. Nominations are being accepted for various positions on the District's Executive.

Elections are held for the following positions:

- President
- First Vice-President
- Second Vice-President
- Secretary
- Treasurer

Voting may have to be on-line to meet Covid-19 Health Protocols. If so, information on how to vote will be sent to members via e-mail.

If you are interested in running for any of these positions, you can nominate yourself by sending your **Name, Phone Number, E-mail**, and **Position** to which you are applying to Paula Chambers, Past President and Chair of the Nominations Committee, by e-mail at:

paula.chambers@rogers.com

Nominations are due by April 1, 2021.

In addition, we are always looking for volunteers to assist in the running of our many committees. A complete list of our committees can be found on page 4. (See list of Committee Chairs.)

If you are interested in joining the greater executive, send your name and the committee (s) you are interested in to Paula Chambers at paula.chambers@rogers.com



Outstanding Member Award

Annemarie McKee

Eligibility Criteria District 24 Outstanding Member Award:

An Outstanding Member Award may be presented to a person who has shown dedication and made outstanding contributions to the District. Nominees for the Award will be selected in recognition of their outstanding and/or long-term contributions to the work of RTOERO at the District level. RTOERO members who are still serving in any capacity at the District level are normally not eligible for nomination.

The recipient:

- Must be a member of RTOERO District 24 and must be nominated by a member of District 24
- Must have provided volunteer service beyond the norm for at least five (5) years

Procedures / Application Process:

- Members are invited to submit nominations
- A nomination requires two (2) nominators (a "Nominator" and "Secunder")
- Both the nominee and the two nominators shall be members of RTO district 24
- A full description (but brief--250 words or less) of the volunteer's activities is to be submitted with the nomination
- Nominations must be received by the Chair of the Awards Committee by March 1st, 2021
- The names of the nominated candidates will be submitted to the Awards Committee for consideration and selection. A candidate for receipt of the award will be chosen by the District Executive
- Nominations are not held over from year to year but may be resubmitted
- The list of recipients will be published in the district newsletter and on the district website
- The award will be announced at RTO District 24's Annual Meeting in May
- The award will consist of a memento to be presented to the member plus a donation of \$250 to the charity of the member's choice

Please submit nominations to Annemarie McKee, President, RTO District 24, by e-mail at:

president24@districts.rtoero.ca

Please ensure that your application contains the Name of the Nominee, the Name of the Nominator, the Name of the Secunder, and the Description of the Volunteer's Activities.



COVID-19 VACCINES

As of this printing, Health Canada has approved The Pfizer-BioNTech COVID-19 mRNA vaccine and The Moderna COVID-19 vaccine for use in Canada. Both vaccines require two doses separated by several weeks. It is estimated that a 70-year-old who does not live in a group setting can expect to be totally vaccinated by February at the earliest and May at the latest at the present rate of vaccinations according to a calculator developed by Toronto's Jasmine Mah. (CBC News, January 10, 2021)

VACCINE SIDE EFFECTS

Like any medication or supplement (including vitamins), vaccines can cause side effects and reactions. After being vaccinated, it's common to have mild and harmless side effects. These can last a few hours or days after vaccination.

This is the body's natural response, as it's working hard to build immunity against the disease. This is known as the inflammatory response or reaction. These reactions should not disrupt daily activities and can be treated if needed.

Common vaccine side effects may include:

- mild fever
- redness, soreness or swelling in the arm or leg where the vaccine was given

You can take medicine to help with any pain or to lower a fever. Ask your health care provider what they recommend.

RARE VACCINE REACTIONS

Rare reactions that could occur after a vaccine are:

- a fever above 40°C (104°F)
- swelling and an itchy rash where the vaccine was given



There's a small chance of an allergic reaction to a vaccine. This type of reaction is estimated at 1 to 10 cases for every 1 million doses of vaccine given. This is rare and is called **anaphylaxis**. Anaphylaxis usually happens shortly after the vaccine is given and is treatable. That is why a patient is asked to wait for 15 minutes before leaving the clinic after receiving the vaccination.

This article is based on information found at www.canada.ca/covid-19/vaccines

For more information on Covid-19 Vaccine Government of Canada go to:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources/know-vaccine.html>

District 24 RTO Welcome Event for our New Retiree Members Hopefully at the Guild Inn Estates for the Fall of 2021!

Wendy Hooker

Our District 24 RTO 2020 Welcome Event for our new retirees was to have been at the newly renovated *Guild Inn Estate* on **September 18, 2020**. Due to the restrictions of Covid-19, we offered a substitute virtual session via Zoom on **October 27, 2020 from 10 a.m. to noon** when our 2020-2021 Executive and Committee Chairs were introduced. Each made a presentation about their normally scheduled activities and events which were subsequently illustrated in a PowerPoint presentation created by our new President, Annemarie McKee.

The *Guild Inn Estate* is located at 201 Guildwood Parkway. It is in the heart of Guildwood Village within Guild Park and Gardens and adjacent to the Scarborough Bluffs. The 88 acres of public land are owned by the Toronto Regional Conservation Area and are operated by the City of Toronto.



The original home, *Ranelagh Park* was built in 1914 by Colonel Harold Child Bickford.

When Rosa and Spencer Clark became the owners, they changed the name to *The Guild of All Arts* in 1932 as the couple provided studio cabins to various artists and artisans. It became Canada's only artists' colony during the depression and their patronage continued for 50 years. In 1943 the house was used for radio telegraphy training for the Women's Royal Naval Service (WRNS), and later as a hospital for Second World War veterans. *The Guild of All Arts* reopened in 1947. Thereafter *The Guild* grew to become a unique hotel in 1976.



The aging Clarks sold *The Guild* to the City in 1978 who continued to run it for public use until 2001. Neglect, the 2008 fire which ravished the Studio building, the 2009 demolition of the hotel wing, the 2013 ice storm, and the Emerald Ash Bore forest infestations, along with failed proposals for *The Guild's* future followed, resulting in significant damage to the initial residence and grounds.

Dismayed with the deterioration of this cultural legacy, community volunteers, particularly *Friends of Guild Park and Gardens*, *The Guild Festival Theatre* and the *Guild Renaissance Group* galvanized into action. They negotiated with city departments and privately raised more than seven thousand dollars for a Heritage Plaque, its installation and landscaping. One of the two remaining artist studios, the *Sculptor's Cabin*, was restored in 2019, and is being used as a Welcome and Activity Hub run by volunteers.

A Seniors' Walk Program ran from May to October in 2019 partnering with the *Parks' People*. These community volunteers also collaborated on the creation of the *Clark Centre for Arts*, an artist studio and public art space created from the former office of Spencer Clark, where he catalogued and stored some of his historic architectural pieces and sculptures. It was originally scheduled to open 2021.



Eventually, *Dynamic Hospitality and Entertainment Group* negotiated with the city and spent twenty million dollars to restore some semblance of the *Guild Inn*. In 2017 the privately run, event focused *Guild Inn Estate* opened with the refurbished Bickford Room and the new flanking west Ballrooms and east Gazebo. The grounds are still owned by the TRCA and maintained by the City.

Due to Covid-19, programs are currently stalled on the Guild Park property. If you wish to learn more, check the websites of *The Guild Inn Estate*, *Friends of Guild Park and Gardens*, *Guild Festival Theatre*, *Guild Renaissance Group*, and the two books by Carole Lidgolde: *The History of the Guild Inn* and *Memories of the Guild Inn*. The latter is a collection of stories collected from the community including many former education employees.





Political Advocacy Co-Chair: Betty Lou Reynolds

First, I would like to thank District 24 for the opportunity to serve you as the Political Advocacy Co-Chair. I have been in contact with Peter Vanderyagt, the former chair and together we are contacting local politicians regarding the issues identified by RTOERO as critical to improving the lives of seniors. I thank him for making me feel welcome and offering his knowledge and expertise to assist me in serving you.

On Tuesday, November 3, 2020, I attended an RTOERO Regional Political Advocacy Committee Virtual Workshop as the Political Advocacy Rep for District 24. This workshop was hosted by Rick Victor and attended by Jim Grieve and Rich Prophet as well as Sylvia Link of Communications along with District Political Advocacy Chairs and Presidents. This was Part 2 of a series of Political Advocacy Workshops detailing the positions of RTOERO on three Key Advocacy Issues: 1. Geriatric Health Care 2. Environmental Stewardship and 3. Seniors' Strategy.

Documents on these key issues had been sent to reps for the first meeting and I want to thank Paula Chambers for bringing the binder to my home (and keeping socially distanced!). This allowed me to read them over before the meeting. You can view these documents at <https://rtoero.ca/vibrant-voices/>. You can also add your voice to the effort by completing a form which will then be sent to your local politicians expressing our concerns regarding the state of Long-Term Care homes in Ontario.

For decades across Canada, long-term residential care has languished despite the calls for reform for help. The sector has been characterized by underfunding and lack of adequate staff and by a lack of appropriately skilled and compensated staff. Sadly, it is no surprise to anyone that around 50% of the deaths in Canada due to COVID-19 have occurred in long-term residential care facilities.

As we see this issue as urgent, your executive approved a motion directing District 24 to make the **Key Advocacy Issue #1, Geriatric Health Care, a priority and focus for our Political Advocacy initiatives. In this regard, I will be writing a letter to our politicians to highlight the concerns of residents around these issues. This is a follow up to the letter that was written in June by your Past President, Paula Chambers. Some progress has been made due to these efforts but there is still a long way to go.** As of Oct. 20, Canadians 70 and older represent 89.4% of COVID-19 deaths, according to [government of Canada tracking](#).

Although Canada's case numbers and death rate have been kept relatively low based on our overall population, 80% of those deaths occurred in long-term care (LTC) facilities, according to a June 25 report by the [Canadian Institute for Health Information](#).

If you have any insights, concerns, or information you would like to share with me regarding this issue please e-mail me at bettyloureynolds@hotmail.ca. Thank you and may you remain safe and healthy!

Hon. John McKay P.C., M.P.
Parliamentary Office Contact Us Suite 268, Wellington Bldg.
www.jmckay.liberal.ca Ottawa, ON
john.mckay@parl.gc.ca K1A 0A6
Twitter: @JohnMcKayLib Canada
Facebook: JohnMcKayMP (613) 992.1447

November 30, 2020

Dear Betty Lou:

Thank you for writing to me about caring for seniors in long-term care homes and for your commitment to our community. I for one share your sadness about the loss of life in long-term care (LTC) facilities and recognize we need to provide better care for some of the most important and vulnerable people in our community. While LTC facilities fall under provincial and territorial jurisdiction, the Liberal government is working closely with provinces and territories to strengthen infection prevention control and support seniors in LTC homes. Through the Safe Restart Agreement, the Government of Canada invested \$740 million to support costs for measures aimed at controlling and preventing infections, including addressing issues in long-term care, home care, and palliative care facilities. In addition to these efforts, the Liberal government announced today in its fiscal update that it is taking additional action to support people in LTC facilities by:

- Committing up to \$1 billion for a Safe Long-Term Care Fund to help provinces and territories protect people in long-term care.
- Investing \$6.4 million over two years to the Canadian Foundation for Health Improvement to expand its LTC initiative, which allows LTC facilities to register via online portal and submit a self-assessment;
- Committing \$1 million to engage with third parties to help identify resources to conduct readiness assessments in LTC facilities;
- Providing \$2.4 million over three years to expand Health Canada's capacity to support these new initiatives and undertake policy work related to commitments made in the Speech from the Throne;
- Working with provinces and territories to provide substantial support to give essential workers a raise, including personal support workers and other frontline workers; .../2 Hon. John McKay P.C., M.P. Parliamentary Office Contact Us Suite 268, Wellington Bldg. www.jmckay.liberal.ca Ottawa, ON john.mckay@parl.gc.ca K1A 0A6 Twitter: @JohnMcKayLib Canada Facebook: JohnMcKayMP (613) 992.1447 Newsletters: Click Here
- Committing \$38.5 million over two years to support training up to 4,000 personal support worker interns to address labour shortages in long-term care and home care;
- Working with provinces and territories to set new national standards for LTC to address gaps in LTC facilities, including raising the working conditions of lower-wage essential workers in senior care, particularly personal support workers, who have persevered in the face of adversity.

I invite you to read more about measures taken to protect people in LTC facilities in the Fall Economic Statement here: <https://www.budget.gc.ca/fes-eea/2020/report-rapport/toc-tdmen.html>

The Government of Canada will continue to work with provinces and territories to ensure seniors are cared for in LTC homes. Thank you again for writing to me. I applaud your efforts to advocate for some of the most vulnerable in our community and can assure you that the Government will continue to work with provinces and territories to prevent infection and protect those in LTC homes.

Sincerely,

Hon. John McKay P.C., M.P.

Goodwill Report Lynne Horvath

The past year has been a year of special challenges and isolation for so many members. We are looking forward to this new year with some optimism and hope that things will improve. Our Annual Telephone Campaign will start in March and we will attempt to contact everyone aged 80 and above by either a telephone call or with one of our new RTO cards. We have had very positive responses to our calls and cards, especially this year.

We are always looking for volunteers to help us with our calls. It will take approximately 4-5 hours to do a phone list, ONCE a year. If you have the time to assist us with these calls, please contact me at:

647-483-7377

or e-mail: lynne.horvath58@gmail.com

Birthday and Holiday cards will also be going out again in 2021 for all those members 85 and above. We also send out Get Well and Sympathy cards. If you know of someone needing one of these cards, please contact me. Thank you.



Congratulations, Les!

A member of District 24, George Heighington, brought it to my attention that one of our RTO District 24 Executive Members has also been active in his local community. Les Coombs recently received recognition as an Outstanding Volunteer by his community newspaper. Les has delivered the Scarborough Mirror, The Bluffs Monitor and the Beach Metro newspapers to his neighbours for the past 20 years. Congratulations, Les! Thank you, George for bringing this to our attention.



Ways to Combat the Epidemic of Loneliness Amid an Epidemic

Susan Watson, Social Committee

Although 2020 required that our celebrations often had to be quite different, I hope that they spoke to you of the powers of hope, resilience, love, caring, forgiveness and sweet peace. We, as a world, were met with many unique challenges, times of deep confusion, fear of the known and the unknown. There has been anger, loss, grief, and even opportunities for growth, as moments of relief, hope, kindness and love were experienced, perhaps by complete strangers. We may even have obtained an expanding awareness of what and who are profoundly important in this journey we call LIFE!

There is a growing realization that we have been given the opportunity to explore how we want to live right now and what "gift of self" we would like to extend to the world. Some of the gifts that were found among the COVID-19 brambles for me, were reading and listening to documentaries, movies, articles and books. These have allowed me to continue my personal quest as a 'lifelong learner'! I could seek out new ideas, and take the time to look at the opinions and ideas of others more carefully. COVID-19 allowed me to 'risk' looking 'deeper within' and to tweak, change or affirm many of my own ways of being.

Some of this awareness often began with an article, such as the one written recently by Emily Sohn of the *New York Times*. Emily stated that beyond the COVID-19 EPIDEMIC, there is an EPIDEMIC OF LONELINESS, in our world, particularly among the elderly and the youth. It is well known that loneliness is a complicated emotion. Emily sought the assistance and guidance of experts from a variety of medical and psychological backgrounds to share some healthy strategies that can help us combat that feeling of loneliness and increase a sense of connection during these stressful times. At times, some people feel quite content in their solitude, but it is quite well known that many others can feel lonely even when they are among a crowd of people. People needing people is an integral part of the human condition. Lock-downs, sheltering in place, and making changes to our traditional ways of marking important milestones in our lives often meant that we were unable to hold, hug and physically connect with those who are important in our lives. This often resulted in stress and loneliness in our lives. Desiring to keep connected yet trying to keep everyone at a safe distance has required that some of us have had to learn more about social media, than we ever thought possible...or desirable!

If loneliness is interfering with your ability to function, or you are thinking of self-harm, seek professional help. THE CANADA SUICIDE PREVENTION SERVICE, offers support at 1-833-456- 4566. Many therapists are also offering virtual appointments.

Should you be experiencing milder forms of depression or loneliness and are wishing to ease the toll of pandemic lock downs, there are some things that can assist you. When seeking connections, look for support from friends who you know are there for you; people, be it family or friends, who will give you unconditional support. If you have unresolved issues of friendship betrayal, negative feelings, or lack of just 'being there' for you, during tough times or situations, these are NOT the people who will make you feel less stressed! As Professor of Psychology, Bert Uchino says, "You need to increase the contacts and relationships that are important and very positive to you."

Another way to make a connection and to reduce stress turned into a delightful way for me to stay connected. Amazingly, my children are enjoying bedtime stories seemingly as much as the grandchildren, and are reluctant to miss even one of Nada's on-line Story Times!

I hope that the year 2021 will be one of new growth, good mental and physical health and contentment for all. I am looking forward to the time when we can begin to make plans for our next luncheon and trusting that you remain healthy, safe, and creative.

Geriatric Health Care from *RTO Vibrant Voices*

What's the issue?

Our population is aging. In 2012, almost one in seven Canadians was a senior. Now the number is more than one in six. By 2030, that will jump to nearly one in four. Our health care system and social systems need to re-think how to address the rising needs of this huge demographic. The health system has tended to be oriented to deal with acute care, not for the chronic needs of seniors. The system has also been hospital-based, with less focus on home care and community-based care.

Some Challenges

GERIATRIC TRAINING: Canada faces a shortage of geriatricians. Over the next two decades, the numbers of Canadians aged 65-plus will double, and those 85 and over will quadruple. Yet there are only about 300 geriatricians working in Canada (half of those in Ontario). We need to graduate more specialists, but the number geriatric specialization is capped. Beyond that, a wide range of health care professionals, from pharmacists to occupational therapists, work with older adults all the time. They need increased training for serving the senior population.

HEALTHY AGING: Healthy aging encompasses active lifestyles, social inclusion, mental health, age-friendly communities and coping with change. Yet care, services and policies for seniors can often focus more narrowly on physical health.

LONG-TERM CARE: The number of seniors, and longer lifespans, are creating multiple pressures on LTC. There's a shortage of spaces, a shortage of personal support workers, and those arriving in LTC often require more extensive support.

ELDER ABUSE: Up to 10% of seniors experience some form of elder abuse – physical, psychological, emotional, financial – each year. Still, the awareness of the issue, and resources available to prevent abuse and help victims, remain lacking.

Questions for politicians

- How can we better meet the ongoing and often complex care needs of seniors, in hospital and in the community?
- What sort of geriatric training should be mandatory across health care?
- What are your public policy priorities to boost the overall well-being of seniors?
- What human resources, structural or funding changes can increase the capacity of long-term care?
- How should we invest in serving the victims and raising the profile of elder abuse?



On – line Learning by **Peggy Kiely, BSc., MA (Adult Education), MLT**

I had two distinct phases to my teaching career. In my 'clinical' phase - I worked in the laboratory at University Health Network - UHN (a merger between Toronto General Hospital, Toronto Western Hospital & Princess Margaret hospitals). Along with running "lab tests", I was responsible for the clinical education of the Medical Laboratory Technology students. A career shift occurred when I joined the faculty of The Michener Institute of Education at UHN (simply called Michener) which is a specialty post secondary institute. It is Canada's largest publicly funded institute for applied health sciences. Michener offers certification in various medical technologies including: Medical Laboratory Science, Chiropody, Respiratory Therapy & Ultrasound to name a few. Michener also has joint programs with University of Toronto and Laurentian University. Although there was on-line learning prior to the emergence of the COVID-19 pandemic, now there is a real urgency to expand this learning option. Content that can be delivered virtually is being converted to this format.

Students who are Internationally Educated Healthcare Professionals (IEHP) certified to practice in their home countries are eligible to enroll in any Bridging courses. I teach in the laboratory sciences Bridging Program. All bridging programs are designed to provide Internationally Educated Professionals with information on entry and integration into the Canadian healthcare workplace as well as preparing them to write the certification exams. Upon gaining certification students then join the College of Medical Laboratory Technology of Ontario which issues them a license to practice.

Internationally Educated Healthcare Professionals (IEHP) are a very diverse group of learners. They are all ages, come from around the world, were educated abroad and English is not their native language. In addition, most are coping with the social, economic, and cultural changes in their new country. Many are also raising a family and juggling work. The instructor needs to be sensitive to how these factors come into play especially since most students have little or no online learning experience. The challenge is to get up to speed quickly. As in a classroom it is important to set expectations and include feedback opportunities.

Benefits of on-line learning:

- It is cheaper. It negates travel and childcare expenses etc. Lectures are recorded so they can be accessed and reviewed at any time.
- It is convenient. Many students enjoy not having to travel to downtown Toronto after a long day at work. Instant grading on tests and assignments is provided on-line.
- There are multiple ways to communicate with your professor: text, call, e-mail, chat etc. Using the chat feature within your video tool is a convenient alternative to pausing for questions. You can also get attendees to respond to a question, especially participants who tend to be shy about speaking up.

Challenges with on-line learning:

It is difficult to limit distractions and engage students. When teaching "in person" students and instructors meet face to face. The virtual classroom is more challenging. Nonverbal clues seen in live classrooms such as inflection, facial expression, or tone are mostly missing. It is challenging to identify when students are bored. Some signs are talking on their cell phone, checking their e-mails, surfing the 'net" or skipping class.

Dr. Melissa Parker by Joy Parker

Dr. Parker completed her MD at Western, and training in pediatrics, pediatric critical care, and pediatric emergency medicine at the Hospital for Sick Children, Toronto. She practices pediatric critical care at McMaster Children's Hospital and is an Associate Professor of Pediatrics at McMaster University. The views expressed in this article are her own. Dr. Parker is a product of the Scarborough Education system.

1. What exactly is an ICU? ICU stands for 'Intensive Care Unit'. It is called an intensive care unit because the care provided is intense in terms of acuity and complexity. Patients in an ICU have one or more organ systems that are failing or require support. Organ support can be temporarily required following major surgery e.g., cardiac surgery, lung transplant. In contrast, organ failure can occur for many different reasons and it is part of an intensivist's job to be a detective and figure out what could be wrong while simultaneously providing support and treatment. In large hospital systems, there can be different types of ICUs - the commonest being CCCU (Cardiac Critical Care unit). Other ICUs may specialize in trauma, burns, or neurocritical care, but in most cases, ICUs manage all these disorders.

2. What children/cases typically are treated there? The commonest cause of admission to pediatric ICU is respiratory failure and the commonest form of organ support we provide is support with a ventilator. Respiratory failure can happen for many reasons - asthma, pneumonia, or drug overdose, to name a few. Another frequent cause of admission is neurological emergencies, such as seizures, bleeding in the brain, or brain tumors. We also see a lot of trauma.

3. Who staffs the unit? The ICU is run by a large multidisciplinary team. Core team members who participate in daily rounds include nurses, respiratory therapists, pharmacists, dietitians, physiotherapists and of course doctors. We also engage with occupational therapists, speech language pathologists, and importantly translation services since family members may not have English as a first language. In pediatrics, we also involve a child life worker where appropriate to prepare patients for procedures or sometimes to work with siblings. We also have a dedicated Social Worker who is busy on many fronts, including helping families obtain funding for which they qualify and discharge logistics for patients including those who are 'technology dependent' and will require special care and nursing support at home.

4. Have there been any changes to the running of the unit due to the pandemic? Of course. The most obvious one is policies around use of PPE (personal protective equipment). We also needed to develop new policies and procedures for things we do every day that are higher risk in the setting of COVID19. The biggest risk for transmission to health care providers is what we call Aerosol Generating Medical Procedures (AGMP). We do a lot of these in ICU e.g., inserting breathing tubes required for ventilator use, and other resuscitation (lifesaving) procedures which result in aerosolization of respiratory droplets. Even the logistics of moving patients in a safe manner through the hospital when required needed to be rethought. I Co-Chair our Code Blue committee and at the beginning of the pandemic we also developed a policy around responding to calls for suspected/known COVID patients. We also have a 'negative pressure room' in the ICU, which sucks air in when the door is opened, and we use that in certain instances to keep aerosols from getting out. We also have portable HEPA filters that can be placed in rooms where indicated.

5. As an ICU physician, what is your role? I often describe my role as being like the quarterback on the football team. Many different subspecialty services (cardiology, neurology, nephrology, etc.) are frequently involved to provide expert consultation. We obtain advice from various players as needed, but ultimately, we are responsible for the overall coordination of care and management of the whole patient. Intensivists are also responsible for deciding when organ support is needed and when required, do procedures to facilitate that. That includes surgical procedures such as putting in large IV catheters to facilitate dialysis, other

venous and arterial catheters to facilitate treatment and monitoring and placing things like chest tubes when required. Fortunately, in pediatrics cardiac arrhythmias are less common than in adults, but still, we occasionally need to use the defibrillator to 'shock' a patient for serious heart rhythm problems. All pediatric intensive care units in Canada are affiliated with medical schools. As such, I teach and supervise trainees of various stages in the PICU who carry out most of the direct patient care. In the PICU we have junior and senior resident doctors, and PICU fellows who are already pediatricians but are training to be intensivists.

Other aspects of my role include having frank and transparent conversations with family members, and sometimes that involves giving bad news. We discuss options, prognosis, and where indicated, limitations of care. We also work closely with the palliative care service. Not infrequently, I also interact with law enforcement. That can be related to an accident scene or unfortunately cases of non-accidental injury (child abuse). Any time there is a death, I also need to consider whether to involve the Coroner based on a child's age and circumstances.

6. *What training is required?* Most pediatric intensivists begin by training as pediatricians and then do specialized training in critical care. It is also possible to become an intensivist after training to be an anaesthetist, which makes sense since they have expertise in doing common critical care procedures and managing ventilators. A pediatrician needs to learn about anaesthesia and critical care to become an intensivist, whereas an anaesthetist needs to learn about pediatric medicine.

7. *Why did you choose to focus on both Critical Care and Emergency Medicine?* I like the acuity and complexity of the medicine and I also like resuscitation. I describe Emergency Medicine as being 'organized chaos' whereas care in the ICU is all about control. In the ER, you never know what is coming through the doors. The key to being a good intensivist is to think five steps ahead, so you are prepared for all possible contingencies.

8. *How have you prepared yourself to deal with the possibility of Covid cases?* I have a routine for exiting and entering my house which involves having clean and dirty zones. I change clothes before leaving work. I leave my hospital badge and pager in the same place when I get home and forward my pager to my phone to avoid handling it once I am home. I am incredibly careful at work and always comply with PPE requirements. Personally, and while I am healthy, I have also been avoiding going into any stores unless absolutely required. From the beginning of the pandemic, I was always more concerned about risk in the community than at the hospital where the environment is very controlled. Like most of my colleagues, I also made sure that my personal affairs were in order back in March, should anything happen to me.



Consider Walking by Claire Hughes

Prior to the Covid-19 pandemic most of us were physically active. We belonged to health clubs, took Zumba classes, played tennis, line danced and so much more. But all of that came to a screeching halt. Everything shut down!

To remain healthy, we stayed indoors and tried a variety of online fitness classes. Some of us used treadmills and/or weights in the comfort of our homes.

A need for fresh air (and sometimes a break from those at home) had us doing neighbourhood walks. Eventually those walks became boring. Walking continues to be healthy from a physical as well as mental health perspective so, here are some suggestions for reigniting the spark.

If you enjoy urban walks, the *Cultural Loops Guide* is available from the City of Toronto and is free. The book contains self-guided tours relating to art, history and nature. There are several chapters, each focusing on a specific district in the city.

If communing with nature is something that you enjoy, here are a few suggested walks, each with a unique feature.

- The Valley Land Trail connects Highland Creek with the U of T Scarborough. It has a beautiful, curved walkway and is wheelchair accessible.
- Guildwood Park is beautiful regardless of the season. Over the last few months, several architectural pieces have been added to the grounds.
- While the Doris McCarthy Trail involves a steep and winding road, there is a lovely surprise at the bottom of the hill. As you approach the lake, you will see “The Passage”, a sculpture by Marlene Hilton Moore.
- Bluffers Park offers many opportunities for amateur photographers. Parking is free at this time of year and there are no crowds to be found.

The Waterfront trail on the Port Union waterfront leading to Rouge National Park provides ever changing scenery. You might see a hockey game on the pond, an observation deck, geese and ducks, and of course, incredible views of the Lake Ontario shoreline. (In warmer weather, there are also opportunities for canoeing, kayaking, fishing, and picnicking.)

I have only just scratched the surface of walking adventures in the east end of the city. Try new parks to keep motivated and to keep the walks interesting. Remember to dress for the weather, stay active and stay healthy.



Trips

Marilyn Tregwin

Hello again! Are you wondering how long it will take or even if we will we go back to 'normal' and sit in theatres in large numbers again? Without the opportunity to enjoy RTO District 24 trips together due to COVID-19 restrictions, many of us have been eager to support the arts community via entertainment offered online. In the January 2021 E-News I provided several pages of sources and information for online 'live' theatre, concerts, ballets, opera, music, cinema, etc. Below are two examples of the material available to you. If you haven't read last month's e-News as yet, know that it will be kept on our website for at least two months at (<https://district24.rto-ero.org/> under the Communications tab). To ensure you receive all District 24's E-News publications, we recommend you register your email address by contacting the RTO Membership Database Administrator at: 416.962.9463 ext. 223 or membership@rto-ero.org Perhaps most familiar to us theatre-goers are the productions by 'The Shows Must Go On'. Major stage productions such as those we've enjoyed at Stratford and the Shaw have been made available on YouTube by 'The Shows Must Go On' since the pandemic was declared. They are usually offered for a 48-hour period, but unfortunately, with only a two day notice. You need to follow them on Facebook or Twitter in order to get advance notice of upcoming shows: <https://www.facebook.com/showsmustgoon> or on Twitter: @the_shows_go_on

Eventbrite picks@campaign.eventbrite.com

Eventbrite provides a number of free talks online. Some programs require a fee. Find your next experience. Click to view the range of opportunities.

Since you're staying home, the Toronto Public Library wants to make sure that you're stocked up with things to read, watch, listen to, learn and do. Their site, <https://www.torontopubliclibrary.ca/> says there are 38 digital ways to use the library from home via your library card. Do check out their extensive online streaming services. If you don't have a library card, you can register online for a Digital Access Card which gives you access.

I am creating a new list of members who wish to be notified of the latest entertainment in as timely a fashion as possible (always privately sent via BCC.) If you would like me to keep you informed of any upcoming events I hear about, let me know of your interest by emailing me at m.tregwin@gmail.com Please remember: you will be the contributors. Likely there will be little for me to share unless you let me know! (Thanks to Ron, Paula, Wendy, Hazel and Carol for the items submitted thus far.) Toronto's Mirvish theatre company has announced plans for their new season starting this September. Based on Public Health advisories, RTO National will give us the 'go ahead' to travel together on a District 24 excursion, so 'stay tuned' for announcements about our upcoming trips.

I'm looking forward to hearing from you. Be well. Stay safe.

*It is with great sadness that we inform you of the passing of the following members of District 24.
We extend our heartfelt sympathy.*

Joyce Sulaman	Clifford McGill	Elizabeth Easton	Leona Pullen
Marjorie Collins	Norman Stewart	Errol Weiser	Helen Bullen
A. Pearce	Rita Lobel	Rita Wigglesworth	Irvin Holmes
Francis McKeown	Allan Goldman	John McNeil	Jeremy Richardson
Kenneth Burridge	William Lea	Phyllis Munro	George Calder
Neil Swan	Gordon E Honsey	Rudolph Kendall	Linda Cresswell
Thomas Maunder	Arthur Carefoote	Jayne Gresham	William Wheeler
Joan Hicks	Geraldine Young	William Bartolotta	Denis Anderson
Phyllis Webb	Harry Brown	Joan Brown	Barry Ross
Winnifred Young	Elaine Apted	Rosemary Merrall	Richard Dean
Hazel Thornton-Lazier	James Wicksted	Rose Green	Margaret Dillon
Marie-Louise Mary-Lou Mills	Paul Wesley	James MacGregor	Dorothy Lewis
Audrey Sewell	Hedi Stromempl	Jean Jenkins	Martha Hirsch
K. Yvonne Russell	Maria Pearce	Judith Connow	Douglas Phillips
Norma Phin	Joanne McMinn	Reginald Walker	Kenneth Fry
Elizabeth O'Keefe	Florence Iacono	Frank Roca	William Graham
J. A. Brian Breton	Donato Fiorella	Catherine Neagle	June Lowrie
	Harry Brown	Donna Hubel	

*The Executive welcomes all new members of District 24
and invites them to become active participants in our activities.*

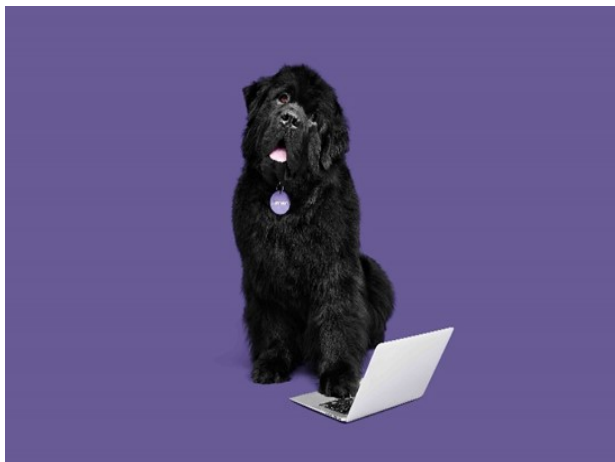
Frank Orbegozo	Marlene Silver	Suzanne Corker	Jacqueline Burrell
Pamela Parsons	Deborah Watson-Drape	Roberto Tonani	David Lum
Cathy Chant	George Young	Suzanne Brown	Nahid Latif
Mike Shariff	Deidre Breton	Heather MacGregor	David Merrall
Kathryn Milligan	David Mills	Tina Leino-Whyte	Audrey Wright
Joan Neylan	Madge Edwards	Doris Bauer	Beverly Falk
Peter Wan	Nancy McGill	Patrick McGarry	Donna Couch
Nancy Nnawuchi	Margaret Stewart	Angele Tassone	Justine Morrison
Amanda Lawrence	Charlotte Carefoote	Hanna Guderska	Douglas Paterson
Janet Caron	Daniel Bickle	Teresa Fiorella	Donna Holmes
Claire Wilson	Elizabeth Lea	Nancy Weiser	Virginia Unsted
Janet Swann	Peter Angelow	Adrienne Duncan	Tom Anastasios
	David Kondziolka	John Shipton	



As recently communicated, we are in the midst of launching our new member portal that will provide members with an improved process to submit group benefits claims and access policy information. This new website, called My Insurance, will ensure that RTOERO members receive their reimbursements faster for most claims.

In the late stages of the launch, additional opportunities were identified to further enhance the new digital process. To ensure an optimized customer experience, we have revised the launch date of the claims submission feature to March 30. In February, you will receive detailed instructions on how to re-register using a new secure password. Our current **Members Only Website** will remain accessible.

Over the coming months, we'll continue to provide you with updates to make this transition as easy as possible for all RTOERO members.



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Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5

YOUR LOGO
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