

Everybody's Business is Nobody's Business!

The population of our province was 756,780 when the Aging Council Report was published in 2017. At that time there were 147,929 seniors or 19.5% of the population. It is said that by 2038 the senior population will represent 31.3% of the population.

That is a voting block with great potential and could be impressive for election strategists. That population could, if organized, play a major role in a provincial election. Just imagine what an influence a block of 20-30% of the population could have.

The perfectly healthy, agile and well seniors are happy with their healthy lifestyles. But 39% of the senior population have 3 or more chronic disease issues. This segment is reliant on a relevant, efficient health and long term care system.

Emergency departments get large volumes of seniors at some level of crisis that should be properly cared for and managed outside the hospital system. Their arrival in crisis at the Emergency Department is totally due to failure of the primary care system. I am sorry, professionals, but you cannot and must not blame the senior; it is not his fault.

There are so many models of excellent senior care and chronic disease management across the country; New Brunswick has done some remarkable things with Diabetes but many other chronic diseases management programs appear to be lacking in focus, expertise, leadership.

Meanwhile, there still are a disturbing number of seniors with no family doctor, and those with a family doctor often do not experience efficient primary care service.

The large numbers of seniors awaiting placement in long term care is staggering if not repulsive; repulsive because the service they receive in acute care environments is woefully inadequate, as has been explained many times in this newspaper.

But the conversations go on and on; former UNB President John McLaughlin, highly respected in many circles and a person of influence, chaired a stellar panel on Aging Issues during the Alward government tenure. It was, with that quality of leadership, supposed to set the tone for the future action. There was the Aging Report published during the Graham government similar to the Seniors Panel and that produced little more than colorful reports. There was a real passion for change amongst seniors and care delivery organizations, however.

When nothing visible happened from those two reports, there was a real sense of expectation when the Gallant government appointed the Council on Aging that brought 17 dedicated people together with consultants and civil servants for a year. During that year, these volunteers contributed a good deal of time for nearly nil compensationa reflection of the dedication to the task.

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On presentation to the government on January 27, 2017 the stakeholder organizations were thrilled; it was a quality report and government promised the action that had been anticipated for over a decade!

In speaking with people around the province, all the issues that are of concern to seniors regarding health and long term care are serious and similar. And they honestly believe “the system is not listening to seniors”! And they are right.

“The system” has been talking about the impact of the growing elder population for over 40 years. Why does it not respond better? Organization! Courageous leadership! Civil service deficits in educated, experienced and certified health care leaders.

In successful regulatory environments, the regulating agency has, in key staff or executive positions, people who have performed well in the industry being regulated.

In health and long term care, however, this principle does not hold and staff who direct policy and the regulatory process, superb people that they are, have not generally had the experience of operating health provider organizations. Consequently, decisions are slow, processes often out of date, and communications difficult.

This is a major element in the issues that are to bothersome to seniors. Fixing the systems that are broken (Emergency, Primary Care, Eldercare, ALCs) requires direction by people who have expertise in managing change in a health professional environment.

Issues of significance to seniors will never be satisfactorily dealt with until seniors come together to say “enough is enough”. But seniors cannot now do that because their voice is spread over many organizations in the province. Some claim to represent seniors issues, few if any have the strong influence required to successfully push for essential change.

The Coalition of Senior’s and Nursing Home Residents Rights was certainly effective in pressing the protection of assets for nursing home residents and they deserve much credit for that. The Collaborative for Healthy Aging and Care does a magnificent job of bringing provider organizations and others together.

Yet deep within the systems reside issues that need research, focus, persistence, lobbying, influence at the civil service level, and perhaps the occasional court challenge. To the observer, it seems that each of the groups has a specific focus which is of interest to them. Coming together across linguistic or other interest lines, and becoming focused on essential change for that 39% of the senior population who need exemplary service, could achieve great success for seniors.

Success in influencing change requires time and patience in learning how decisions are made, who actually makes them, who influences them, how to influence those who do both. And often it is not the politician at all but processes buried deep within the civil service structure.

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A true Seniors Council would not be influenced by unions, provider organizations, professional groups but would speak for the interests of seniors as a whole based on evidence. Short of that, the seniors' voice is very fractured.

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