
**CANADIAN BROADCAST STANDARDS COUNCIL
ONTARIO REGIONAL PANEL**

CFRB-AM re an episode of the *Health Show*

(CBSC Decision 04/05-1171)

Decided December 15, 2005

M. Ziniak (Vice-Chair), B. Bodnarchuk, R. Cohen (*ad hoc*), M. Hogarth (*ad hoc*),
M. Oldfield, C. Reyes

THE FACTS

The *Health Show*, hosted by Christina Cherneskey, airs on CFRB (NewsTalk 1010, Toronto) on Sundays from 2:00 to 3:00 pm. On March 6, 2005, the topic of the program was retirement residences and Cherneskey had as her guests Karen Hen, Assistant Executive Director, Marketing and Admissions, at Cedarbrook Lodge and Stephanie Regent, Executive Director at Bradgate Arms. Both facilities belong to an umbrella organization called Retirement Residences Group, although that link was not expressly made in any statement by the broadcaster or the show's host; it only became inferentially evident during the course of the show. While a full textual appreciation depends on a reading of the entire transcript of the episode, that text is, practically speaking, too long to be included at this place in the decision. A summary of the most pertinent components of the show follows here; the full transcript of the episode is provided in Appendix A.

The program of March 6 began with the following introduction:

This is the *Health Show* on NewsTalk 1010 CFRB in Toronto brought to you by Retirement Residence [*sic*] Group.

The host, Christina Cherneskey, then defined the subject matter of the episode in the following terms:

You know, we don't like to talk about it, but it always comes up, particularly those families with aging parents and the discussion always what's the next step going

to be with mom and/or dad or mom and dad and this is a great place to talk about the issue of retirement residences.

She then introduced her “two very special guests” and specifically mentioned their association with the two residences noted above (although not with the umbrella organization that had been designated as the program sponsor). They delved into various subjects, such as who communicates with whom about the delicate issue of looking for a home for elderly parents, introduction to the idea, trial residency “testing” and so on. The host then reminded the audience of the subject of the day, retirement residences, and said:

Today on the *Health Show*, we’re focussing on the issue of retirement residences. And with two very, very qualified people who can help us out. I know there’s always questions [sic] about this, so, please, uh, phone in today. We’re not talking about a particular ailment, but we’re talking about something that is inevitable. And that is the aging process. Uh, Karen Hen is Assistant Executive Director, Marketing and Admissions at Cedarbrook Lodge. Stephanie Regent, Executive Director at Bradgate Arms. Let’s find out about you two now. And, not really about you two, but Cedarbrook and Bradgate. Let’s start with Bradgate.

The guests described their respective residences and one added that “both Cedarbrook and Bradgate and the other homes that are part of our chain, you can have anywhere from, uh, minimal amount of assistance all the way to full care and even palliative care.” This, the first mention of the corporate chain in the course of the host-guests dialogue, was followed with the information that it consisted of about 213 homes but the chain itself remained anonymous, in the sense that it was neither named nor identified, at this stage.

The dialogue reverted to the different staff functions at the residences and locations, with one of the guests pointing out that “we try very much to be, um, very comprehensive across the company.” In cutting to a commercial break, the broadcaster-produced bumper said:

Medical opinions and recommendations are solely those of the commentator and not of CFRB or Standard Radio Incorporated. Please consult your physician for further advice.

Coming out of the break, the host said “you know, but there, there seems to be such a care and concern in your approach to what we’re doing with, with elderly Canadians in this particular case.” One of the guests replied,

Thank you. Yes. We actually, we were saying just before we came in here that what would be, um something that makes Retirement Residences Group stand out, um, as compared to other companies and it’s not so much the service that we deliver, it’s how we deliver it to people. ‘Cause the staff genuinely really care about what they’re doing.

They then talked about how their company deals with its staff and took their first call, on the subject of the “basic differences between nursing home care and

retirement residences.” The Executive Director of Bradgate Arms provided her explanation of differences between the two, focussing the explanation of retirement homes on the example of the Retirement Residences Group.

Regent: So, the nice thing about a retirement residence is you can have a, a look at these places, you can have a tour. Um, often, you know, you come into one of our homes and you can stay for lunch, stay for dinner.

Cherneskey: Yeah?

Regent: And, um, you could then go on the website which is www.retirementresidences.com and then you can –

Cherneskey: Which is a great site, by the way everybody. I’m just navigating it right now.

Regent: Yeah. You could have a virtual tour. Some people feel more comfortable doing that from their own home than actually going out to the homes.

In concluding the dialogue with that caller, the Bradgate Arms Executive Director said:

And, you know, that’s a comfortable setting for you and, you know, anyone; as a registered nurse I can say that, you know, at the end of, of, of your life, when you have a lot of extra care, you want to be where you’re comfortable and your family can come in and they feel comfortable. And, you know, at Retirement Residences Group, we really try very hard to, not only have your, your, have your parent or your relative there and be comfortable, but the whole family.

The second caller also sought clarity on the distinction between retirement homes and nursing homes, particularly insofar as it would relate to levels of treatment for an older person in deteriorating health. The Bradgate Arms guest tried to respond by explaining what her corporate group residences would do to accommodate persons requiring an increased level of care. The caller accused the program of “trying to obfuscate the whole issue” and the host attempted to bring the discussion back on track when the caller was put on hold. The host and guests then talked further about issues related to the unhappy caller, all the while focussing more closely on the Retirement Residences Group, their management, their staff and their residences and residents.

Following a news break halfway through the show, the re-introduction was put in the following terms:

This is the *Health Show* on NewsTalk 1010 CFRB in Toronto, brought to you by Retirement Residences Group.

The rest of the show continued with a more pointed focus on the Retirement Residences Group, with considerable emphasis on the words “we” and “our”, as in “we belong”, “we tell”, “we put up”, “we have”, “our group”, “we’re there for you”, “our residences”, etc. At one point, when the generic interrogative

statement by a third caller was “And what I have found is that most places will not take people under 65,” the reply by one of the guests was:

Well, um, *I certainly can't speak for other, um, companies*, but Retirement Residences REIT and Retirement Residences Group, we, we look at it from, not so much the age, but we like to meet the potential resident. [Emphasis added.]

In the second-to-last segment of the hour-long episode, the Bradgate Arms guest made a more overt statement to listeners about the Retirement Residences Group.

[A]ctually, you know, if when you go to the website, to the retirementresidences.com, you'll, you'll be able to, you know, look at, compare different homes and, and some homes are more expensive than others and it does depend on the area and where you are. But that's the nice thing about this, about Retirement Residences Group, is that we have so many different types of homes for different needs at different prices.

There was a final commercial break, followed by a bumper identical to that cited above.

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The final segment was similarly oriented, that is to say, with considerable emphasis on the Retirement Residences Group; it ended with the following statement:

This has been the *Health Show* on NewsTalk 1010 CFRB in Toronto brought to you by Retirement Residence [*sic*] Group.

A complaint first sent to the Canadian Radio-television and Telecommunications Commission (CRTC) on March 9, was forwarded to the CBSC in the normal course of events. It alleged a “‘sleight of hand’ that CFRB uses in presenting this show [the *Health Show*].” The complainant described that practice as follows (the full text of his letter and all other correspondence are found in Appendix B):

On [some weeks] that [...] show is presented in an identical talk-show format but instead of featuring independent guests, the show features guests from organizations that have paid to be interviewed and promote their products. Effectively on those weeks the one hour *Health Show* is a one hour infomercial.

One such case was Sunday, March 6 where two representatives from a retirement home chain were ostensibly being interviewed as experts on options for elder-care. In fact they were paid guests promoting their privately held retirement-home company. There were three vague and non-descript disclaimers during the show that appear to have been designed in such a manner that they could just as easily have been interpreted as a type of introduction to or acknowledgement of the guests; particularly in the context of the show frequently featuring independent non-paid guests. Just listening to the

callers it was quite clear to me that they had no idea that the show was an infomercial; in fact I did not even realize it until almost the end of the show.

My complaint is that CFRB, by design, has intended to mislead and deceive their listeners in an unethical and potentially dangerous way by presenting what is ostensibly a one hour infomercial as an independent and informative talk show discussing the health and wellness industries.

On July 11, not having heard from the broadcaster (which is obliged to respond within 21 days), the complainant filed his Ruling Request. On August 11, the CBSC Secretariat sent a reminder letter to CFRB, whose Vice President and General Manager responded the following day.

The *Health Show* is a talk-show formatted live program as you describe. This is most definitely different than a paid infomercial which are [sic] recorded and most importantly the people on those infomercials get to craft those recorded shows any way they deem fit to sell their product. In other words, they can really stretch the truth or make health statements that simply aren't true. Plus infomercials have no other commercials in them. They only sell their product. This show has lots of other commercials just like any other hour on the station.

Our health show with Christina there is purposefully set up for Christina to be the unbiased host. The person to step out and ask questions that a listener might ask and to most definitely challenge, ... both before the show in prep ... and also on the air as it's happening, any comments by guests that are simply wrong.

Do some clients pay to be on the show? Absolutely. Do we hide this fact? No, we run the disclaimers. Do we allow the clients to blatantly hawk their product? No. The purpose and intent of why we let clients buy access to this show is:

- a) to talk about their industry and either sink or swim on whether they are good and are experts at what they're talking about. (You'd be amazed at how quickly an audience can tell if someone is knowledgeable on their questions or not.)
- b) to be able to tell listeners about their product.

We don't allow them to hard sell constantly the whole hour. They definitely have to know their industry and be able to answer any question posed to them by our callers. Their answers have to be real and not 'embellished'. Hence, Christina there to challenge on them.

All of this is no different than any number of talk shows everywhere that have someone on who is an expert at some company in some field and we call on them to give information and answers to our listeners.

For instance, having a jeweler on air to explain diamonds just before Valentine's Day. It would virtually be impossible to find a diamond expert anywhere that didn't work for someone. So the only difference here is that we charge experts for the right to come on our air and show that they ARE an expert or very much know their stuff. It's identical to every car show on air anywhere. It's always done by a car mechanic at some shop in town.

The major difference is ... we make sure that their answers are correctly given and not unreasonably biased towards pitching their business. To put it another

way, we go out of our way to make sure the outcome of the show is the same whether it uses no experts from a business or an expert from a business like elder-care.

The complainant filed another Ruling Request on August 15. With it, he sent a copy of his letter to CFRB. He said in part:

Why would an expert guest pay to be a guest?

Why would the disclaimers not clearly state that fact?

I have serious concerns that the practice of charging "expert" guests for their appearances, without full and clear disclosure to the listening public, is not only misleading but potentially harmful. This is particularly true in the context of a program called the *Health Show*, that among other things deals with serious subject matters such as elder-care, cancer and childhood diseases.

THE DECISION

The Ontario Regional Panel examined the substantive part of the complaint under the following provisions of the Canadian Association of Broadcasters' (CAB) *Code of Ethics*.

CAB Code of Ethics, Clause 6 – Full, Fair and Proper Presentation

It is recognized that the full, fair and proper presentation of news, opinion, comment and editorial is the prime and fundamental responsibility of each broadcaster. This principle shall apply to all radio and television programming, whether it relates to news, public affairs, magazine, talk, call-in, interview or other broadcasting formats in which news, opinion, comment or editorial may be expressed by broadcaster employees, their invited guests or callers.

CAB Code of Ethics, Clause 14 – Advertising (Details)

- (a) Broadcasters recognize that they are responsible for the acceptability of advertising material they broadcast. All commercials must conform to applicable laws and regulations.
- (b) Broadcasters shall ensure that advertising material within a newscast is clearly distinguishable from the news information adjacent to it. To this end, any commercial message broadcast within a newscast should not be read by the newsreader.
- (c) Broadcasters shall ensure that there is no influence by advertisers, or the perception of such influence, on the reporting of news or public affairs, which must be accurate, balanced, and objective, with fairness and integrity being the paramount considerations governing its reporting.

In dealing with the issue of broadcaster responsiveness, the Panel considered the following provisions of the *CBSC Manual*:

Responsibilities of Membership, p. 7

Broadcaster members which join the CBSC do so voluntarily and, by so doing, agree to:

[...]

- g) co-operate fully with complainants by responding quickly and effectively to their concerns and informing them of their right to bring the matter directly to the CBSC if they are dissatisfied with that reply.

Complaint Resolution Process, p. 24

A copy of the complaint will [...] be forwarded to the broadcaster with the request that the member respond to the writer of the complaint within 21 days. The Secretariat expects that the complaint will be given that priority by the broadcaster; however, should there be extenuating circumstances, such as a deluge of complaints, application should be made to the Secretariat by the broadcaster for an extension of that deadline.

The Ontario Regional Panel Adjudicators reviewed all of the correspondence and listened to a recording of the broadcast. The Panel considers that CFRB is in breach of the foregoing Code provisions although not of its responsibilities of membership in the Canadian Broadcast Standards Council.

What Is Paid or Sponsored Programming?

This is the first occasion on which the CBSC has dealt with paid or sponsored programming. Consequently, it had not previously developed any specific rules dealing with issues associated with such programming; however, certain other jurisdictions have and it is useful to see what they have mandated by way of guidance.

In Great Britain, for example, Ofcom, the regulatory equivalent of the CRTC, defines sponsored programming as follows (in Section 9 of its *Broadcasting Code*):

A sponsored programme [...] is a programme that has had some or all of its costs met by a sponsor with a view to promoting its own or another's name, trademark, image, activities, services, products or any other direct or indirect interest.

Costs include any part of the costs connected to the production or broadcast of the programme.

A sponsor is any public or private undertaking (other than the broadcaster or programme producer), who is sponsoring the programme or programming in question with a view to promoting their or another's name, trademark, image, activities, services, products or any other direct or indirect interest. This meaning extends to those who are otherwise supplying or funding the programme.

These principles are of some use in the Canadian context; if anything, the British definition would cover both sponsored programming and what has come to be known as the infomercial (the “traditional” genre of product-selling on television), in the North American broadcast environment. In the light of that definition and its bifurcated application, it should first be noted that programming such as the *Health Show* is, as the broadcaster readily admits, sponsored; however, the broadcaster vigorously argues that it is not an infomercial. On the basis of the episode under consideration, the Panel agrees with this position. Although the Panel readily concedes that *either* “sponsored programming” or “infomercial” could be defined broadly enough to include both categories, it considers that the distinguishing of the two genres is beneficial.

While the Panel acknowledges that the format of the challenged show shares certain characteristics with “traditional” infomercials (principally in that the broadcast of the show is paid for in some way by the sponsoring commercial entity), its goal and style of presentation are distinctly different. First, North American infomercials are pre-recorded, most frequently for television broadcast. Second, and related to that point, there are generally no unscripted callers to such programs. Third, infomercials are designed to hawk specific products, generally goods rather than services, frequently by energetic, forceful selling techniques. Fourth, they are exclusively devoted to the products being sold. No advertising or promotion for any other goods or services, whether competitive or not, is a part of the same program.

By its nature, sponsored programming such as that under consideration here is of a very different style. A sponsored program will generally, at least in its first broadcast, be live and unscripted, although the guests may well have prepared scripted bits to ensure that their words will be efficient, subtle, beneficial and “on message”, corporately speaking. Perhaps in order to draw audience to the program, the show will frequently have callers, who dial in for advice of some kind. The sponsored program will more often be selling the expertise or services of the expert guest or the company for which he or she works. Finally, there will be no exclusivity of commercial messages. Advertising for other companies and products or services (although not directly competitive products or services) can be expected.

What Is the Concern about Paid or Sponsored Programming?

The bottom line is that potential confusion on the part of the listener (or viewer) is the concern. Just as text-heavy, story-styled full pages in newspapers are headed “[advertisement]” when they are thought to be at risk of inducing readers into believing that they are the objective news items or features prepared by the publication’s staff, broadcast equivalents that could be potentially confusing to radio or television audiences merit their own style of confusion avoidance.

Regulators in both Canada and the United States have treated analogous, but not identical, situations in ways helpful to the sponsored programming issue.

In Canada, for example, dealing with another aspect of the issue that is of interest to the Panel in the matter at hand, namely, the state of mind of the recipient of the program, the CRTC has said [in Public Notice CRTC 1994-139 (7 November 1994) *Amendment to the Television Broadcasting Regulations, 1987 to permit, by condition of licence, the airing of "Infomercials" during the broadcast day*] that infomercials must avoid causing confusion on the part of the viewer. While no other part of that Public Notice is, in the view of the Panel, relevant to the matter at hand, the Panel considers that the principle that such programming must be so presented as to leave the audience with a clear understanding of the link between the payer and the content is instructive.

7. In order to avoid any confusion on the part of the viewer, infomercials must be identified as follows:
 - a) each production broadcast must be preceded and concluded with a clear and prominent written and oral announcement that the programming constitutes paid commercial programming; and
 - b) a clear and prominent written announcement must also be made **prior to each ordering opportunity** indicating that the programming the viewer is watching constitutes paid commercial programming.

In an aspect of an otherwise unrelated policy issue, the American Federal Communications Commission (FCC) states, in its "FCC Consumer Fact Sheet on 'Payola Rules'":

The Communications Act and the FCC's rules require that:

When a broadcast licensee has received or been promised payment for the airing of program material, then, at the time of the airing, the station must disclose that fact and identify who paid for or promised to pay for the material.

In other words, the issue in the foregoing related areas is transparency and the avoidance of confusion. As all of the foregoing analogous Canadian, British and American rules anticipate, there must be disclosure of the fact that there is a link between some sponsor and the services or goods being promoted during the program. The Panel wishes to emphasize that there is nothing inherently wrong or problematic in providing expertise to audiences. Such information may indeed be extremely helpful and informative. The problem results only from the potentially incorrect audience expectation that an expert on a subject who is presented by a broadcaster has been chosen *by* the broadcaster on the basis of his or her expertise and not on the basis of having *paid* for the opportunity to access audience members listening in good faith and innocence.

The Solution

It is not the intention of the Panel to attempt to write a set of specific rules that must apply to the broadcast of sponsored programming. The Panel considers that it is sufficient to lay down the principle that the broadcaster airing sponsored or paid programming must advise its audience of that sponsorship clearly, transparently and unequivocally. The disclosure must also be made at the beginning and end of the program and sufficiently frequently during it that persons tuning in after the start of the program will be able to listen to the broadcast on an informed basis, in terms of the relationship between the sponsor and the program content.

The Application of the Foregoing Principles to the Matter at Hand

To the extent that clear, transparent and unequivocal disclosure is the required standard, the Panel considers that it has not been met in the broadcast under consideration. In the first place, although the following statement was made three times, once at the start of the show, again in the middle and a last time at its conclusion, the essential link was *not* drawn between the sponsor and the guests.

This is the *Health Show* on NewsTalk 1010 CFRB in Toronto brought to you by Retirement Residence [*sic*] Group.

The guests were then introduced as Christina Cherneskey's "two very special guests", words which did not in any way hint at their association with Retirement Residences Group. If anything, the words suggest that their participation on the program resulted from an effort by the broadcaster to find *independent* experts when the reality is that the individuals had been pre-selected by the sponsor. Although the host stated that they were from Cedarbrook Lodge and Bradgate Arms, there was no link drawn between the program sponsor and the guests on the show. At a point in the first segment, the guests averred to the fact that their homes and others "are a part of our chain," but, even at this point, there was no connection made between the program sponsor and the chain that was the employer of the guests on the show. It was not until the second segment that one of the guests finally made any connection between themselves and Retirement Residences Group by speaking more freely about the Retirement Residences Group.

The point is that the language was soft-pedalled and the host appeared to the Panel to avoid connecting the sponsorship with the guests, when *that* would have been the material issue for members of the audience. As the complainant observed, "There were three vague and non-descript disclaimers during the show that appear to have been designed in such a manner that they could just as easily have been interpreted as a type of introduction to or acknowledgement of the guests; *particularly in the context of the show frequently featuring*

independent non-paid guests. [Emphasis added; the Panel also notes that the point is, from its perspective, more likely ‘non-paying’ guests.]” In some respects, the burden on the broadcaster to provide more and clearer information is greater in circumstances where audiences may be used to programs where the guests are obviously independent and without financial interest in the episode being aired. The complainant provided just such an example in the case of a doctor from Mount Sinai Hospital five weeks before, who was speaking of the issue of pain management. Indeed, the obligation may be still greater when the station broadcasting such sponsored programming is a news and talk station since that broadcast format consists primarily of *spoken word*. While *all* stations have the obligation to provide a clear, transparent and unequivocal disclaimer, listeners to a news and talk station could more easily confuse paid or sponsored content with regular news and information programming.

As the *CAB Code of Ethics* provides in Clause 6, broadcasters must provide a “full, fair and proper presentation of news, opinion, comment and editorial” in the context of public affairs, call-in, interview and magazine format programming. It is the *full* and the *fair* that are missing in the present instance. Moreover, the vagueness of the “disclaimer” presents a problem in terms of the required distinction between advertising content and news or public affairs, as anticipated by Clause 14(b) and in terms of the perception of influence by advertisers “on the reporting of news or public affairs, which must be accurate, balanced, and objective, *with fairness and integrity being the paramount considerations governing its reporting.* [Emphasis added.]” Much of the discussion in the second half of the one-hour show lost any element of disinterested, detached, independent perspective, focussed as it came to be on the Retirement Residences Group solutions to all issues.

It is the view of the Panel that the broadcast of the episode of the *Health Show* without a clear, transparent and unequivocal disclosure of the sponsorship of the Retirement Residences Group and its specific relationship to the guests constituted a breach of Clauses 6 and 14 of the *CAB Code of Ethics*.

Broadcaster Responsiveness

In all CBSC decisions, the Council’s Panels assess the broadcaster’s responsiveness to the complainant. As CBSC decisions customarily indicate, the broadcaster need not agree with the complainant but it is expected that its representatives charged with replying to complaints will address the complainant’s concerns in a thorough and respectful manner. It is also a part of the broadcaster’s membership obligation that the response must be timely. In this case, although the broadcaster only received the complaint from the CBSC on June 17, it took nearly two months from that date and two reminders from the CBSC before CFRB sent its reply. That being said, the Vice President and General Manager sent a fulsome and focussed response. The Panel trusts that

timeliness will be taken into account by the broadcaster in the management of any future complaints. Subject to that caveat, the Panel considers that CFRB has met its CBSC membership responsibility of responsiveness on this occasion.

ANNOUNCEMENT OF THE DECISION

CFRB is required to: 1) announce the decision, in the following terms, once during peak listening hours within three days following the release of this decision and once more within seven days following the release of this decision during the time period in which the *Health Show* was broadcast; 2) within the fourteen days following the broadcast of the announcements, to provide written confirmation of the airing of the statement to the complainant who filed the Ruling Request; and 3) at that time, to provide the CBSC with a copy of that written confirmation and with air check copies of the broadcasts of the two announcements which must be made by CFRB.

The Canadian Broadcast Standards Council has found that CFRB breached provisions of the Canadian Association of Broadcasters' *Code of Ethics* in its broadcast of an episode of the *Health Show* on March 6, 2005. That episode of the program was a paid or sponsored show but CFRB did not clearly, transparently and unequivocally disclose that fact and the relationship between the sponsorship and the guests on the program. By failing to do so, it did not fully and fairly provide information to audiences on a public affairs program, contrary to the provisions of Clauses 6 and 14 of the *CAB Code of Ethics*.

This decision is a public document upon its release by the Canadian Broadcast Standards Council.

APPENDIX A

CBSC Decision 04/05-1171 CFRB-AM re an episode of the *Health Show*

The following is a transcript of the episode of the *Health Show* that aired on CFRB (NewsTalk 1010, Toronto) on March 6 from 2:00 to 3:00 pm.

intro: This is the *Health Show* on NewsTalk 1010 CFRB in Toronto brought to you by Retirement Residence Group.

Cherneskey: And welcome to the *Health Show*. I'm Christina Cherneskey. We're just broadcasting in Toronto today, so we'll open up our regular phones lines, uh, that we know and love here at CFRB, 416-872-1010, star TALK, star 8255 and 1-800-561-CFRB. You know, we don't like to talk about it, but it always comes up, particularly those families with aging parents and the discussion always what's the next step going to be with mom and/or dad or mom and dad and this is a great place to talk about the issue of retirement residences. I want you to meet my guests, two very special guests who are joining me in studio today. Karen Hen is the Assistant Executive Director, Marketing and Admissions at Cedarbrook Lodge.

Hen: Good afternoon, Christina.

Cherneskey: Thanks for coming in. I really appreciate this. Stephanie Regent is Executive Director at Bradgate Arms

Regent: Good afternoon. Thank you.

Cherneskey: Welcome to both of you. It's kind of a thorny issue, isn't it?

Regent: Yeah, well, we have a lot of information we can share with people, so.

Cherneskey: Yeah, yeah. I think it, this is good, but, you know what? It's always, you know, it's like, when do we bring this up? How do we, how do we broach this issue? Maybe that's a good place to start. Because if we know how to talk about it, then we know what we can expect when we go inside Bradgate Arms, for example, or when we're going into, uh, into Cedarbrook Lodge as well. So, how do we broach the issue?

Hen: I think, Christina, if you've had a personal experience, like I have, I have an elderly dad who's eighty-eight and we're just approaching that too. Even though he's at home now, um, we are starting to think, what's going to be the next step? We need to look. And that's what families look to us for. You know, we, we have an aging parent, they can't maintain their home again, where do we start? Who do we come to see?

Cherneskey: But when you start the whole process of communication, do you speak with dad? Or do you speak with your brothers and sisters first? Or do you go to a representative of, you know, do you understand what I'm getting at?

Regent: I think Karen would agree, we find a lot of people will come in and look around and have a tour of, of the various homes.

Cherneskey: First?

Regent: First. And it's generally the children, um, who might be looking, um, for their elderly parent. And we do recommend that people start to look early 'cause you don't want to get into a situation where you're in a bit of a crisis.

Cherneskey: Mm hm.

Regent: And then you don't have that knowledge to choose where you'd really like to be and then it's not as much of a choice, um, had, as opposed to if you had looked around.

Cherneskey: What if mom or dad says, you know, "I, I'm not going"? [chuckles] "You want to drag me kicking and screaming?"? You know, you always, you always, movies of the week are made of this, you know, and, uh, there's, there's big screen movies that are made of this. I mean, how do you deal with that?

Hen: We, we get a lot of that. Um, what I do, you know, with the families, if they have a comfort level, when we're doing our tour and then I usually say, you know, bring mom or dad, have them just come in for lunch. Or have them come for dinner. Don't even do a formal tour right then. Just walk around a little bit. Just get your comfort level. And then I'll jump in and we'll walk around. And I might just go with mom or dad and just say, you know, "come with me and we'll take a little walk". And they start to settle down and think "you know what, this is okay".

Cherneskey: So I'm getting the sense that it's a lot of open communication and a lot of education and research.

Regent: Right. Yes, it has to be. And, and, generally speaking, we will do something as Karen has just mentioned and then, hopefully, that's going to turn into maybe a trial stay at some point. So you can try out things for a few days, maybe a few weeks. And then that way the, the potential resident can get to know the staff and the routines and see what it's like living there without making this huge commitment. And then if, if they like it, they like it and if they don't, they haven't made that big leap.

Cherneskey: Today on the *Health Show*, we're focussing on the issue of retirement residences. And with two very, very qualified people who can help us out. I know there's always questions [sic] about this, so, please, uh, phone in today. We're not talking about a particular ailment, but we're talking about something that is inevitable. And that is the aging process. Uh, Karen Hen, is Assistant Executive Director, Marketing and Admissions at Cedarbrook Lodge. Stephanie Regent, Executive Director at Bradgate Arms. Let's find out about you two now. And, not really about you two, but Cedarbrook and Bradgate. Let's start with Bradgate.

Regent: Bradgate has been a retirement residence for just, uh, almost nine years. It, uh, way, way back in the seventies it actually was a residence and didn't, um, didn't do that well. It became a hotel for a while. And then in 1996 we converted it back to being a residence. Uh, we kept our dining room open to the public. So our main dining room where the residents have their meals is still a restaurant, so you can come off, off the street and have a meal.

Cherneskey: Mm hm.

Regent: And it's a, it's a beautiful, uh, beautiful building. It's got a fantastic lobby. Um, it's just, it's gorgeous and even in the middle of winter it doesn't feel like, uh, it's freezing cold out.

Cherneskey: Okay so you're the only place then that. Where's it located?

Regent: It's at Avenue Road and St. Clair.

Cherneskey: Right.

Regent: So not far from here.

Cherneskey: Spitting distance, as they say in some countries.

Regent: Yes.

Cherneskey: Uh, really quickly, 'cause we're going to go into a break in a minute or two, then we'll expand a bit more about Bradgate and Cedarbrook. But let's get a bird's eye view of Cedarbrook as well.

Hen: Cedarbrook, Markham Road and Lawrence, right alongside Cedarbrook Park and Highland Creek. We've been around now for over 30 years. So it's a very well-established retirement residence with a capacity for two hundred and fifty residents.

Cherneskey: And when we talk about level of care, we certainly have time to do that before we do a traffic update. What levels do, do both of you provide?

Regent: That, that's an excellent question. And, and both Cedarbrook and Bradgate and the other homes that are part of our chain, you can have anywhere from, uh, minimal amount of assistance all the way to full care and even palliative care.

Cherneskey: Oh, so really everyone's taken care of.

Regent: Yes.

Cherneskey: In, in one place. Now you said there's, there's others in the chain. How many others are there?

Regent: We have, um, across Canada, there'd be about two hundred and thirteen homes.

Cherneskey: Oh, you're kidding?

Regent: Yes.

Cherneskey: Well that's, there's a lot of people. Now, now, really, I mean we always talk about this aging population. Is, is this something that we should be concerned about? Like, what's going to happen with our, not only our parents, but with ourselves?

Regent: Go ahead, Karen.

Hen: I think I'm, I'm probably closer to that than Stephanie is.

Cherneskey: Oh, get out of here. [all laugh] Get out of here.

Hen: I'm closer than you think, Christina. But, yes, I think we have to start looking at the

population is changing. There are a lot of seniors coming up now. And we're here to meet their needs. So we're seeing more and more of that now.

Cherneskey: And today on the *Health Show*, again retirement residences, that's the focus. Karen Hen from, uh, Cedarbrook Lodge. Stephanie Regent from Bradgate Arms, uh, Bradgate Arms as well in studio. If, uh, you were talking really quickly about accommodating people from, from levels to levels. I mean, obviously then that requires a lot of skill, a lot of deft, a lot of technique. What kind of staff do you have at your places?

Regent: There's, um, there's different staff doing different things, of course. You know, you have housekeeping and laundry staff and, and –

Cherneskey: Yeah.

Regent: And staff in your dining room. But then we all have a variety of health care staff which could be personal support workers, registered staff, meaning nurses. And it really depends on the level of care that the person requires. And then it's staffed according to, to what that person needs. So we try very much to suit, um, what the resident requires to what care they get. 'Cause it really is about the resident.

Cherneskey: Okay, and if the resident chooses, let's say chooses Cedarbrook over Bradgate, for example. I mean, are they going to find the same thing at, at, at all of your locations?

Regent: Some of the things that they're going to find everywhere, um, basic things they're going to find everywhere because we try very much to be, um, very comprehensive across the company.

Cherneskey: Sure.

Regent: Um, probably just one of the major differences would be location because most retirement residences are not a destination. They're, they're something that people go to if they know the area. So the majority of people that will move into Bradgate come from that area. Just the same way that, uh, Karen's clients are from that area.

Cherneskey: Understood, understood. Hang on to those thoughts. When we come back we'll take some phone calls. We'll continue our conversation about retirement residences on today's *Health Show*. We're just in Toronto today, so just use our regular lines. 416-872-1010. Star TALK, star 8255. And 1-800-561-CFRB.

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- commercial break

Cherneskey: Welcome back, everybody, welcome back to the *Health Show*. I'm Christina Cherneskey. Karen Hen, Assistant Executive Director, Marketing and Admissions at Cedarbrook Lodge. Stephanie Regent, Executive Director at Bradgate Arms. We're talking retirement residences on today's *Health Show*. 416-872-1010. Star TALK, star 8255. And 1-800-561-CFRB. And I'll be honest, you two. At, at the beginning when, when I was prepping to do this show, I thought this is such an uncomfortable topic because, you know, sometimes parents think that, you know, we're just kind of shuffling them off. And, you know, but there, there seems to be such a care and concern in your approach to what we're doing with, with elderly Canadians in this particular case.

Regent: Thank you. Yes. We actually, we were saying just before we came in here that what would be, um something that makes Retirement Residences Group stand out, um, as compared to other companies and it's not so much the service that we deliver, it's how we deliver it to people. 'Cause the staff genuinely really care about what they're doing.

Cherneskey: Mm hm. Yeah.

Hen: I would agree and I think too, one of the things is our staff, the longevity of service that we have in our homes. Our staff have been there, you know, ten, fifteen, twenty years.

Cherneskey: That speaks volumes, doesn't it?

Hen: Yeah. And, I mean, they care. We do a lot of in-servicing with our staff. And I know I, I think I speak for Stephanie too. We wake up in the morning, we love to go to work.

Cherneskey: Yeah. We don't hear that enough.

Hen: Yeah.

Cherneskey: And, again, that testimonial about the staff, uh, hangin' around. I think it's a really important question that people should ask. And, you know, because if any red flags, because you have to live there, right?

Regent: That's right.

Cherneskey: You know? Do you know what I mean? Let's do some calls, okay? As we talk about retirement residences on today's *Health Show*. Roz is joining us in Scarborough. Hi, Roz.

Roz: Hello.

Cherneskey: Hi. How can we help you, Roz?

Roz: I was concerned, um, interested in finding out what are the basic differences between nursing home care and retirement residences? Particularly since you say there is a continuum in the care at the residences.

Hen: Yeah, I think –

Roz: And also, costs and the government involvement. How, how much does this cost and is, uh, does the government help in any way?

Cherneskey: Okay. Good places to start. Let's talk the, the nursing home versus retirement residence. Let's take that first.

Hen: Yeah. I think, Roz, that the difference, the main difference is choice. Um, when you apply for a retirement home, you have a wide variety of choices. You can choose the retirement home that you want. In a nursing home, you pick three nursing homes and when the first choice comes up, that's the one you go to. You have twenty-four hours to make that decision. Um, retirement homes do offer you different levels of care, so you're, you're seeing the care that can be provided is there for you. Care plans are set out for your parent and we follow through. And there is a continuum of care, so you have that built in to your retirement home.

Roz: I see.

Cherneskey: Okay, now, um, let's, and we'll have a chance, Roz, we'll really pull this apart, you know, uh, when we compare and contrast here. But let's talk about the cost. And let's talk about if there's any government involvement. And, and let's deal with that right off the hop as well.

Regent: Um, the cost involved is based on sort of what services you have. And what type of apartment you might be staying in. And from a retirement perspective, there's no government involvement. They're generally privately owned and so you're, you or your family is helping to pay for that cost. Um, but it does tie into what Karen has mentioned about choice. That, you know, you can look around at a thousand different places and you can really narrow down to what you want versus as she said with the nursing home, you've got, you know, x number of choices and if you say no then, you know, you go back to the bottom of the list. So, the nice thing about a Retirement Residence is you can have a, a look at these places, you can have a tour. Um, often, you know, you come into one of our homes and you can stay for lunch, stay for dinner.

Cherneskey: Yeah?

Regent: And, um, you could then go on the website which is www.retirementresidences.com and then you can –

Cherneskey: Which is a great site, by the way everybody. I'm just navigating it right now.

Regent: Yeah. You could have a virtual tour. 'Cause some people feel more comfortable doing that from their own home than actually going out the homes. And then you can really narrow it down to what suits you the best and what's in your price range.

Cherneskey: Which is –

Roz: So, so, excuse me. So, if mother were to suff-, to have a stroke or heart attack or be disabled, she could go to a residence and not necessarily to a nursing home?

Regent: Yes, Roz, she could.

Roz: You could accommodate that?

Regent: We could. 'Cause we offer, we call it "aging in place".

Roz: Okay.

Regent: So you could move from being very independent all the way to having palliative care.

Roz: Yeah.

Regent: And that way, you know, the room that you chose or the suite that you chose when you first moved in, that's the one that you will keep for the entire time that you're there. And, you know, that's a comfortable setting for you and, you know, anyone, as a registered nurse I can say that, you know, at the end of, of, of your life, when you have a lot of extra care, you want to be where you're comfortable and your family can come in and they feel comfortable. And, you know, at Retirement Residences Group, we really try very hard to, not only have your, your, have your parent or your relative there and be comfortable, but the whole family.

Cherneskey: Roz, thank you so much for calling in.

Roz: Thank you. Thank you, bye.

Cherneskey: Bye-bye. Excellent call. It really springs us in a, in a good direction when we talk about retirement residences. Sheila in Aurora, hi, you're on the *Health Show*.

Sheila: Yes, uh, my question concerned the, um, confusion between retirement homes and nursing homes also and for some clarity. And I wanted to know, um, concerning this, um, issue of moving a person if they, um, if their condition deteriorates. My understanding was that, and this is what, um, different people have told me who are in the industry, if you put a parent in a retirement home and their condition deteriorates and that retirement home is also part of a nursing home chain, as Bradgate Arms is, then, um, the person would simply then, um, remain in that facility if, uh, if it was also a nursing home or they would be moved to the nursing home part of that facility. And Bradgate Arms, being part of a nursing home chain, which I won't mention, um, the nursing home chain owns Bradgate Arms –

Cherneskey: Wait, wait, no, hold on, hold on. I'm really confused about where you're going here, Sheila. Uh –

Sheila: Well, I'm concerned about the level of care that a person who would deteriorate –

Cherneskey: Oh, okay.

Sheila: If a person who's elderly deteriorates while they're in a retirement home, and the retirement home says that they will provide the care for the person in a retirement home as a, as a nursing home, then they're really in a nursing home and then the level of care is, would then be different.

Cherneskey: We, I, I've got. Okay, before we, before we, like, just wade –

Sheila: So I would worry about the care.

Cherneskey: Sheila, can I just let my guests respond to this, please? 'Cause –

Sheila: Yes.

Cherneskey: We're, we're, what we're trying to, what we're trying to express here, Sheila, is the level of care. So, once again, walk us through this and Sheila's concerns.

Regent: Um, Sheila, you can, you can have a retirement residence that provides nursing home level care, as many of our homes do.

Cherneskey: Right.

Regent: But it is still the choice of the family. So if the family decides that they'd like their parent to stay and their care needs can be met and the facility can meet those needs in a safe, um, in a safe way, then that's what can be done. Um, if the facility can't meet those person's needs, then, you know, generally speaking, the marketing director or the executive director will speak to the family about what other alternatives they have. So you're not just left out on your own, um, to find other accommodation; you're helped with that.

Cherneskey: And what, what other alternatives could there be?

Regent: Well, we, you know, part of, within the company, we have, um, all of our homes are very different. And some of our retirement residences will have a, a special floor. Like an assisted living floor.

Cherneskey: Mm hm?

Regent: And so if in a particular retirement home, someone requires care and that retirement home can't accommodate the care, they will have, generally that person in charge of that building will help that family perhaps move to another residence, another retirement residence that may have a care floor or an assisted living floor. And then the transition is, is easier for that resident.

Cherneskey: Sheila, are we getting close to helping you out here?

Sheila: No, I think that you're trying to obfuscate the whole issue. Because if you check on the internet and look on the freedom of information and you make a freedom of information request for all inspection reports for these institutions, you'll find that this is not true.

Cherneskey: Okay, Sheila, I, I mean, you're, you're actually baffling all of us here. With all due respect, Sheila, um, I, I don't, I, I firmly do not believe that my guests are coming here with something to hide.

Regent: Sheila, it sounds to me like, you know, perhaps you have a specific concern about something and I'm sure that, if after this show, you'd be okay with leaving your, your name and a contact number with the producer, I'd be happy to give you a call.

Cherneskey: Beautiful. Sheila, I'm putting you on hold. I, I doubt that you're going to do this, but you can leave your number with Antoine and name and last name, please, and we'll, uh, we'll get, uh, we'll get you to respond to that. Thank you.

Regent: Sure, I'd be happy to.

Cherneskey: Yeah. Great. Doesn't sound like you're ducking anything to me at all. Karen Hen is the Assistant Executive Director at Cedarbrook Lodge, Marketing and Admissions. Stephanie Regent is the Executive Director of Bradgate Arms. We're talking retirement residences today. And we'll go back to the phones in a moment, but there are some lines available at 416-872-1010. Star TALK, star 8255. 1-800-561-CFRB. Did Sheila hang up? She didn't leave her number? Okay, so I want this clear to my audience that Sheila chose not to continue the conversation.

Regent: If I might just respond, Christina.

Cherneskey: Yes. Carry on.

Regent: It sounds to me like Sheila has a specific issue and perhaps she had a bad experience somewhere. I don't think it's, it's, um, something, you know, that, that, obviously someone needs to help her out with that.

Cherneskey: Right.

Regent: And, you know, we're a, and it goes back to the, the type of staff that we have that we employ in our facilities and right from the front line staff to department heads to the managers to the senior people to the vice presidents. We have a very, um, caring group of people. I mean, you could, you could talk to the CEO of our company and get, and get a response to a question. So, I'd like Sheila, if she's still listening, that if, you know, you really

do have a concern about something, whether it has anything to do with, you know, our group or not, we, Karen and I would be more than happy to help you out with that.

Cherneskey: Beautiful. I mean, I think that's, that's all we can do. I mean, any business that we operate. So we're not going to belabour this any longer. Let's talk then about, uh, the people who are actually staying in your retirement residences. And the input that they have in the lifestyles that they're living. Maybe you can help us out with that.

Hen: Yeah, um, Christina, in our particular residence, and in most of our residences, um, we have residents' councils made up of the residents with usually our program director. So they have input into programming, the kinds of things that go on. We have our residents involved in Food for Thoughts. We also have a family council made up of the families of our residents. And we meet regularly to talk about the things that we can do for our residents, the residents themselves and the residence as a building.

Cherneskey: So it's almost like, like a condo, isn't it? Like, it's like an association.

Regent: It is.

Hen: It's a family. Um, we really encourage family participation. There are no restrictions on visiting. Um, families participate in everything: events, um, what they're eating. It's that, it's a family company.

Regent: And it's about the residents. I mean, really we're working for the residents. Because it's not just a matter of giving someone a tour and they come into your building and they stay for a while. It's making their life happy. 'Cause, you know, their family is putting them in your hands for the next five, ten, however many years.

Cherneskey: Yeah.

Regent: So the experience is, the idea is that the experience is a positive one and that they just continue their lifestyle when they come to us. I mean, the whole idea is to, to help people to, to maintain their activities that they were used to and things that they enjoy doing. So, our, our homes are meant to be a continuation of what this person's been doing.

Cherneskey: We are talking retirement residences on today's *Health Show*. We've got Karen Hen from Cedarbrook Lodge, Stephanie Regent from Bradgate Arms. You can go to retirementresidences.com, retirementresidences.com, all one word. Very good website. Easy to navigate, you get some virtual tours as well. And you can also call in. Uh, 416-872-1010. Star TALK, star 8255 and 1-800-561-CFRB. Two-thirty right now, as we go into the CFRB newsroom with Connie Sinclair.

- news break

intro: This is the *Health Show* on NewsTalk 1010 CFRB in Toronto, brought to you by Retirement Residences Group.

Cherneskey: Welcome back to the *Health Show*. I'm Christina Cherneskey. 416-872-1010. Star TALK, star 8255. 1-800-561-CFRB. Retirement residences is the focus of today's *Health Show*. In fact, that's the website as well, retirementresidences.com. Karen Hen is the Exec-, Assistant Executive Director, Marketing and Admissions at Cedarbrook Lodge. Stephanie Regent is Executive Director at Bradgate Arms. And Stephanie just dropped off some pretty startling statistics. I mean, we know it's there, but, what is it, the number of people who are retiring and looking for ...?

Regent: Well, probably in the next five to ten years you'll see the senior population, like, triple.

Cherneskey: Triple?

Regent: Yeah. So, you know, people need to, and this brings up the very first thing that you mentioned as the show opened, that people should start looking now, when they're, when they're able to and they can really decide what they want.

Cherneskey: Yeah, yeah.

Regent: Yeah.

Cherneskey: And, again, this is what I'm learning from you two about the open communication and just having the discussion, you know, uh, so everybody in the family's on the same page. Now something that you also told me, uh, about standards and, uh, how you're presented to the greater world. Uh, it's pretty rigid, right? To be part of this whole retirement residence thing, is that right?

Regent: Well, we do, um, we do belong to the, the Ontario Retirement Communities Association, the, um, ORCA as most people will know it as. O-R-C-A. And, um, they will, you know, you volunteer to become a member of that organization. So, you let them in and they, they go through your whole building. And everything is open for scrutiny, so we're not just, you know, opening these places and doing what we want. There, there are standards in place. There are, um, you know, company policies and procedures and we have, we have certain standards that we have to meet. And, um, it actually makes the, the, the services that much better, so people will know when they come in that, um, we're accredited.

Cherneskey: And, again, if they wanted to find out more about what your operation is about, I mean, how would they go about that? What I'm trying to get here is that I'm, I'm not getting the sense that, that things aren't excluded for the families who are considering moving in.

Hen: No. Everything is an open book, Christina. They come in, we tell them what they want to know, we go through everything. We put up those, um, standards from ORCA. They're distr-, uh, they're displayed in our main lobbies. So nothing is, nothing's hidden. You know, we –

Cherneskey: Let's go back. I'm sorry.

Hen: No, I was going to say, we tell them exactly what it is, what you're going to get, what you're going to be provided, the services, the care, your accommodations. All that's laid out for them so that they know exactly what they're going to have when their mom or dad comes in.

Cherneskey: Let's go back to the phones. 416-872-1010. Star TALK, star 8255. And 1-800-561-CFRB. Kate in downtown Toronto, hi Kate.

Kate: Hi. I have a question and a couple of comments. First, uh, with your two institutions, what is the age limit, the, the youngest age at which you will accept people?

Hen: Uh, Kate, in our, uh, particular site, I have a young person who's 25. My oldest person is 103. So there's a pretty wide age range. Um, the average age you're going to find in most retirement residences probably, um, high seventies, mid-eighties.

Kate: And Bradgate Arms?

Regent: Uh, Kate, we, we have an age range from, um, early sixties to the late nineties.

Kate: And what I have found is that most places will not take people under 65.

Regent: Well, um, I certainly can't speak for other, um, companies, but Retirement Residences REIT and Retirement Residences Group, we, we look at it from, not so much the age, but we like to meet the potential resident.

Kate: Sure.

Regent: We like to see what, you know, what they're looking for, what we can offer.

Kate: All right.

Regent: And, so, it's not necessarily, um, based on age.

Kate: Oh, that's great to hear. Now, I do have a comment. You keep referring to the families of the people.

Regent: Yes.

Kate: I've actually been in four institutions. I'm in an apartment on my own at present, struggling. Um, what I have found is that the majority of people, even in the large institutions, are without family. And there is a big difference in the care given to the people who have families coming in regularly and keeping an eye on the people. The people who are there without families are –

Cherneskey: Now, Kate, when you're referring to "without families" are you referring to children and such? Is that what you're –

Kate: No, no. I'm referring to people who could be in their fifties, sixties, seventies, but they do not have family members left. They are alone.

Cherneskey: Right. Well, well –

Kate: It may be a lawyer who comes in and handles finances –

Cherneskey: Well, Kate, if I can just, if I can just step in here for a moment, please. I mean, a-, again, can we get a point of clarification here? Is there any differentiation between a family, er, a person who has family versus a person who has no family?

Hen: Yeah. Absolutely not. Um, I think what you'll find in every retirement residence in our group, Kate, is that people, when you come in, we care. We are going to be there for you. We have recreation programs. We have entertainment. We have excursions. We're there for you. And you're going to meet a whole new family. People who care about you, who are going to be there for you. In many of our residences and probably all of our residences, we have a buddy system through our residents' council. There is somebody on every floor that makes a person feel welcome. All of our managers make you feel welcome. So you are not going to be alone.

Cherneskey: Okay, thanks for clearing that up. Thank you, Kate, for calling in. Let's go to Liz in Oakville. Hi Liz, you're on the *Health Show*.

Liz: Hi Christina. Um, I think we need to clarify the retirement resident part and the nursing home. There's a huge difference. The retirement I consider to be, or I'm sure your guests do too, for active seniors who need the security of, uh, uh, nursing, perhaps on another floor or something near them. My parents have been in a retirement residence for six years here in Oakville. And, uh, the experience has been fabulous.

Cherneskey: Mm hm.

Liz: Once they left their home and moved into their lovely three-room suite, they had no cares, no worries. And they became healthier.

Cherneskey: Well, walk us through the process, Liz, about, uh, who made the decision? Was it mom and dad that wanted –?

Liz: Well, mom and dad were 88 and 83 at the time.

Cherneskey: Yeah.

Liz: And I said to them, like, you know, maybe one day somebody's not, is going to be here alone. And a move to a place would be very difficult. But if you decided to go now, you would, to go with each other. And, uh, they did. Um, so, they were, I was always afraid that they'd have to move to an apartment and be isolated alone.

Cherneskey: Yeah.

Liz: And have no other life. And no access to a life.

Regent: Liz, I'm, I'm, it's Stephanie. I'm so glad that you called in because I'm, I can tell you from experience that your experience is, is one that we see a lot. And we do have a lot of seniors who will move in and because of regular meals and socialization with people their own age and some supervision, you know, depending on what they need. We, we have a lot of seniors who move in and they do, they do better. They, they –

Liz: Now my parents are 95 and 88.

Regent: That's fantastic.

Liz: And they require no extra help from anybody. They live totally independently. Independently from me!

Cherneskey: Now, Liz, can I ask a question that maybe is borderline a little bit too personal here, but we're getting some callers who are really, really concerned about whether or not they can afford it.

Liz: The afford, the affording factor is huge. And I'll tell you that was never told to us, is if your doctor can say, yes, this person is disabled, which means they can't go across the street to get their own groceries because perhaps they're impaired somewhat in their eyesight or whatever, the entire care aspect propornent [sic] of your bill becomes a tax deduction. And in my parents' case, they pay no taxes because the whole portion is deductible. So the fee is very high, but they don't, it's not in after-tax dollars. It's, like, flat out. They don't have to pay any taxes with a great accountant.

Regent: Yeah and we, actually, at, at tax time, each of our homes will provide families with, um, letters that will explain what they paired, paid in service versus rent and then those, those portions of your, your services can be used towards your income tax, which is, I'm so

glad that ,uh, Liz brought that up 'cause a lot of people don't know that. And it does help to know that ahead of time before you move in because then you realize that at some point you're going to be able to use part of that, that money.

Cherneskey: Okay, so, so let's repeat it again so we don't get a lot of people calling then hanging up. So what, what is eligible for the income tax?

Regent: You, the, part of your service portion of your rent –

Cherneskey: Mm hm.

Regent: – can be, can be used towards your income tax.

Cherneskey: And so you just –

Regent: As a deduction.

Cherneskey: You need, but, er, Liz was saying you needed a doctor's note or --?

Regent: Um, in, it sort of depends on the situation. Maybe Karen would like to.

Hen: Well, we give, we give them a, a tax fact sheet when all, any resident comes for a tour, when they sign up they get a sheet that explains it all to them.

Cherneskey: Right.

Hen: Um, then we produce a letter like Stephanie said, Christina, that explains to them how much they've paid in services, how much they've paid in care. And that's what they present to their accountant and they're able to deduct that.

Cherneskey: Thank you, Liz, for this phone call. 872-1010. Star TALK, star 8255. 1-800-561-CFRB. That is a question that does come up: Can I afford to, can I afford to do this?

Regent: Right. And, actually, you know, if when you go to the website, to the retirementresidences.com, you'll, you'll be able to, you know, look at, compare different homes and, and some homes are more expensive than others and it does depend on the area and where you are. But that's the nice thing about this, about Retirement Residences Group, is that we have so many different types of homes for different needs at different prices. And, so, you know, often times if somebody will investigate going into a particular home, and maybe that doesn't turn out to be the right place for them, we're very connected among the, the executive directors, the marketing managers. And so we'll help each other out in helping these families so that you come into one of our homes and if we don't necessarily have what you're looking for, we'll help you find it somewhere else. We're not just going to say "you're on your own".

Cherneskey: Right. Or "we can't accommodate you and good-bye".

Regent: Right.

Cherneskey: Okay.

Regent: Yeah.

Cherneskey: Don't go away yet. No good-byes for you. We have another segment to do. 416-872-1010. Star TALK, star 8255. 1-800-561-CFRB. We're talking about retirement residences today. Uh, with my friends Karen Hen from Cedarbrook Lodge, uh, Stephanie

Regent from Bradgate Arms. And when we come back, we'll also just talk about what we should look for in a retirement residence as well. That and a lot more coming up on the *Health Show* on NewsTalk 1010 CFRB.

- commercial break

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Cherneskey: Few more minutes. Time for a few more calls as the *Health Show* continues on NewsTalk 1010 CFRB with Karen Hen, uh, Assistant Executive Director of Marketing and Admissions at Cedarbrook Lodge. Just become director, okay or executive? [laughs] 'Cause I'm having problems saying the word "assistant" for the whole hour. So just carry that to your boss –

Hen: Oh, okay.

Cherneskey: – and fix it. 'Cause watch how easy it is when I introduce Stephanie Regent, Executive Director of Bradgate Arms. I rest my case. So, anyway, enjoy your promotion.

Hen: Thank you for the promotion, Christina.

Cherneskey: At no, at no extra charge. We aim to please here at the *Health Show*. 416-872-1010. Star TALK, star 8255. 1-800-561-CFRB. Retirement residences is the focus. We'll, uh, talk about what to look for in a retirement residence, but we'll take some calls as well with Jay in North York. Jay, you're on the *Health Show*.

Jay: Hi Christina, good afternoon, uh, and guest. My particular question is because I have been, uh, looking at this. My mom has, uh, beginning of Alzheimer's and, uh, I don't think she qualifies for retirement home really because she needs more than retirement home.

Cherneskey: Okay, Jay, can we respond to that first?

Jay: Yeah.

Cherneskey: Just the Alzheimer issue.

Hen: Yeah.

Regent: Sure. Um, uh, actually, Jay, you, you know you might be pleasantly surprised. We have, um, homes that are, are very well-equipped for dealing with, uh, all different levels of Alzheimer's and, um, you know, homes that are quite comfortable and, and can make that experience much more positive. So if you have a, a particular area, um, of Toronto in mind or a particular residence in mind, um, it's worth checking into either on the website or, um, by calling that home directly and discussing that with, um, one of the health care staff there. They, we, we all have a director of nursing in our homes and, um, it,, a marketing director would also be able to help you with that or even the executive director.

Cherneskey: And just on a personal note, my aunt, who just recently passed away with dementia, uh, also stayed in a retirement residence in, in Winnipeg.

Regent: Yes.

Cherneskey: And very successful, Jay, so.

Jay: Okay.

Cherneskey: Okay, so part two of, part two of your question.

Jay: Uh, Christina, the other question, the main question was ethnic group and language because, you know, English is okay. If people are speaking English, there's plenty of help and assistance.

Cherneskey: Mm hm.

Jay: But go to one of the regional East Indian languages, like Gujarati, and my mom only understands that.

Cherneskey: Okay. Let's, let's –

Jay: How do you deal with that sort of situation?

Cherneskey: Let's see what Karen has to say on that.

Hen: Jay, thank you, that's an excellent question. Um, in our particular site, we do have quite a multicultural cross-section of residents and staff as well. So I'm quite sure that our, our particular site and other sites within our company would be able to accommodate mom. Um, and our particular site as well, along with others, does have a particular unit for those residents who do have, um, forms of dementia or Alzheimer's. That's –

Cherneskey: So, back to the language thing. Sorry to interrupt, but back to the language thing then. You, you have staff on hand that's, that speak a myriad of languages?

Hen: Absolutely, Christina. We, our staff come from all four corners of the world so we are able to accommodate. And if there was a problem, we would definitely call in someone to help us translate. So that would not be a problem.

Cherneskey: That's the best we can do, Jay. Hopefully that helps out. Again, check out the website retirementresidences.com. What's the number? Uh, is there an overall number that we can phone as well?

Regent: Uhhhh.

Cherneskey: Or should we just phone the specific, the specific lodges that we're interested in?

Hen: When, when you go to the website, Christina, it will, and you choose a location that you're looking at, that will give you the phone numbers of all the different residences that you can contact. And just contact them individually.

Cherneskey: And these –

Regent: Although I might, if I might mention, um, it's sort of a good opportunity to do this, but we do have a, Retirement Residences Group has this great program called Rapid Response. And, so, if you find yourself in a bit of a crisis, and it's Friday night at ten o'clock or, you know, Sunday afternoon and you're, you're, you're looking for something and you need to place, you know, your parent or relative and you're really stuck, um, we do have a, a, um, an immediate care hotline. And the people that man that hotline are very qualified professional staff. And they have access to all of our homes. So if you're in a bit of a pinch or a crisis, you can actually call that, call that number, uh, which is 1-877-929-9222.

Cherneskey: 929-92222 [sic]?

Regent: Right.

Cherneskey: 9222. There we go. Too many twos. Uh, back to the phones with Elizabeth in Scarborough. Hi Elizabeth.

Elizabeth: Hi. I have two questions. Um, now, this is the first one was do residents furnish their own rooms?

Cherneskey: Do residences, residents?

Hen: Yes, they do.

Cherneskey: Okay.

Elizabeth: Okay. And if they don't, then?

Regent: Um, some of our, um, our sites do offer, um, assistance with furnishing. It's really does depend on the individual home. So, it's a really good question to ask in the very beginning when you're starting to look around.

Elizabeth: Exactly. And when you've just cleaned out a house or something.

Cherneskey: Right.

Elizabeth: My next question is, um, if you have someone in a home who you, at the end, um, has, needs more care than what you can offer, how do you make the transition to a nursing home? Supposing I had a parent in there and you finally said "well, look, we, it's just too much. Uh, she needs a nursing home." I, I, I encountered one who told me I would have three weeks to get her out if she was in there.

Regent: Oh, Elizabeth, that doesn't sound too good.

Elizabeth: I know. It was very frightening actually. She's actually in a nursing home now –

Cherneskey: Okay, so can –

Elizabeth: – and wants to go back to another facility, but I don't think she's capable of it.

Cherneskey: Okay, let's get a response, Elizabeth, from my guests.

Hen: I think, Elizabeth, what normally happens is that we would sit down with family, talk to you about the needs of your parent, what's involved and why we may feel that at that point she, your parent, does need more care. And then we would place you in touch with the Community Care Access Centre of that particular region who would then assess mom or dad.

Cherneskey: Okay, but you're –

Hen: We would meet with families, talk about what's needed and whether we can accommodate those needs.

Cherneskey: Do you attach a time limit?

Hen: No.

Cherneskey: No. But what if it takes Elizabeth, you know, three months, not three weeks?

Hen: Then we would provide the care and I think as we mentioned earlier, um, in the program, through our CHS, Central Health Services, we could help to provide additional care. And we would put families in contact with them as well.

Cherneskey: Okay, Elizabeth, hopefully that helps out. When we're, when we're going to, uh, consider a retirement residence, what, what should we be looking at, looking for, uh, when we, when we get there?

Regent: Um, I, I think, one of the, the big things is that I think people should really ask when they're. First of all, when they're on a tour, I think it's really important that you go and have a tour of the facility. And the nice thing about Retirement Residence Group is that we do tours by appointment, but we also take walk-ins. So we don't make you feel like you have to fit our schedule.

Cherneskey: Mm hm.

Regent: So you can walk in off the street and have a tour. And, um, there's always someone there that can help you. And you need to ask questions about care and what level of care the particular site offers. Um, I think it's really important to talk about what happens long term. That's important that you know that up front.

Cherneskey: Mm hm.

Regent: Um, and, you know, what other types of services are offered in the building, like, um, you know, their housekeeping and laundry and meals and room service and these types of things.

Cherneskey: Um, if, if we're, uh, if we're staying, now that we've moved in, and further to Elizabeth's question about the, uh, about the furniture, can we change the colour of the walls? Can we –

Hen: Yes.

Cherneskey: Can we put up bookshelves? Or, you know, what's, what are we entitled to do?

Hen: It's your home. And what we try to do is when a resident comes in, we talk about those things. We, we have a colour range that they can choose from. We have carpeting range colours that they can choose from. They can hang pictures. They can decorate. This is where they're going to live. And they're going to be there; we go home at night. We want it to be comfortable for the, our residents.

Cherneskey: Are there, throughout the, the facilities, are there activities, for example? Are there things planned?

Hen: Lots. We have, I mean, I know I speak for all of our facilities, um, recreation programming is really a mainstay of our buildings. Entertainment's brought in. Excursions, day trips. Um, we have people coming in that provide different services. So we try to keep our residents abreast of perhaps different, um, aids that they can use, um, assisted devices, in-services on heart and stroke, lots of educational programs, movie nights, um. They, they

don't really have to do very much except just be entertained and take part in activities and that's what we want for them.

Cherneskey: Karen Hen, uh, from Cedarbrook Lodge and Stephanie Reid [*sic*] from Bradgate Arms. To both of you, thank you so much for, uh, for being part of the program.

Regent: Thank you.

Hen: Thank you, Christina.

Cherneskey: And, again, we can go to retirementresidences.com, correct?

Regent: Yes.

Hen: Right.

Cherneskey: Please check out the website. And as I was navigating through it, I've noticed that, uh, you can go to, uh, any of their facilities throughout Canada and they're there. So thank you very much to both of you. Thanks to Mark Pesalotto and Antoine Tedesco for getting me through today. I'll be back again next weekend, right here on NewsTalk 1010 CFRB.

bumper: This has been the *Health Show* on NewsTalk 1010 CFRB in Toronto brought to you by Retirement Residence Group.

APPENDIX B

CBSC Decision 04/05-1171 CFRB-AM re an episode of the *Health Show*

The Complaint

The following complaint was sent to the CRTC on March 9, 2005 and forwarded to the CBSC in due course:

CFRB, 2 St. Clair Avenue West, Second Floor, Toronto, Ontario, M4V 1L6, Tel. 416-924-5711.

Sunday, March 6, 2005 *The Health Show*, 2:00PM - 3:00pm, Host Christina Cherneskey.

It is a bit of a challenge to express the issue given the "sleight of hand" that CFRB uses in presenting this show. Please bear with me on the explanation as I think this is a very serious matter.

CFRB presents a program called *The Health Show* on a weekly basis. It is incorporated into a string of themed weekend presentations by a popular and personable DJ (Christina Cherneskey). As stated on their website, "You can hear Christina every weekend from 11-3 on NewsTalk 1010 CFRB."

The sleight of hand is this:

On some weeks the *Health Show* (which runs in the 2PM-3PM slot of her show) is presented in talk-show format often featuring independent guests; for example on January 30 a physician from Mount Sinai Hospital in Toronto was discussing pain management.

On other weeks, however, that same show is presented in an identical talk-show format but instead of featuring independent guests, the show features guests from organizations that have paid to be interviewed and promote their products. Effectively on those weeks the one hour *Health Show* is a one hour infomercial.

One such case was Sunday, March 6 where two representatives from a retirement home chain were ostensibly being interviewed as experts on options for elder-care. In fact they were paid guests promoting their privately held retirement-home company. There were three vague and non-descript disclaimers during the show that appear to have been designed in such a manner that they could just as easily have been interpreted as a type of introduction to or acknowledgement of the guests; particularly in the context of the show frequently featuring independent non-paid guests. Just listening to the callers, it was quite clear to me that they had no idea that the show was an infomercial; in fact I did not even realize it until almost the end of the show.

My complaint is that CFRB, by design, has intended to mislead and deceive their listeners in an unethical and potentially dangerous way by presenting what is ostensibly a one hour infomercial as an independent and informative talk show discussing the health and wellness industries.

On July 11, the complainant filed his Ruling Request indicating that he had not received a response from the broadcaster:

In response to CBSC correspondence dated June 17, 2005 it was indicated that CFRB would respond within 21 days to the complaint in question. As at July 11, 2005 no response has been provided. I therefore am requesting that my complaint be adjudicated by the appropriate CBSC Panel.

On July 12, the CBSC sent a reminder to CFRB to respond to the complainant. The complainant wrote again on August 8 with the following:

Hello, as yet I have had absolutely no response from CFRB in relation to this complaint. I followed up using this form on July 5 and have not received any feedback.

I just want to be sure that the issue I identified is addressed.

Thanks,
via e-mail
William Burke

On August 11, the CBSC sent another reminder to the station to respond.

Broadcaster's Response

CFRB responded to the complainant on August 12 with the following:

Thank you for your letter of 3/9/2005 that you sent to the CBSC about our health show.

The *Health Show* is a talk-show formatted live program as you describe. This is most definitely different than a paid infomercial which are [*sic*] recorded and most importantly the people on those infomercials get to craft those recorded shows any way they deem fit to sell their product. In other words, they can really stretch the truth or make health statements that simply aren't true. Plus infomercials have no other commercials in them. They only sell their product. This show has lots of other commercials just like any other hour on the station.

Our health show with Christina there is purposefully set up for Christina to be the unbiased host. The person to step out and ask questions that a listener might ask and to most definitely challenge, ... both before the show in prep ... and also on the air as it's happening, any comments by guests that are simply wrong.

Do some clients pay to be on the show? Absolutely. Do we hide this fact? No, we run the disclaimers. Do we allow the clients to blatantly hawk their product? No. The purpose and intent of why we let clients buy access to this show is:

- a) to talk about their industry and either sink or swim on whether they are good and are experts at what they're talking about. (You'd be amazed at how quickly an audience can tell if someone is knowledgeable on their questions or not.)
- b) to be able to tell listeners about their product.

We don't allow them to hard sell constantly the whole hour. They definitely have to know their industry and be able to answer any question posed to them by our callers. Their answers have to be real and not 'embellished'. Hence, Christina there to challenge on them.

All of this is no different than any number of talk shows everywhere that have someone on who is an expert at some company in some field and we call on them to give information and answers to our listeners.

For instance, having a jeweler on air to explain diamonds just before Valentine's Day. It would virtually be impossible to find a diamond expert anywhere that didn't work for someone. So the only difference here is that we charge experts for the right to come on our air and show that they ARE an expert or very much know their stuff. It's identical to every car show on air anywhere. It's always done by a car mechanic at some shop in town.

The major difference is ... we make sure that their answers are correctly given and not unreasonably biased towards pitching their business. To put it another way, we go out of our way to make sure the outcome of the show is the same whether it uses no experts from a business or an expert from a business like elder-care.

I hope this clears things up.

Additional Correspondence

The complainant submitted another Ruling Request and attached correspondence he had also sent directly to the broadcaster on August 15:

The following response to CFRB who finally responded to my initial complaint last Friday. I am not at all satisfied and believe that this is a disturbing and potentially harmful new trend.

Thank-you for your response below in relation to Complaint (CBSC File C04/05-1171). In reviewing it, I have many questions and comments, but for now and in the interest of brevity, the following:

Why would an expert guest pay to be a guest?

Why would the disclaimers not clearly state that fact?

I have serious concerns that the practice of charging "expert" guests for their appearances, without full and clear disclosure to the listening public, is not only misleading but potentially harmful. This is particularly true in the context of a program called the *Health Show*, that among other things deals with serious subject matters such as elder-care, cancer and childhood diseases.

Given the importance of this issue and the unsatisfactory response provided, the request for a ruling which I had submitted prior to receiving that response remains.