

Living IN THE 21ST CENTURY

A SENIORS' STRATEGY

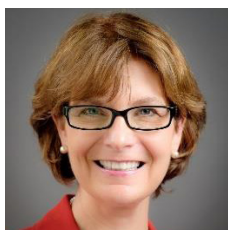


Conference Report

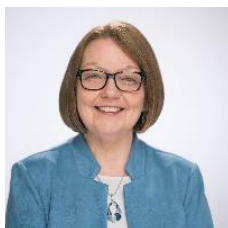
Monday Sept. 27 Tuesday Sept. 28, 2021



By Peggy Edwards
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Isobel Mackenzie



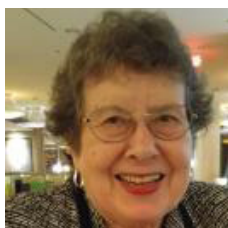
Shirley Bond



Alison Leaney



Kasari Govender



Sherry Baker



Martine Lagacé

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Peggy Edwards



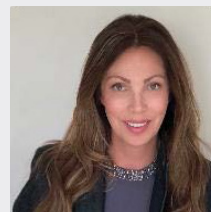
Connie Newman



Andrew Wister



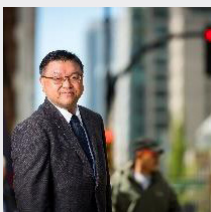
Andrew Sixsmith



Linda Fawcus



David Eby



Andy Yan



Adrian Dix



Mable Elmore



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Pat Armstrong

MESSAGE FROM THE PRESIDENT

In late September 2021, over 230 participants attended the first virtual conference of The Council of Senior Citizens' Organizations of British Columbia (COSCO). Participants came from all parts of B.C. as well as 15 from out of province.

In two packed days, we explored some of the major challenges and opportunities facing seniors, our families and our communities. Knowledgeable and engaging speakers shared research, facts and ideas on how to find the best way forward. Equally important, conference participants participated in webinars and discussions to share their experiences and ideas about what the future should look like.

COSCO appreciates the welcome we received from the Musqueam First Nation upon whose territory we gathered. We gratefully acknowledge the generous support of our major sponsors and supporters (see Appendix A). I would also like to thank the Conference Organizing Committee (Appendix A),

and the presenters for giving your time and expertise. Most importantly, thank you to the participants. Together we demonstrated the importance of planning and taking action with seniors, not for them.

This report captures the highlights of the conference. I hope that you will enjoy reading it and share it with others. Most importantly, I hope you will consider how it may guide you in taking action to better the lives of all seniors in B.C., as well as their families and communities. Developing and implementing a Seniors' Strategy for Living in the 21st Century is a real and attainable achievement.



Sincerely
Sheila Pither
President COSCO

DEDICATION

The 2021 conference was dedicated to four departed COSCO leaders and advocates for seniors who brought vision and commitment to the goal of

advancing the social and physical welfare of all older citizens in the province of British Columbia. We celebrate their lives and remember them fondly.



Art Kube (1935 – 2019)



Lorraine Logan (1944 – 2018)



Pat Brady (1937 – 2020)



Soren Beck (1948 – 2021)

INTRODUCTION

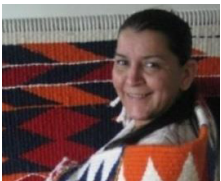
About This Report

This report provides the highlights of the 2021 conference. For full videos of the keynotes and workshops, please go to <http://www.coscoconference2021.com>. This report contains a section on the current status and key issues, three key themes or topic areas: rights of older persons, strategies for healthy aging, and seniors' services and care. Each of these sections contains key information about the topic, quotes from presenters and participants, and recommendations for policies, practices, research, and moving forward.

All reasonable precautions have been taken by COSCO to verify the information contained in this publication. However, the responsibility for both the interpretation and use of this material lies with the reader. Opinions and ideas for action expressed in this document are those of the COSCO organization and the conference participants, and do not necessarily reflect the position of a particular jurisdiction or of the conference presenters.

Welcome and Introductory Remarks

Welcomes and best wishes for a successful conference were given by:



Debra Sparrow, an Elder and weaver, provided a blessing and welcome to the traditional territory of the Musqueam First Nation. She stressed the

importance of elders in all of our communities and paid special recognition to the elders we lost due to COVID-19 and the heat wave.

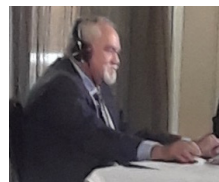


Malcolm Brodie, Mayor of Richmond, welcomed participants and spoke about how the City is implementing an inclusive seniors' strategy. He believes that a strategy for healthy and active aging starts at the local level of government.

"Our elders teach us to stay connected to who we are as people. Know that you do not go unnoticed. There is much work to do". ... Debra Sparrow, Elder, Musqueam First Nation

"Zoom is not at all like being together in-person. But we have worked hard to ensure that the technology enables us to hear from some great speakers and to engage in dialogue about how we move forward." ...

Garnet Grosjean, Conference facilitator.



The Council of Senior Citizens' Organizations of British Columbia is a democratic, non-partisan umbrella organization with over 65 affiliated organizations representing 80,000 seniors. COSCO is recognized as a leader for social change affecting seniors. Our motto is "Don't plan for seniors, plan with them". For more information, please visit www.coscobc.org

CURRENT STATUS AND KEY ISSUES FOR SENIORS IN B.C.

Isobel Mackenzie, B.C. Seniors Advocate provided a comprehensive presentation on the current status of seniors in BC. Here are some of the key statistics: In 2021, there are 1,023,741 seniors in BC (19.7% of the population)

- 93% age 65+ live independently; this declines to 72% among those age 85+
- median income among seniors is \$29,630.00
- 29% (almost one-third) of seniors receive the Guaranteed Income Supplement (an indication of low-income status)
- 15% of age 65+ are employed (approximately 144,000 seniors); the employment rate among those aged 65-69 is 26%.

In terms of overall health among seniors in B.C. (2019-20 data)

- among seniors age 65-84 only 3% have a diagnosis of dementia; this rises to 20% among those age 85+
- 19% of those age 65+ are living with high complexity chronic conditions; this rises to 35% among those age 85+
- among seniors age 65-84, some 2% are frail or at end of life and living in long-term care; this rises to 15% among those age 85+.

Ms. Mackenzie suggested some key issues that need to be addressed, including: ageism; poverty and insufficient income for some; isolation and loneliness; problems in long-term care (including staff shortages, aging infrastructures and the marginalization of family); and insufficient resources and supports to enable seniors to stay at home in the community.

“There is cause for optimism. The strong public support for change that we have seen in the last two years will drive political will to act on behalf of seniors.” ... Isobel Mackenzie

Shirley Bond, Interim Leader, B.C. Provincial Opposition, summarized some of the key messages she heard in roundtables with seniors:

- COVID-19 has underlined the importance of public places (e.g., libraries, seniors’ centres), the need for connection and the importance of communications technology (e.g., Zoom and Facetime) as ways to connect.
- The mistreatment and neglect of older adults (elder abuse) has increased during the pandemic, in both the community and in residential care. We must have some tough conversations about this and take action.
- We must protect the vulnerable and provide the care that seniors need and deserve, based on the principles of dignity and respect.
- We need to engage all levels of government and create safe, healthy and inclusive communities.
- Let’s learn from COVID-19, raise awareness of the challenges and opportunities seniors face, and commit to education and support.
- There are unique challenges in rural areas.

Ms. Bond suggested that forging a seniors’ strategy for the 21st century is complicated and requires us to all work together. We need a clear pathway and specific mechanisms for seniors to bring their issues forward.

“We can find a way to get to collectively get to yes”
... Shirley Bond

Comments and Questions from Participants

Some comments and questions from participants related to the need for more home and community support, the consequences of virtual primary health care, the danger of over-medication, the urgent need for reform in long-term care, ageism in the workplace and the challenges for seniors living in rural areas.

“COVID-19 has been a wake-up call for the need to transform the long-term care system.” ... participant

Participants expressed concern about the inadequacy of the SAFER program, the lack of national standards in long-term care and the predominance of for-profit, entrepreneurial developers and landlords.

Recommendations for Action: Addressing Current Issues

1. Make affordable, accessible supports and services available that enable people to continue to live independently in the community as they age. “This is perhaps our greatest gap and the most pressing issue that governments need to address” ... Isobel Mackenzie
2. Tackle the root causes of isolation and loneliness among older people.
3. Recognize and celebrate the diversity of the older population.
4. Support older persons who want to continue employment and take action on age discrimination in the workplace.
5. Support and value seniors’ active involvement in the community. Acknowledge and celebrate their

contributions in informal caregiving, voluntarism, and activism.

6. Increase funding to non-profit builders and operators of seniors housing and make long-term care residences about care, not profit.
7. Respect seniors’ choices for living arrangements and their individual capacity for risk and resilience.
8. Listen to seniors. Consultations are important. Plan “with” not for seniors.

THEME 1: RIGHTS OF OLDER PERSONS

What you need to know: Rights, responsibilities and roles under B.C.’s adult guardianship laws.

Alison Leaney, B.C. Public Guardian and Trustee (PGT) provided a keynote presentation and facilitated a workshop on what we need to know about the PGT and B.C.’s adult guardianship laws.

The Public Guardian and Trustee (PGT) is a corporation established under the Public Guardian and Trustee Act. The mandate of the PGT is to:

- Protect the legal and financial interests of children under the age of 19 years
- Protect the legal, financial, personal and health care interests of adults who require assistance in decision-making
- Administer estates of deceased persons and missing persons.

In carrying out its client decision-making responsibilities, the PGT is independent of government. For more information, visit <https://www.trustee.bc.ca>.

In B.C., the adult guardianship framework is a package of six laws that provide tools for adults to plan ahead for their legal, financial, health and personal care, or to be protected if they are unable to plan ahead. These laws are designed to:

1. Enshrine our rights and have our decisions respected as long as we are mentally capable and not harming anybody (presumption of capability)
2. Provide the opportunity to name another trusted individual who can speak for us if we cannot
3. Develop a series of backup plans for financial management, healthcare delivery and care facility admission. (Court is the last resort)

The PGT website (<https://www.trustee.bc.ca>) contains resources and information (in several languages) that address your questions and those raised in the workshop. The following brochures may be of particular interest:

- It's Your Choice Personal Planning Tools
- When the Public Guardian and Trustee is Committee
- Consent to Health Care
- Care Facility Admission and the Role of the PGT
- Protecting Adults from Abuse, Neglect and Self Neglect
- Options to Consider When an Individual has Difficulties Managing Their Financial, Legal or Personal Affairs
- Fostering Independence and Decision-Making
- How You Can Help
- Decision Tree: Assisting an Adult Who is Abused, Neglected or Self Neglecting

Recommendations for Action:

Adult Guardianship

1. Encourage older persons and their families to learn about the B.C. Public Guardian and Trustee office and the B.C. adult guardianship laws.
2. Encourage older persons to plan ahead (e.g. advance directives, do not resuscitate orders, powers of attorney and representatives for health, care and finances, making a will, decisions and desires regarding end-of-life) Share these plans with family members and health care providers.

Human Rights of Older Adults

Kasari Govender, B.C. Commissioner of Human Rights, explained the mandate of her office and discussed some pressing human rights issues.

B.C.'s Office of the Human Rights Commissioner is an independent office of the Legislature that addresses the root causes of inequality, discrimination and injustice by shifting laws, policies, practices and cultures. They do this work through education, research, advocacy, inquiry and monitoring.

"Everyone is born with the right to a life of equality, dignity and respect, free from discrimination. These rights are protected in law but not always realized" ... **Kasari Govender**, B.C. Commissioner of Human Rights

Current key issues include:

- Discrimination under a number of grounds such as gender identity, race and disability
- Decolonization--the dismantling of the process by which one nation asserts and establishes its domination and control over another nation's land, people and culture

- Detention--the right to be free from arbitrary detention, abuse of power and other unfair treatment if we are detained by the police or held in correctional centres, under community supervision or within mental health systems.
- Poverty--an inadequate standard of living is both a cause and a result of inequality and injustice. Women, gender diverse people, Indigenous peoples, single seniors and adults, people with disabilities and people of colour are more likely to live in poverty.
- Hate and the rise of white supremacy. Hate stems from a fear of losing power and is rooted in racism and misogyny.
- COVID-19 and responding to the human rights issues that have arisen as a result of the global pandemic. Recent incidents of racism and violence across B.C. during the COVID-19 pandemic are deeply disturbing. These violent acts are rooted in ignorance and discrimination against marginalized communities, specifically Asian, Indigenous and Black communities. B.C. is experiencing dramatic increases in hate associated incidences (including elder abuse), in addition to many acts of violence that are not reported. Access to legal and justice services has been curtailed, especially in the North and for highly marginalized people.

Racism, ageism and sexism are all evident in the long-term care sector. Old women (the residents) and young women of colour (the care workers) are not valued.” ... **Kasari Govender**, B.C. Commissioner of Human Rights

Disaggregated demographic data collection in British Columbia:

The grandmother perspective

This report offers a framework for disaggregated data collection that is grounded in “the grandmother perspective” offered by Gwen Phillips of the Ktunaxa Nation. This approach is centred on the importance of respectful relationship, where marginalized communities are meaningfully involved throughout the stages of collection, storage, use and distribution of disaggregated data.

Recommendations for Action: Rights of Older Persons

1. Shift from a strictly “needs-based” approach to a “rights-based” approach in policies and practices related to older people, and raise awareness and understanding of key human rights issues among vulnerable groups.
2. Protect individuals and communities by enacting the Anti-Discrimination Data Act which would legislate the collection, use and disclosure of disaggregated data to advance human rights and ensure that marginalized communities (including older persons) are heard.

Preventing and Dealing with Elder Abuse

Sherry Baker, BC Association of Community Response Networks provided a keynote presentation and facilitated a workshop. The BC Association of Community Response Networks is a provincial umbrella that supports the development of a coordinated response to abuse, neglect and self-neglect of older adults. The Association provides small project funding, resources, materials, training, learning events and support people to assist the Community Response Networks (CRNs) in their work. See their comprehensive website at <https://bccrns.ca>.

A CRN is made up of a diverse group of concerned community members who come together to create a coordinated community response to abuse, neglect, and self-neglect in vulnerable adults. When the community cannot provide appropriate support, the Adult Guardianship Act provides designated agencies (Health Authorities and Community Living BC) with the responsibility of investigating and ensuring that the proper action is undertaken. There are 81 CRNs supporting 233 communities, and 17 regional mentors.

Guiding principles for the CRNs include: meaningful participation, inclusion, sharing of leadership and influence, and capacity building. Their mandate is to prevent abuse, build awareness, educate about ageism and abuse, and support activities that support older people in their communities. They are dedicated to supporting communities of diversity and have resources that support Asian, South Asian, Francophone, Indigenous and LGBTQ2+ communities.

CRNs are developing and implementing creative projects around the province; e.g., see the YouTube video “Take Time for Seniors” produced by the Revelstoke CRN.

“Everyone has the right to be safe and free from abuse and neglect.” ... **Sherry Baker**

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect. (World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>)

Recommendations for Action:

Elder Abuse and Neglect

1. Encourage people to report concerns about adult abuse, neglect, or self-neglect.
2. Encourage people to stop older adult abuse and neglect by becoming familiar with and supporting their local Community Response Network.

Exploring Ways to Counter Ageism

Martine Lagacé, University of Ottawa gave a keynote presentation covering ageism and how is it manifested, the consequences and targets of ageism, ageism during the COVID-19 pandemic, countering ageism, and social discourses on aging.

Ageism is defined as the complex, often negative construction of old age, which takes place at the individual and the societal levels (Ayalon & Tesch-Römer, 2018)

Ageism affects younger people too, but is mostly directed at older people.

Some examples of ageist stereotyping include: older people are kind and loyal but they are incompetent, vulnerable, dependent, fragile, ill, unable to learn and adapt, and suffer from memory loss and cognitive decline.

Older people sometimes stereotype themselves, e.g., “I am too old to learn new things”

Read the Global Report on Ageism (WHO, 2020) at <https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism/global-report-on-ageism>. It outlines a framework for action to reduce ageism including specific recommendations for different actors (e.g., governments, UN agencies, civil society organizations, private sector).

“Age is an issue of mind over matter. If you don’t mind, it doesn’t matter” ...

Mark Twain

“The tragedy in long-term care during the pandemic may be partly the result of ageism. At the same time, it has driven us to finally talk about this form of discrimination.” ... **Martine Lagacé**

Recommendations for Action: Combatting Ageism

1. Counter ageism by providing more opportunities for intergenerational contact, relationships and knowledge sharing; provide positive intergenerational climates at work, at school and in the community.
2. Confront and counter ageist stereotyping and ageist language in the media, entertainment, workplace, legal systems, government policies and in health care.

THEME 2:

STRATEGIES FOR HEALTHY AGING

See <http://www.coscoconference2021.com> for videos of these keynotes and workshops.

Re-imagining Healthy Aging: Where to from Here?

Peggy Edwards gave a panel presentation and facilitated a workshop on healthy aging.

Healthy aging is the process of developing and maintaining the functional ability that enables well-being in older age. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to: meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute to society (WHO, 2015).

Re-imagining aging must take into account key demographic changes in Canada, i.e., the aging of the population (now more seniors than children), longevity (rapidly growing proportion of Canadians aged 80-plus) and the increased diversity among older people.

In the workshop three questions generated a lively discussion

1. What is Healthy Aging?

Being able to meet basic needs, learn, grow, make decisions, be mobile, build and maintain relationships and contribute to society (summary from WHO definition).

2. What is your vision of healthy aging?

- Equity, diversity, inclusiveness
- Healthy public policies that support aging people where they live
- Intergenerational solidarity and connections: e.g. apartments for older people built next to schools so there can be interaction between the old and the young, intergenerational choirs, adopting grandparents
- Resilience
- Human rights
- Having meaning in life
- Mentoring
- Learning and volunteering
- Staying physically active

3. What needs to happen to make this vision a reality?

In addition to the recommendations for action below:

- Encourage older people to take responsibility and become movers and shakers to be heard and to have influence over what happens to them.
- Create good social policy and programs that support aging in the community. e.g., Denmark builds small long-term care homes in the community with full-time staff. We could do this instead of building large, cold institutions.
- Have a full day workshop with Peggy to brainstorm more creative ideas on how to re-imagine aging ... the opportunities are endless!

Recommendations for Action: Strategies for Healthy Aging

1. Create and support age-friendly environments in our communities, housing, centres for learning, transportation, buildings, open spaces and our use of technology.
2. Pursue equity and inclusiveness in policy and practice: leave no-one behind.
3. Mobilize! Promote and use the UN Decade of Healthy Aging to be innovative and change the narrative about aging into something very positive.
4. Recognize and value the contributions of our aging population--the thousands of hours of volunteerism and the mentoring, which are a boost to the economy.
5. Enact healthy public policies that foster innovation, economic security, intergenerational fairness, freedom from abuse, and participation by older people.
6. Take a lifecourse approach that is anchored in human rights and intergenerational solidarity.
7. Start a campaign to build intergenerational schools and age-friendly neighborhoods where older people can be part of the learning environment both as teachers and learners.
8. Support resilience and healthy behaviours, including lifelong learning, digital literacy, healthy eating, physical activity, participation in creative activities, cognitive resilience and vitality.
9. Reorient health and social services: stress the maintenance of independence and functioning in daily life; fix and improve some systems, e.g., long-term care, dementia care, and end-of life care; better support caregivers (paid and unpaid).

Promoting Safe Medication Use

Connie Newman, Canadian Deprescribing Network

gave a panel presentation on Championing Medication Safety in Manitoba. Camille Gagnon and **Janet Currie** facilitated a workshop on Promoting Safe Medication Use.

In Manitoba seniors' centres and groups teamed up with the Canadian Deprescribing Network to successfully distribute information and host webinars on safe medication use.

The Canadian Deprescribing Network is a group of health care leaders, clinicians, decision-makers, academic researchers and patient advocates working together to mobilize knowledge, promote the deprescribing of medication that may no longer be of benefit or that may be causing harm, eliminate the use of risky medications for Canadians seniors, and ensure access to safer drug and non-drug therapies.

See the Canadian Deprescribing Network website for resources and articles, reports, newsletter, brochures and information on what you can do to ensure the safe and effective use of pharmaceuticals (<https://www.deprescribingnetwork.ca>)

Deprescribing is the planned and supervised process of reducing or stopping medications that may no longer be of benefit or may be causing harm. The goal is to reduce medication burden and harm, while maintaining or improving quality of life.

Some key issues to take into account include:

- Older adults are a diverse group; risks of medications may change with aging.

- One in two Canadian seniors uses at least one potentially inappropriate (also known as risky) medication, which can lead to health risks, including falls, fractures, hospitalizations and premature loss of independence.
- 2 out of 3 Canadians age 65+ take at least 5 prescription medications; 1 out of 4 take at least 10.
- People over the age of 65, women and people taking multiple medications are especially at risk.
- Side effects can have serious impacts.
- Polypharmacy increases risks for memory loss, medication mistakes, prescribing cascades, and other issues that affect the health of older adults more than younger people.
- The costs are high: collectively we spend an estimated 1.4 billion dollars each year on treating adverse effects caused by potentially harmful medications in older Canadians (Morgan et al. 2016).

Recommendations for Action: Safe Medication Use

1. Encourage seniors to ask questions about deprescribing with their doctors, nurses and pharmacist, and to stay informed about their drug use (prescription and over-the-counter).
2. Spread the word about safe medication use and deprescribing to friends, family, advocacy groups and government representatives.
3. Get involved with the Canadian Describing Network, e.g., subscribe to newsletter, participate in events, write to your political representative, distribute patient brochures on medications and safe medication alternatives, sponsor webinars.
4. Advocate for a provincial and national strategy to address the issue of unnecessary prescriptions

through education, public awareness, relevant research and capacity-building among healthcare providers.

5. Ensure that medication safety is built into the National Pharmacare planning and program implementation.

Social Isolation Among Older Adults During to the Pandemic

Andrew Wister, Director, Gerontology Research Centre, Simon Fraser University, gave a panel presentation and facilitated a workshop on Social Isolation of Older Adults Due to the Pandemic.

Social Isolation: A lack in quantity and quality of social contacts, which involves few social contacts and few social roles, as well as the absence of mutually rewarding relationships (Keefe et al., 2006, p.1)

Loneliness: A distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships" (Hawkley & Cacioppo, 2010, p.1)

Social isolation and loneliness are associated with poor mental health and mortality.

Social isolation, loneliness and depression among older adults have been exacerbated due to pandemic policies (e.g. physical distancing, long-term care lock down, inability to see and touch family members in person).

There is a silver lining. Government, community organizations and researchers--all had to learn how to pivot during the pandemic (e.g., use innovative methods to support older adults, new volunteer approaches, close programs, crisis modalities, etc.).

Multiple programs to reduce social isolation and loneliness have been developed and implemented, including befriending programs, telephone help and information lines,

telephone outreach, Senior Centres Without Walls (offering virtual activity programs), practical assistance (e.g., meal delivery, wellness check-ins), remote health promotion and wellness programs (e.g., caregiver support groups, physical activity programs), technology access and training programs.

The increased levels of loneliness and depression observed among older Canadians during the pandemic point to the need for programs to mitigate these negative effects.

While there is some anecdotal and pre-pandemic evidence of the effectiveness of the programs identified in a scan, overall there has been limited evaluation of the types of programs identified, suggesting the need for further research to better understand their impacts.

Recommendations for Action:

Reducing Social Isolation and Loneliness

1. Increase support to programs that help reduce loneliness and social isolation, and improve resilience.
2. Further evaluate existing programs and build on promising practices.

3. Increase funding for caregiving organizations and caregiver needs related to social isolation.

4. Study individuals who have overcome adversity as well as those that did not.

5. Research knowledge gaps about vulnerable groups and diversity among the older population.

Seniors and Technology, Helping Older Adults Stay Connected

Andrew Sixsmith, Professor and Director STAR Institute, Simon Fraser University, provided a keynote presentation on Seniors and Technology: Living in a Digital Age.

Rapid advances in technology are occurring at the same time as population aging.

Technology can help older Canadians to keep healthy and active, increase their safety and security, support independent living, and enhance social participation, whatever the person's needs, abilities and circumstances.

The SFU Science and Technology for Aging Research (STAR) Institute (<https://www.sfu.ca/starinstitute.html>) is committed to supporting community-engaged research in the rapidly growing area of technology and aging. STAR partners with a diverse group of stakeholders and organizations, including the AGE-WELL Network.

The Canadian AGE-WELL NETWORK (<https://agewell-nce.ca>) is a pan-Canadian network that brings together researchers, older adults,

caregivers, partner organizations and future leaders to accelerate the delivery of technology-based solutions that benefit older adults and caregivers. AGE-WELL supports research and ways for older adults to be involved (e.g. participate in a research project) How can technology-based solutions help to connect and support older people during a time of social distancing?

An AGE-WELL survey (2020) showed:

- There has been a significant increase in the percentage of older adults reporting social isolation during COVID-19 restrictions.
- Many older adults are using technology to communicate with family and friends (e.g., video calling on smartphones).
- Older people say they are comfortable using digital technologies.
- COVID-19 has been a disruptor and an opportunity.

Keeping up with fast moving technology is hard but we can do it. It is a myth that seniors cannot adapt and learn new technologies.

“Connection through technology access is a human right, but there are inequalities in access and barriers related to cost and skills. The Digital Divide remains an issue.” ... **Andrew Sixsmith**

Linda Fawcus, Founder and CEO, GLUU Technology Society gave a lively presentation on Helping older adults stay connected.

Gluu is a Canadian nonprofit organization working to provide digital skills learning resources to older Canadians (age 50-plus) and the people and organizations that support them. Gluu offers

courses, live events, training and learning resources. Thanks in part to funding from the Government of Canada, lifetime access is free for Canadian seniors until March 31, 2022. See <https://gluusociety.org/>

Technology has the ability to keep older adults connected, help them stay healthy, and make home a safe place to grow old. This saves governments and families money and provides independence for those who have the digital skills.

A lack of digital skills leads to social isolation, makes accessing government and other online services challenging, and creates a population of older adults that may be left behind as technology further integrates into our daily lives. Gaining digital skills and the confidence to use technology is necessary for millions of older adults in Canada.

Early predictions about the use of computers and the Internet were wrong. Today there are over 2 billion computers and 3.8 billion smartphones (computers in our pockets)

In the next 50 years, we will see amazing advances that will allow older people to live independently longer (e.g. smart home technologies and mobility assistance)

You can use technology to:

- Connect in creative ways (group chats, games, virtual relationships, share photos)
- Build your digital skills
- Have fun
- Share your stories and images
- Create online moments (parties, celebrations, events).

“Technology is changing so fast. We are all noobs today. Synonyms for Noob = novice, newbie, beginner, newcomer.” ... **Linda Fawcus**

Recommendations: Seniors and Technology

1. Ensure that all older adults have access to affordable internet and apps, appropriate devices, and ongoing digital skills training and support as needed.
2. Use age-friendly technologies (governments, learning centres and financial institutions) that enable older adults to easily access information and services, passports, etc.
3. Encourage seniors’ organizations to register with Gluu and access their resources and training for volunteers.

Age-Friendly Housing

On Day One, **David Eby**, Attorney General of B.C. and Minister Responsible for Housing welcomed participants and spoke about seniors and housing.

With new funding and partnerships with municipalities and housing groups, the current government is working towards building 114,000 homes for people living all over B.C. This will address the critical issues of affordability and homelessness.

The HousingHub is designed to purposefully seek partnerships with private and non-profit sectors to work with all levels of government to create new affordable rental supply, and support individuals and families in moving out of rental units and into affordable homeownership. It makes a rotating line of credit available to developers in exchange for a commitment to building affordable housing.

Over 56,000 seniors’ households across British Columbia receive support for housing, including more than 20,600 in independent social housing, approximately 11,000 in supportive seniors housing, and 25,000 in SAFER benefits. The Shelter Aid for Elderly Renters (SAFER) program provides cash assistance to eligible B.C. residents who are aged 60 or over and who rent their homes. For more information, visit <https://www.bchousing.org/housing-assistance/rental-assistance-programs/SAFER>

DEFINING AFFORDABLE HOUSING

According to the Canadian Mortgage and Housing Corporation and many other organizations, housing is deemed to be “affordable” if a household’s shelter costs are less than 30% of before-tax household income. This measure is a useful tool that can be used when choosing a place to live, but housing affordability is often based on a combination of factors, and every situation is different. A person’s financial status and stage of life affects what is affordable for them. Finding a suitable, affordable home is difficult for seniors who live alone and/or on a fixed income.

Adapted from <https://www2.gov.bc.ca/gov/content/housing-tenancy/affordable-and-social-housing/affordable-housing/defining-affordable-housing>

The newly named BC Rebate for Accessible Home Adaptations (BC RAHA) program provides financial help in the form of rebates to eligible seniors, people living with disabilities and low-income households to complete home adaptations for independent living (<https://www.bchousing.org/housing-assistance/BC-RAHA>).

The government will be conducting a consultation on accessibility soon and would like to hear from COSCO members.

They are also aware of safety and perceptions of safety concerns related to the enhanced visibility of homelessness and people with untreated health and addiction conditions living outside. They are working with the Health Authorities to develop a system of supportive housing with complex care to address this issue.

“Adequate housing is a basic human right. We must support publically built and operated housing.” ... participant

“We need to reduce the barriers to homesharing and renting out space in one’s home. This is an important option for seniors who have space in their family home. It provides income for the owner and also benefits the community and people looking for affordable places to live.” ... David Eby

Andy Yan, professional planner and Director of the City program at SFU, gave a panel presentation and led a workshop on Seniors Housing Needs

He used the city of Vancouver to illustrate how past planning did not include older people’s housing needs, and how changes in demographics now dictate the necessity of including seniors’ voices in urban planning.

It is important to understand the distribution of the senior population within an area, current housing situations for older adults, as well as population characteristics (e.g., percentage of low-income) in order to develop effective strategies, policies and plans.

Naturally Occurring Retirement Communities (NORCs) are housing developments that were not

originally planned or designed for older people, but which over time come to house largely older people. NORCs can be found in various areas in Vancouver and it is important to develop policies that target them.

We need to support non-market housing and other innovative affordable housing for seniors such as co-housing, home-sharing and manufactured home parks.

Non-market housing is any housing protected from market forces, thus offering affordable rents or ownership in perpetuity. Housing co-ops, land trusts and non-profit housing corporations are all variants of non-market housing. Non-market housing is for low and moderate income singles and families, often subsidized through a variety of ways, including senior government support. This housing is managed through various operators, including the public, non-profit, co-op, and Indigenous sectors.

Recommendations: Seniors and Housing

1. Advocate for housing for seniors that is safe, appropriate, affordable and available.
2. Map older populations and identify clusters (e.g. NORCs) so you can better understand the housing needs of your community. This applies to both urban and rural areas.
3. Develop policies that address seniors’ housing demands (we want to encourage or inhibit), supply (consider the types of housing we are building not just raw number of units available), and financing. We also need to consider who we are trying to house (e.g., diversity in culture, ethnicity, ancestral identity).
4. Advocate for more non-market housing and

support for not-for-profit housing developments.

5. Build coalitions for age-friendly housing with other groups (e.g., coalitions focusing on affordable housing for all ages) to create more options and pressure for action.

6. Share stories about the challenges and needs in seniors' housing in rural areas. Different strategies are needed for senior populations that are concentrated versus diffuse.

7. Engage in the upcoming public consultation on accessibility (i.e., regulations and standards to address the barriers facing people with disabilities).

THEME 3: SENIORS' SERVICES AND CARE

See <http://www.coscoconference2021.com> for videos of these keynotes and workshops.

Adrian Dix, Minister of Health, welcomed participants and thanked COSCO for inviting him. He spoke about government responses to the challenges in seniors' care, including support for caregivers, aging in place/community and long-term care (LTC). The pandemic has challenged people living and working in LTC and their grieving family members in ways we never could have imagined. We need to continue to ensure our seniors living in long-term care and assisted living are safe, supported and cared for.

"Seniors need not just to live longer but to live better." **Adrian Dix**, Minister of Health

Mable Elmore, Parliamentary Secretary for Seniors' Services and Long-Term Care,

She welcomed the opportunity to join the COSCO conference. Consultation and listening to seniors is the main role of her new position.

Ms. Elmore elaborated on some new/expanded programs in seniors' health care and government information and services, including:

- The 2021 BC Seniors' Guide contains new sections on digital literacy, cultural safety, LGBTQ2S+ supports, and medical assistance in dying. It is available in seven languages in hard copy or online PDF: www.gov.bc.ca/seniorsguide
- The Health Careers Access Program (HCAP) introduces a new entry-level, non-clinical support role, called the Health Care Support Worker (HCSW), to increase the number of health care assistants at Long-Term Care (LTC) and Seniors' Assisted Living (SAL) facilities, and in Home Support settings throughout the province. Over 1600 HCSWs have been trained and are now working in these settings.

She further addressed some of the challenges raised by Minister Dix and additional issues raised by participants, including:

- Enabling aging in place and community with policies and programs such as: support for home modifications; acknowledging and supporting volunteers in the community and their organizations; and increased support for home care services and workers
- Recognizing and supporting family caregivers (e.g., with respite care, adult day programs, home care).
- Keeping seniors and elders safe: emergency preparedness (e.g., in cases of extreme heat, fires, flooding and infectious disease)
- Ensuring that all seniors have access to the vaccines they need (e.g. for flu, pneumonia, shingles, and COVID-19)
- Promoting and enabling seniors and elders to

adopt healthy lifestyle behaviours

- Ensuring high quality standards of care and accountability in all LTC homes (private and not-for-profit).

“Seniors and elders need to feel safe, supported, connected and respected and to age with dignity and respect in communities of love.” ... Mable Elmore

Health Authorities—Going Forward

Jim Sinclair, Board Chair, Fraser Health Authority provided a panel presentation and facilitated a workshop on health care and seniors.

Longevity leads to more complex health care service needs. How do we make sure that services are working for people? That people know what services are available and how to access them?

COVID-19 has exposed many issues in health care and seniors.

The time to move forward in improving the system is now. There is vigorous public debate and support for government action. Eighty-three percent of Canadians polled want seniors care to be made a separate entity.

Three key areas of importance are:

1. Recruitment and retention of trained care workers; better working conditions and salaries.
2. Enhancing the home support system and reducing financial barriers to access.
3. Coordinating care and using a team approach.

Health authorities need to be open to possible

solutions. It is up to the people themselves to suggest ideas.

Some key challenges discussed in the workshop included:

- Lack of funding. Fraser Health and other health authorities cannot keep up as the older population increases in size and diversity.
- Multiple employers and subcontracting is complicated and reduces quality of care services.
- Social isolation can lead to illness and death (e.g. during the heat wave, when families were not allowed to visit loved ones in long-term care).
- Need to work more efficiently with partners (e.g., United Way, community partners)
- Inequities in funding. Need to decrease for-profit and increase not-for-profit.
- In long-term care (LTC): too few hours of care per resident, too much reliance on family caregivers, struggle to recruit and hire RNs, care workers working in multiple places to earn enough.
- In home support: limited number of workers in some geographic areas, private services not affordable to the majority of older people, different multiple home support workers visiting same client.
- Caregiver burn out in the community, need to hire qualified person to take on this role (government responsibility). Need to find balance between paid labour and unpaid caregiving from family and friends.
- Lack of primary care physicians; virtual care is not always a good option
- The need to engage community non-profits in coordinating care for older adults in the community (including pharmacy assessments, mental health

and home care). The hierarchical structure and approach of the Health Authorities does not provide the networking, responsive approaches used by community non-profits. Advancements in Fraser Health include: using public land to build not-for-profit LTC homes, building primary care hubs and networks, using the team approach, opening Indigenous community health centres, investing in palliative care and hospices, better policies in LTC (e.g. workers in one facility only) and reductions in contracting out services.

“Seniors live in communities not in the health care system.” ... Jim Sinclair

Status of Ombudsperson

Recommendations for Seniors’ Care

Jay Chalke, BC Ombudsperson gave a panel presentation and led a workshop on the status of the recommendations for seniors’ care in the Best of Care report (2012).

Always wondered what the BC Ombudsperson’s office does? **Jay Chalke** gave a spirited presentation that began with an outline of what the provincial Ombudsperson’s office does and doesn’t do.

The Ombudsperson’s office investigates complaints that relate to the following eight B.C. public bodies: provincial government ministries, provincial government boards & commissions, schools & school districts, crown corporations, local governments, universities and colleges, hospitals, health authorities & health-related agencies, and professional associations. The office does not investigate complaints related to federal government and agencies, lawyers for public authorities, court decisions or judge’s conduct, police, legislative assembly, private disputes or First Nations governments.

In response to a question concerning the difference between his office and the office of the Seniors’ Advocate, he pointed out that the Seniors’ Advocate mostly deals with systemic issues. Contact the Ombudsperson’s office if you have an individual issue.

Jay Chalke talked about a 7-year follow-up of the Best of Care Report which was written in 2012. He noted that the report contained 143 findings and made 176 recommendations related to support, protection, consistency of choice for seniors receiving services, etc.

He highlighted a number of the recommendations that have been implemented; for example, in the area of support and information, seniors now get a copy of their assessment for eligibility to receive home and community care services. In the category of oversight, staff now visit all new assisted living facilities before adding their name to the Assisted Living Registry. However, key recommendations are still outstanding, including legislative changes that would make significant improvements to service quality and the protection of seniors’ rights.

In terms of future activities for COSCO he suggested lobbying for implementation of the recommendations not yet implemented. A list of these can be found on the Ombudsperson’s website (https://bcombudsperson.ca/news_release/key-recommendations-aimed-at-improving-quality-of-seniors-care-in-bc-still-not-implemented-seven-years-after-ombudspersons-sweeping-investigation).

One he highlighted concerned how Health Authorities handle complaints, which could be improved. A second was in the area of abuse and

neglect. For example, currently, seniors receiving home support or living in assisted living do not have the same level of protection from financial abuse as those in residential care facilities. The full evaluation of the home support system still is not complete. Also, there is a lack of tenancy protection for residents of assisted living facilities. And, there are no regulatory standards related to key aspects of residential care and challenges in meeting staffing care hour targets.

Guidelines for Changing Long-Term Care (LTC) in a Positive Direction

Pat Armstrong, Distinguished Research Professor Emeritus, York University, gave a keynote presentation in Day 2. She prefaced her remarks by saying, “We will need, and should want, congregate care places that allow all those who live-in, work in and visit in long-term care to not just survive but also to experience joy. To do so requires that we understand care as a relationship.” Then, she set out her top 10 things that matter in moving forward to change LTC in a positive direction.

1. Working conditions matter, i.e., creating the conditions that allow staff to apply their skills in order to respond to individual needs. This includes having enough staff; providing the time they need to care, access to full-time, stable employment, decent wages, benefits, hours and opportunities for advancement; support through teams; places to grieve and places to eat. Unless we address these conditions, there will be few if any to provide care.
2. Training matters. The work is done primarily by women, many of them racialized and/or newcomers. Training for those who do this paid work should be based on the recognition that specialized skills are required to appropriately deal with this population.

The need for skill training includes housekeeping, laundry, dietary, nursing and medical staff. The skills need constant upgrading to address changing needs. They need to be provided in-house on paid time, and include anti-racist strategies and cultural competency.

3. Location matters. We need to locate care homes as near as we can to where residents, families and staff can connect to their communities. Attending to location also means ensuring access to good public transit as well as to parking so that staff can easily get there and so can friends and relatives.

4. Size matters. We want to avoid places that look like old style hospitals but this does not necessarily mean small overall. Larger places are in a position to have doctors, nurse practitioners, therapists, hairdressers and recreation folks full-time, and to have more flexibility in their labour force. But we need to ensure we create small, homelike spaces/communities within large residences.

5. Standards matter. We need clearly defined principles for access, quality of care and quality of life. These would provide for standards, rather than for standardization. Standards can be broad enough to allow different ways to address specific contexts and populations while ensuring a common ground, as the Canada Health Act has done for hospital and doctor care.

6. Accountability matters. We need to ensure that the standards are enforced and that problems are addressed quickly and effectively, with major penalties for failure to comply. Accountability also involves democratic decision-making structures that promote the health of staff, residents and families, and ensuring that governments at all levels provide accessible reports to the population on a regular basis.

7. Food, housekeeping, clothes, and laundry matter.

Mealtimes are not just to get nutrition but also to get social contact and support. Clothes are about identity and sense of self. Clean rooms and clean linens are not only about safety but also about how the place feels and looks. All these aspects of care are about respect.

8. Integration matters. We need to desegregate at multiple levels, including all paid and unpaid workers in the care team. We need to ensure all services are provided in-house, avoiding the contracting out that fragments teams and the provision of care. We need to bring various communities together-- to mix ages, and integrate the health care system by effectively linking long-term care homes with home care and other services.

9. Profit matters We need to end profit-making to ensure that the focus is on care.

10. Risk matters. We need to tolerate some risk. Being able to walk with a walker, have a glass of wine, or to make your own tea can bring a sense of still controlling your own life. The risk of allowing families in during an infectious disease pandemic may outweigh the risk of residents dying from loneliness.

This top ten list is not exhaustive, but it does provide some starting guidelines. We have come to these guidelines after studying homes in six countries in search of promising practices, practices we can adapt to our own different contexts. There is no single, perfect model. But we do know better is possible.

Recommendations for Action: Seniors Services and Care

1. Long-Term Care

a) Increase support for the not-for-profit sector in LTC; make sure that care, not profit is the goal.

b) Enact policies and practices in LTC that support Pat Armstrong's "Ten things that matter in moving forward to change LTC in a positive direction".

c) Support national standards in LTC that:

- Improve the quality of care, the living and working environment, and the cognitive, emotional, social and cultural well-being of residents (including respect for the unique cultures of Indigenous peoples)
- Provide an appropriate mix of well-trained staff and supports them in their work
- Improve accountability.

2. Advocate for better access to innovative primary care offered through Community Health Centres. CHCs are not-for-profit, community-driven organizations that provide primary care together with health promotion, community programs, and social services.

3. Increase support for home care and assisted living so that seniors can age in place in the community and avoid early placement in long-term residential care.

4. Provide continuity of care and consistency of workers in home support.

5. Act immediately on the recommendations in the B.C. Ombudsperson Best of Care report that have not yet been implemented.

6. Increase support for caregivers and the organizations that represent them.

CONCLUSION: TAKING ACTION

The 2021 COSCO conference provided participants with the opportunity to learn a great deal about some current issues of concern for seniors in B.C. We can spread this knowledge by sharing this report and talking with others.

The presentations and dialogue at the conference helped develop the key actions and advocacy messages that will better the lives of seniors and the next generations of older people as we move forward with a strategy for the 21st century.

You can review the recommendations for action in each section of this report and take action as a concerned citizen, a member of a group, union or institution, an elected official or government employee. You can work with COSCO to act on the recommendations in this report. Go for it!

“Mobilize! Encourage older people to take responsibility and become movers and shakers.” ...
Conference participant

Appendix A: Conference Sponsors, Organizing Committee and Tech Management

Major Sponsors

New Horizons for Seniors Program
B.C. Retired Teachers’ Association
B.C. Government and Service Employees’ Union
B.C. Government Retired Employees Association

Sponsors

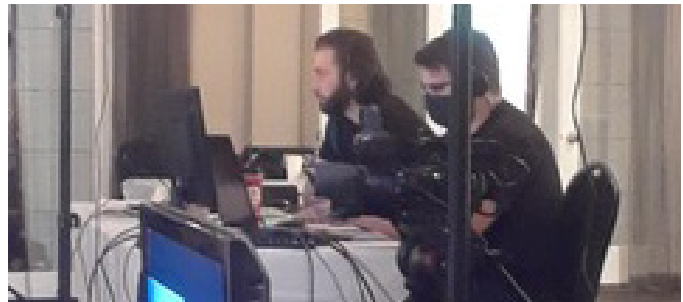
Labourers Advancement Fund
Health Sciences Association

Community Savings Credit Union
Hospital Employees’ Union
Conference Committee
Conference Chair: **Sheila Pither**
Conference Facilitator: **Garnet Grosjean**
COSCO Tech Liaison: **Leslie Gaudette**

Committee members: **Betty Bolton, Jerry Gosling, Gudrun Langolf, Barbara Mikulec, Annette O’Connor, Irv Rootman, Jean Sickman** and the late **Pat Brady**

Conference Tech Management

Trevor Marples, Leaders Media
Olang Cerda-Moesker and **Valary Thompson**, Hart House



Conference Report written by **Peggy Edwards**



For more information on the conference, please visit www.coscobc.org
or coscoconference2021.com