



COSCO News

Council of Senior Citizens' Organizations of B.C.



Number 131



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In Times of Disruption, Seniors are Resilient



Just when we thought we could take a deep breath after the time of COVID, world events continue to disrupt the stability we've enjoyed since the end of World War II. Democracy and Canada's place in the world are at stake. Canada regularly appears at or near the top

of the list of the best countries in the world. This record of stability is built on a social safety net which links we Canadians across our ten provinces and three territories. Our transportation and communications systems connect us across large distances. We know we aren't perfect, but our goal is always to make our very good country even better. It's part of our national psyche. COSCO BC is just one of many organizations that bring people together to provide input that aims to improve programs and policies.

What is our role as COSCO in these troubled times? First, we must focus on our core values and activities and show our resilience by not being overly distracted by events outside our control. We must continue to advocate for policies and programs that aim to improve the lot of those who are not well-off and ensure dignified retirements for all. We need to advocate to all levels of government to ensure policies not only meet the needs of the middle-aged family

of four, but also the 80-year-old recently widowed woman whose income has been slashed due to the death of her spouse. We must work together with our member and partner groups to coordinate our asks and amplify our messages.

Let's start with the basic human right of everyone to have a home that is affordable, safe and accessible. Finding housing for displaced seniors is a major concern of the many seniors' centres who are our affiliate members. Having a roof over our heads keeps us warm and dry and importantly, safe and in good health. With housing costs controlled, seniors' budgets will be able to pay for better food and health care needs not publicly funded. Increases in income not eaten up by housing, make funds available for transportation and participation in community events, joining friends for coffee – all these lead to social connection which leads to better health, less elder abuse and ultimately lowered demand on the health and justice systems.

We've had a very successful year in 2024 – in particular, our election issue of the COSCO News in September which outlined our 12 priorities was very well received and will guide our advocacy efforts for the coming year. Our Conference this Fall, **Human Rights and Ageing, Advocacy for an Equitable Future**, will allow us to examine our work on Ageism and the UN Convention, with our provincial lens. We continue to welcome new members including the BC Municipal Pension Retirees Association. This issue is jam-packed with articles outlining the work we do – read and enjoy! *Leslie Gaudette, COSCO President*

Council of Senior Citizens' Organizations of BC (COSCO)

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About COSCO

COSCO is an umbrella organization that brings together older adults to work on common issues. We now have 65 affiliate groups, representing over 80,000 seniors.

COSCO is affiliated with the 1,000,000-member National Pensioners Federation (NPF) which promotes these issues at the national level.

COSCO is a registered non-profit society.

Send your letters to the editor or other contributions to:

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Now is the Time to Repatriate HandyDART!



For the past two years, the Save Our HandyDART campaign has united Labour Councils, unions, seniors' organizations (including COSCO!), disability rights groups, elected representatives, and, most crucially, HandyDART workers and riders, in a common cause: bringing HandyDART back to the public sector.

We've all watched in disappointment as HandyDART service has declined in recent years. All transit users deserve quality, reliable service, regardless of their age or ability. Unfortunately, this is not the reality at present. HandyDART is now providing just half the service per senior that it did back in 2008. Riders are increasingly left in the lurch, without safe and reliable means to get to crucial appointments or even day-to-day activities.

Worse, the service that is provided comes increasingly in the form of taxi rides. Taxi rides have surpassed 20% of HandyDART rides in recent years, far above the TransLink target of 7%. While we respect the hard work of taxi drivers, the simple fact is that taxi service and HandyDART service are two very different things. Taxi rides are simply not appropriate in many cases for HandyDART riders.

The Save Our HandyDART coalition performed a survey, and hosted a townhall event, which attracted over 100 people. Participants shared their harrowing stories of trying to navigate getting around Metro Vancouver with the current state of HandyDART service. It was clear that this is not just a numbers game. This is real-life, serious impacts on our friends, neighbors, and family members.

So why is TransLink unable to provide adequate HandyDART service? It's not a matter of budget, unlike many other present transit woes. It's tied directly to the failed experiment of contracting the service out to private, for-profit corporations. Outsourcing this essential public service to private contractors such as First Transit (now Transdev) and subcontractors in the form of various taxi companies has resulted in chaotic mismanagement and lowered safety standards in addition to a failure to attract and retain the necessary workforce.

Armed with rider and worker stories, and data in the form of our [Access for Everyone? Report](#), the campaign set out to meet with decision makers and advance three key asks:

1. Fulfill TransLink's original pledge to limit the percentage of taxi trips to 7% or lower of total HandyDART trips.
2. Develop and conduct an unbiased Public Sector Comparator (PSC) with a multiple accounts evaluation containing rider and worker input, to compare insourcing to continued outsourcing while considering safety and service quality.
3. Develop and implement a plan to bring HandyDART in-house as a subsidiary of TransLink, including providing provincial and federal funds for permanent facilities for an expanded and electric HandyDART fleet.

Through that work, we are now closer than ever to the potential of HandyDART being repatriated to the public sector. This would bring the service back on its feet and allow it to finally provide the service riders deserve, and the fairness workers deserve.

Right now, TransLink is conducting a HandyDART service review, using a Multiple Accounts Evaluation, Public Sector Comparator, approach. They are looking at three potential options, one of which is repatriation.

Meanwhile, the BC New Democratic Party ran a promise of repatriating Hand HandyDART and was elected to a majority government last Fall. The Minister of Transportation and Transit received his mandate letter last month. The letter calls for a review of transit service delivery, starting with HandyDART.

Now it's up to the TransLink Board of Directors to do the right thing and save HandyDART by bringing the service back into the public sector.

It's also up to the BC NDP government to keep their promise. Doing so would no doubt prove to be a successful and highly popular move, not unlike their previous repatriation of health care workers. It would

also, likewise, be another correction of a disastrous decision taken by the previous BC Liberal government. The Save Our HandyDART campaign will continue to urge decision makers to bring the service back in-house and ensure that all transit users have the quality service they deserve. If you'd like more information, or to get involved, please feel free to contact me at president@vdlc.ca

Stephen von Sychowski, President, Vancouver & District Labour Council

Health Connection Transportation in BC

MAP OF BC HEALTH REGIONS

There are [five regional health authorities in BC](#). Each one provides a transportation service for patients in rural and remote areas to access health services. Each area has developed solutions to suite their operating environments.

1. Interior Health Authority

The IHA is in the southeastern part of the province. It includes Kelowna, Kamloops, Trail, Cranbrook and Revelstoke

According to IHA, "IH Health Connections has developed bus services to link small communities with the regional/tertiary hospitals in all four health service areas. These are: Okanagan (links to Kelowna and Penticton), Thompson Cariboo Shuswap (links to Kamloops and Vernon), Kootenay Boundary (links to Trail) and East Kootenay (links to Cranbrook).

IH partners with regional districts and BC Transit to offer services to medical riders within lth service areas, but routes don't currently cross health service area boundaries."

The service uses the same equipment as HandyDART, so wheelchair passengers can be accommodated. Rides are be booked 24 hours in advance and non-health related travel is provided subject to onboard space. The fare is \$5.

By partnering with BC Transit, IH has developed an extensive network in the region. However, unlike NHA, there is no service to Van-

2. Fraser Health Authority

The FHA covers all the Fraser Valley and includes Coquitlam, Surrey and Burnaby.

FHA offers no Health Connections service. I assume that the existing regular and HandyDART service are seen to be adequate to provide the service required.

3. Vancouver Coastal Health Authority

VCHA is comprised of the western portion of Vancouver, Sea to Sky country, the Lower and Upper Sunshine Coast and Texada Island. For some reason it skips over the VIHA to cover the area around Bella Coola.

According to their website, "Vancouver Coastal Health (VCH) focuses its funding on the Central Coast and Bella Coola Valley. Bella Coola Valley Health Services has established a local HandyDART bus service in the Bella Coola Valley to provide transportation to medical appointments, adult day programs, foot clinics, etc."

While most of VCHA is well served by transit and HandyDART, there are some significant gaps in rural areas of the authority. There are no Health Connections or transit service from Sea to Sky or the Sunshine Coast to Vancouver.

4. Vancouver Island Health Authority

VIHA covers all of Vancouver Island and the lower Gulf Islands as well as the mainland area between the Northern Sunshine Coast and Bella Coola.

According to VIHA it “distributes its funding to eight contracted transportation providers, creating a transportation network supporting people in many rural and remote regions, including multiple gulf islands, the north island and the west coast. These contractors provide door-to-door, non-emergency patient transportation services, primarily facilitating trips to and from Island Health appointments, facilities, or locations.

These [contracted providers](#) seem to cover the Island well.

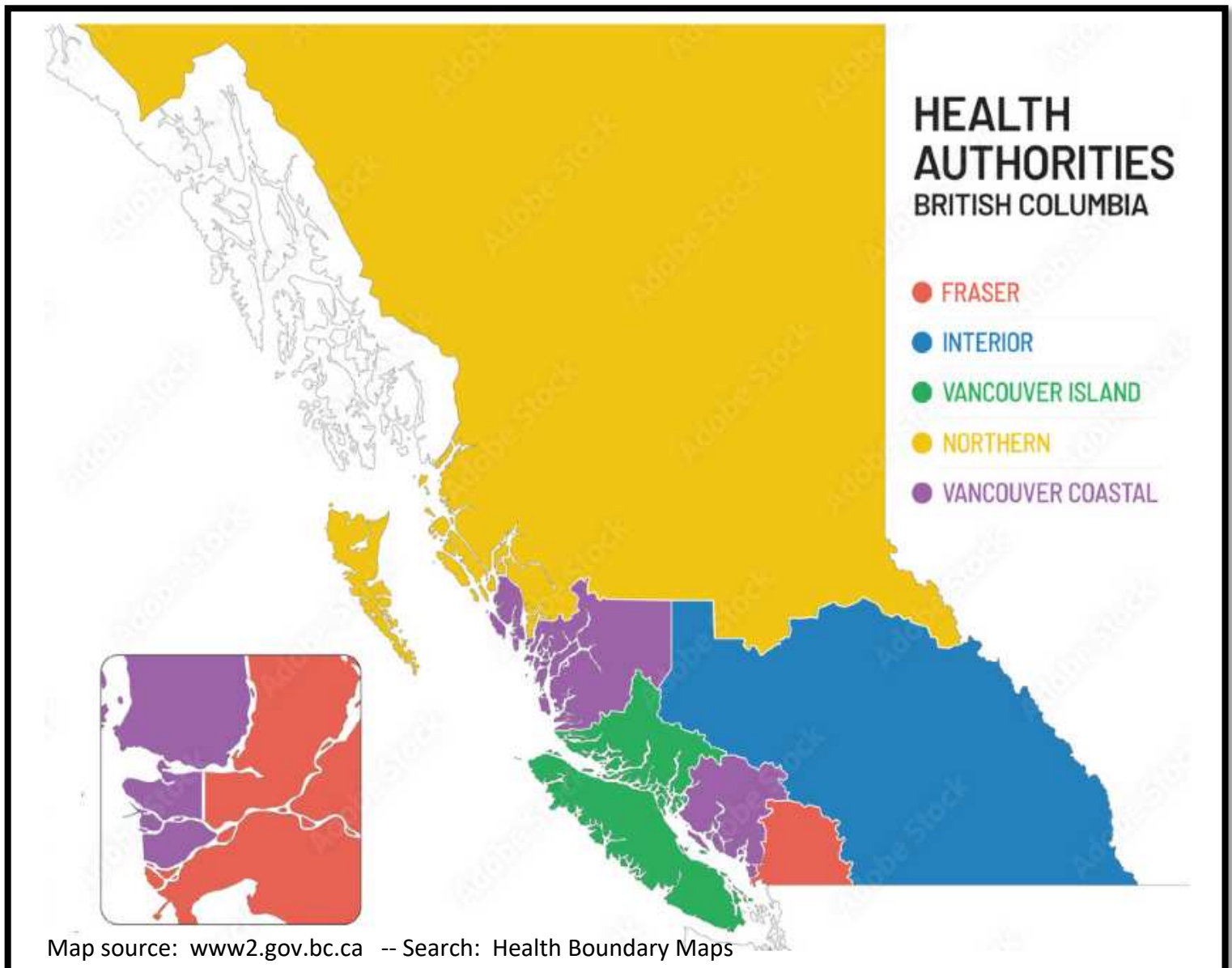
5. Northern Health Authority

By far the largest HA, the NHA includes Fort Nelson, Fort St John, Prince George, Prince Rupert and Haida Gwaii.

Established in 2006, [NH Connections](#) has developed an extensive intercity network that serves our major centres in the region as well as providing trips to Vancouver. As with other systems patients have priority, however seniors can also travel subject to capacity.

[Combined with other services in the north](#), there are a lot of options available. As well as the NH Connector there is BC Bus, BC Transit and community shuttles services available throughout the region.

Tim Larsen, COSCO Transportation Committee & resident of Powell River



Public Health Care with Private Strings Attached

In the 1990s, communities and hospital workers were on the front lines of the fight to protect jobs and services in the health care sector across Canada. The surge of anti-privatization activism was triggered by a report published by federal, provincial and territorial health ministers called “When Less is Better” (yes that was the actual name) that recommended downsizing in the hospital sector, including a 10% reduction in the size of the hospital workforce and a shift of services to the private sector. The cuts, which took place in every province and hit every community, also resulted in the delisting of a broad array of publicly funded outpatient services such as physiotherapy, optometry, massage therapy and naturopathy.

In B.C., hospital workers and their unions joined with community organizations to fight contracting out, especially of laundry, housekeeping, and food services which accounted for 71% of the amount of money that hospitals spent on outsourcing to private companies. The privatization of rehab, lab and x-ray services also brought thousands of people out to the street in protest.

The ferocious and very long struggle to protect hospital services against a backdrop of free trade and austerity budgets was only partially successful. In 2018, the NDP government repealed Bill 29, the Health and Social Services Delivery Improvement Act, described as one of the most notable cases of health care privatization in Canadian history. The law, not coincidentally, also had reduced the wages of a highly racialized female workforce by about 48%. This important victory was possible, in part, because health care unions and community activists forged a basis of unity that rested on the principle articulated in 1962 by the Canadian Labour Congress that “high-quality health care depends on high-quality working conditions.”

Many services previously accessed without financial barriers were shifted from hospitals to the private sector. Today, much of the privatization we’re seeing is in the primary health care sector, which, in addition to medical care, includes services such health

promotion and disease prevention, nutritional counselling, public health, rehabilitation, diabetes education, palliative care and much more.

There is an urgent need to re-invigorate the fight to protect our publicly funded health care system by extending the principles of universality to the primary health care sector and bringing it into the 21st century. As the World Health Organization has said, primary health care is “the most inclusive, equitable and cost-effective way to achieve universal health coverage.”



This would include the development of community health centres with team-based care provided by salaried professionals, including doctors. Evidence from other provinces has shown that CHCs provide access to the broad array of health and social services that keep us healthy and out of hospital – in fact, out of the doctor’s office. We also need to push back against the aggressive incursion of for-profit corporations into the community sector such as Telus, Cambie Surgery Corporation, Shoppers Drug Mart, Well Health and LifeLabs which profited handsomely during the COVID pandemic. And finally, we need to ensure the B.C. government moves doctors to salaried compensation instead of providing them with high-cost incentives so they will see more patients, a strategy that has never worked.

Health care as a human right is deeply embedded in the hearts and minds of Canadians. After many, many decades of concerted struggle by generations of Canadians from every walk of life, we won a system of universal hospital (1957) and medical (1966) insurance. But now it’s time to mobilize the same level of unity between health care workers – the largest workforce in the economy – and community activists to bring primary health care fully under the medicare umbrella. We need this for ourselves, as well as for future generations.

Colleen Fuller, a writer and qualitative researcher with a focus on health and pharmaceutical policy.

Editor’s note: As we go to press, note that the unionized workers (BCGEU) of LifeLabs are on strike for a contract that includes pay equity with hospital workers doing the same type of job, and health and safety benefits. LifeLabs was sold last year to an American company, Quest Diagnostics, that expects to increase their profits from their BC operations by decreasing wages and downsizing their staff.

Forward with Dementia



Forward With Dementia is an initiative of RIA (Research Initiative for Aging) where you can find hope, have questions answered, learn from others and discover strategies to help navigate a path with dementia. It aims to help people living with dementia, caregivers, health and social care providers. The physical location is in Ontario in collaboration with University of Waterloo and Conestoga College.

The RIA describes itself this way: “While aging can present physical, social, emotional, and mental challenges, we at RIA see an opportunity to innovate. Recognized as leaders in five key areas – dementia, culture

change, workforce development, technology-based senior living, and the advancement of science and practice of co-design – we focus on improving care practices, healthcare services, training and education for the senior living sector, and ultimately changing the way we age in Canada.”

A team of world-class researchers use their findings to develop resources, educational programs, and policies. The researchers are found in Canada, Australia, Netherlands, Poland, UK, and at Alzheimer’s Disease International and Dementia International. Information is available in English, Chinese, and Punjabi. The team takes research beyond the lab; mobilize it and share what works. The result is better care and an enhanced quality of life for older adults everywhere.

Check out this worthwhile website. It’s very easy to use. Forwardwithdementia.ca



Terri Van Steinburg and Patrick Harkness staff the table the Canadian Labour Congress Winter School in Harrison Hot Springs.

Non-profit Housing Co-ops in BC –A Secure Affordable Housing Alternative



There are 275 housing co-operatives in BC, 236 of which are non-profit co-ops developed under federal social housing programs in the 1970s and 80s. These legacy programs were discontinued in 1993, halting the new supply of co-ops until recent times. The legacy co-ops have continued operating over the decades; their success in providing secure affordable housing has highlighted the value of the co-op model today. In 2021 census, of some 14,465 legacy co-op households in BC about 15.3% of residents were aged 55 to 64 and another 17.8% were aged 65+ (*Co-op Housing Federation of BC, 2025*).

Features of the co-ops include:

Member ownership - a secure form of housing tenure:

Co-ops are incorporated under the BC Cooperative Association Act. With a few exceptions, the co-op owns its buildings (and sometimes the land) which cannot be sold for profit. The members of the co-op are collective 'homeowners' with security of tenure, not tenants or renters.

Janis Kaleta, member of COSCO's Housing committee, is a long-time co-op member and firm believer in the co-op model.

Non-profit status - Affordability for the Short and Long-term:

The co-op's non-profit status is under the Act and cannot be overturned. There is no profit included in the co-op's operating costs. Housing charges (rents) are set at break-even amounts to cover immediate and long-term expenses. This allows for housing charges that are consistently lower than surrounding market rents and that generally rise more slowly over time. *

Public investment:

The co-ops signed 35- to 40-year Operating Agreements with the federal government. These provided start-up funding, grants to reduce co-op costs, subsidies to reduce housing charges for low-income members and long-term low-cost mortgages. This government assistance, which significantly reduced development and operating costs, ends when the Operating Agreements expire.

**The Co-op Difference: Comparing co-op and market rents in five Canadian cities can be found at <https://chfcanada.coop/wp-content/uploads/2022/11/The-Co-op-Difference-report.pdf>*

Dr. Garnet Grosjean - Rest in Peace



Shocking news to all of us: on January 31, 2025, **Garnet Grosjean** died suddenly. He was a stalwart supporter of COSCO, a particularly effective mentor to our education programs and Conferences. As a trusted and reliable advisor, he assisted and helped guide every conference planning committee. His academic background was in Adult Education, he practiced what he preached not only internationally but, for our benefit, also locally with his involvement in our seniors' community. His non-judgmental, personal approach even exposed us to his passion for wild, big cats. To say that he left a big void on our conference planning committee is understating reality. We extend our sincere condolences to his partner, Jean Atkinson-Grosjean, family and community. May his memory be a blessing.

We Need Vacancy Control to Protect Seniors



What is the cheapest and fastest thing the BC government could do to keep affordable housing? And what is one of the most effective things the government could do to prevent renters, especially seniors, from stressing out, becoming homeless and pushing up healthcare costs?

The answer to both questions is the same: vacancy control. Vacancy control is a form of rent control that prevents landlords from raising rents as much as they like when tenants are evicted, leave, or die. We used to have it in BC in the 70's. It was so popular that the then Social Credit government promised during the election campaign not to abolish it. Unfortunately, they did abolish it.

According to research by Carleton University's Steve Pomeroy, Canada is losing 11 lower rent affordable homes for every home added (<https://chec-ccl.ca/filling-the-hole/>). This is really bad for seniors who depend on pensions. According to the United Way, over half of single BC seniors have incomes under \$35,000 a year. With that income you can afford \$850 a month paying the standard 30% of income for rent. If you depend on OAS and GIS you can only afford \$567 a month for rent.

Often seniors have lived in their apartment building longer than the other tenants. Because they haven't moved, the rent on their unit has been limited to the annual rent increase (3% this year) so their rents are often lower than rents of other tenants in the building. This is how many seniors can afford to get by. But landlords often target units with longer term tenants for "landlord use" evictions, saying a

relative wants to move into the lowest priced unit in the building instead of any of the other more expensive ones. Seniors who can barely afford rent in these apartments know that if they are evicted there will be nowhere affordable to go.

Anticipation of losing one's home can lead to increased stress, anxiety, and depression. A study from Boston University found that people threatened with eviction are more likely to report poor health, high blood pressure, depression, and anxiety.

https://www.bu.edu/sph/news/articles/2018/the-hidden-health-crisis-of-eviction/?utm_source=chatgpt.com

With vacancy control, the eviction pressure could evaporate, leaving seniors with more security in their rental homes and leaving more affordable homes available for folks who need them.

Landlords don't like vacancy control because it means less profit. But the BC Government Employees Union has done a great report that debunks all the arguments they use against it.

[See https://www.bcgeu.ca/new_report_demonstrates_vacancy_control_is_a_common-sense_policy_urgently_needed_to_address_housing_crisis](https://www.bcgeu.ca/new_report_demonstrates_vacancy_control_is_a_common-sense_policy_urgently_needed_to_address_housing_crisis)

With the cost of a new unit of housing being around half a million dollars, it's important that we preserve the affordability we have, while we are building that new housing. That's why vacancy control is so important.



Jean Swanson -- community activist

Auditor General's Report is Disturbing



The recent report by the Auditor General on Seniors programming shows that the Ministry of Employment and So-

cial Development Canada, which directly oversees OAS and New Horizons for Seniors grants, did not have a comprehensive view of the needs of seniors. Nor did they have a comprehensive view of the 20 federal programs that are spread throughout the government. No information was available to show if these programs were meeting the needs of seniors. The New Horizons for Seniors grants could not show that they reached value for money spent in a large number of projects. The auditor general's report also made a series of useful recommendations.

Seniors have to wonder how seriously we are taken by the federal government. At least we are no longer joined to the Ministry of Labour. Highlights of the report follow.

Key facts and findings

- In 2023, Statistics Canada indicated that there were 7.5 million people in Canada aged 65 and older and that for the first time, there were more people in that age bracket than under age 18.
- Over 20 federal organizations provide programs, services, or initiatives that support seniors' needs.
- Employment and Social Development Canada delivers the Old Age Security Program and the New Horizons for Seniors Program. The department did not know whether the objectives of these programs were being met.

- Under the New Horizons for Seniors Program, value-for-money concerns were noted in 44% of the projects that were funded from March 2022 to March 2024. Some projects were not completed by the recipients, while others had indicated that some funding had been used on ineligible activities.
- Information in the New Horizons for Seniors Program project files often did not allow Employment and Social Development Canada to determine how many seniors benefitted from the program.

Highlights of our recommendations

- For the Old Age Security program, Employment and Social Development Canada should, on a regular basis, conduct the policy analysis necessary to determine the level of financial support it should recommend providing to seniors through the program and determine whether it still meets the needs of seniors.
- Employment and Social Development Canada should take action to fulfill its responsibility to support the Minister of Seniors. This should include determining
 - the work that it needs to do to collect and analyze, in a comprehensive way, information on the needs of seniors
 - in collaboration with other federal departments and agencies, what programs are in place to meet seniors' needs and identifying gaps in programs
 - in collaboration with other federal departments and agencies, whether the suite of federal programs for seniors is working as intended

Please see full report at https://www.oag-bvg.gc.ca/internet/English/parl_oag_202412_11_e_44594.html

Federal /Provincial Tax Tips



The Office of the Seniors Advocate has produced the following list of tax information and credits that may be used when you are filling out your 2024 tax return. To get

all benefits you should be filing no later than April 30th. (editor's note)

Free Tax Clinics

The Canada Revenue Agency has a directory of community organizations hosting free tax clinics. Some clinics that are currently operating may complete and file taxes for free. These clinics mainly work with low-income seniors.

Claim all Eligible Expenses for Tax Returns

You may be able to claim medical expenses on your tax return. Canada Revenue Agency has a list of eligible items online and instructions about how to claim them on your taxes. Some common items include prescription medication, devices, equipment, services, travel expenses and renovations.

You and your spouse or common-law partner may be able to split your eligible pension income if you meet the requirements.

Tax Credits

Tax credits are deductions you may be able to claim when you complete and submit your income tax return. Tax credits can be based on income, investments, training or education, activities you're involved in, expenses you incur or the work that you do. See below for examples of tax credits that seniors are often eligible for.

- **BC Renter's Tax Credit**

New this year in B.C., a Renter's Tax Credit based on annual income will be available. The tax credit will provide up to \$400 to low- and moderate-income renter individuals and families with an

adjusted income of \$60,000 or less. Individuals and families with an adjusted income greater than \$60,000 and less than \$80,000 may receive a reduced amount.

- **Disability Tax Credit**

The Disability Tax Credit (DTC) helps offset extra costs related to living with a disability. If you or a dependent spouse or common-law partner have a serious or prolonged physical or mental impairment, you may be able to claim expenses related to assisted living, elder care, home care services and other services.

To determine eligibility, you must first complete a Disability Tax Credit Certificate—Form T2201—and have it certified by a medical practitioner.

- **B.C. Home Renovation Tax Credit for Seniors and Persons with Disabilities**

The Home Renovation Tax Credit for Seniors and Persons with Disabilities is also available for family members living with seniors to assist with the cost of some permanent home renovations to improve accessibility and daily living activities.

- **Age Amount tax credit**

You may be eligible to claim this tax credit if you were 65 years of age or older on December 31, 2022, and your net income is less than \$92,480.

- **Canada Caregiver Credit**

You may be eligible for this tax credit if you support a spouse or common-law partner, or a dependent with a physical or mental impairment.

- **Pension income amount credit**

If you reported eligible pension, superannuation or annuity payments on your tax return, you may be able to claim up to \$2,000 as a tax credit. Alternatively, you may wish to transfer the credit to your spouse or common-law partner.

<https://www.seniorsadvocatebc.ca/current-issues/2024-income-tax-tips-for-seniors/>

From the Office of the Seniors Advocate (OSA) Monitoring Senior Services



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

The OSA has produced the 10th annual report entitled 'Monitoring Senior Services' for 2024. The 80-page report is extensive. It states that some of the most troubling data this year shows:

- The waitlists for knee and hip replacements for seniors (65+) increased 53% and 59% respectively over five years:
- The number of publicly subsidized home support clients increased 11%, while the rate of clients per 1,000 seniors (75+) decreased 7%;
- There were 6,464 people waiting for a publicly subsidized long-term care bed in 2023/24, a 250% increase in the number waiting five years ago (2,595); and
- The number of applications for seniors subsidized housing reached close to 14,000 last year, 59% more than five years ago, and just 6% of applicants received a unit.

These numbers tell a story of a system that falls short of meeting seniors' needs at home, placing a significant burden on family caregivers, many of whom are also seniors. Some seniors are then admitted to hospital and wait weeks or months for a long-term care space, occupying a hospital bed in

the meantime. Each of these important services along the continuum of care impacts the next and, when insufficient, ultimately doesn't meet the needs of seniors or loved ones and puts additional strain on the health care system.

In addition, we continue to see concerning trends related to abuse and neglect of seniors reported to the Seniors Abuse and Information Line (SAIL) which has increased 92% over the past five years. Instances of seniors who were victims of violent offences reported to the BC RCMP increased 18%, and cases of financial abuse and physical abuse against seniors reported to the Vancouver Police Department increased 67% and 7% respectively from five years ago."

There are 3 pages of Highlights. Topics include Health Care; Housing; Transportation; Income Supports; and Safety and Protection. Each topic outlines key issues. The remaining report gives tremendous detail of the topics. If you are interested, you can go to the OSA website: www.seniorsadvocatebc.ca/monitoring-seniors-services or you can call 1-877-952-181 to have a copy mailed to your home.

Information taken directly from Monitoring Senior Services Report 2024.

Thank you to *Al Lemonnier, Stéphane Lapierre* and *Don Bayne* for your work on COSCO's Executive. Your work is appreciated, and you will be missed.

Welcome to *Terry Erskine* as the General Vice-President for our new affiliate, the Municipal Pension Retirees Association, and to *Renée Poley*, a BCGREA member who has been appointed to serve out the remaining term of our outgoing Treasurer *Stephane Lapierre*.



Renée Poley is a retired member of the BC General Employees Union and advocates for mental health and seniors' improvement of programs and services. Renée is currently The President of the Stepping Stones Community Services board as well as Vice President of the BC Government Retirees Employees Association Branch 2100. She served on the Board for 2 years of the 411 Seniors Services Society. She has recently been appointed as Treasurer of COSCO until 2026. In 2023 /24 she served on the financial audit team for COSCO and in 2024

on the financial audit team for BCGREA Local 2100. Renée was recently elected for a 2-year term as Vice President of the Fraser Valley Dahlia Society. Several years ago, Renée was a member for 10 years and Treasurer for 4 years of the Langley Community Chorus.

Understanding Antidepressant Medications: How and When to Safely Stop Them

Are you or someone you know taking an antidepressant? Is it time to think about stopping it? This short article explains when and how these medications can be safely stopped.

How long should I take an antidepressant?

How long you should take an antidepressant depends on several factors, such as the severity of symptoms, how long it took for symptoms to resolve, whether the medication helped you, your past experiences with depression or anxiety, and your own preference about whether to continue or stop. If it is the first time you are experiencing depression, the general recommendation is to continue treatment for at least 6 months after your symptoms have resolved. For most people, it can take from 3 to 6 months to achieve the full response to treatment. We are therefore talking about a total period of roughly 9 to 12 months before contemplating stopping treatment, as long as the benefits continue to outweigh the side effects. This is also true when treating anxiety disorders, such as social anxiety disorder and generalized anxiety disorder. Many people benefit from taking antidepressants for a longer period, including the option of taking it long term.

What are the potential benefits and harms of stopping an antidepressant?

It is important to regularly weigh the benefits and harms of continuing versus stopping a treatment with a healthcare provider. On the one hand, stopping antidepressants can help eliminate the side effects of these medications, lower the number of medications taken by an individual, and cut medication costs. On the other hand, stopping an effective course of antidepressant therapy has two important possible consequences: going through a period of withdrawal and risking a return of symptoms. However, these risks can be reduced.

How to stop antidepressants safely

Whenever possible, it is strongly recommended to stop antidepressant treatments gradually to allow the body time to adjust and to lessen or avoid any withdrawal symptoms. It is important to remember that the process of reducing antidepressant dosage does not always go as planned. The process can be slowed down or halted for a while. This may be necessary because of personal circumstances or the emergence of more severe withdrawal symptoms. If withdrawal symptoms emerge and are very uncomfortable, it is common to increase the dose a little bit until they settle down and to then continue with a more cautious dose reduction plan.



What can you do?

We invite you to have regular conversations with a healthcare provider to evaluate how much the medication is helping you, and to weigh the potential harms and benefits of your medications. Here are some important questions that you can ask your healthcare provider about your antidepressant:

- Why am I taking this antidepressant?
- Beyond medications, what other ways can I treat my condition?
- How much is the medication helping me?
- What are the possible benefits and harms of taking this antidepressant?
- What are the potential benefits and harms of stopping this antidepressant?
- Can I stop or reduce the dose of my antidepressant? If so, can we create a plan together?
- Who should I follow up with and when?

Canadian Medication
Appropriateness and
Deprescribing Network



Réseau canadien pour l'usage
approprié des médicaments
et la déprescription

By Dr. David Gardner, Professor & Community Psychiatry Research Director, Department of Psychiatry, Dalhousie University, and Executive Member of the Canadian Medication Appropriateness and Deprescribing Network

This is the shortened version of an article. To access the full version, visit <https://www.deprescribingnetwork.ca/blog/antidepressants-part2>

Spotlight on Men's Health: Addressing the Unique Needs of Older Men



As men age, their health needs evolve, often presenting unique challenges that require targeted care and awareness. Though both men and women experience changes related to aging, men face specific risks and health issues that can have an impact on their

overall quality of life. Yet, older men are less likely to seek preventive healthcare and may miss opportunities to address these needs proactively. In this post, we'll explore the key areas where men's health matters most and the steps they—and those who care about them—can take to support their well-being.

1. Understanding physical health risks

Older men are at a higher risk for certain chronic conditions, including:

- **Heart Health:** Cardiovascular disease is one of the leading causes of death among men. Hypertension, high cholesterol, and heart disease are common as men age, making heart health a priority.
- **Prostate Health:** The risk of prostate issues, including benign prostatic hyperplasia (BPH) and prostate cancer, increases with age. Regular screening and awareness of symptoms are crucial for early detection and treatment.
- **Osteoporosis:** Though often associated with women, osteoporosis is also a significant concern for older men. Men typically experience bone density loss later than women, but the impact can still lead to fractures and long-term disability if not addressed.

2. Mental health is critical, too

Mental health among older men is a topic that deserves greater attention. Depression, anxiety, and loneliness can often go unnoticed or unaddressed, as

men are less likely than women to seek support for mental health struggles. Everyday stressors like retirement, loss of loved ones, and health challenges can affect mental well-being, leading to an increased risk of depression and anxiety. Encouraging open conversations about mental health and breaking down stigmas can make a difference in men's lives.

- **Depression:** Men tend to manifest depression differently, sometimes presenting as irritability, aggression, or withdrawal rather than sadness. Recognizing these symptoms is the first step in seeking appropriate support.
- **Loneliness and Isolation:** Older men may experience social isolation, which can lead to decreased quality of life and even physical health decline. Engaging in social activities and building strong support networks can help combat loneliness.



3. The role that lifestyle plays

Positive lifestyle choices can have a powerful effect on health outcomes for older men:

- **Nutrition:** A balanced diet with plenty of fibre, lean protein, healthy fats, and essential nutrients can help maintain muscle mass, manage weight, and support cardiovascular health. Keeping an eye on portion control and nutrient-rich foods can combat health risks like obesity and diabetes.
- **Exercise:** Staying active supports heart health, muscle strength, flexibility, and balance—all of which are crucial for maintaining independence. Older men benefit from a combination of strength training, cardio, and flexibility exercises.
- **Avoiding Smoking and Alcohol Abuse:** Avoiding tobacco products and limiting alcohol consumption are essential. Smoking is a major risk factor for cardiovascular disease and cancer, and excessive alcohol intake can impact liver health, bone density, and cognitive function.

4. Taking a preventative approach

Preventive healthcare is vital for men of all ages but becomes increasingly important as men grow older. Regular check-ups, screenings, and vaccinations are essential to catching health concerns early:

- **Annual Check-Ups:** Routine visits allow doctors to monitor blood pressure, cholesterol, blood sugar, and other key health markers.
- **Screenings for Common Cancers:** Prostate, colorectal, and lung cancers are more common in older men. Regular screenings, such as colonoscopies and PSA tests, can help catch these cancers in their early stages.

- **Vaccinations:** Vaccines like the flu shot, pneumococcal vaccine, and shingles vaccine are recommended for older adults, particularly those with existing health conditions.

Family members, friends, and community groups play important roles in men's health. Encouragement from loved ones can affect whether older men prioritize their health. Engaging in social activities, reaching out to peers, or joining groups centred on hobbies can reduce isolation and improve well-being.

<https://tinyurl.com/Addressing-Needs-of-Older-Men>

Information taken from McMaster University, November 2024

CONSIDERATIONS OF CARE

From the Canadian Breast Cancer Network

Considerations of Care, a new guide for older adults on a breast cancer journey



CONSIDERATIONS OF CARE

A guide for older
adults with breast
cancer and their
caregivers

[Considerations of Care: A guide for older adults with breast cancer and their caregivers](#) is a new guide specifically designed for older adults diagnosed with breast cancer and the people that help to care for them. This guide, developed by the Canadian Breast Cancer Network, offers unique considerations for navigating this new journey and includes checklists, questions to ask your doctor, tips on talking with family and friends, advance care planning, and advice for caregivers. You are encouraged to use the information and resources in this booklet to help you guide the discussions with your care team.

Download a copy today from cbc.ca/en/considerations-of-care-older-adults.

An Alternate Home Support Option for Seniors



Many seniors in BC receive assistance from BC's Ministry of Health Home Support program that enable them to live inde-

pendently at home. This publicly subsidized program delivered through the health authorities sends community health workers to a person's home to assist with activities of daily living such as mobility, nutrition, bathing, grooming, dressing, and toileting.

To be eligible for home support services, a person must have received a clinical assessment from a health care professional at the health authority. This assessment considers the health and functional status of the individual. The cost for home support services is based on personal or household income.

An alternative home support option from the Ministry of Health that seniors may not be aware of is the **Choices in Supports for Independent Living (CSIL) program**. The CSIL program, intended for individuals with significant physical care needs, is an individualized funding program that provides more choice and flexibility in how care is provided and when it is scheduled. Persons who are eligible for CSIL receive funds based on the assessment of their needs. They can then purchase their own services. The person receiving the services then becomes a CSIL employer who hires and supervises their own care workers. As part of the agreement, the CSIL

employer is required to keep a separate bank account, establish a budget, maintain accurate financial records, manage payroll and deductions, and provide monthly reports to the health authority. Individuals who are unable to manage the responsibilities of an employer can be supported by family members or friends through either a **Representation Agreement** or by forming a **Client Support Group**. A Representation Agreement is a legal document that a person can use to designate another trusted person to make decisions on their behalf. A Client Support Group is a group of friends, family, or supporters who register as a non-profit society who then take on the duties of the CSIL employer. According to the Seniors Advocate's 2023 report, **We Must Do Better: Home Support Services for BC Seniors**, less than 1% of home support clients 65 and older are under the CSIL program.

If you are interested in learning more about whether this program may be a good fit for you, you can discuss your situation with your manager. Another valuable resource is the **Individualized Funding Resource Centre (IFRC) Society**. Paul Gauthier, Executive Director and founder of the society as well as one of the original founders of the CSIL program is passionate about educating others about the value of individualized funding programs. The IFRC Society assists individuals to be successful by providing tools and guidance with employer responsibilities such as budgets, recruitment, hiring, payroll, tax forms, and reports to the health authority. Currently they are supporting 470 CSIL employers, of whom 112 are seniors, across the province via telephone or zoom.

For more information see links below: <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/choice-in-supports-for-independent-living>

Individualized Funding Resource Centre <https://www.ifrcsociety.org/>

Louise Holland, COSCO Health Committee Chair

Barrier-Free Home Healthcare: A Vision for BC Seniors



Barrier-free home support eliminates co-payments and means testing, ensuring equitable access for all seniors. It eliminates language, cultural, and other barriers to access home support. This approach not only improves quality of life but also reduces the strain

on institutional care systems. Transitioning seniors who could be supported at home instead of long-term care placement. This could save the provincial government millions of dollars annually.

The governmental mandate is to reduce costs and improve efficiency in seniors' health care. We believe that increased access without the lengthy waits currently required allows government to meet their mandate and provide better access to care for seniors.

The Jewish Seniors Alliance is committed to advocating for this compassionate and fiscally responsible solution, and we invite others to join us in making it a reality. To learn more about this initiative or to get involved, visit the Jewish Seniors Alliance Advocacy Committee's website www.jsalliance.org/advocacy or contact them directly. Partnering with COSCO, and contacting your MLA's is important to ensure that they know the value we place on working together to create stronger seniors' support options.

JSA has just met with Parliamentary Secretary for Seniors' Services and Long-Term Care, Susie Chant, MLA and had the opportunity to present the case for universal free home support to her. At the meeting, Ms. Chant voiced her support for this initiative and committed to arranging further meetings with the Minister of Health, Josie Osborne and the Minister of Finance, Brenda Bailey. JSA is proud to be representing the seniors of BC in these important conversations.

Together, we can create a healthcare system that meets the needs of all seniors.



In January the Jewish Seniors Alliance, co-sponsored with the Council of Senior Citizens' Organizations (COSCO), West End Seniors Network, and the Kehila Society of Richmond, hosted an Advocacy relaunch event

on Zoom to focus on universal free home support in BC. Attendees gathered to discuss the urgent need for barrier-free home support in British Columbia and the impact it can make in assisting older adults to age in place and age well. The event featured a detailed video and a robust discussion about how removing financial and bureaucratic obstacles to home support can transform senior care. Attendees explored the benefits of allowing seniors to age in place with dignity and independence, while also addressing the cost-effectiveness of home health.

Jeff Moss, JSA



CNPA members at the Thunderbird Arena UBC volunteering with CN Rail as a corporate sponsor at one of the many locations across Canada, raising money for homelessness.

The Rights of Older Persons Campaign Takes on New Phase



The Rights of Older Persons is likely to be the next major human rights treaty adopted by the United Nations. You will remember the success of the United Nations Convention on the Rights of the Child which has seen near universal acceptance since 1989. Where the UNCRC focuses on the rights of younger persons, the UNCROP will address those who form the older portion of society, who according to United Nations reports, are becoming increasingly vulnerable as a group without applicable normative standards of human rights law.

Support for a Convention is becoming increasingly popular, as human rights groups including the Committee on Economic, Social and Cultural Rights (CESCR), HelpAge International, the Committee on the Elimination of Discrimination against Women, the International Labour Organization, and many other NGOs and the Canadian Labour Congress have expressed support for a universal instrument.

CURC and several NGOs from across the world have joined forces in advocating for a Convention in the Global Alliance for the Rights of Older Persons (GAROP) which has been set up out of the need to strengthen the rights of older persons worldwide. Among the human rights issues faced by older

persons are ageist attitudes leading to discrimination, exclusion and constraints on the legal capacity, autonomy and independent living of older people.

Human rights violations have been further exacerbated and put on the spotlight by the COVID-19 pandemic. Older people have been denied access to health services and became prone to physical and social isolation. The stigmatisation of older people and ageist images of older persons have also become more evident. The debate surrounding the convention focuses on the implementation and safeguarding of older persons' human rights aiming to set standards of human rights for older persons in an international legally binding instrument.

The HRC58 will take place from 24th February to 4th April 2025, in Geneva. GAROP's priority is for members to reiterate our call that the HRC should respond to the General Assembly resolution 78/324 adopted on 13th August 2024 and establish an inter-governmental working group to start drafting a UN convention. GAROP is working on a joint consensus statement to be presented on behalf of our full network at the 58th session.

Editor's Note: COSCO has been very involved in this work. Our President Leslie Gaudette attended the conference at the UN in New York last year. We have sent a letter to the federal Minister of Seniors, Joanne Thompson urging her to "support and participate in these negotiations. We would also welcome your vocal support for the full, meaningful and effective participation of older people and civil society in any new process that is created." (See a copy of this letter on our website COSCOBC.Org)

CURC: Council of Union Retirees of Canada, Newsletter February 16, 2025. Michael MacIsaac



COSCO's Health and Wellness Institute

The Seniors Health and Wellness Institute gives **free workshops** throughout B.C. from Aging in Place or Falls Prevention, to Life without Driving or Stay on the Road, offering 47 topics of interest to keeping seniors safe and aware of scams.

Workshops are facilitated by a group of senior volunteers who are continuously honing their skills to enable delivery of these 60 to 90-minute sessions both in-person and via zoom.

The Seniors Health and Wellness Institute collaborates with UBC Faculty of Medicine Gerontology department to review the healthy living workshops, ensuring the information is current.

For further information contact www.seniorshelpingseniors.ca

National Pensioners
Federation



Fédération Nationale
des Retraités

HOLD
THE
DATE

78th NPF Biennial Convention

The National Pensioners Federation biennial conference will be held at the Airport Executive Hotel in Richmond from **October 5th evening to October 7th**, with resolutions for national priorities and elections for two-year terms. Further information and registration: www.nationalpensionersfederation.ca



HOLD THE DATE

OCT 3-5, 2025


Council of Senior Citizens' Organizations BC



Join us in charting the future and celebrating 75 years at our 2025 conference:

Human Rights and Ageing

Advocating for an Equitable Future

 **October 3 -5, 2025**

 **Sheraton Vancouver Airport Hotel, Richmond, BC**

Join seniors from BC and across the country together with policy makers NGOs and government to address the issues seniors face.

Registration program and keynote speakers to come.



Contact

conference@coscobc.org

Coscobc.org

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Join COSCO BC or Renew Your Membership for 2025

Please join COSCO BC or renew your membership for 2025. Your support and involvement help make COSCO BC the voice for seniors in BC.

Thank you for becoming a member or renewing your membership! If you have any questions, please contact membership@coscobc.org



COSCO Associate Membership

Name: _____

Address: _____ Town: _____

Postal Code: _____ Phone: _____ E-mail: _____

Date: _____ Signature: _____

COSCO does not share mailing lists with third parties unless we are required by law to do so.

Associate Membership is \$25 a year. Join on the COSCO website: <https://coscobc.org/>

or make cheques payable to **COSCO** and mail with this application form to:

Membership Secretary, Box 81131 Stn S. Burnaby, Burnaby, BC V5H 4K2

For information about **Affiliate (organizational) Membership**, please contact the Membership Secretary at membership@coscobc.org

