



COSCO News

Council of Senior Citizens' Organization of B.C.

Number 104

coscobc.org



March, 2017

Now for something a little different

Gudrun Langolf

COSCO Acting-President

This edition of the COSCO News is a departure from our usual format: The entire issue is the report of the COSCO Conference 2016:

Aging well A quest for all generations

Over 300 people participated in the conference on 25-26 September, 2016. The report summarizes presentations and the calls for action. We believe that the information will be useful for you, your colleagues and friends.

There are many references for more information and if you read the report on our website - you can click on the links. It is quite apparent that there are many sources of studies and data readily available - duplication of those efforts is not required.

Please help spread the knowledge gained from the conference: Share the report [available on the website www.coscobc.org]. Take action as a concerned citizen, a member of a group, union or other organizations such as political parties, municipal, provincial and federal governments. Don't forget to discuss the information with your neighbours and friends as well.

Seniors are simply everywhere! Disabled people age; First Nations' citizens as well as immigrants grow old; gay/straight and/or transgendered people age; right wing

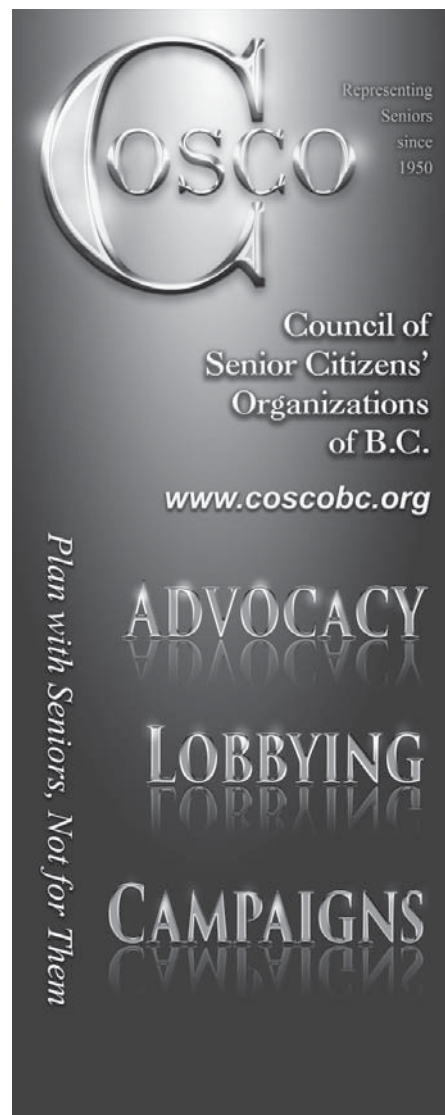
politicians, left wing ones and every stripe in between get older too; the poor as well as the rich get older. With some luck, we will ALL grow old!

The challenges seniors face are varied, as are our attitudes, cultural norms and prejudices. We need to create a society that takes care of the most vulnerable citizens - regardless of age - even as we focus our efforts on providing tools for independence for seniors. We do this voluntary work by engaging with organizations and individual experts - most often supporting the work they do.

It is evident that poverty is at the core of the lack of income security, housing and homelessness, transportation, health and social care. This requires our governments to act. Charity or non-profit organizations are not capable of fixing the problems poverty creates. There is more than sufficient background and justification for governments to implement a comprehensive poverty reduction program. It is not rocket science! A systemic approach is called for!

Many people worked hard to make the conference a success and to make the information in the report available.

The acknowledgement of sponsors and supporters is contained in the report on



page 32. Without the generous contributions and in-kind gifts, the conference would not have been possible.

Special thanks go out to Peggy Edwards who prepared the report with help of Barb Mikulec (BCRTA), Garnet Grosjean (UBC) Irv Rootman (SFU). Alex Hui (CNPA) Desktop publishing and design.

Aging well is a challenge for all generations!

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IN THIS EDITION

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Aging well A quest for all generations

About COSCO

COSCO is an umbrella organization that brings together 85 different seniors groups, representing 80,000 women and men, to work on common issues.

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

A major focus of COSCO's work is promoting good health. To this end, COSCO Seniors' Health and Wellness Institute's volunteers provide a series of free workshops on 43 topics ranging from Falls Prevention to Health Literacy. More than 30,000 people have attended these workshops.

COSCO News welcomes your letters and contributions.

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Disclaimer: Unless otherwise noted, opinions, viewpoints, accuracy of facts submitted by the member is the sole responsibility of the writer, and not necessarily the opinion of the Editor, Executive, or Membership of COSCO.



Conference 2016 Report

Council of Senior Citizens' Organizations of B.C.

www.coscobc.org

March, 2017

Lorraine Logan COSCO President

In late September 2016, over 325 participants gathered in Richmond, BC at the conference of The Council of Senior Citizens' Organizations of British Columbia (COSCO). In two packed days, we explored key issues for seniors and discussed how we can take action to influence change. We shared our wisdom, achievements and concerns. We networked, made new friends and had a few good laughs as well.

COSCO appreciates the welcome we received from the Musqueam First Nation upon whose territory we met and from the City of Richmond, an age-friendly community which notably has the highest life expectancy rate in Canada.

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), the voluntary note-takers 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 BC, as well as the young people coming behind us. Aging well is a noble quest and attainable goal for all generations!



COSCO CONFERENCE 2016 REPORT

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The Council of Senior Citizens' Organizations of British Columbia is a democratic, non-partisan umbrella organization with 87 affiliated organizations representing 100,000 seniors. COSCO is recognized as a leader for social change affecting seniors. Our motto is "Seniors Helping Seniors".

For more information, please visit www.coscobc.org

About This Report

This report provides the highlights of the COSCO Conference 2016. The bulk of the report is organized under five key themes or topic areas: Aging Well, Health Care and Support of Seniors, Housing, Transportation, and Income Security. Each of these sections contains key information about the topic and quotes from presenters and participants. Slides from presenters are available on the COSCO website (www.coscobc.org) so are not reproduced in this report.

Please Note: most of the URL hyperlinked addresses throughout the PDF version of this report have been embedded in the [color-blue underlined texts](#).

Each theme section contains recommendations to governments, elected officials, seniors' groups and other nongovernmental organizations, service workers and institutions for policies, practices, research, and ways to move 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 do not necessarily reflect the position of a particular jurisdiction or of the conference presenters.

COSCO Conference 2016

Aging Well - A Quest for All Generations

Welcome and Introductory Remarks

Chak Kwong Au, Councillor, City of Richmond.

Richmond is an Age-Friendly City and is implementing numerous strategies and activities to realize their vision *"for Richmond to be the best place to age, at all stages, for all residents"*. Statistics Canada has also identified Richmond as having the highest life expectancy rate in Canada.



Herb John
- President NPF

Herb John, President National Pensioners Federation (NPF). He stressed the importance of building knowledge and advocacy with seniors, which were key objectives of the conference. COSCO is a proud member of the over one million member National Pensioners Federation, which advocates for seniors at the national level.

Debra Sparrow provided a blessing and welcome to the traditional territory of the Musqueam First Nation. She told the story of the land and efforts to educate and welcome newcomers, and stressed the importance of elders in the community.

Daryll Plecas, Parliamentary Secretary to the Minister of Health for Seniors, brought greetings from the provincial government. He suggested that government needs to respond to:

- The increasing number of seniors in BC and increasing longevity among the older population. Currently there are some 850,000 people over age 65 living in BC; this number will increase dramatically over the next 20 years.

- The health care and accommodation needs of seniors and the implications to costs within the provincial budget.
- Seniors' desire to stay in their homes (age in place) and to enjoy a good quality of life even to the end of life.
- The need to change social attitudes so that older people are valued for their important contributions.
- The need to change the dialogue about seniors, to find avenues for them to tell their stories, to build on their expertise and to encourage intergenerational learning and work.
- The need to fund innovative initiatives that address concerns such as accessibility, mobility, elder abuse and dementia.
- The need to demonstrate political will by making commitments that will help improve the quality of life and participation of all older people in BC.



Dr. Garnet Grosjean
- Conference M.C.

Lorraine Logan
- COSCO President

"We need to value what seniors have to offer. Seniors have expertise, experience and great stories to tell. Let's build a bank of these assets and share it with others."

- **Daryll Plecas, Parliamentary Secretary to the Minister of Health for Seniors**

"I'm going to challenge everyone to talk to your MLA. If we don't get behind the most vulnerable people and the people who take care of us as we get older, then we've got a real society problem."

- **Lorraine Logan, President COSCO**

Theme 1: Aging Well

Highlights:

Towards Aging Well in British Columbia

Isobel Mackenzie*, BC Seniors' Advocate

Listening to Seniors

Selina Robinson, MLA and Opposition Spokesperson for Seniors

Active Aging through Intergenerational Activities and Volunteering

Andrea Sara*, SFU Gerontology graduate student

Technology and Aging Well

David Kaufman*, SFU Age-Well Centre of Excellence

Aging Activism, Longevity and Global Aging

Peggy Edwards, writer and international consultant on aging

*Slide presentations available at www.coscoba.org

Towards Aging Well in British Columbia

Isobel Mackenzie, BC Seniors' Advocate

Myths and Realities

The Canadian population (*like the rest of the world*) is aging but the “tsunami” projection is not reality. There are some 850,000 seniors in B.C. This represents 17% of the population and is projected to grow to 24% by 2031 (*Statistics Canada, 2014*). This is less than 1% per year. Many countries are ahead of us in terms of aging (*e.g. Japan, France, Italy*). Canada is the second youngest country in the G7.

Seniors are not all the same, yet society and policy-makers tend to treat them as one homogeneous group. Myths and stereotypes exist around economic status (*seniors are*

Myth: When a 35-year old comes in to hospital Emergency and is disheveled and disoriented it is almost surely due to a drug problem. When an 85-year old comes in disheveled and disoriented, it is because he or she has dementia.

Reality: The vast majority of seniors do not have a diagnosis of dementia. Arriving disheveled and disoriented may be related to other health problems and/or stressful living conditions.

Myth: Older seniors are dotty and dependent.

Reality: At the age of 85-plus, three-quarters of seniors live independently; over 2/3 of people over age 85 live on their own dime.

rich), employment (*seniors are all retired*), housing (*most seniors live in assisted living residences*), life expectancy (*only a few make it beyond age 80*) and rates of dementia (*all seniors have dementia or are going to get it*). The media feeds stereotypes, but the actual facts tell us a very different story (*see chart below*):

BC SENIORS DEMOGRAPHICS (2014/15) 85,000 seniors in BC (17% of population; 24% by 2031)		
Indicator	Over 65	Over 85
Median income	26000	22,000 (75+)
Homeowners household income	24% <\$30,000	
Renters household income	35% <\$20,000	
% Living independently	93%	74%
% Living in residential care	4%	15%
% Using publicly sponsored home support	4%	15%
Average life expectancy (years)	85.5	92.1
% Living in urban areas	65%	65%
% with active driver's licences	76%	34%
% Live alone	26%	46%
% Employed	24.6% (65-69)	6.7 (70+)
% Living without diagnosis of dementia	95%	80%
Source: Compiled by the Office of the Seniors Advocate BC		

NOTE: Some 45% of seniors live in rural areas. Their living situation and service needs may be different than seniors in the Lower Mainland and other urban centres.

“WHAT IS A SENIOR ?

My favourite definition is: A person holding a high and authoritative position.”

- Isobel Mackenzie,
quoting the Oxford Dictionary



Isobel MacKenzie
- BC Seniors Advocate

NOTE: The BC Senior's Advocate monitors and reports on seniors' services including Home Support and Residential Care. (see www.seniorsadvocatebc.ca)

Other trends of note:

- Increasingly, seniors are working longer for both financial reasons and because work is fulfilling. Supporting older persons who want to continue employment is an important part of the new lifecourse approach to aging well.
- Just over one-quarter of seniors live alone (*the majority are women*); this increases to almost half (46%) over age 85 (*Statistics Canada, 2011 Census*). Attending to the potential for loneliness and isolation is critical.
- The large majority of seniors do not have dementia. Aging results in a slow-down in cognitive and physical skills, but this does not mean dementia is present. It is important to support the maintenance of confidence and independent decision-making as people experience this "slowing down".

Unpaid Caregiving

(Office of the Seniors Advocate BC, 2016)

We need to have honest conversations about the burden of caregiving and tensions around the contexts of caregiving. More respite opportunities are needed.

- 97% of home support clients have an unpaid caregiver
- 29% of caregivers are in distress
- 19% of home support clients would rather be somewhere else; 24% of caregivers think they should be somewhere else
- 15% of clients in home support feel their health and functioning will improve; 6% of caregivers agree.

Residential Care

(Office of the Seniors Advocate BC, 2015)

Approximately 3.7% of BC seniors live in residential care. Some of the problems include:

- Lack of single rooms and privacy
- Staff shortages
- Overmedicating for compliance
- Lack of tolerance and accommodation for diversity and individual wishes for how to structure one's day.

Maintaining quality of life needs to be the main goal in the last few years. We as a society need to invest in this. Day care coupled with home support may be an alternative to residential care.

Some Concerns and Questions from Conference Participants:

- The private home care industry plays a big role and finds a lot of isolated seniors, yet they are invisible to the government and not included in home support planning.
- We are concerned about the high costs of dental care; the majority of seniors do not have dental plans. We are also concerned about food affordability for low-income seniors. Doctors recommend 'Boost' meal replacements but they are very expensive.
- Most seniors are not aware of the Medical Service Plan (MSP) premium assistance program and many who are eligible do not apply. Why can't we automate the enrollment process for low-income seniors?
- The Better at Home program needs greater recognition of its effectiveness. Some areas have no services at all. Housekeeping needs to be put back into home support programs.
- The care that grandparents provide to grandchildren (*unpaid labour*) needs to be recognized and supported.

"The political system undervalues the intelligence of the electorate. They need to involve the public in deciding what information is needed and how best to provide it."

- Conference Participant

"Seniors--especially those over age 80--need information in person or over the phone. The government is moving too fast to put everything on the computer."

- Conference Participant

Listening to Seniors

Selina Robinson

MLA and Opposition Spokesperson for Seniors

Robinson reported on her meetings across the province with seniors. She is encouraged by her recent meetings with seniors at the 55-Plus BC Games. The Games, which involved over 4,000 athletes, volunteers and fans, showcases the outstanding athleticism of BC competitors age 55+ and promotes the benefits of an active, healthy lifestyle. Says Robinson, *“This passion and interest must be encouraged. Seniors want and need the opportunity to be all that they can be.”*

Some of the key concerns Robinson has been hearing relate to home support:

- Reduced services despite the increasing numbers of older people who need them
- Frail and vulnerable seniors become more isolated waiting for services and visits
- Too many different service providers in the current system. Frail older people are frightened by multiple groups and people who they do not know coming to their door.

The health care system is not helping Alfred and other vulnerable old people

Alfred is in his mid 70s. He lives in the family home and his children want to sell the house. His ability to seek and obtain health care is severely compromised. Currently, support is being provided by the constituency office, whereas it should be provided by a health care system that is informed and integrated.

Source: Selina Robinson

“Keeping someone in their own home with home support services is less expensive than residential care. Does government not realize this? Why are they cutting back instead of increasing home support?”

- Conference Participant

“Generative Active Aging happens in the neighbourhood. I’ll see you and the kids on the sidewalk ... or at the park, or in the school yard.”

- Andrea Sara, advocate for intergenerational action and conference presenter

Active Aging through Intergenerational Activities and Volunteering

Andrea Sara, SFU Gerontology graduate student

Andrea Sara is a mother of young children, a graduate student in the SFU Gerontology Program, and an advocate for seniors and intergenerational solidarity. She posed some key questions related to the conference theme: **Aging Well: A Quest for ALL Generations.**

How can we:

- Focus the dialogue on prevention and avoid conflict between generations?
- Look ahead for “when we’ll need each other”?
- Look for synergy, e.g. what’s good for a wheelchair is good for a stroller?
- Look out for and assist “sandwich caregivers” (i.e. carers of several generations: older parents, relatives and friends, adult children and grandchildren)?

We need an intergenerational focus based on “village” planning, not silos between age groups. We create intergenerational tensions when we do NOT stand up with one another, build advocacy and capacity together, reach out and collaborate with younger generations, showcase 3-generation families and intergenerational mentors, and create community programs that integrate generations.

Generativity is an important concept for healthy, active aging. Generativity refers to the concern for guiding, teaching, mentoring and giving back to the next generation. Social cognitive theory suggests that young people acquire social behaviors and knowledge by observing others. Seniors are important role models in the family and in the community.

Seniors can get involved in intergenerational activities in many ways. For example: grandparents and older adults can get involved in schools and community programs in sports, literacy and the arts, and informally teaching skills in music, community stewardship, and other positive pursuits. Young people can enjoy spending time with older people who are in retirement homes and assist those with compromised abilities (e.g. *wheeling seniors about the community*). Older and younger generations can advocate together for neighbourhood infrastructure and programs that support age-friendly housing, transportation and care (*elder and child care*).



Dr. David Kaufman
- SFU Age-Well Centre of Excellence

Age-Well Centre of Excellence at SFU

The Age-Well Centre of Excellence at Simon Fraser (<http://agewell-nce.ca>) that David Kaufman is associated with, is undertaking a number of research projects to answer the question *“How can technology-based systems and services be used to enhance the health and well-being of older adults and enable them to continue to live independently?”*

These projects range from studies on assistive and wearable devices to smart home applications, to robotics and virtual games.

Technology and Aging Well

David Kaufman, SFU Age-Well Centre of Excellence

While the experimentation and research with technology and aging is in the early stages, David Kaufman, professor and researcher in the Age-Well Centre of Excellence at Simon Fraser University, concludes that

“Technology has potential to improve older adult’s lives.”

Two areas that show positive results are **Digital Games** and **Digital Storytelling**.

Digital Games are popular with older adults and can improve cognitive function and social networks. Increasingly, they are also important tools for lifelong learning (e.g. games may have content related to history and archaeology). They are also good for intergenerational connections, (e.g. playing digital games with grandchildren).

Work on **Digital Games** has included the development of:

- Games with a focus on social connectedness, e.g. Wii bowling tournament
- Tablet games with embedded learning components.

Digital Storytelling uses simple digital media technology to create short films. It has many benefits to both the storyteller and the viewer. It helps develop communication and cognitive skills. It offers a unique opportunity for seniors to share their wisdom, life experiences and legacy in an exciting, enjoyable, and meaningful way. As one participant said, “I’ve become the historian of my family because my mother shared

family stories with me”. It also has potential for addressing ageism and intergenerational solidarity (e.g. by bringing seniors’ stories to schools). Each individual creates their own video and a group process is used to increase socialization. See some powerful stories at:

[**Elders’ Digital Storytelling Research Project**](#)

Work on **Digital Storytelling** has also demonstrated:

- A particular value for new immigrants who have many stories about the process of making Canada their home
- An increase in social connectedness for male participants
- A preference for videos with a meaningful message, a blend of emotions, history and life lessons (legacy), and that demonstrate overcoming adversity and perseverance.
- The value of digital storytelling as a tool to teach computer literacy and competency
- The effective use of story-telling to showcase seniors.

Simon Fraser University offers workshops such as [**Share Your Legacy through Digital Storytelling**](#). Currently they are only held in the Lower Mainland although the Centre is pursuing ways to extend the program. There is particular interest in working with Indigenous communities and in intergenerational settings. Work is also underway to create an on-line version of the course.

"We are on the journey of a lifetime together. Let's make it an audacious journey filled with meaningful action, friendship, caring, love and laughter. And when your feet hit the floor each morning, may the devil say 'OH NO! they are up!'"

-Peggy Edwards,
Consultant on Aging



Peggy Edwards
- Consultant on Aging

Aging Activism, Longevity and Global Aging

Peggy Edwards, Consultant on Aging

In 2011, Peggy Edwards studied the Canadian Grandmothers to Grandmothers Campaign to find answers to the question: *"How do we engage, nurture and sustain older women advocates in civil society?"* Her work is captured in an inspiring 12-minute video *Voices of Advocacy: Older Women Speak Out*. You can view the video at www.grannyvoices.com.

Later, Edwards gave a talk called *Longevity and Global Active Aging—Seniors Make a Difference*. Here are some of the key messages:

- Being "older" depends on many things: where you live, your life experiences, your health and your point of view.

*"Age is an issue of mind over matter.
If you don't mind, it doesn't matter"* - **Mark Twain**

- The longevity revolution:
 - Every second, two people in the world celebrate their 65th birthday
 - The older population and especially those 80-plus are growing more quickly than any other age group
 - Increasingly, we need to look at quality of life over quantity of life.
- The longevity revolution requires:
 - A new more flexible paradigm that allows people to go in and out of learning, work, caregiving and leisure at different times throughout the life course

- A global perspective that embraces a human rights approach and focuses on reducing inequities faced by our most vulnerable seniors
- An intergenerational community of caring that encourages boys and men to take on key roles and responsibilities, and that provides policies and programs that support parents and family caregivers.
- Older Canadians are refuting the ageist myths and stereotypes about what getting older means for the individual and society.
- Seniors make a difference; they are not a burden on society.
- We need to acknowledge and celebrate seniors' contributions, e.g. in informal caregiving, voluntarism, and activism.

To learn more, visit:

- [Active Aging](#): A Policy Framework in Response to the Longevity Revolution
- [Voices of Advocacy](#): Older Women Speak Out! (video)
- [Grandmothers to Grandmothers Campaign](#) associated with the Stephen Lewis Foundation
- [Grandmothers Advocacy Network](#)

RECOMMENDATIONS FOR ACTION: Aging Well

1. Combat stereotypes of seniors and aging in our culture and inform people about the diversity there is among seniors.
2. Recognize the potential for isolation and loneliness for seniors who live alone and provide interventions that reduce isolation.
3. Provide more support to informal caregivers (e.g. respite and day care) and consult with them about their needs. Pay attention to “sandwich generation” carers who are looking after multiple generations at the same time.
4. Provide adequate and flexible in-home care services in the community (including some non-personal care supports such as housecleaning) so that seniors can “age in place” in their later years.
5. Address issues in residential care, including staff shortages, lack of privacy and overmedication. Make the maintenance of “quality of life” the main goal of care and accommodation in the last few years of life.
6. Address the problem of affordability and access to oral health, eye care and nutritious foods for low-income seniors.
7. Recognize and support the (unpaid) care that grandparents provide to children.
8. Communicate appropriately with seniors. Engage and listen to seniors of all ages. Provide information in-person and by phone in addition to electronic communication.
9. Support intergenerational policies, programs and practices based on “village” planning, not silos between age groups. Reach out and collaborate with younger generations, mentor and role model, and build advocacy and capacity together.
10. Support research and programs that use technology to enhance the health and well-being of older adults and enable them to continue to live independently.
11. Support story-telling with seniors (in all forms) that break down stereotypes, record lived history, demonstrate the resilience of seniors and share wisdom, and experience across generations.
12. Support a new more flexible life course paradigm that:
 - allows people to go in and out of learning, work, caregiving and leisure at different times throughout the life course
 - embraces a human rights approach that focuses on reducing inequities, particularly among our most vulnerable seniors
 - an intergenerational community of caring that encourages boys and men to take on key roles and responsibilities, and that provides policies and programs that support parents and family caregivers.
13. Acknowledge and celebrate seniors’ contributions in informal caregiving, voluntarism, and activism.



“We need to consider older peoples’ expectations of what life will look at in the last two years. It is naive to think that everyone shares our opinion. Infirmary comes upon us slowly.”

- Isobel Mackenzie,
BC Seniors Advocate
and conference presenter

Theme 2: Health Care and Support of Seniors

Highlights:

Tensions between Population Aging and Health Care

Andrew Wister*, Professor Gerontology, Simon Fraser University

National Health Care Strategy for Seniors – A Declaration

JoAnn Lauber*, Past-President Canadian Association Retired Teachers Association

Growing Inequality in the Care and Support for Seniors

Marcy Cohen*, Hospital Employees Union and policy analyst

A Crisis in Seniors' Care Homes

Carolyn Unsworth, Hospital Employees Union, BC Seniors Advocate's Long-Term Care Advisory Group

*Slide presentations available on the COSCO website at www.coscoba.org

Tensions between Population Aging and Health Care

Andrew Wister, Professor Gerontology, Simon Fraser University

Three interlocking issues relate to the dynamics and tensions of population aging and health care systems:

1. The longevity/disease state paradox

People are living longer without disability; however, we are not seeing a compression of morbidity (disease). People are living longer with chronic diseases and conditions. More disease means more demand for treatment. We may become victims of our own successes in medicine.

2. Boomers are healthier but will they require more health care?

The big five lifestyle risks have all decreased – smoking, drinking, inactivity, stress and obesity. However, the rising tide of dementia is a concern. In 2008, approximately 400,000 Canadians were living with dementia, and this number will double by 2038 (Smetanin et al, 2009). New studies are showing a slight drop in rate, but absolute numbers will continue to grow. Some other chronic illnesses have risen (diabetes, asthma, hypertension, prostate, breast and colon cancer); others have decreased.

There has been some increase in comorbidity - 71% of people aged 65+ have more than 2 conditions or illnesses (CIHI 2011). Health care utilization patterns are changing (e.g. increased intensity of care although some only treats symptoms; changes in end-of-life care). Boomers may expect more from the health care system and use it more often than previous generations.

3. The disconnect among system efficiency and deskilling of health sector workers

Canada spends \$70 billion per year compensating health care workers (CIHI 2013) but what is the optimal division of labour in an increasingly technology-driven health care system? (e.g. nurse practitioners can do some of the work of physicians at lower costs)

"Unfortunately, aging research and working in gerontology is looked down upon and this is a form of ageism. Ageism must be addressed broadly not just in the medical profession. It will require fundamental changes to cultural attitudes. Older adults are not dependent-- they contribute greatly to society."

- **Andrew Wister**, Professor Gerontology SFU and Conference presenter

Consider two potential scenarios of the future of the health care system:

- 1. Pessimistic scenario.** Costs go unchecked, privatization increases and a two-tier system develops. There is increased intergenerational conflict. Eventually, the system collapses because it is not sustainable.
- 2. Optimistic scenario.** We invest in health care efficiencies, technology is used to drive costs down, improvements are made in personalized medicine and knowledge translation, health continues to improve.

In conclusion:

- The future is fuzzy
- Predicting the future of the health care system necessitates the consideration of complex, interrelated, and dynamic structural parameters
- Where the future will bring us will depend on whether we remain caught in the inertia of the current system, or are able to make the significant policy, institutional, and health care labour force changes required to create a modern health care system. Changes are required immediately. The system is not sustainable without changes.



Joann Lauber
- Past-President ACER-CART

National Health Care Strategy for Seniors — A Declaration

JoAnn Lauber, Past-President ACER-CART

A [Declaration concerning A National Health Care Strategy for Seniors](#) was provided in the conference binder and discussed at the conference.

The Declaration, which focuses on advocacy, articulates a vision for how the health care system can be reformed to better serve the needs of older persons and indeed

Some questions and comments on seniors and health care (cont'd from page-10)

"We cannot just talk about health care, we must discuss social services, preventative health care, and more programming for seniors." - **Conference Participant**

"Only 5% of health care funding is focused on prevention. It is also important to fund community organizations and age-friendly communities." - **Andrew Wister**

"Seniors are blamed for driving up health care costs at the end of life, but perhaps this is caused by professionals pushing for treatment." - **Conference Participant**

"There is over-medicalization in the system. This is a problem and is driving costs. Integrated health care involves the individual and removes a lot of the fragmentation. All systems must be integrated to find these efficiencies."
- **Andrew Wister**

of all Canadians. It presents 11 tenets for action (see Recommendations for Action at the end of this theme section). The Declaration has been endorsed by the Canadian Medical Association (CMA) and numerous organizations and individuals in BC and across the country.

The background research paper and full development of the Strategy can be seen at www.nationalseniorsstrategy.ca The Strategy is supported by the members of the Alliance for a National Seniors Strategy: CMA, Canadian Nurses

Association, Canadian Home Care Association, Canadian Caregiver Coalition, Canadian Federation of Nurses Unions, National Institute on Aging, Canadian Geriatrics Society. The research for the strategy was funded by the Canadian Institute for Health Research.

"Negotiations for a new Health Accord is on the horizon. Now is the time to act. A national seniors' strategy within a new accord would modernize and enhance the quality of service and care for older adults in a respectful way—this would benefit all Canadians."

- **JoAnn Lauber**, presenter and health care activist

"We have a problem with our system; we need to move services closer to home. Protection of hospital and physician services has been the focus since the beginning of universal health care." - **Conference Participant**

"This national strategy is inadequate. It needs to include cultural diversity, and the concerns of ethno-cultural and LGBT communities." "I did not see reference to the social determinants of health in this strategy. "There needs to be reference to eye and dental care but I do not see this included." - **Delegates expressing concerns about what is missing in the Declaration**

"The Federal Government need to attach conditions on how the provinces use money for accountability regarding seniors' health care." - **Conference Participant**

Growing Inequality in Care and Support for Seniors

Marcy Cohen, Hospital Employees Union and policy analyst

Medicare was designed so that every Canadian could access health services based on need and not income. But Medicare only applies to hospital and physician services. For all other community health services, there is an increasing divide based on income.

Examples of how the inequity divide plays out are captured in the research and in personal stories:

- Twenty-nine percent of BC residents reported in the last 12 months that they or someone in their household did not take their prescription medicines because of the cost. (*Angus Reid Institute, 2015*)
- Social isolation and loneliness is thought to be a big reason that older people come into emergency. With no other obvious diagnosis, the chart will often say: “Failure to thrive”.
- From 2001 to 2015 in BC the population of seniors has increased by 60%, while residential care beds have only increased by 8% (*Office of the Seniors Advocate BC, 2015*). Forty-two percent of assisted living beds are for private pay. The average cost of private pay assisted living is \$2747 a month or \$32,964 per year, which most seniors cannot afford (*Canada Housing and Mortgage, 2013*). Some individuals in private care cannot afford extra services beyond food and laundry so they end up not taking their medications.
- In 2015, 80% of BC care facilities did not meet the provincial guidelines of 3.36 hours of care per resident per day. (*Office of the Seniors Advocate BC, 2014/15*). Studies suggest the minimum should be 4.5 hours.
- “Money buys dignity.” A resident in a long-term care facility cannot afford Depends so she is confined to bed because regular diapers are not effective.
- While the government has promised to help seniors age in place and stay at home, there has been no increase in the number of in-home support clients. In 2013-14 the number of clients receiving home support was virtually identical to the number receiving services in 2001-02. BUT over the same time period there was close to a 50% increase in seniors 80-years or older (*Office of the Seniors Advocate BC, 2015*). Home support workers are overworked and unable to do anything that is not in the official care plan.

The federal reinvestment in health care as per the 2004 Health Accord ended with the recession in 2008 and slower economic growth since that time. Since 2011, health spending has decreased as a share of GDP. BC went from having the 2nd highest per capita health care spending in 2001 to the 2nd lowest by 2011. In BC, since 2008 there have been reductions in the per-capita public coverage of drugs, residential care and home care (CIHI (2014).

What needs to change?

- The existing regressive tax system. High-income earners are paying less of their income than low-income earners.
- The MSP, a flat tax, which unfairly affects people with low incomes. BC is the only province with a medical services tax—it should be eliminated.
- A greater investment in community health and support services is required.
- Participation. We need more opportunities for seniors and the community to have input into healthcare decision-making.

Affecting these changes requires more leadership from our provincial government.

“Pressure politicians, and other organizations. Fight against privatization. We need charismatic leadership to acknowledge that changes are required and to put money on the table to implement those changes.”

- **Andrew Wister**, Professor Gerontology and Conference presenter

“Income is a big part of the story, and income is invisible to policy makers.”

- **Marcy Cohen**, Conference speaker and advocate for equality and quality in care

Community Innovation

We can learn from other countries (e.g. Denmark, Germany) that have implemented innovative community strategies that focus on prevention, health promotion, and team-based primary care and support.

Not all innovations are good. Creeping health care privatization (for example in long-term care) is changing the nature of the sector. Privatization leads to worse care for most and poorer working conditions. The CUPE 3-P program (public-private partnerships and other forms of privatization) fights to stop health care privatization, while organizing workers who have been affected by privatization.

See more: [Sector Profile: Health Care](#)

Some innovative programs in BC include:

- The [Patient Voices Network](#) (PVN) is a community of patients, families and caregivers working together with health care partners to improve BC's health care system. It gets seniors represented in policy discussions. Every BC resident is invited to join PVN
- The [Self-Management Program](#) in chronic disease, pain, cancer and diabetes is available throughout BC and online. The workshops are delivered by trained peer-leaders. They provide education and support that increase people's skills and confidence in managing their health problems.

- [Age-Friendly Communities](#) address eight dimensions that affect health and well-being among older persons, including transportation, housing, health care, communications and community participation.

"When a person comes to a point where they are not able to care for themselves, who can help? We need to be very honest and we need advocates to help understand and develop strategies to engage people—volunteers, the community and the older people who need help."

- **Conference Participant**

"Social connections help develop resilience and strength; social support slows cognitive and physical decline. Social isolation increases depression and losses, and socially isolated are vulnerable to abuse and neglect"

- **Conference Participant**

"We need an intergenerational approach. Community centres have the potential to create intergenerational connections, not separate seniors in their own centres. The new wellness centre in Richmond is an example."

- **Conference Participant**

"Education with neighbors, friends and families (inviting communities to take responsibility to reach out to everyone) is as important as political and government agendas."

- **Conference Participant**

"Education with neighbors, friends and families (inviting communities to take responsibility to reach out to everyone) is as important as political and government agendas."

- **Conference Participant**



Marcy Cohen

- Canadian Centre for Policy Alternatives

A Crisis in Seniors' Care Homes

Carolyn Unsworth, Hospital Employees Union, BC Seniors Advocate's Long-Term Care Advisory Group

Carolyn Unsworth has over 30 years' experience working as a care aide and is an active member of the Hospital Employees' Union (HEU). It represents 46,000 members working for public, non-profit and private employers in the health care sector. She talked about how conditions in residential care have changed for the worse for both residents and care workers.

There was a time when workers had relationships with those in care. They knew the stories of their lives; they knew who they were and they had the time to interact with them and do more than just bathing and dressing.

the government's minimum staffing guidelines (Office of the Seniors Advocate BC, 2014/15). Without enough staff, workers are stretched to the limit, seniors are left waiting, and families worry their loved ones will not get the care they need. Frontline care staff are overworked, unhappy and vulnerable to on-the-job injuries and abuse. Poignant comments are given on surveys:

- "All they want is a few more minutes of my time and I can't give it to them."
- "I leave work thinking I have not done my job because I have not had enough time."
- "Our seniors deserve so much more respect than this."



Care-aides in private care facilities are in even more precarious situations. Contract flipping and repeated sales of residences leads to all staff being released and often rehired at a lower wage. Staff lose income security and residents experience the chaos of ongoing, disruptive change. Says Unsworth, "*The business model trumps the care model every time*".

This is no longer the case – relationship-centred care is no longer possible because of lack of time. Residents are kept on a dehumanizing schedule (e.g. for toileting and bathing); it does not have to be this way.

Today, the focus is on maximizing savings, which leads to minimizing care. This has created a crisis in care. Four out of five care homes in BC are understaffed and do not receive sufficient funding to meet

Government must make a clear commitment to address this crisis in care. Government must realize that residential care facilities are peoples' homes and most often their last homes. Residents are human beings that deserve more. The HEU **Care Can't Wait** campaign calls on the BC government to provide the funding and policies needed to ensure quality care and decent working conditions (see www.carecantwait.ca).

RECOMMENDATIONS FOR ACTION:

Health Care and Support of Seniors

1. Urge federal, provincial, territorial and local governments to collaborate in the establishment of a National Health Care Strategy for Seniors that meets the changing needs of our population; and that protects, transforms and strengthens our national health care system for all Canadians. This strategy would:

- Ensure quality care, enable appropriate patient placements and treatment, and provide support to informal caregivers
- Focus on wellness and prevention and to developing health-supporting public policies that address all the social determinants of health
- Ensure health system integration and a collaborative, patient-centred approach with seamless transitions from one form of health care to another
- Help seniors stay out of hospitals by integrating primary and specialist care within a community-based system that features inter- professional teams
- Ensure that health care personnel receive adequate training in treating older persons, review the geriatric content of medical school curricula, and encourage more students to select geriatrics and gerontology as a specialty
- Develop and implement a national pharmacare plan to ensure that medicines are universally accessible and appropriately prescribed
- Provide national standards for home care, increase publicly-funded home care by paid, qualified professionals
- Offer unpaid caregivers more support, such as tax breaks, leave and respite care
- Support practices which reduce barriers to specialist care when it is required, and which facilitate the transition for patients between different care settings
- Increase access to reasonably priced, high quality assisted living settings and long-term care residences. Implement national standards of care, ensure that facilities have the financial and staffing resources they need to implement these standards.
- Increase timely, equitable access to palliative care

services across the country; provide training to health care providers and establish national standards in palliative care.

- Ensure that individuals at the end of their lives receive professional and compassionate care that is in their best interests. Make end-of-life care and the decisions related to it an integral part of the national senior's health care strategy.
2. Urge our associations, organizations and communities to sign on to the Declaration on to A National Health Care Strategy for Seniors
 3. Tell our own personal (powerful) stories about why a new seniors health care strategy is needed. Science is important, but stories are also powerful in driving change.
 4. Write, call, email our Members of Parliament, our MLAs, the Canadian health and finance ministers, and premiers across the country to let them know what is needed to best meet the needs of our country's changing demographics in a renewed Health Accord.
 5. Address the crisis in residential care by providing the funding and policies needed to to ensure quality care, adequate staffing and decent working conditions.
 6. Eliminate the Medical Services Plan (MSP) and replace it with fair taxes scaled to income.
 7. Support Age-Friendly Communities and innovative, health promotion programs.

Myth: The aging of the population is creating a tsunami crisis in health care costs.

Reality: Between 2004 and 2011, health care costs increased by 8% a year; the aging population accounts for only 0.8-1.0% of annual increase in absolute costs. Other drivers include rising costs associated with hospitals, drugs, new technologies, doctors and other medical staff.

Sources: CIHI, Health Care in Canada, 2010. CIHI, Health Care Cost Drivers: The Facts, 2011.

Theme 3: Housing

Highlights:

Seniors and Housing in BC Isobel Mackenzie*, BC Seniors' Advocate

Seniors and Homelessness Brian Dodd*, Seniors Services Society

*Slide presentations available on the COSCO website at www.coscobc.org

Seniors and Housing in BC

Isobel Mackenzie, BC Seniors' Advocate

In consultations with the BC Senior's Advocate, older people say that housing is their number one concern. The vast majority of seniors live independently in the community and want to remain there ("age in place") for as long as possible.

Where and How Seniors in BC Live (2015)		
Independent Living	Assisted Living	Residential Care
93% (762,700)	3% (22,800)	4% (30,000)
80% Own	(7,600 Registered & 15,000 Non-registered)	
20% Rent		

Note: 26% (mostly older women) live alone

Source: 2015 estimates based on Canada Mortgage and Housing Corporation: Occupied Housing Stock by Structure Type and Tenure, British Columbia, 1991-2011

Challenges for senior renters include:

- Affordability
- Availability: Seniors' subsidized housing has long wait-lists; few rental units have been built in the last several years and competition for existing units is fierce (and drives up costs)
- Appropriateness: Lack of appropriate housing in rural and remote areas of BC; old rental buildings and units in towns and cities not accessible for people using mobility devices
- Awareness: Lack of awareness of housing support programs for seniors.

Challenges for homeowners include:

- Taxes and utilities are increasing beyond inflation
- Maintenance costs are high
- Major repairs can force a move
- Home equity is difficult to access.

The provincial government recently announced some initiatives to address housing issues including \$500 million toward housing affordability (seniors one of the target groups) and 2,900 rental units to be created, with approximately one-third for seniors.

Housing Affordability

Affordability has become the biggest issue for both senior homeowners and renters. The following chart shows how seniors with typical incomes are unable to meet the costs of housing (renting or home ownership) after paying for other basic living needs.

Home Owners' Monthly Living Expenses 2005 and 2016				
	Metro-Vancouver 2005	Metro-Vancouver 2016	Cranbrook 2005	Cranbrook 2016
After-tax INCOME	\$1,642	\$1,902	\$1,642	\$1,902
Total Homeowner Expenses	\$966	\$966	\$886	\$886
Basic Living Costs	\$1,047	\$1,064	\$1,090	\$1,107
Remaining Funds	-\$371	-\$128	-\$334	-\$91
Renters' Monthly Living Expenses 2005 and 2016				
After-tax INCOME	\$1,514	\$1,902	\$1,514	\$1,902
Average Rent for 1 bedroom	\$1,079	\$1,079	\$637	\$637
Basic Living Costs	\$952	\$1,008	\$1,191	\$1,199
SAFER subsidy amount	\$273	\$104	\$158	\$25
Remaining Funds	-\$244	-\$81	-\$156	-\$91

Source: compiled by Office of the Seniors Advocate BC.

Subsidy programs have not kept pace with dramatic increases in the costs of housing. For example, while rents increased by 34% between 2005 and 2015, Shelter Aid for Elderly Renters (SAFER) payments have only increased by 9%. Now, SAFER does not adequately cover market rents in many areas (*Office of the Seniors Advocate BC, 2015*).

Seniors and Homelessness

In Metro Vancouver, homelessness among seniors (55-plus) has increased by 38% since 2011 and by 75% since 2008. These numbers are considered an undercount, especially among older people. (*Greater Vancouver Regional Steering Committee on Homelessness, 2014*).

Homeless Seniors (55-plus) In Metro Vancouver

DATE	# HOMELESS	% AMONG HOMELESS
2008	212	9%
2011	268	16%
2014	371	18%

Source: Greater Vancouver Regional Steering Committee on Homelessness (2014). *Results of the 2014 Homeless Count in the Metro Vancouver Region, 2014*.

The length of stay in shelters has increased from 9.1 days in 2004 to 23.5 days in 2014. Seniors do not function well in shelters and living there can be detrimental to their physical, mental and emotional health (Employment and Social Development Canada, 2014).

Why are seniors homeless?

Brian Dodd, Seniors Services Society

- Depleted finances: not enough money to deal with the high cost of living and increased housing costs
- Unable to find affordable, safe housing
- Unable to find accessible housing (*e.g. lower-cost apartments with no elevators are not suitable for people using walkers and wheelchairs*)
- Falling through the cracks in the system (*e.g. people on Disability or Income Assistance are not eligible for SAFER funding*)
- Physical or mental health problems
- Traumatized by loss of a loved one and unable to cope on his/her own
- Forced to move and unable to contend with the prospect and details
- Victim of violence, abuse or neglect
- Ageism and discrimination (*e.g. landlord stating "I don't want old people as I do not want to deal with them dying or falling or starting fires"*)
- Eviction.

Reasons given for evictions include:

non-payment of rent, not following building rules, hoarding, dangerous behaviors (*e.g. smoking or leaving stove on*), conflict with other tenants (*easier to be rid of*

a senior), noise complaints (*e.g. talking loudly because of hearing impairment*), refusing assistance, alcohol and drugs, and allowing "couch surfers (*e.g. unemployed adult children who have come back*).

Affordable housing options for seniors who want to live independently and do not own a home include public housing by BC Housing, non-profit housing by non-profit societies and co-op housing managed by residents. There are long waits to get into any of these.

Current programs that address homelessness, and safe and affordable housing for seniors include:

- [Government of Canada Homelessness Partnering Strategy \(Housing First\)](#)
- [BC Housing Homeless Prevention Program](#)
- [BC Home Renovation Tax Credit for Seniors and People Living with Disability](#)
- [Home Adaptation for Independence Program](#)
- [Seniors' Housing Directory of BC](#)
- [BC Housing Community Connections](#)
(supports local initiatives for all ages)
- [Shelter Aid for Elderly Renters](#) (SAFER)
- [Subsidized Assisted Living](#)
- [Aboriginal Housing Initiative](#)
- City/local programs (*e.g. Seniors Services Society in New Westminster*)

While these programs help, some of them have restrictions or priorities that fail to adequately address homelessness among seniors. For example, 65% of funding in Housing First (*federal government*) must be directed to chronic and episodic homelessness and fails to address the first-time homelessness of most seniors.



Seniors Services Society

Brian Dodd, Seniors Services Society

The Seniors' Services Society is a non-profit agency located in New Westminster, which provides local and provincial programs and services in housing, social and support programs to support vulnerable older adults to live as independently as possible (www.seniorsservicesociety.ca). Their model Temporary Housing Program, provides a furnished bachelor unit (clients pay 30% of their income) for 3 to 6 months and an outreach worker to assist the homeless senior with financial management and finding a new home.

Since 2008, 225 seniors have used this program as a step to permanent housing. In 2015, 77 seniors were housed and 21 seniors prevented from homelessness. Unfortunately, while the need for this service has been growing dramatically, outreach workers are at full capacity and funds have been cut, resulting in hundreds of people turned away.

Myth: Homelessness is only a problem for middle-aged adults.

Reality: Homelessness is an intergenerational problem. In 2015, adults aged 45-54 years comprised the largest group of the homeless (24%) followed by those age 35-44 years (21%) the most vulnerable are children and youth (17%), older adults aged 55 to 64 (14%) and seniors 65+ (5%).

Source: Thomson M. Vancouver Homeless Count 2015.

Thank you, Brian, for talking about the real issues that seniors face – living in poverty and living in hunger. We didn't hear these issues in the morning plenary with government officials. Your organization deserves a medal the size of a pie plate for doing what you do. I hope this conference takes some sort of action."

- Conference Participant

SOPHIA'S STORY

Sophia, age 69, lived with her husband for many years in a small apartment in Vancouver. When he died, she was in shock and at a loss as to how to cope. Sophia did not have friends or family to turn to, and she did not know how to deal with finances because her husband had always done the banking and paid the bills. As a result of not paying the rent, Sophia was evicted. She ended up in a shelter where she stayed for over three months before a worker with Seniors Services Society became aware of her situation. The worker assessed that Sophia was suffering from trauma. With the support of the Temporary Housing Program, the worker arranged for Sofia to be housed for five months in a funded, furnished suite. This allowed Sofia to stabilize, rest and then start to find safe, affordable and appropriate housing in a community that had good support services and connections.

RECOMMENDATIONS FOR ACTION:

Housing and Homelessness

1. Advocate for housing for seniors that is safe, appropriate, affordable and available.
2. Ensure that all levels of government (and health authorities) come together to address the issues of affordable housing and homelessness of seniors, that they address seniors who are homeless as a discrete population, and ensure that adequate funding is available to address first-time homeless situations.
3. Develop a strategy for affordable and appropriate seniors' housing in rural and remote BC.
4. Increase payments in the **Shelter Aid for Elderly Renters Program** (SAFER) to align with the subsidized housing model of tenants paying no more than 30% of their income for shelter costs. *
5. Create a **Homeowner Expense Deferral Account** program to allow senior homeowners with low or moderate income to use the equity in their home to offset the costs of housing by deferring some or all of the major ongoing and exceptional expenses associated with home ownership until their house is sold. *
6. Address senior poverty due to housing costs by:
 - working together as a community to ensure affordable housing units are available
 - making it less onerous for developers to build rentals and affordable housing
 - raising awareness about housing subsidy and retrofit grant programs.*
7. Address homelessness among seniors by:
 - partnering with housing providers to allow tenants in crisis to stay in their current units while work is being done to find safe, affordable and appropriate housing
 - repurposing housing stock that is being demolished to address homelessness among seniors, transition housing and shelters for seniors.
8. Support outreach workers who can advocate for seniors and help build relationships with landlords, housing providers, business and community organizations.
9. Conduct research on successful models for addressing homelessness among seniors, including Temporary Housing Programs in the transition back to permanent housing.
10. Focus on prevention. Identify and support at-risk seniors. Enhance Community Connections initiatives to help seniors avoid homelessness (e.g. help with costs of daily living such as grocery vouchers for food, provide furniture for an apartment).
11. Provide more temporary housing programs with a transition stay of three months, to avoid long-term accommodation in shelters.
12. Protect tenants and owners who require a live-in caregiver or non-structural modifications to their unit (i.e. grab bars, flooring) from either eviction or fines. *
13. Redesign Assisted Living regulations to allow for a greater range of seniors to be accommodated and age in place as much as possible, including in palliative care. *
14. 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. *
15. Know your community and what is planned for the future! Encourage more residential density around shopping, services and amenities, making it easier for residents to access their daily needs, as well as transit, on foot within their own neighbourhood.

NOTE: For more information about those RECOMMENDATIONS marked with a * see:
[Report - Seniors' Housing in B.C.: Affordable, Appropriate, Available](#)
 by the Office of the Seniors' Advocate for BC

"It is very important for the three levels of government to come together on the issue of seniors and homelessness. We also need to make it less onerous for developers to build more affordable housing (e.g. zoning for rentals, reduce wait time for permits)." - Conference Participant

Theme 4: Transportation

Highlights:

Opportunities and Challenges/Rural Transportation Mathew Boyd*, BC Transit

Urban Transportation Joann Woodhall*, TransLink

TravelSmart Christopher Chan*, Transportation Demand Management Officer, Seniors and Newcomers

Moving Around in Accessible Communities John Stark, Social Planner, City of New Westminster

Road Safety Sam MacLeod*, BC Superintendent of Motor Vehicles

Life After Driving Doug Edgar, COSCO workshop facilitator

Volunteerism in Transportation Janice McTaggart*, Langley Senior Resources Society

Pedestrian Safety Gail Harmer*, COSCO Workshop facilitator

* Slide presentations available at www.coscobc.org

Transportation and Aging Well

Opportunities and Challenges

Mathew Boyd, BC Transit

Active living and healthy aging often depend on reliable transportation options. Some key challenges in transportation include:

- Demographics: aging population who will give up driving and need public transit
- energy volatility, climate change
- urban sprawl, cities built for cars
- narrow transportation habits i.e. people still rely on driving and having a car, especially in rural areas
- difficulties linking transportation, health and community well-being (e.g. providing access to health connections between small towns/rural areas and larger commercial centres)
- tensions and conflict among drivers, transit users, cyclists and pedestrians

Some key opportunities in transportation include:

- public support for transportation that shapes and supports livable communities
- declining car ownership
- increased expectations of integration and combining active transportation in new developments (e.g. putting transit around a new hospital)
- increased number of partnerships among local, regional and provincial levels
- increased support for diversification and combining traditional and active transportation (transit riders are also pedestrians and cyclists).

“Bus drivers are the librarians of mobility. Please thank bus drivers because happy bus drivers make happy customers, which make happy bus drivers.”

- **Mathew Boyd**, Regional Planner,
BC Transit and conference presenter

TravelSmart for Seniors and Newcomers

Christopher Chan, Transportation Demand Management Officer

Transit-Oriented communities are places that, by their design, allow people to drive less and walk, cycle, and take public transit more.

Six key attributes that contribute to high levels of transit demand and productive transit service – **Destinations, Distance, Design, Density, Diversity, and Demand Management** – the “6 Ds.”

Some challenges in transportation as we age include:

- Family members and friends moving further away
- Proximity: amenities are not readily available in the neighbourhood
- Mobility problems may lead to accessibility issues
- Driving: may feel less comfortable driving, cars are expensive. Average annual cost of owning a car (*Toyota Camry*) is \$10,456 per year

When driving becomes a less reliable option for getting around, we have to learn to navigate the public transit system. TravelSmart for Seniors provides sessions on using public transit including information on fare zones; using ticket vending machines; security features on SkyTrain, buses and SeaBus; how to use the Translink Trip Planner; and the responsibilities of customer service staff. Training is also offered on how to bring wheelchairs and assistive devices on public transit. The program offers Information sessions in multiple languages, an information booth and drop-in information tables at community centres.

To provide feedback, book a session or learn more about **TravelSmart**, please visit www.travelsmart.ca/en/About-TravelSmart.aspx or contact Chris.chan@translink.ca.



BC Transit is responsible for the planning, funding and operation of all transit throughout the Province outside of Metro Vancouver. It serves some 1.5 million British Columbians in 130 communities and 81 transit systems. BC Transit provides three key services:

- Custom Transit—HandyDART door-to-door service for people with disabilities
- Paratransit in small towns and rural communities
- Conventional Transit—buses mainly urban settings

A key goal for BC Transit is to provide access to small and rural towns to health connections. To learn more about BC Transit, see www.bctransit.com

“Having transit available means I have a degree of independence, and don’t have to depend 100% on family and friends providing rides into larger commercial communities.”

- **Female transit user in a small community.**

Transportation Support for Seniors

View the provincial government’s seniors’ website (www2.gov.bc.ca/gov/content/family-social-supports/seniors) for information on driving your own vehicle, carpooling and car sharing, public transit including HandyDART, taxis, walking and cycling, ferries, volunteer driver programs, and medical travel assistance.

The Seniors Transportation Access and Resources (STAR) website also has useful information for seniors and their families. See <http://starcanada.ca>. The BC Bus Pass Program offers a reduced cost, annual bus pass for low-income seniors and individuals receiving disability assistance.

Two provincial programs can help with the cost of travelling to medical appointments:

- The Travel Assistance Program
- The Health Connections programs, run by the health authorities, offer subsidized transportation for rural residents.



Translink is an integrated transportation service for Metro Vancouver.

- The transit fleet is fully accessible to people with different types of mobility, enabling everyone to travel by bus, SkyTrain, SeaBus and West Coast Express. Translink also has HandyDART and TaxiSavers for customers with door-to-door needs, and provides practice training sessions on how to board and exit a bus using a mobility aid.
- Translink is friendly to cycling. Buses have bike racks, stations have lockers, bikes are allowed on the Sky Train, some locations have dedicated Bike Bridges (i.e. at Canada Line), Translink offers cycling maps, and trip planning by bike on the Translink website.
- Translink has made data more open for use for transportation planning i.e. real-time information on bus schedules, Compass card data can inform transportation planning of future
- Skytrain has incorporated safety features such as safe waiting areas on platforms, help phones, transit police, a non-emergency help line.
- Compass cards are designed to make transit use more convenient and data generated can help Translink with better transportation demand-service management. Compass cards are easier to use than paper tickets, are re-loadable and therefore sustainable. Today, 94% of trips are processed with a Compass product, one million Compass cards are actively used, and more than 1.5 million taps are recorded every weekday.
- TransLink facilitates [Carpooling](#) and [Car Sharing](#)

Make Your Voice Heard:

- **[Transit Fare Review](#):** TransLink is considering possible changes to the transit fare system. Visit to find out more and get involved.
- **[Area Planning](#):** TransLink regularly works with our municipal partners and the public to develop local and sub-regional plans to guide future investment to help meet the needs.

Moving Around in Accessible Communities

John Stark, Social Planner, City of New Westminster

Planning for an aging population requires:

- Significant changes to our transportation system, housing and community programming
- Increased responsiveness to the needs of people with disabilities
- Changes to the way we engage the public; plan with seniors, not for seniors
- Walkability/wheelability assessments to get a better idea of the mobility challenges that many seniors face.

It takes an aware community committed to the needs of all to create an age-friendly, accessible community, i.e. involving city planners and engineers, police, businesses, mayor and city council, and all citizens including seniors, peoples with disabilities and the homeless. It is cheaper to plan than to retrofit housing, roads and other infrastructure. All levels of government are needed in the planning, policy development and funding of resources.

Social and physical accessibility to civic resources and services are key to achieving community and individual well-being. This includes taking full advantage of public transportation infrastructure and co-locating community services with housing, jobs, parks and recreational facilities, schools, and other amenities. A community should provide opportunities for residents to fully participate in a safe and supportive environment where vulnerable members are cared for and diversity is celebrated. Such a community fosters a sense of belonging, and facilitates social connections that bridge differences in ability, age, income and lifestyle.

Access to fresh, locally grown food also has a role in achieving well-being. Providing opportunities to participate in urban agriculture contributes to an engaged and self-reliant community, increases physical activity, and facilitates greater availability of healthy, fresh foods.

Some key barriers to community mobility are: sidewalks not wide enough; lack of guidance, policy and education for scooter operators and cyclists; unsafe or absent bus shelters; lack of bathrooms on transit routes; difficult/hilly topography of community; poor placement of disability parking; lack of proper signage; and older housing structures not up to present day safety code.

Currently, there is a call for a more humanistic approach that recognizes all people's needs for equitable services and resources. Past practices of removing benches and denying access to public/business bathrooms are being reconsidered.

"Every person with a walker needs to sit when waiting for a bus. Currently, seating and shelter covers are not always available. When they are, advertising posted on the sides of the shelters obscures the bus driver's ability to see and stop for the senior or person with disabilities in the shelter."

- **Conference Participant**

"The cost of handicapped parking is too much. Take for example: Free handicapped parking is available in Kamloops and at the Quesnel airport. In Ottawa, all public transit is free for seniors on Wednesdays."

- **Conference Participant**

Critical Questions for Building Inclusion and Intergenerational Communities

The set of questions below were developed by the City of New Westminster to assist young people, people with disabilities and seniors to review projects, programs and services; and to provide input into how their communities should develop to meet their needs, for now and in the future:

- **Accessible:** Is it accessible by people with varying capacities? Is it adaptable to changing needs and circumstances?
- **Affordable:** Does it provide opportunities for all income groups?
- **Inclusive:** Does it appeal to different cultures and interests? Does it foster belonging and connectedness?
- **Independence:** Does it facilitate or foster independence?
- **Intergenerational:** Does it provide for intergenerational mixing and interaction?
- **Responsive:** Does it respond to the diverse needs of an aging population, including frail, isolated and older seniors?
- **Safety:** Does it provide a safe and secure environment? Is it free from potential hazards?
- **Sense of Ownership:** Are there opportunities for community involvement, stewardship and volunteerism?
- **Socialization:** Does it build community? Does it foster social interaction?

The New Westminster Example

In planning for inclusion, New Westminster uses data and information from multiple sources, the Senior Engagement Tool Kit, the Dementia-Friendly Community Action Plan and a Wheelability (Mobility) Assessment Program. The municipal government encourages seniors' voices to enhance planning in all areas of the built and social environment.

New Westminster's [Queensborough Community Plan](#): Our Community, Our Vision, Our Plan provides a policy framework for achieving the community vision of an environmentally, economically and socially sustainable community. There are seven specific goals within the plan to ensure that the Queensborough neighbourhood has safe, comfortable, accessible and convenient routes for the movement of people and goods.

[New Westminster's Master Transportation Plan](#)

guides decision-making for various modes of transportation, including walking, cycling, public transit and vehicles. The Plan supports developing land use strategies that will reduce the overall demand for vehicle travel within and through the city, and make sustainable travel modes more viable, safe and accessible for seniors and others.

[New Westminster's Seniors Engagement Toolkit \(SET\)](#) is used to involve seniors and people with disabilities so that municipal government is informed of needs and appropriate actions.

[The Wheelability Assessment Project](#) aims to assess and improve mobility and enhance active transportation options for seniors (and others with mobility limitations) who are reliant on scooters, wheelchairs, walkers, walking sticks and other mobility aids.

"I learned so much from walking with seniors with disabilities. The mayor, council and city staff were involved with the assessments and it really facilitated knowledge exchange. Some staff even walked with assistive devices to get a better understanding of the barriers."

- John Stark

Road Safety

Sam MacLeod, BC Superintendent of Motor Vehicles

RoadSafetyBC works in partnership with law enforcement agencies, service providers, professional organizations, government agencies non-government organizations, community groups, and other stakeholders to develop laws and policies to make travelling safe for drivers, passengers, pedestrians, cyclists and all other road users.

In BC, some 96,000 licenced drivers are 80 years and older. However, a holder of an active driver's license may not be currently driving, as many people keep a driver's license as a form of primary identification

Active BC Driver's Licenses by Driver Age

Age	2010	2014
60-64	255,000	278,00
65-69	178,000	233,000
70-74	128,000	159,000
75-79	94,000	106,000
80-84	55,000	61,000
85+	29,000	35,000

Source: Business Information Warehouse, 2014

After a significant drop since 2010, serious injuries and fatalities due to motor vehicle collisions has been on an upward trend since 2013. Speeding, distraction and alcohol/drugs are the top 3 contributing factors (**RoadSafetyBC**, 2015).

RoadSafetyBC continues to introduce new road safety measures for all road users. BC on the Move: A 10-year Transportation Plan includes a commitment to meet the needs of our aging population. The plan includes increasing accessibility in public transit and taxis, Increasing the number of rumble strips and the size of highway traffic lights, bigger signs and lettering on highways, reducing the glare on roads, and pilot projects to allow golf carts on certain roads in two communities. The Insurance Corporation of BC is providing discounted rates for seniors renewing their licenses and presentations to seniors who are facing re-examination road tests, and to families who may be concerned about driving by their senior relatives.

Volunteerism in Transportation

Janice McTaggart, Langley Senior Resources Society

The [Langley Transportation Assistance program](#) is one of many in BC communities (STAR) [Seniors Transportation Access and Resources](#) that provide trained, screened volunteers who drive their own vehicles to pick up a pre-registered senior, take them to their appointment and home again. Rides with the Langley program are to medical appointments, shopping, banking, social opportunities, airports, visiting others, etc. anywhere in the Fraser Valley. The program, which is operated by the Langley Senior Resources Society started small, grew quickly with minimal promotion, and became part of the Better at Home program in 2013. Clients pay based on a sliding scale; some are subsidized.

Seniors say it is needed because:

- Safe and affordable transportation is essential
- HandyDART services are overbooked and costly, no access to washroom facilities
- Bus stops in Langley are few and far between
- In rural areas, lots of people aren't anywhere near a bus stop.

Training is important. Volunteer drivers need to understand the rules, expectations and their job description. They need to be able to communicate with seniors and understand mobility problems. Partnering with other community services and organizations is also critical. It provides sustainability, visibility and community buy-in.

Challenges in voluntary driving programs include:

- Snow means no service (snow is a big challenge!)
- Insurance hurdles. Some insurance companies require letters to cover voluntary drivers
- Being sensitive to the generosity and limits of volunteers.
- Establishing trust and rapport with both volunteers and clients.
- Concerns about destinations, e.g. a person wants to go to a liquor store every week
- Maintaining due diligence (e.g. police checks with volunteer drivers)
- Dispatch process (i.e. manually phoning list of drivers is arduous)
- Need for a field of drivers (not overuse the over-willing drivers)
- Driving someone with dementia can sometimes be difficult
- Volunteers may not be able to accommodate wheelchairs.

Life After Driving

Doug Edgar, COSCO workshop facilitator

Assessing Driver Fitness

The Superintendent of Motor Vehicles is responsible for assessing drivers and making Driver Medical Fitness decisions. The following conditions are of particular concern to road safety: declining cognitive abilities, seizures, psychiatric disorders, and problematic alcohol/substance use.

Every legally qualified, registered psychologist, optometrist, medical practitioner and nurse practitioner must report patients, whom they believe are unfit to drive, to the Superintendent if the patient meets the criteria in section 230 of the Motor Vehicle Act.

There are some 155,000 medical fitness for driving assessments per year; 57,350 among people aged 80-plus. A small percentage of drivers 80+ are found unfit to drive.

The Driver Medical Examination Report (DMER) is used by the Superintendent of Motor Safety to assess the severity, progression, treatment or effects of a medical condition in regards to a driver's fitness to drive. Drivers are requested to have the DMER completed by a physician and sent to the Superintendent in the following circumstances:

- The driver has a previously identified medical condition that may affect driving.
- The Superintendent receives a report from a reliable source indicating that a driver has, or may have, a condition that could negatively affect their ability to drive.
- The driver reaches age 80 and at regular intervals thereafter. Age 80 is chosen because medical conditions play an increased role in traffic fatalities after age 75 and risk of at-fault accidents increase with advancing age.

"If you are going to start a volunteer driving program, make sure you are meeting your community's needs, develop critical policies but not too many, and stay on top of situations that arise."

- **Janice McTaggart**, conference presenter
and Coordinator Langley Better at Home

"Organized volunteer driving programs are not the only way. Neighbor power can be effective."

- **Conference Participant**

The Superintendent's office reviews the DMER and notifies the driver of any license status changes which occur as a result of the information on the report. The decision on fitness to drive is made by the Superintendent, not the physician.

Physicians set their own fee for completion of a DMER. Up to \$75 is covered by MSP for a known medical condition and fees may be waived for seniors experiencing economic hardship. Drivers with reported cognitive impairment are referred by the Superintendent to have a DriveABLE assessment. This includes an in-office assessment which is performed on a touch-sensitive screen, and an on-road evaluation conducted in a dual-brake vehicle, if the driver does not pass the in-office assessment. RoadSafetyBC pays the cost of all DriveABLE assessments it requests. Only 1 to 2% of all driver fitness assessments result in DriveABLE referrals.

A Driver Medical Fitness decision to cancel a license must be based on:

- reasonably reliable evidence of a medical issue that affects fitness to drive
- reasonably reliable evidence of road safety risk.

"The goal is to maximize safety while ensuring that older adults are able to keep their license for as long as possible."

- **Sam MacLeod**, BC Superintendent of Motor Vehicles and conference presenter

"There should not be a discrepancy between doctors regarding charges for doing the assessment report. Why don't we have a standard fee?" - **Conference Participant**

"Newly widowed individuals need a driver's license because her spouse did all of the driving in the past. Physicians may not want to deal with this. That might be why people go to walk in clinics." - **Conference Participant**

Suggestions Related to Aging and Driving

Be proactive in your decision to continue or stop driving.

- Consider the state of your health, including visual, hearing, muscle, motor and cognitive abilities, chronic conditions and the risk of drug interactions. Have regular checks for vision, hearing, etc.
- Listen to the comments of others regarding your driving.

- It is easier for you to make the decision rather than the doctor
- Consider the benefits of not driving: less costs, walk more
- Set boundaries: Will you stop when you reach certain thresholds?

Consider giving up driving if you experience:

- difficulty pulling in and out of parking spaces, driving at night, judging distances or time in intersections,
- a decline in health status or range of motion
- getting lost while driving.

Be prepared for life without driving.

- Make a plan
- Consider what you do that requires transportation (e.g. errands, visiting, exercise, medical appointments, volunteering, shopping)
- Research alternative forms of transportation and other possible ways to carry out these activities. For a list of helpful resources and programs, visit SeniorsBC.ca.

Pedestrian Safety

Gail Harmer, COSCO Workshop facilitator

COSCO provides senior-led workshops on pedestrian safety. See www.coscobc.org/index.php/cosco-workshops. The session at the conference was led by Gail Harmer, one of the facilitators of these workshops. Harmer brought a reflective white jacket to show what she wears when she goes walking at night!

Harmer's slides cover:

- The benefits of walking.
- Seniors at-risk. Seniors have a higher percentage of being seriously and fatally injured, are at higher risk of falling and fear of falling, and say crime (e.g. purse snatching) is one of their greatest fears.
- Before you walk (tips)
- When walking (tips)
- Public transportation (tips)
- Advocating for pedestrian safety.

"In Abbotsford, we're seeing violations between electric scooters, wheelchairs and pedestrians on sidewalks. We need to build separate lanes for these motorized devices, much like a separate bike lane."

- **Participant in the Pedestrian Safety workshop**

RECOMMENDATIONS FOR ACTION:

Transportation

1. Encourage transit-supportive community planning and land development that make it easy to get around by walking, cycling, and public transit; create pedestrian-focused neighbourhoods that increase the effectiveness and efficiency of public transportation.
2. Help seniors living in small communities and rural areas maintain their independence, social connections and well-being:
 - by improving transit services to health facilities and public spaces in larger cities
 - enhanced transit services in and among rural and small communities.
3. Build health facilities where people live and can be easily accessed by public transit.
4. Advocate for policies, legislation and programs that enhance walkability and pedestrian safety. Specific recommendations include:
 - Safer intersections: add people detectors, counter timers and audible signals; remove right turn on red lights; longer crossing times at large, busy intersections
 - Measures to reduce speed and make it easier to cross a street, e.g. traffic slowing measures, curb bulges, medians, lower speed limits
 - Sidewalks and pathways: provide additional sidewalks, repair broken sidewalks, provide lighting, ensure by-law enforcement for snow, ice and leaf clearing
5. Involve seniors and people with disabilities in transportation, land use and community development planning.
6. Conduct walkability/wheelability assessments to identify and correct accessibility barriers.
7. Support community gardening and urban agriculture programs for all ages.
8. Address barriers to active transportation such as a lack of or unsafe accessible sidewalks, bus shelters, transit stations and public toilets, and hard-to-read signage.
9. Support voluntary driving programs that meet the needs of the community. Train volunteers and appreciate their generosity.
10. Be proactive in your decision to continue or stop driving. Take advantage of public transit and other transportation resources to help you get around.

"I feel increasingly unsafe using transit. When elevators and escalators are broken, transit is inaccessible for seniors. Buses and trains are so congested, packed so tight that I cannot get close to push the button and I feel unsafe as a cane user."

- Conference Participant

"Canadians are diverse today and so are transportation choices. So, if you're looking to drive less, there are lots of options to get your there."

**- Joann Woodhall,
Translink and conference presenter**

Myth: Falling is something normal that happens as you get older.

Reality: Falling is not a normal part of aging. You can reduce your risk of falling when walking by managing your medications, having your vision checked, wearing stable shoes, wearing your glasses and hearing aid, doing strength and balance exercises, choosing a safe route, and insisting that sidewalks and pathways are well lit, fixed when damaged and kept clear of ice, snow and leaves.

Theme 5: Income Security

Highlights:

Poverty and Inequality among BC Seniors **Iglika Ivanova***, Canadian Centre for Policy Alternatives, BC Office

Aging with Dignity and Adequate Finances **Diane Wood***, President, BC Federation of Retired Union Members

Supporting People with Disabilities **Sam Turcotte**, Disability Alliance of BC

Financial Abuse **Catherine Ludgate***, Vancity Credit Union

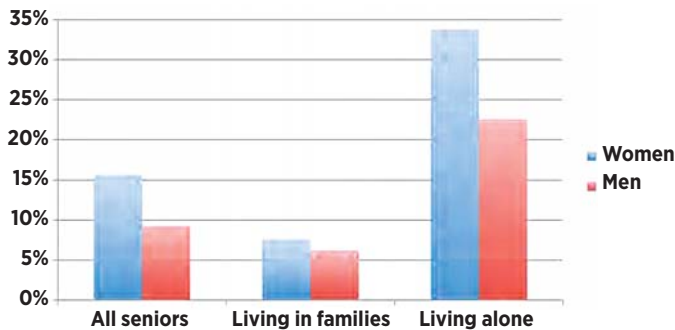
* Slide presentations available on the COSCO website at www.coscobc.org

Poverty and Inequality among BC Seniors

Iglika Ivanova, Canadian Centre for Policy Alternatives

BC seniors' poverty rates have risen from a low of 3% in 1977 to 12.7% (100,000 seniors) in 2014. Single women living alone (42,000) are most affected. Older women face higher risk of poverty than older men because our public pension system (CPP) is linked to employment history. Women have traditionally worked less in the paid labour market and earned lower wages.

BC Seniors Poverty Rate by Family Type and Gender, 2014



Source: Statistics Canada 2016. CANSIM 206-0041

Many seniors struggle with low incomes. In 2014:

- Half of seniors' families had incomes below \$55,100
- Half of single senior men living alone had incomes below \$31,000
- Half of single senior women living alone had incomes below \$25,900.

Affordable housing and drug costs are major factors affecting seniors' economic security.

- In 2011, 42% of senior renters in BC and 46% of senior renters in Metro Vancouver (nearly 50% of men and 58% of all women living alone) were in core housing need. This means their housing falls below at least one of the adequacy, affordability or suitability standards, and they spend 30% or more of their before-tax income in rent. The situation is worse in 2016 (Statistics Canada, 2016; CMHC, 2016).

- Seniors needs for prescription drugs are greater than the average population. In 2004, nearly 30% of seniors in BC had over \$1,500 in individual prescription drug needs, most of which could be expected to continue (Morgan S. et al, 2014). BC's pharmacare program puts much of these costs onto families in deductible and co-payment requirements.

Aging with Dignity and Adequate Finances

Diane Wood, President, BC Federation of Retired Union Members

Poverty and adequate income in retirement are complex issues, which impact people's ability to live with dignity and adequate resources.

The hope is that the current federal government will address the concerns that were raised in the 2014 Action for Seniors report (www.seniors.gc.ca/eng/report/index.shtml), but questions remain regarding the role of public programs. These include the Canada Pension Plan (CPP) and three benefits under the Old Age Security (OAS) program: the OAS pension, the Guaranteed Income Supplement (GIS) and the Allowances. In 2012–2013, over 5 million beneficiaries received approximately \$40 billion in OAS benefits. Current rates of CPP, OAS and GIC are not adequate and governments needs to address this problem and the seniors' poverty that has resulted. More information about each of these benefits can be found at Canada.ca/Seniors.

Many people (estimated at 15 to 20% in 2015) retire without adequate pension funds and savings to see them through the later years (Shillington, 2016). At the same time as people are living longer, pension plans are being eroded. Moves to increase reliance on private pensions and savings, and to eliminate workplace pensions put vulnerable people at even higher risk of poverty in retirement.

Ongoing research and monitoring of poverty rates provides the evidence governments need to form policies and programs that address seniors' poverty and economic security.

"By standing together – from issue to issue and election to election – we can help achieve a better life for BC seniors, our children, grandchildren, nieces and nephews."

– **Diane Wood**, President BC Forum and conference presenter

Supporting People with Disabilities

Sam Turcotte, Disability Alliance of BC

Income for people with disabilities needs to be increased so that they can live in dignity. People with disabilities (all ages) are facing increased rates of poverty due to low rates of assistance and the increased cost of living, particularly in housing and healthcare. This has a serious impact on personal wellbeing, and increases costs to emergency services.

People with disabilities struggle day-to-day due to a lack of stable income streams. Provincial funding for people living with disabilities is under \$1,000/month. The following supports are available but many people do not know they exist or how to apply:

- [Canada Pension Plan-Disability](#) (CPP-D) provides financial assistance to CPP contributors who are unable to work because of a severe and prolonged disability. Recipients may receive additional provincial disability benefits in the form of a top-up if their CPP-D benefits fall below the provincial minimum.
- The [Registered Disability Savings Plan](#) (RDSP) in BC, introduced in 2007, enables eligible people with disabilities under a certain age to save for their long-term financial security. It also enables people receiving social assistance to protect assets and income.
- The BC [Persons with Disabilities](#) (PWD) benefit is available to qualifying individuals who need financial or health support.

People with disabilities need to know how to apply for available supports and may need assistance in doing so. People over 65 years with disabilities may need assistance with applying for CPP, GIC and OAS. Some companies charge an exorbitant amount for assistance in applying for the Disabilities Tax Credit. People need to know that there is legislation to limit these charges.

BC Housing options need to be increased for seniors and people with disabilities. Building codes and standards need to include consideration for seniors and people with disabilities. Funding is needed for modifying homes for seniors and people with disabilities.

The Disability Alliance of BC

supports people under 65 years with disabilities that experience physical, mental and income challenges to their ability to live in dignity. The Alliance has a program to assist people with tax filings and information/referrals on benefits and programs:
www.disabilityalliancebc.org/ourwork.htm

Financial Abuse

Catherine Ludgate, Vancity Credit Union

Please see the Vancity report [The Invisible Crime](#) for detailed information on the following highlights.

- Financial abuse of seniors is a serious problem in BC. Previous data indicated that as many as 1 in 12 seniors are seriously affected, resulting in billions of dollars of lost assets. However, survey research in 2014 for Vancity indicates the prevalence of abuse could be much higher – as high as 41% in the Vancouver and Victoria regions. Results of the survey further suggest there is confusion among seniors as to what constitutes abuse. Seniors experiencing financial abuse may not recognize it as such. These findings help to explain why financial abuse among seniors remains largely invisible and unattended.
- There are 3 different types of financial abuse: monetary, property and legal. The most common form is pressuring a senior to give a family member money or an early bequest.
- Any senior can be at risk of financial abuse, regardless of their financial status, background or ethnicity. However, seniors may be more at-risk if they are isolated, newcomers to Canada who have language or cultural barriers, unsure of the value of their assets, dependent on others for help with financial matters, and/or experiencing health problems.
- Warning signs include feeling a loss of control over financial affairs, failing to meet financial obligations, and seeing unexpected transactions on one's bank or credit card statements.
- Be wary of pressures on seniors from family members or close acquaintances to give or lend them money, share their bank statements, change important documents such as a will or property title, sign documents that the senior does not understand or is not given enough time to read, and to relinquish control over financial decisions.
- Seniors who think they may be the victim of financial abuse should tell someone – a friend, family member, healthcare or social-services professional, financial advisor, a member of their faith community or the local authorities. They should also seek legal advice.
- Prevent financial abuse and reduce exposure to exploitation. Get independent legal advice before signing any documents, set up automatic income deposits, keep financial and personal information in a safe place. Never give anyone your bankcard PIN. Keep a record of financial transactions, loans and changes to legal documents. Keep in touch with a variety of friends and family members.

RECOMMENDATIONS FOR ACTION:

Income Security

1. Create a provincial Poverty Reduction Plan and implement policies that:
 - Raise the minimum wage
 - Address poverty among older women by providing and increasing public retirement income supports that are not dependent on work history (as is the case with CPP)
 - Address the housing affordability crisis for senior renters and people with disabilities in BC and particularly in Metro Vancouver
 - Establish definite targets to lift families and children out of poverty.
2. Support ongoing research and data collection on cost of living, poverty and income inequalities for all age groups in Canada and in BC.
3. Endorse and support initiatives to achieve quality, accessible and affordable public childcare.
4. Implement initiatives to support people in the workplace who need time and financial support to care for older people.
5. Support older workers who want to or need to remain in the workforce.
6. Initiate a national, universal Pharmacare plan.
7. Eliminate MSP premiums, a regressive tax that unfairly affects people and households with low and moderate incomes.
8. Increase payments in the Old Age Security and Guaranteed Income Supplement programs.
9. Support improvements and expansion of the Canada Pension Plan (CPP).
10. Enable persons with disabilities to live with dignity and security by:
 - Ensuring stable, appropriate income sources
 - Reinstating the transit subsidy for persons with disabilities and implementing an annual cost of living increase in disability assistance payments
 - Increasing appropriate BC Housing spaces for seniors and people with disabilities
 - Increasing awareness of support programs and providing assistance with applying for and managing these programs if needed.
11. To combat financial abuse among seniors, financial institutions, communities, governments and other stakeholders can: a) better determine the scope of seniors' financial abuse, b) identify the types of financial abuse seniors most commonly experienced and develop solutions to address these problems, c) increase awareness of all types of financial abuse, d) provide better access to information on financial abuse and how to recognize and report it. Seniors organizations can inform and educate seniors on how to prevent, recognize and deal with financial abuse.

Help with Financial Abuse

- [Seniors Abuse & Information Line](#) (SAIL)
604-437-1940 or 1-866-437-1940
- [Lawyer Referral Service](#): consultations with a lawyer for up to 30 minutes for \$25 plus tax.
or call 1-800-663-1919
- [Public Guardian and Trustee of BC](#)
supports seniors who are victims of abuse and neglect. Call 604-660-4444

Myth: Seniors who live independently are well off and can easily pay for their daily needs.

Reality: In BC in 2014 the median income for people age 65-plus it was \$24,000, and for age 75-plus it was \$22,000. Some 35% have household incomes less than \$20,000. The average rent for a one-bedroom apartment in Vancouver is \$1079 per month. Home owner costs are similar. Basic living costs beyond housing (e.g. food, transportation and health care costs) are at least \$1,000.00 a month. This means that half of seniors cannot meet their basic needs without assistance.

Source: Office of the Seniors Advocate BC

CONCLUSION: TAKING ACTION

The 2016 COSCO Conference provided participants with the opportunity to learn a great deal about some current issues of concern for seniors in BC. We can spread this knowledge by sharing this report and talking with others.

Most importantly, the 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.

The Ottawa Charter for Health Promotion suggests action in five strategic areas. These are: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health and human services. The RECOMMENDATIONS under each theme in this report support this comprehensive approach.

You can review the RECOMMENDATIONS FOR ACTION under each theme and take action as a concerned citizen, a member of a group, union or institution, an elected official or government employee. Go for it!

“We must leave the conference with a determination to mobilize throughout this province – seniors in particular – to turn up the heat as we head into the election in May. Inactivity is our history, and it must end. Perhaps we should form a senior’s council that can force the government to listen.” - **Conference Participant**

“I want to thank COSCO and the planning committee. They have done a wonderful job. Now we are obliged to go back to our communities to do something with it.” - **Conference Participant**

“Many times I wished my adult children were here to learn about these issues. We have responsibilities to ourselves and to the generations following to get them to work now to save for their retirement. Teach your children well!” - **Conference Participant**

“Some older people do not like the word “senior” and don’t see themselves as “seniors”. The use of ‘aging Canadians’ may be more inclusive.” - **Conference Participant**

“We need to keep all levels of governments’ feet to the fire. Current policies and programs are inadequate in meeting the diverse needs of older Canadians, now and in the future.” - **Conference Participant**

Appendix A: Conference Sponsors, Supporters and Organizing Committee

Major Sponsors

BC Retired Teachers Association
Government of British Columbia
BC Government and Service Employees Union
United Way

Major Supporters

Canadian Union of Public Employees
Community Savings Credit Union
Hospital Employees’ Union
Labourer’s Alliance
United Steelworkers

Conference Organizing Committee

Annette O’Connor	Leslie Gaudette
Barb Mikulec	Lorraine Logan
Garnet Grosjean	Pat Brady (Chair)
Irv Rootman	Sheila Pither
Jean Sickman	Soren Bech

Recorders

Patrick Aubert	Maureen Rowan
Michelle LeBlanc	Andrea Sara

Acknowledgments:

This report has been prepared by Peggy Edwards, in collaboration with members of the Conference Organizing Committee: Barb Mikulec (BCRTA), Garnet Grosjean (UBC), Irv Rootman (SFU); Desktop Publishing and Design by Alex Hui (CNPA)

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Appendix B: Additional Sources and Resources Suggested by Presenters

Aging Well

[A Profile of Seniors in British Columbia](#). Children's, Women's and Seniors' Health, Population Health and Wellness, Ministry of Health Services. 2004. (PDF)

[Seniors Health Profile 2010](#): A Look at the Health of Older Adults in Fraser Health. (PDF)
Fraser Health, Decision Support Services, November 2010.

[The Boomer Solution](#): Skilled Talent to Meet Non-Profit Needs: RespectAbility Initiative Report. (PDF)
National Council on Aging, 2010.

[Connecting and Giving](#): A Report on How Mid-Life and Older Americans Spend Their Time, Make Connections and Build Communities. AARP, 2010.
Williams A, Fries J, Koppen J, Prisuta R.

Age-Friendly Communities

[Age-Friendly Communities Initiative](#),
Public Health Agency of Canada

[Age-Friendly Rural and Remote Communities](#):
A Guide. Healthy Aging and Wellness Working Group of the Federal/Provincial/Territorial Committee of Officials (Seniors), 2007.

Community Consultation and Engagement

[More to Give](#): Tapping the Talents of the Baby Boomer, Silent and Greatest Generations. AARP, 2008.
Bridgeland J, Putnam R, Wofford H.

[Community Consultation Resource Guide](#).
Victorian Local Governance Association, Australia.

[Community Engagement Guides](#) : Engaging
Queenslanders, Queensland Government, Australia, 2005.

Fostering Civic Engagement through Self-Directed
Teams: [2006 - 2007 Program Report. National Council on Aging, 2007](#).

[Helping Communities Solve Critical Social Problems by Engaging Adults 55+](#): Capacity Building Models and Strategies Series, Issue Brief Number 1, 2008. National Council on Aging: RespectAbility

Economic Challenges

The Canadian Centre for Policy Alternatives in BC has produced the following reports which address social and economic challenges facing our province in areas such as the cost of child care, MSP costs, affordable housing, and poverty:

- [Solving BC's Affordability Crisis in Child Care](#)
- [Working Poverty in Metro Vancouver](#)
- [Getting Serious About Affordable Housing](#):
Towards a plan for Metro Vancouver
- [BC Should Eliminate MSP](#): Here are two better options

Literacy and Plain Language

[Literacy and Seniors](#). Literacy BC. October, 2005.

[Toolkit for Making Written Material Clear and Effective](#),
Section 4, Part 9: Things to Know if Your Written Material is for Older Adults.
U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

The following resources will help you create and assess your materials for plain language factors:

- [Clear Language and Design](#):
Interactive Readability Tool
- [How to Cut the Gobbledegook](#): An Introduction to Plain Language Writing and Clear Design
- [Plain Language Network](#)
(lots of great links, resources, samples, etc.)
- SMOG Calculator: Interactive Readability Calculator
<http://www.literacytrust.org.uk/campaign/SMOG.html>
- [The Plain Language Movement](#)

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