COSCO News

Council of Senior Citizens' Organizations of B.C.

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Milestone decision at the UN: COSCO was there

At the Open-Ended Working Group on Ageing in New York, older Canadians made their voices heard loudly, clearly, and powerfully, advocating for a UN convention on the rights of older persons, the elimination of ageism and the promotion and protection of their human rights. More than 24 members of the International Longevity Centre Canada (ILC Canada) and the Canadian Coalition Against Ageism (CCAA) provided strong civil society representation at the event, including the Council of Seniors Citizens' Organizations of BC and our national affiliate the National Pensioners' Federation (NPF), together with other partner organizations.

A groundswell of support from civil society, NGOs, major aging-related organizations, and a sufficient number of supportive member states created enough momentum to achieve a significant milestone.

Tuesday May 21 marked a historic day in the 14-year history of the Open-ended Working Group on Ageing (OEWG) when it adopted a substantive decision on the human rights of older persons. This decision document recommends identifying gaps in the protection of the human rights of older persons and suggests how best to address them.

The Canadian contingent at the United Nations in New York City

The Fourteenth Session in New York took place from May 20–22 and 24, 2024 preceded by a planning session with the Global Alliance for the Rights of Older Persons (GAROP) held at the New York offices of the American Association of Retired Persons (AARP). At the closing meeting held May 24, the Chair of the OEWG confirmed that the agreed recommendations in the decision will be presented to the 78th session of the General Assembly which ends in September 2024.

GAROP presented the following recommendations regarding next steps to Member States, recognizing the crucial need to continue to build on our collective work:

- Any further action must include the full, effective and meaningful participation of older persons, their representative organizations, civil society, and national human rights institutions.

- Specifically, the General Assembly should request the Human Rights Council (in Geneva) to establish an intergovernmental working group to draft a comprehensive international legally binding instrument (UN convention on the human rights of older persons) without further delay.

Canada also hosted a side event during the meeting with a distinguished panel discussing the Right to participation in public life and the right to decision-making: a discussion on the rights and contributions of older persons. This theme was picked up in short presentations to the OEWG made by COSCO President Leslie Gaudette and NPF Delegate Kathleen Jamieson. A huge thank you to Kiran Rabheru and Margaret Gillis for organizing this event.

Based on reports by Kiran Rabheru of ILC Canada and by GAROP

Council of Senior Citizens' Organizations of BC (COSCO)

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COSCO
Council of Senior Citizens' Organizations of BC
Representing Seniors Since 1950

IN THIS EDITION

About COSCO

COSCO is an umbrella organization that brings together older adults to work on common issues. We now have over 75 groups, representing over 80,000 seniors.

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

COSCO is a registered non- profit society.

Send your letters to the editor or other contributions to:
cosconews.editor@coscobc.org

From the President's Desk – Rights with Teeth

As we continue to emerge from the disrupting effects of COVID19, we are seeing new trends. In May, we met as the Open-Ended Working Group on Ageing at the United Nations in New York. We saw large delegations from around the world pushing their member states (or countries) to move forward towards the goal protecting the rights of older persons, with a legally binding document with teeth.

In Canada, new public funding is starting to flow for health care improvements, including pharmacare, dental care and a continuum of community-based care. In recent months many groups have raised the topic of dental care. And whether we hear from Minister of Health, Mark Holland, or meet with MP Peter Julian, the new NDP Health Critic, politicians including BC Health Minister Dix are focused on ensuring that the dental plan is implemented as smoothly as possible. Yes, there are some bumps along the way, and yes adjustments will need to be made in future. For now, let's celebrate the close to 100,000 older persons who have received their first dental care in many years and the many dentists who have signed up to deliver care under this new program.

Pharmacare is another program for which COSCO has advocated over many years. Bill C-64 passed both first and second readings in the House of Commons and has gone to the Health Committee. Plans are in place for a very tight schedule to pass this Bill into law by the end of June. We know this bill provides for coverage of diabetes medications and supplies (along with contraceptive medications and devices) which will make a huge difference to the overall health of persons living with this condition. We fully realize this is only a start until a much wider range of drugs is included – your support is needed to make this all happen.

Improved accessible and affordable public transportation is also needed in all parts of the province as older adults may need to find ways to get around when they can no longer rely on cars. Integrated transit systems for bus and rail, along with effective HandyDART service are a start and will also contribute to reducing emissions.

COSCO has written to Housing Minister Kahlon requesting increases to the rent caps for the SAFER (Shelter Assistance for Elderly Renters) program, that rent controls be applied to the unit and not the tenant, and that more social housing be built with rents geared to 30% of income. And as covered in other articles in this issue, we are moving forward on two key goals from 2022: Ageism and the UN Convention on the Rights of Older Persons; and Social Isolation and the role of Seniors Centres through our collaboration with the SFU Gerontology Department.

It has been a busy spring with many meetings with government officials and with Dan Levitt our new BC Seniors Advocate – happy reading!

Submitted by Leslie Gaudette, COSCO President

COSCO members meet with new seniors advocate Dan Levitt

Reduce Your Risk of Skin Cancer

Why are older adults more susceptible to skin cancer?

There are a couple of reasons why. Firstly, many have had more years of sun exposure throughout their lives. This sun damage accumulates over time, increasing skin cancer risk. Secondly, age-related changes in the skin, like thinning and a weakened immune system, can also play a role.

Did you know that over half of all skin cancer cases are diagnosed in people over 65? The good news is that you can significantly reduce your risk with a few simple steps. Sun Safety Tips for Older Adults:

- **Seek shade, especially during peak sun hours (11 am to 3 pm).** Plan your outdoor activities for earlier mornings or evenings when the sun's rays are less intense. Try to avoid sun exposure in the middle of the day
- **Cover up!** Wear sun-protective clothing with a tight weave, like long-sleeved shirts, pants, and wide-brimmed hats. Look for clothes that have an Ultraviolet Protection Factor (UPF) rating.
- **Sunscreen every day, rain or shine!** Use a water-resistant, broad-spectrum sunscreen with SPF 30 or higher and apply generously to all exposed skin. Don't forget your ears, neck, and the tops of your feet. Reapply every two hours or more often if swimming or sweating.
- **Know your skin!** Regularly examine your skin for changes in moles, birthmarks, or unusual growths. The ABCDE rule can be a helpful guide: **A**symmetry, **B**order irregularity, **C**olour variation, **D**iameter greater than 6 millimetres, and **E**volving size or shape. If you notice any changes, see your doctor right away.
- **Be careful when near water and sand.** The sun's rays reflect and can be harmful.

Making Sun Safety Easier:

- Keep sunscreen in a convenient location, like by the door or in your car.
- Invest in sun-protective hats that you enjoy wearing.
- Find a buddy to remind each other about sun safety.

By following these simple tips, you can enjoy the outdoors safely and minimize your risk of skin cancer. Remember, early detection is key! Schedule regular skin exams with your healthcare provider.

Slightly edited version from McMaster University's Optimal Aging Portal.
https://tinyurl.com/Reduce-risk-of-skin-cancer

Elsie Dean March 1924 to May 2024

We have lost another incredible human being. Elsie was a tireless worker for change throughout her life, dedicating herself to the environment, peace and equality. Tenacious, brave, fiercely committed to making a better world, she was also a grandmother, aunt, mother, and friend. She will be missed.
A Celebration of Life will be held in Vancouver at a later date.

Medications and Summer Heat

For many Canadians, summer is synonymous with having fun in the sun. 

Unfortunately, over the past several years, extreme heat waves have become increasingly common. This not only makes summer less enjoyable but can affect your health. Heat and humidity can cause heat stroke, dehydration, dizziness and fainting, hospitalizations, and even death.

Did you know that certain commonly used medications can make you more sensitive to the effects of heat? These medications can increase your risk of heat stroke and other heat illnesses. The more medications you take, the greater your risk.

Older adults are particularly at-risk during periods of extreme heat. As you get older, it becomes harder for your body to adjust to changes in temperature. That's why older adults are at greater risk of hospitalization or death during periods of extreme heat. Certain medical conditions are more common in older adults, such as diabetes or Parkinson's disease. They also make it harder for the body to adapt to heat.

Medications that can increase your risk

Below are several examples of medications that can impair your body's ability to adapt to heat. Many of them are commonly used medications. Some are available with a prescription, whereas others are available off the shelf in your pharmacy.
Are you taking any of these medications?

Some medications impair the body's ability to produce sweat, which is essential for cooling off when it's hot out. For example:

1. Beta blockers (e.g. metoprolol or bisoprolol), which are medications used for certain heart conditions and for treating high blood pressure.
2. Decongestants such as pseudoephedrine, an active ingredient in cold medications that are available off the shelf.
3. Anticholinergic medications, which include some off-the-shelf allergy medications (e.g. diphenhydramine or Benadryl®), off-the-shelf sleeping pills (e.g. Nytol®), medications used to treat urinary incontinence (e.g. oxybutynine), and some antidepressants (e.g. amitriptyline or nortriptyline).

Some medications can make you dehydrated.
For example:

1. Diuretics (e.g. hydrochlorothiazide or furosemide), laxatives (e.g. Senokot®) or some diabetes medications (e.g. Invokana® or Jardiance®), which increase the elimination of bodily fluids through urine or stool.
2. Some antidepressants (e.g. fluoxetine or venlafaxine) cause excessive sweating, which can lead to dehydration.

Some medications can increase your body temperature. For example:

1. Antipsychotic medications, such as olanzapine or quetiapine.
2. Stimulant medications for attention disorders, such as Ritalin® or Adderall®.

Some medications can make you drowsy, reduce your ability to concentrate, and slow your reaction time.

This can impair your ability to adopt safe behaviours in period of extreme heat, such as drinking water or staying cool. For example:

1. Anti-anxiety medications or medications for insomnia such as benzodiazepines (e.g. lorazepam or oxazepam).
2. Some nerve pain medications (e.g. pregabalin, gabapentin)
3. Opioid pain medications (e.g. morphine, codeine).

Finally, although they do not increase your risk of heat stroke in and of themselves, some medications can become toxic to the body and kidneys if you become dehydrated from the heat:

1. Anti-inflammatory medications (e.g. ibuprofen or Advil®, naproxen or Aleve®).
2. Blood thinners, which are used to prevent blood clots.
3. Medications for high blood pressure.
4. Various medications used to treat diabetes, including metformin.
5. Lithium, for bipolar disorder.

What can you do to prevent heat stroke and protect your health this summer?

If you take medications, especially any of those identified in this article, it's particularly important to take action and prepare for the heat this summer.

Protect yourself from extreme heat and stay hydrated, as per your health care professional's recommendations. Complete a thorough review of all your medications with your doctor, pharmacist or nurse. Make an appointment specifically for a medication review. Together with your health care professional, you can identify the medications that increase your risk of heat illnesses, including heat stroke and dehydration. You may then decide to put in place an action plan to reduce your risk. For example, this may involve safely stopping or decreasing the dose of your medication. This is called **deprescribing.**

- Do not hesitate to ask your health care professional the following question: *"Do I still need this medication?"* The answer might surprise you! Even if it is not possible to stop a given medication, reducing the dose could decrease your risk of harm. For example, gradually reducing the dose of your sleeping pill could help you stay more alert, for a safer and healthier summer.
- Always talk to your health care professional before starting a new medication. Don't forget that medications you can buy off the shelf can cause harmful effects, too. Your pharmacist can tell you which ones you may want to avoid.

By *Camille Gagnon*, Pharmacist, Assistant Director of the Canadian Medication Appropriateness and Deprescribing Network

Canadian Medication Appropriateness and Deprescribing Network

Stay On the Road: Driving After 80 has been a successful workshop for COSCO for many years. We presented it both in person and on Zoom. As of September 2024, the presentation will be hosted by the Health and Wellness Institute, see seniorshelpingseniors.ca

Seniors Anti-Racism Workshops

During the beginning of the COVID Pandemic there was a significant spike in racist and anti-social behaviours against the local Asian population in Southeast Vancouver. That area of Vancouver is very diverse, and a large percentage of the community speaks either Cantonese or Punjabi. *To give seniors an opportunity to share their personal their personal experiences and discuss ways of dealing with racism, t*he South Vancouver Seniors Hub Council decided to hold anti-racism dialogues in the community, specifically for seniors. Funding came from New Horizons for Seniors Program, Vancouver Coastal Health and the City of Vancouver grants.

Let's Talk About Racism Workshop shared experiences and reflections on racism and explored practical ways to respond to it in our personal lives and community. It was conducted in English, Cantonese, Mandarin and Punjabi. The facilitators were fluent in either Cantonese, Mandarin or Punjabi. Participants were encouraged to recount and analyze challenging intercultural experiences that they either personally experienced or heard about from others or from news reports. Based on these examples, the facilitators led a discussion on the meaning of racism and how this occurs on individual/ interpersonal and systemic/structural levels. The group then brainstormed on what seniors can do when targeted by racism (with strong emphasis on ensuring their personal safety) and identifying specific actions seniors could take to be anti-racist. An Anti-Racism Resource Guide was distributed and discussed, highlighting Legal and Hate Crime Supports and Multilingual Victim Services.

Active Witnessing Workshop for Seniors examined and practiced useful strategies to support victims of racism. This is a practical 3-hour workshop to be given in English, Cantonese, *Mandarin*, Punjabi, Vietnamese and Tagalog. It was planned to be interactive and to have participants discuss what they could do if they saw an act of racism. Participants were given a number of scenarios taken from Vancouver media reports of racism in the city. The group size was limited to 15 seniors in order to better facilitate discussion. Each language group was led by experienced facilitators and the handouts were interpreted into the different languages. The facilitators reported that the participants were very positive about the workshop and the handout materials. They wanted more sessions where their friends, families and neighbours could participate. They felt the information was practical and they would be able to use it. There has been much interest in the workshops from local seniors' organizations and even the Federal Secretariat of Racism.

Workshop materials are available, at no cost, in English, Mandarin, Cantonese, Punjabi, Vietnamese and Tagalog for non-profits and senior-serving organizations.

For further information, please contact Shelley Jorde at shelley.jorde@southvan.org

hub
south vancouver
seniors active together

Marion Hartley is a member of the SV Seniors Hub Council and COSCO's Diversity, Equity and Inclusion Committee. *Jose Mendoza* is a member of the South Vancouver Seniors Hub's Anti-Racism Committee.

French Language Policy in BC

BC's Francophone community is delighted that the province has finally introduced a provincial policy to promote the availability of select government services in French, effective April 1, 2024. Up until then, BC had the dubious distinction of being the only province in Canada that did not have such a policy in place.

The presence and vitality of BC's Francophone community has had a significant impact on BC history since the late 18th century. In fact, French was the most widely spoken non-indigenous language in the West until the late 1850's, since French-Canadians made up much of the fur trade in the province.

English and French languages are enshrined in Canada's Constitution. By virtue of this policy, BC recognizes French and English as Canada's official languages, and the provincial government recognizes the important and valuable contributions of its French-speaking residents past, present and future to the development of a prosperous and cohesive province. There are currently 330,000 residents who speak French in BC. French language education and transmission are vital to its Francophone community, and there is demonstrable support for English-French bilingualism in BC as demonstrated by enrolment in French Immersion schools, and the Conseil scolaire francophone.

Providing government information and services in the language of the residents seeking service and making it as accessible as possible is critical to removing barriers that might limit the residents' full participation in their communities, and to the promotion their social cultural and economic well-being.

Canada's official language duality requires the prioritization and incremental increase of government services available in French beyond what may otherwise be considered necessary based on the Francophone share of its population.

This policy will serve as a catalyst for improved services to the BC's Francophone community in various provincial Ministries on an incremental basis.

COSCO souhaite la bienvenue à nos lecteurs et membres francophones!

Submitted by *Pierre Soucy*, from Carrefour50+, a COSCO Affiliate.

A compelling call for justice, ***Stolen Time*** follows charismatic elder rights lawyer Melissa Miller as she takes on the corporate for-profit nursing-home industry—an industry notorious for its lack of transparency and accountability. Her adversaries stand accused of neglecting their vulnerable charges as they reap huge profits. As the legal battle unfolds, we witness surprising testimonies and images from families, researchers, advocates and, most notably, frontline caregivers whose work is often undervalued but disproportionately blamed for what goes wrong.

The film is a rare inside look at a legal battle and an emerging elder justice movement with ramifications —and inspiration—for us all.

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What's that you said?

Nearly 50% of seniors suffer from hearing loss. Hearing loss, the inability to hear what is going on in our world, impacts every aspect of our lives. The struggle to hear a conversation in a restaurant, dialogue in a movie, speakers in a Zoom meeting, can be frustrating and a test in patience levels. The frustration related to the inability to hear and fully participate in social occasions can lead to social withdrawal and isolation which in turn may result in poorer mental and physical health.

Hearing loss is not always recognized when visiting one's health provider. My experience was that my health provider failed to notice my hearing difficulties despite responses such as "could you repeat that", and "I didn't get that", or my lack of reply to a question. When I did ask to have my hearing tested, to her credit, she recommended the only not-for-profit hearing centre in the city. However, once hearing loss has been identified, options for treatment can be limited, particularly if a person's access to funding is limited.

Numerous private hearing centres across BC offer hearing testing and hearing aids/assistive devices at a cost. There are usually three types of aids offered: minimal, middle ground, and the Cadillac model. The least costly option is usually set aside, and discussion focuses on the more expensive models. A pair of hearing aids can range from $2,500 to $9,000 and typically need to be replaced every five to seven years. A person may wonder if the suggested device is best for the patient or for the provider's profit margin. If a person is fortunate to have a private plan that covers extended care benefits, a small portion of the charge is absorbed. Otherwise, the patient is responsible for the full cost.

Identifying hearing loss and providing hearing health care deserves greater prominence and attention in our health care system.

The Alzheimer's Society of Canada states that hearing loss is a modifiable risk factor for dementia and has called for governments to support policies that support brain health, and which may reduce the prevalence of dementia. Audiology equipment and hearing loss treatment should be recognized as medical treatment that is fully funded.

Due to my own experience with hearing loss and accessing care, I believe there should be greater access to hearing testing across the province where cost is not a barrier and patients do not feel pressured to purchase assistive devices they cannot afford.

Suggestions for improving detection in the family physician's office include alerting office staff to watch for patients with hearing loss, signs asking patients to notify the office staff of hearing difficulties, and better training for medical students in identifying hearing loss and understanding the social and psychological impacts.

Have you had an experience with hearing loss and accessing hearing health care treatment? UBC is presently doing a study on experiences with primary care physicians, patients and family and/or caregivers of people with hearing loss. Contact Craig.Stevenson@audiospeech.ubc.ca for more information on this study. They are looking at ways that hearing loss can be better identified in a family physician's office.

Linda Forsythe, COSCO and help from *Louise Holland*, Chair Health Committee.

Hospital-level Care at Home Comes to Vancouver

Patients are benefiting from convenient, safe and timely acute-level care from the comfort of their own home as the Hospital at Home (HaH) program launches in several hospitals in Vancouver. HaH is an internationally recognized model that is both safe and effective, and is designed to improve patient comfort, privacy and independence. The teams include doctors, registered nurses, pharmacists, occupational and physiotherapists, and speech-language pathologists, among others. Care is tailored to a patient's individual needs.

"Giving patients the option to receive safe and individualized care in their own homes not only helps with the recovery of the patient, but it also benefits the health-care system," said Adrian Dix, Minister of Health. "Piloted in the Island Health's hospitals, the Hospital at Home program has had remarkably successful results. As our government is committed to strengthening people's access to high-quality health services, the launch of this program in the Lower Mainland will help improve care at Vancouver hospitals."

Eligible patients at Vancouver General Hospital (VGH), UBC Hospital (UBCH), St. Paul's Hospital (SPH) and Mount Saint Joseph Hospital (MSJH) can choose to receive acute care in their own home rather than the hospital, if deemed safe and appropriate.

The program is open to qualifying patients at VGH, UBCH, SPH and MSJH who have a diagnosis, such as (but not limited to) sepsis, pneumonia, chronic obstructive pulmonary disease (COPD) or dehydration.

Dr. Iain McCormick, Hospital at Home medical lead at VGH, explained "Patients have a lot of support wrapped around them, including daily in-person visits and a mix of virtual and monitoring technologies." Qualifying patients must be medically and geographically appropriate for the program. Participation is voluntary. While in the HaH program, patients have a virtual call bell and phone number to connect with their care team 24/7. If patients no longer want to participate in the program or their condition changes, the health authority will co-ordinate their transfer back to the hospital.

The multidisciplinary teams of health-care professionals make daily visits to patients at their own homes. Patients receive one visit a day from the HaH nurses, who are also available to patients 24/7 for consultation and check-ins. Other members of the HaH team are also available to provide virtual visits.

Care teams provide services, including medication management, blood draws, IV therapy and supplemental oxygen. Transfers to hospital can be arranged for services provided only in hospital.

Through a partnership with Evo Car Share, all registered hospital staff have access to a vehicle to visit patients each day, with in-person and virtual visits from doctors and other health-care providers as required.

Quick Facts: Demonstrated outcomes of HaH include, but are not limited to:

- improved patient comfort, privacy and independence;
- improved caregiver satisfaction and involvement; and
- decreased risk of hospital-acquired delirium, infections and mortality.

Learn More:

To learn more about Hospital at Home, visit:

- https://www.vch.ca/en/service/hospital-home
- https://www.islandhealth.ca/our-services/hospital-home-services/hospital-home
- https://www.northernhealth.ca/services/hospital-services/hospital-at-home

Information taken from BC Government website. https://www2.gov.bc.ca/gov/content/home

Homecare: The Quiet Crisis

Seniors have made it clear that they don't want to go into LTC homes if they can stay healthy and safe at home. Governments are happy for seniors to stay at home too if it means that they are not clogging up the hospital beds. The solution is not as simple as it might look because seniors need some care at home and, from time to time, a lot of care.

Where does that care come from? There are three sources: government home care/support providers, private care providers, and lastly family and friends, the caregivers. The government home care/support is operated through the health authorities and provides specialized medical care along with other basic support. Unless a person is very low income, he/she will have to pay at least a portion of the cost of some services, like bathing, or microwaving and serving meals. The private sector will do almost everything, but the cost is high and the older person will have to pay it all. Finally, much of the work is left to family and friends, the caregivers.

There is no cost for caregivers, at least to the senior. The cost is borne by the caregivers themselves, their time, energy, health (both physical and mental) and money. They are the people who do the cooking of meals that are ready to be popped into the microwave. They are the people who take their loved one shopping, bring it home and unpack it. They take their loved one to the doctor after they have made the appointment and then get prescriptions filled. They are the ones who help with bathing, toileting and dressing. They are the ones who tidy up the house or clean it. They do the laundry. They are the ones who take loved ones to the bank and see that there's enough money to pay the rent, taxes and all the other bits that come with living independently. They often write out the cheques and address the envelopes to ensure that hydro, cable, telephone and other bills are paid. They are also the ones who organize tax filing. They are the ones who visit regularly, sometimes once a day, to check that everything is OK. Caregivers who live in the home with their loved ones, often the spouse, just add all this work in with their own chores. To add insult to it all, many doctors don't seem to see the value of the caregivers' experience and knowledge of the recipient and so do not consult them.

A national caregiving survey stated that caregivers provide an average of 5.1 hours of care each day. And this could go on for years. *'One in four caregivers report fair to poor mental health. The more time spent the more tired, overwhelmed and depressed the caregivers become.'* If the caregiver is working outside the home, such as an adult child, the caregiving is almost equivalent to working at another full-time job. Also, nearly 20% of caregivers are over age 65 and recognize that they need help with caregiving. The same survey says that *'70% feel it was difficult to hire paid care providers or get access to government sponsored programs. And 59% said it was difficult to find information about support. Another 55% said it was difficult to get affordable local services.'*

Low-income caregivers report the expense of caregiving is extremely hard 'with 37% experiencing financial hardship, 19% had to stop saving due to caregiving, while another 15% had to take on debt'.
LGBTQ2S+, racialized, immigrant and indigenous caregivers' experience can vary and require special sensitivity to their needs.

A number of changes could help take some of the burden off caregivers:

- Design a system for accessing outside support. Seniors and their caregivers would greatly benefit from one access point (specifically a phone number) where they can speak to an intake worker, describe their situation and learn about the supports available.
- Provide phone numbers for various types of support (eg. medical professionals, personal support workers, attendants for people with disabilities and respite support).
- List the costs of such support.
- List the private support companies and give an estimate of the costs for their service.
- List the places where caregivers can get support for their own mental well-being.
- Provide tax credits and benefits to those who are caregivers.
- Provide sufficient government funding to pay for the services and provide trained staff to carry it out.

Community Care Providers have their own set of problems. The survey reports that they don't last long in these jobs, *'about 1 in 3 care providers have been working in their job less than 1 year'*. The turnover is the result of low wages, a lack of adequate staffing (thus pressure to perform quickly with extra duties), discrimination at work or unsafe conditions. In British Columbia, most community health care workers will be certified as a health care assistant (HCA) and will have completed a six- to nine-month HCA program. Many workers are employed by health authorities in unionized positions, although wages are usually somewhat below the wages paid for similar work in Long-Term Care facilities or acute care hospitals. The BC government recently announced retention and recruitment initiatives for allied health workers including community health workers.

Changes needed:

- Provide basic training for care providers, with lists of expectations and skills.
- Provide staff who have the training in the diverse cultures of seniors requiring support.
- Insist employers (whether private or public sector) pay care providers a living wage and benefits.

These are some of the issues caregivers and care providers need addressed so that seniors can stay at home as long as possible in the safe manner.

This is a big job. The provincial government, which receives federal funding for home care and home support, should be taking the lead in designing a system that is one-stop, seamless and inclusive. The costs of having an effective system are small in comparison to having people in hospital.

Information taken from:

1. Mapping the Caregiver Experience in a Canadian Province: Research Methodology for the Saskatchewan Caregiver Experience Study. https://journals.sagepub.com/doi/full/10.1177/08445621241227720 and
2. Caring in Canada: Survey Insights of caregivers and care Providers across Canada. May 2024. Canadiancaregiving.org

We Must Do Better: Home Support Services for BC Seniors --A Detailed Summary

Home Support Program:

Personal assistance with Activities of Daily Living (ADL) is essential for independence; those related to all care include mobilization, bathing, toileting, grooming, cueing, medication, eating, bathing, dressing, lifts/transfers/toileting and medication management.

The goal is to avoid Long Term Care (LTC) and live independently in the community. Care can be provided providing short term after hospital discharge, longer periods of time, end-of-life care and respite.

The process to receive home support includes an in-person assessment in home by Health Authority staff person, Assessment of physical/emotional/cognitive function (RAI assessment), and take into consideration family supports. The results of this assessment will determine level of home support hours that will be provided. A person's Notice of Assessment from Revenue Canada is needed to determine level of financial contribution.

The service will be delivered by community health workers and supervised by nurses.

Client Survey

- Majority of clients reported workers treat them and their loved ones with respect most of the time.
- 76% reported all or most of the skills and training to provide care.
- Two thirds of clients rated high levels of satisfaction with the quality of care provided.
- 26% of clients reported a concern or complaint in the last 12 months.
- 27% of clients reported financial hardship or stress because of the cost of their home support.
- 75% were not aware of the temporary rate reduction application (TRR).
- 32% of those who applied for a TRR were successful in having their costs for home support reduced.
- The proportion of clients rating the service as excellent has dropped 30%
- Many clients commented about rushed visits, workers not having enough time to provide care, frequent schedule changes, cancellations with short notice and too many different community health workers - similar to 2016.

Caregiver Survey

- 60% rate service as meeting the needs of their family member always or most of the time - a decrease of 27% since the last survey.
- When caregivers were asked if the workers have enough time to provide the care - 57% report always or most of the time compared to 81% reported in 2016.

Burden on Family Caregivers

- Ministry of Health policy is clear that home support services are to supplement and not replace the care provided by family caregivers.
- 94% of home support clients have a family member who provides caregiving hours.
- On average family caregivers provided over 1300 caregiver hours per year per client - an 11% increase. Caregivers are exhausted.

Challenges in the delivery of home support

Home care is more cost effective than LTC but the program is underutilized. However, the cost of the fee contribution is a significant barrier for some. Thirty percent of BC seniors receive GIS which allows their home support costs to be waived. But a single senior with an income of $29,000 would not be eligible for GIS and therefore only one hour of daily home support the cost would be $8,900 or 31% of their total income. A senior living in LTC costs 80% of their income (to a maximum) and includes costs related to food, shelter, medication, medical equipment and medical supplies.

A senior earning 29,000 a year will spend almost $14,000 **less** per year to live in a LTC facility than to remain at home and receive one hour of home support.

Indeed, long term care residents account for 13% of newly admitted people who potentially could have been cared for at home. This is twice as much as Alberta and Ontario and is 34% above the national average. Fifty five percent of home support clients are at high or very high risk for admission to a long-term care facility and there is significant frailty and complexity in just over half of home support clients. However, the level of service indicates that either care needs are not being met, family members are providing significant care or a combination of both. Family caregivers agree that service levels meet their family members' needs has decreased 27%. The level of caregiver distress has not decreased and is the third highest in Canada. We are delivering less service to fewer frailer people than we were five years ago despite a 42% increase in funding.

Recommendations from the 2019 report *We Can Do Better* were that care plans be more flexible to adapt service to reflect the changing needs of the client. Surveys identified concerns about the lack of time to complete tasks, consistency in staffing, canceled visits and services booked at inconvenient times.

Home Support Staffing

There is a discrepancy between care aides who work in LTC and those who work in community.

There is a lack of full-time work and regular schedules in home support compared to LTC. Full time jobs with consecutive hours and appropriate pay are what is needed to increase the number of home support workers to meet demand. As well, respite, housekeeping and rehabilitation needs to be more integrated into the suite of home support services.

Information summarized by *Louise Holland* from report "We Must Do Better", Office of the Seniors Advocate, British Columbia, 2023
https://www.seniorsadvocatebc.ca/osa-reports/we-must-do-better-home-support-services-for-b-c-seniors/.

OFFICE OF THE SENIORS ADVOCATE BRITISH COLUMBIA

VIA Rail Revival: New Equipment for Long Distance Fleet

As reported on the Action page of our website, COSCO submitted a letter to the ministers responsible, urging them to increase funding in the 2024 Federal Budget for our national passenger rail carrier, VIA Rail. COSCO's major concern regarding VIA Rail was that unless funding was provided for replacing the long-distance coaches, the service would have to be shut down due to the unavailability of operational equipment.

When the budget was released, it included a provision for the VIA fleet replacement program. Under the section entitled "Investing in Passenger Rail Across Canada," the budget recognizes that *"Canadians are increasingly switching to clean transportation options, and taking the train is one of the most environmentally friendly ways to travel across our country."*

The budget proposes to replace the old fleet on routes outside the Quebec City-Windsor corridor. Funding amounts were not released to protect the government's negotiating position for the upcoming procurement. This announcement means that both 'The Canadian' running from Vancouver to Toronto through Edmonton and 'The Skeena' connecting Prince Rupert, Prince George and Jasper will be getting new equipment.

COSCO had also expressed concerns regarding the lack of accessibility features in the existing equipment. The old stainless-steel coaches were designed prior to the establishment of accessibility standards. The current fleet has just 24" wide doors on regular coaches and 32" on the "accessible cabin" on the Park Cars. Navigating the stairs up to the dome cars can be a challenge even for many able-bodied passengers. The procurement process is just underway for new equipment, however other passenger rail operations may indicate what is in store for VIA equipment. Both Rocky Mountaineer and Amtrak bilevel dome cars feature elevators.

Long distance rail travel is faster and lower cost on Amtrak, the passenger rail service in the United States. Maintenance costs for old VIA stock are high, and lengthy repair requirements reduce availability. With new equipment, VIA will have enough reliable coaches to offer more frequent schedules, which will help bring down fares for sleeper service.

A related development may also help control VIA ticket prices. Last March VIA Rail lodged a complaint against CN through the Canada Transportation Act. While details of the complaint are not public, VIA is on record of having issues regarding track access and on-time performance with host railways. Any improvement in travel time would not only make rail travel more attractive but reduce crew costs and ticket prices.

Under the budget, the Skeena service will be protected by a $63.1 million, three-year investment in the Remote Passenger Rail Program. This program recognizes that the train is often the only means of surface transportation for rural, remote, and Indigenous communities.

COSCO had also requested an investment into two unused railway corridors. Both the old E&N line and the BCR offer good investments for rail passenger operations.

Although public support has continued to grow for development of the Vancouver Island Rail Corridor, and discussions are underway with First Nations along the route, there was no commitment to this investment in the budget.

The BC Rail line between North Vancouver and Prince George is used by the Rocky Mountaineer for excursion trains. Citing the loss of rail and bus service in the area, the Squamish-Lillooet Regional District recently passed a unanimous motion to re-establish passenger service on the corridor. Other communities along the line are also supporting the return of passenger rail.

It can be reasonably hoped that the 2024 budget will mark a turning point in the long decline in passenger rail in Canada. A well developed, sustainable VIA Rail will offer Canadians an enjoyable travel experience and a valuable tool for dealing with our climate change challenges.

Submitted by *Tim Larsen* of the COSCO Transportation Committee

NEWS: COSCO Collaborates with SFU Gerontology Research Centre

This research project is exploring social connectedness among older adults in British Columbia and Quebec. Andrew Wister, professor and director of the Gerontology Research Centre at Simon Fraser University (SFU) was awarded funding through the Social Sciences and Humanities Council (SSHRC) Insight Grants; work has been continuing since September 2023.

This major four-year grant will enable Canadian researchers to work with seniors' centres to find ways to enhance social connectedness among older adults. The co-investigators on this project include researchers from the Université de Sherbrooke, MacEwan University, and Université du Québec à Trois-Rivières. Community collaborators include Council of Senior Citizens' Organizations of British Columbia (COSCO BC), United Way British Columbia and FADOQ, a Quebec seniors organization.

In addition to the SSHRC grant, COSCO funded a Mitacs Accelerate grant entitled, "Social Connectedness Among Marginalized Older Adults and Caregivers: Building Capacity within COSCO". The grant supported graduate student Boah Kim to compile data to provide new insights into seniors' groups across the province.

The SSHRC project *"Social Connectedness and Resilience Among Marginalized Older Adults and Caregivers: Co-Produced Intersectoral Knowledge Implemented with Community Organizations*" will examine how to foster social connections and resilience post-pandemic among four groups of older adults (65+) identified as being at high risk for social isolation:

- invisible minorities,
- those with symptoms of stress, anxiety and depression,
- those with challenges completing daily tasks such as dressing, cooking, shopping, transportation, and cleaning the home, and
- their caregivers.

Three objectives are to:

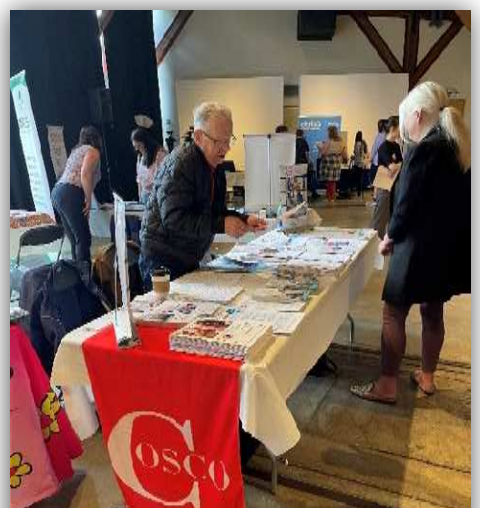
1. Establish a research network of advocacy groups and organizations providing services to older adults and their caregivers in British Columbia (BC) and Quebec (QC) to (a) define social isolation challenges for marginalized older adults and (b) help review academic research on the target groups.
2. Co-develop an evidence-based response to organizational needs that will serve as a platform for community deployment.
3. Implement priority strategic innovations within and between organizations with common aims and contexts to test the new co-produced approaches and techniques for reducing marginalization and social isolation in the four target groups.

Community programs and seniors centres may be approached for participation in this research. If your group is interested or if you have any questions, please reach out to Leslie Gaudette or Anthony Kupferschmidt, who are COSCO Executive members participating in this research. We have been really pleased with COSCO for this opportunity to 'plan with seniors, not for them' and thank Kathleen Jamieson for her ongoing contributions to this project.

SFU GERONTOLOGY

For more information about the grant, please visit:
https://www.sfu.ca/gerontology/news-events/faculty/sshrc-insight-grant-andrew-wister.html

Connectra's Ability Expo



Jerry Gosling talking to visitor at the Ability Expo table

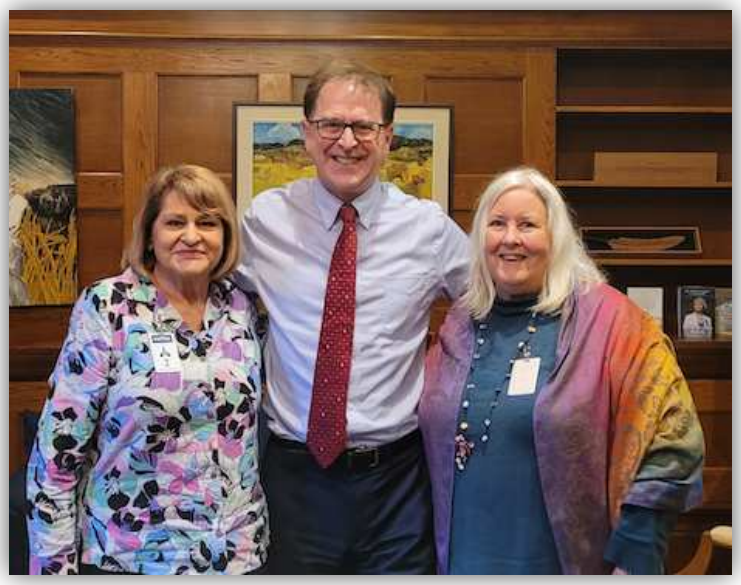
The Connectra Society is a non-profit agency linking people with physical disabilities to activities, services and programs to be more active in community life. Connectra was formed in 1999.

The annual Ability Expo was held May 22, 2024 at the Roundhouse Community Centre with 54 booths displaying their brochures and mobility aids including an assortment of wheelchairs and walkers. Some of these are battery powered electric.

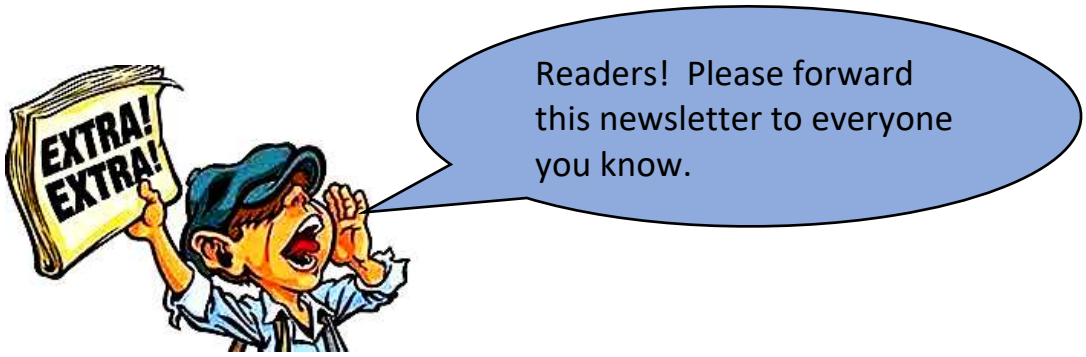
The daylong event kept us busy informing arrivals of the history, advocacy and classes that our organization produces.

Red Arrow Transit had a booth promoting E-Bus which was launched in Alberta in 2011 and 2018 in BC. Their services cover the main areas in BC with daily bus transportation. They are putting together a route from Kelowna to Calgary.

Peter Julian with COSCO reps



Adrian Dix with Terri van Steinburg and Leslie Gaudette

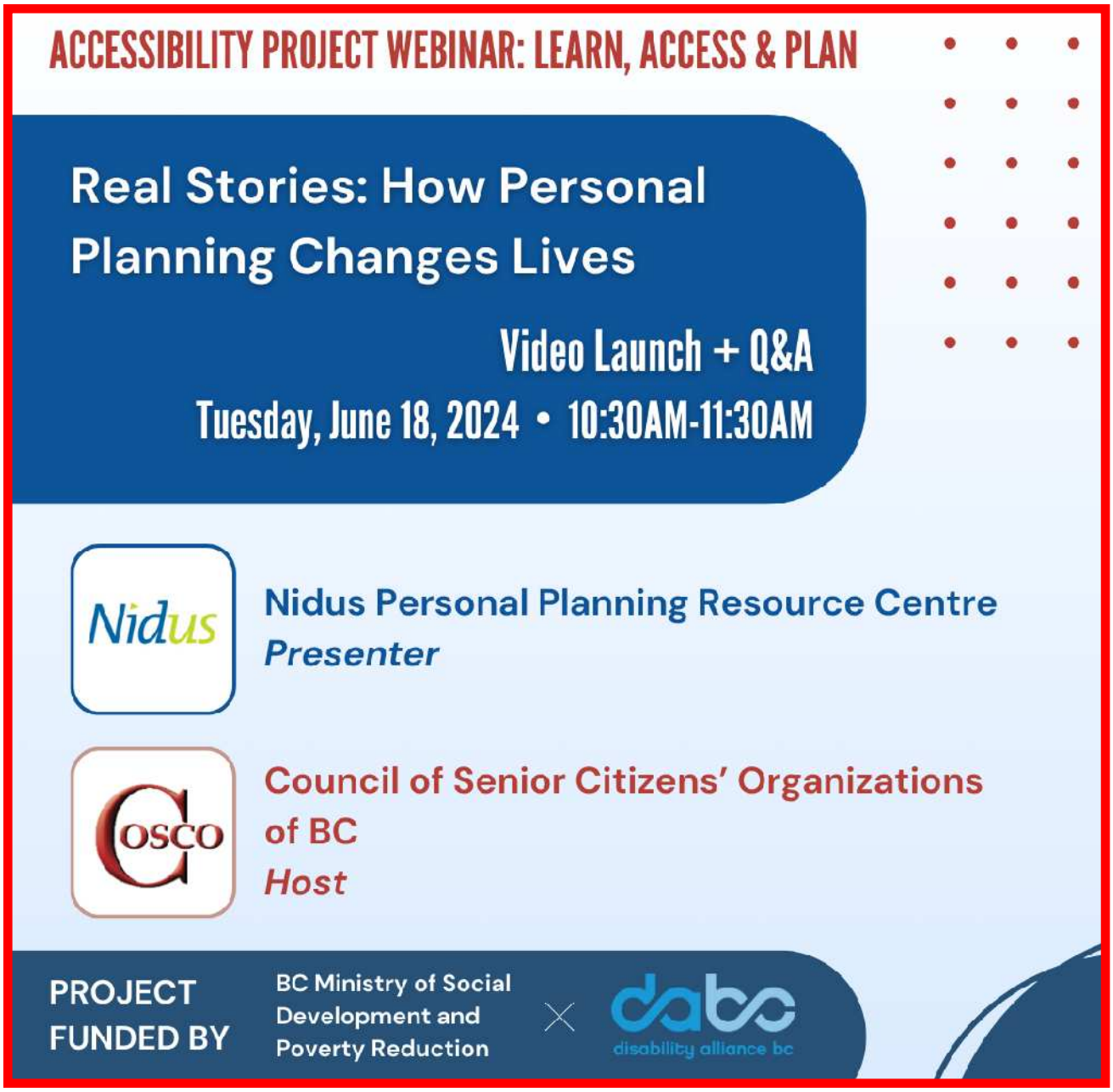


Free Virtual Workshop on Personal Planning with NIDUS

Presented by **Nidus** and hosted by **Council of Senior Citizens' Organization of BC (COSCO)**: a free online launch of two Accessibility Project videos with personal stories from people across BC, highlighting the usefulness of personal planning. What is personal planning? How is it different from estate planning? What if I have a Will and an Enduring Power of Attorney – am I covered? What if I can't make any of these documents? What will happen to me in an emergency if I can't speak for myself? Learn the answers to these questions and more. There will be a short period for Q&A. All are welcome to attend. See https://nidus.ca/about-us/

Register:

https://coscobc.org/event-calendar/real-stories-how-personal-planning-changes-lives-online-webinar/



BC Elections – Be Prepared

The BC election is being held on Saturday October 19, 2024. Note that there are six new ridings created in areas with population increases. And there are 72 electoral boundary changes. Check to see if you are in one of those. Be sure you are on the voters' list. If you have moved since the last election, you may not be on the list in your new riding. If you have moved, you can go to the website and change your address: https://elections.bc.ca/

Who can vote: Canadians, 18 and over and a resident of the province for at least six months.

Ways to vote:

1. In person, on election day. 8 AM to 8 PM. You can vote at any polling station.
2. Any time after the election is called: at your district electoral office (check the website for address in your area).
3. Any time after the election is called: by mail: request a vote-by-mail package and return it on time. These can be obtained at your electoral district office or by calling 1-800-661-8683.
4. Advanced voting takes place October 10-13 and October 15-16. You will find the locations of the advanced poll stations in your local newspapers.
5. By phone: for those who have sight loss or are isolating call 1-800-661-8683

NOTE: If you have received a voter's card in the mail, take it with you wherever you choose to vote. Also take some form of picture ID.

Information from https://elections.bc.ca/

COSCO Associate Membership

Name: _____

Address: _____ Town: _____

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

Date: _____ Signature: _____

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

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

or make cheques payable to **COSCO** and mail with this application form to:
Linda Forsythe, Membership Secretary, Box 81131 Stn S. Burnaby, Burnaby, BC V5H 4K2
Telephone: (604) 444-4300
For information about **Affiliate (organizational) Membership**, please contact the Membership Secretary at membership@coscobc.org