

COSCO delivers on health promotion

COSCO RECENTLY took part in the 34th Annual Elders Gathering, in Salmon Arm, where we hosted an information booth and delivered seven workshops. Sheila Pither, COSCO Treasurer and Health Literacy Coordinator, was pleased by the turnout, and noted that workshops on healthy eating, chronic diseases, and medication awareness were particularly well-attended. She hopes COSCO's participation will lead to more requests for COSCO workshops in Aboriginal communities.

The Council of Senior Citizens' Organizations of British Columbia will send trained facilitators to any community in B.C. – no matter how remote – to deliver one or more 90-minute health promotion workshops at no cost to recipients. The workshops can be booked individually or as part of a series. Topics include caregiving, social connectedness, mental health, addictions, age-friendly communities, and other subjects to support older people in maintaining healthy lifestyles.

Since the first health promotion workshop on fall prevention was offered in 2007, Sheila Pither estimates that COSCO has presented some 200 workshops to over 4,000 recipients. Nineteen different workshops are currently available, with several more under development.

The workshops are made possible



Gail Harmer, Sheila Pither and Sylvia MacLay of the Council of Senior Citizens' Organizations of B.C. are among the volunteers who have delivered workshops to more than 4,000 people.

by the hard work and dedication of COSCO members, as well as through financial and in-kind contributions from the Ministry of Healthy Living and Sport, B.C. Health Authorities, the Union of B.C. Municipalities, City of Burnaby, New Horizons for

Seniors Program, Bank of Canada, and Canadian Council on Learning.

For a list of available workshops, please visit www.coscobc.ca. To book a workshop contact Sheila Pither at pither470@shaw.ca or (604) 684-9720.

If undeliverable, please return to 14372 Ridge Cres., Surrey, V3X 1B6

**Council Of Senior Citizens'
Organizations Of BC (COSCO)**

www.coscobc.ca

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COSCO News welcomes your letters, contributions and suggestions. Please send your letters and comments to soren.bech@shaw.ca, or to COSCO News editor, 23088 - 16 Ave., Langley, B.C. V2Z 1K7.

A tax by any other name

In MAY, THE PROVINCIAL GOVERNMENT instructed its Regional Health Authorities to commence charging a new fee to individuals who are recovering in hospital and not yet well enough to go home.

Fraser, Interior and Northern Health Authorities were the first to roll out the new user fees.

Patients in Vancouver, admitted to the UBC Transitional Care Unit, will also begin receiving a bill for the \$29.40 daily rate for "convalescent care."

The government has attempted to soften the blow for some by saying that those unable to pay may apply for hardship waiver. It's an indignity that seniors should not have to experience.

The government is pursuing a course of action that is contrary to the Canada Health Act and returns health care back to a time prior to Medicare.

"These are health services that are needed by people still in the hospital, and they have always been fully covered by MSP, our public health insurance plan in British Columbia which is funded by our tax dollars," says Melanie Leckovic, vice-president of the BC Nurses' Union.

"Therefore any attempt to charge our patients' fees for these medically-necessary services is completely unacceptable."

COSCO would certainly echo those remarks.

The BC Health Coalition would be interested in hearing from any individual who has been charged the "convalescent fee", if they cannot afford to pay. They may be reached at 604-681-7945 or campaigner@bchealthcoalition.ca.

What is needed is improvement in home support and home care, so that patients could recover in their own homes.

It costs less and saves lives.

I love that old-time rock 'n roll!

AN EXTRAORDINARY PILOT project at the Seniors Residence in Rohrbach, Austria has shown the regular use of the Rocking Chair is wonderful conditioning and training for seniors experiencing problems with balance. The effort is not strenuous. Five days per week, twice daily five to ten minutes of rocking is sufficient for a positive effect. Falls have been reduced and in many instances eliminated, and bone fractures minimized. One might say it is like an Osteoporoseprophy cure without the use of medication. The good old rocking-chair can be brought down from the attic, dusted off and put to good use. Besides, according to Hollywood stars, knitting is back in style. The new motto is: *"Knitting is the new yoga."* So do it like a typical "Oma", sit down in your old rocking chair, start your knitting and your rocking and train for a fall free future.

Reproduced from June 2010 issue of "Our Generation," the monthly publication of the Austrian Seniors Federation, translated by Art Kube.



Support Ombudsperson on residential care

TIMELINES FOR SOME of the Ombudsperson's recommendations have come and gone. Assurances are needed that the government will commit to seeing that they are fully implemented. It is up to citizens to hold their feet to the fire.

By Mar. 31, the Ministries of Health Services and Healthy Living and Sports were to take the necessary steps to entrench in legislation or regulation an expanded role

for resident and family councils in all residential care facilities. These changes should include the designation of a liaison person at each facility and in each health authority to assist and respond to resident and family councils within a specified time frame. Secondly, the ministries were to provide guidelines for operators of all residential care facilities on the types of support they should offer resident and family councils. By Jun. 30, the ministries were to

establish an ongoing position to promote and help develop resident and family councils and to report publicly on those activities.

It is important for residents, family and friends follow up on these recommendations and report to the Ombudsperson and Health Authority if they have not been implemented. Browse www.bchealth-coalition.ca for actions that you can take immediately.

Shuffling around the elderly and the mentally ill causes confusion

By Sandra Thomas,
Vancouver Courier

THE PROVINCIAL GOVERNMENT and Providence Health Care agree patients with mental illness respond better to treatment if they live in small community-based facilities rather than large institutions.

So it's ironic the brother of a Champlain Heights man was given notice in December that the small community-care facility he's lived at for 10 years, Melissa Park Lodge in Port Coquitlam, operated by the Fraser Health Authority, is closing later this year due to budget cuts by the provincial government.

A year ago newly appointed Health Minister Kevin Falcon instructed B.C.'s health authorities to find \$360 million in savings, and Melissa Park Lodge was just one of many care facilities across the province to get the axe.

Frank Cosco told me in mid-July that when his brother, who had been considered stable for a decade, was given the news he'd have to move from his home, he went into such an emotional tailspin he was forced to have electric shock treatment. He was then moved to Riverview Hospital, a huge mental health facility in Coquitlam.

This is where the irony comes in. The province is closing Cosco's brother's small community care

home and other similar facilities across the province while insisting mentally ill patients respond better to treatment in small community care homes. And it must be true because that's the reason the province is giving for moving hundreds of neuropsychiatry patients from Riverview into small care homes for seniors.

Cosco is in a unique situation in that his 85-year-old mother lives in one of these seniors' facilities, which will become home to Riverview patients that require special lockdown wards.

Cosco told me that Providence Health Care, which manages Youville Residence on Heather Street, initially wanted to evict the residents on the provincial government's behalf. But the families of the residents pointed to Regulation 50 (2)B of the Community Care and Assisted Living Act, which prevents such evictions.

On June 29, Providence relented and agreed no one would have to move without their consent. Instead, the health authority will go ahead with the construction of lockdown wards, leaving the seniors to deal with the noise, dust and stress. It's also likely some residents will be shuffled around within the facility, which means it's possible Cosco's brother could displace his mother.

As residents die, Providence is leaving their spaces empty to make

room for construction, which Cosco says, means there have been empty rooms at Youville since February. That also means seniors waiting to get into care are out of luck when it comes to being placed at the multi-level care home.

The same thing is happening at St. Vincent's Hospital Langara, which will also be renovated to include lockdown wards for Riverview patients. The lockdown wards will be built in the East Wing, which has been home to 23 long-term residents, such as Linda Fox's mother who's lived in the wing since 1999. Since the families were notified about the change, Fox has become a tireless advocate on behalf of the seniors.

One concern the Langara families have is the fate of a lovely tranquility garden constructed and planted with the support of Tapestry Foundation, an organization with a long history of supporting compassionate health care in Vancouver.

Fox told me many families also contributed to the garden, where many residents spend their time on sunny days. The entrance to the garden is off the East Wing, which is where the Riverview patients are moving. According to Providence there will be no interaction between Langara residents and former Riverview patients, which begs the question, who gets the garden?

If the Riverview patients are allowed use of the garden, long-term residents won't have access. But should the residents retain the use of the garden, that means Riverview patients who'll be living just metres away will only be allowed to look but not touch.



**They call it
supportive
living –
but will
you get
what
you’re
paying
for?**

**By Gail Harmer,
Chairperson,
COSCO Housing
Committee**

In THE LAST FEW YEARS, all across North America, private investors have been flocking to the seniors housing market.

Their target is seniors of moderate income or seniors with disposable assets like the family home who are interested in 'hotel-like', safe, independent living with a few limited supportive services such as laundry of sheets and towels, light housekeeping, preparation of some meals, recreation etc.

The problem appears to be that many seniors in these settings of 'Supportive Living' may not be getting the services for which they've paid and, worse still, they may not be as safe as they should be!

'Supportive Living' is not to be confused with 'Assisted Living' wherein the supportive services are much more 'hands on' (prescriptive) ie physically bathing the resident, managing the residents' comfort money, managing all medications, etc.

Any Supportive Living providing 'prescriptive services' must apply for registration as 'Assisted Living' and come under close supervision/monitoring of the Office of the Registrar of Assisted Living as per the regulatory authority of the Community Care and Assisted living Act.

The only aspect of Supportive Living that has regulatory accountability is its housing aspect if the resident is a renter.

In that case, the resident with a

tenancy complaint can use the 'Residential Tenancy Act' as is the case for other renters in B.C.

Also, although few seniors able to rent in these private Supportive Living facilities would qualify financially, the housing portion can also be supplemented by S.A.F.E.R. (Shelter Aid for Elderly Renters) through BC Housing.

Several months ago, COSCO was contacted by a conscientious, experienced worker of 10 years experience in residential care of the elderly.

She fears for the safety of seniors in private supportive living facilities. She fears that they should have more regulatory assurance that they get the service for which they pay and that they are appropriately placed at that level of care.

In her case, it all started when one of the residents with chest pain got no response when he used the medical alert system. As it turned out, his device and possibly many others had never been activated!

This 24 hour monitoring service is a selling feature of 'Supportive Living.' The resident survived but was not aware that management refused to follow up immediately to ensure that all other residents' medical alert systems were activated because it might have involved overtime payment to staff!

Thanks to this worker's persistent efforts, the local fire inspector has been involved and changes made.

It took seven months but the residents have finally received an Orientation Book. Staff with minimal English can't help with instructions on how to use the nine digit bundled phone system that costs an extra \$70 a month.

The same language barrier also makes it problematic to get instructions on using the stove or washers.

The current Manager, whose only qualifications and background is in accounting in seniors facilities, is now charged with the responsibility of screening new applicants for their suitability for this facility.

She has no medical background and no training in assessment tools required for determining an applicants' actual capacity level for independent living.

When her choices were questioned by this experienced worker, the manager's response was, "It doesn't matter. We need to get these units filled."

The profit motive means the fewer the costs, the higher the potential for profit.

On top of all the other concerns, there have been more staff cutbacks and the company, in it's pursuit of the 'Eden Model', has introduced pets into the mix. That requires additional staffing, not less.

H'mm. Who needs staff when you can stage compliant residents as greeters at the front entrance for all potential new applicants!

FIGHTING FOR AFFORDABLE HOUSING

Lessons from the front lines

By Gail Harmer

As Chair of COSCO's Housing Committee I receive enquiries from groups across the province who seek advice on raising community consciousness and/or heightening political pressure for affordable housing for seniors.

My recent personal experience trying to found an independent, credible seniors' voice in housing left me wanting to warn enquirers about depending on existing groups or organizations. It is enticing to piggy-back on established groups. But you run the risk of losing your own identity. And you risk not attracting the type of innovative, skilled senior volunteers you'll need.

Seniors in urban centres like Vancouver and Kelowna increasingly find themselves unable to pay the rapid rent increases in their long time communities. As a result, urban centres will soon lose a significant and important component of healthy, diverse neighbourhoods.

Late last year, Gordon Neighbourhood House (GNH) was given a Lower Mainland United Way grant of \$25,000 to try to address the insecurity of housing for seniors here in Vancouver's West End. They joined forces with three other non profits: 1) West End Residents' Association (WERA), 2) West End Seniors' Network (WESN) and 3) Women in Search of Housing (WISH). They used most of the \$25,000. to hire a part time non senior to act as an advocate half a day a week. They were to have two community meetings for seniors worried about losing their housing, provide advocacy and

encourage senior involvement in the process.

Seniors' Housing Advocacy Group (S.H.A.G.) was the incarnation of the seniors' involvement. S.H.A.G quickly developed a mandate, vision, and membership statements. It went on to gain media coverage , a community profile and civic government attention highlighting the housing crises of West End seniors. We also put on a successful all day outdoor community forum. Though we were only a core group of about ten seniors, we were very busy and productive from January til June.

We were in our infancy, but I think our dependence on the mentoring non profits was a mistake.

We missed an opportunity to establish a seniors' perspective on a proposal being rammed through our community by City Hall called S.T.I.R. (short term incentives for rental), a two year limited programme to develop market, 'purpose-built', rental apartments in Vancouver starting in the West End. The Mayor reasoned that S.T.I.R. would mitigate the shortage of affordable housing within the City and provide much needed construction jobs. The City offered reductions in development costs to entice developers. Developers say they need to build 21 and 22 storey towers to maximize profits! That number of stories contravenes the 'Official Community Plan'. The City circumvented that problem by using site specific 'spot zoning'. The West End is outraged! 9,000 have signed petitions against S.T.I.R!

S.H.A.G. had done enough re-

search to know that S.T.I.R. buildings were meant to provide housing for workers in the downtown core who could walk, bike or bus to and from work and recreation. The projected rents were beyond the means of more than half the existing senior renters.

A well organized campaign by a newly formed "West End Neighbours" (WEN) began as there was a "lag" in response by the established community groups including those 'mentoring' S.H.A.G.

By the end of June, S.H.A.G. was written off as a handmaiden of the mentoring groups who failed the community either by conceding the inevitability of S.T.I.R. (WERA) or worse, promoting it (GNH) who've been offered shared space with Qmunity on the main floor of a proposed high rise next door to them. WESN has never retracted their inaccurate presentation to Council that seniors weren't at risk of losing their housing in the West End.

Now that the United Way project has ended, S.H.A.G. is bruised and down to a handful of seniors. We are unlikely to attract the skilled, committed seniors we need to continue as a viable group, separate from existing organizations. Readers please note: The Lower Mainland United Way has not required any input from West End seniors to evaluate the \$25,000 project here in the West End. The only good news is that on Aug. 31, the Mayor halted the contentious, unaffordable project at 1401 Comox. Finally, recommended reading if you want to develop an effective group: www.peernetbc.com.

Why the CMA is wrong in its attack on Medicare

By Natalie Mehra, Director,
Ontario Health Coalition
and Mike McBane, Coordinator,
Canadian Health Coalition

Medicare was set up to remove the financial barrier to care when people are in need. Founded upon principles of compassion and equity the Canada Health Act is a powerful statement of our collective right to care on equal terms and conditions that has endured for a quarter of a century.

It is a disservice to Canadians to advocate for private health insurance and user fees for patients. To adopt this approach would be to dismantle more than 60 years of progress towards creating a comprehensive health care system. As such, we are deeply disturbed by the public comments of outgoing Canadian Medical Association president Dr. Anne Doig. We know that her views are not representative of many in her profession nor of Canadians generally.

Despite regular propaganda to the contrary, Medicare is neither in crisis nor is it unsustainable. According to eminent health economist Dr. Robert Evans, since 1975, public health care has remained relatively stable at between 4 and 5% of GDP. Medicare spending comprises the same proportion of provincial revenues as it did 20 years ago. While public resources for Medicare have remained consistent, it is tax cuts that have been eating away public budgets. It is easy to look like a bigger fish when the pond keeps getting smaller.

It makes sense to pay for health

care through a progressive tax system. It gives us the bulk buying power to contain costs, something that patients cannot do when they are left to their own devices in a private health care market. It means that as a society, we can redistribute income to provide care when we are most in need; when we are aging or sick and when we have the least ability to pay.

The public system has expanded in recent decades to provide millions of Canadians with access to new technologies for cancer treatment, diagnostics, and dramatic increases in surgeries. But it has also contracted. Cuts to chronic care, rural and community health services have contributed to Canadians' concerns about the future of the health system. Instead of exploiting these fears and seeking inequitable methods of obtaining more money, the Canadian Medical Association should join with the thousands of patients, health professionals and care workers who are advocating for a fair tax system in which money goes to improving care. Rather than taking away from the public system, we must act now to protect the scope of care for seniors and those with long-term illnesses.

The experience of privatization in Canada and around the world is that only the healthy wealthy can afford adequate coverage. Private insurance is neither available nor affordable for those with pre-existing medical conditions. In our recent research we have uncovered outrageous charges for private care: \$1,200 per eye for cataract surgery;

\$500 - \$800 for a physician consult; \$800 - \$2,000 for MRIs; \$15,000 - \$20,000 or more for knee surgery. For these procedures and others, the public system costs a fraction of these charges. To embrace private health insurance and user fees is to embrace inequity and higher costs that will worsen the standard of living and reduce access for the vast majority of Canadians.

It is irresponsible exploit the aging baby boomers as a tool to create fear. Our society is more than capable of taking care of our aging parents who have contributed all their lives to the public health system. There is a clear path to restore confidence and ensure the sustainability of public health care. But it does not involve pretending that privatization is anything more than enabling private companies to make profit from people when they are ill and infirm. The CMA should join us in insisting that our governments uphold the principles of equity and fairness embodied in the Canada Health Act and renew the federal funding accord. They should work with us to ensure that chronic and rehabilitative care are properly covered. And they should push for the political leadership to expand Medicare to cover pharmaceuticals in a comprehensive public program that can provide more care for less money.

We would do well to remember the words of Justice Emmett Hall, whose report set the foundation for public health care in Canada: *"We, as a society, are aware that the trauma of illness, the pain of surgery, the slow decline to death, are burdens enough for the human being to bear without the added burden of medical or hospital bills penalizing the patient at the moment of vulnerability."*

Living longer. Doing more.

Society needs to come to terms with the challenges of longevity



By Art Kube

It seems these days that seniors are on everyone's mind. Many public policy makers view us as a threat to government finance and universal programs.

Public, non-profit institutions are experimenting with new programs for seniors.

Businesses are salivating and looking at us as a profit centre.

Families are worried about how to provide quality care for their senior members.

The health care sector is planning for a greater number of residential care facilities for seniors and employers are viewing reductions of benefits of retirees because of our increased longevity.

It seems like everyone is involved in the discussion affecting seniors' increased longevity, except seniors themselves.

Everybody claims to involve seniors in their discussions, but often what we see is window dressing and tokenism.

The order of the day is still, "we know what's best for seniors." Because that's the way it has always been.

The attitudes which prevailed

when seniors lived to the age of 68 or 69 still prevail today and these attitudes are hard to change.

During the last four years the National Pensioners and Senior Citizens Federation (NPSCF) has gained anecdotal knowledge and experience which convinced us that the societal changes necessary to humanely accommodate the changing demographics requires the full involvement of seniors in the planning and implementation of these changes.

We also recognize that this will be a major task because it will require changes in attitudes towards seniors, and changes in the attitudes of seniors themselves.

Our slogans “Don’t plan for seniors – Plan with seniors” and “Seniors helping Seniors” found their way into the vocabulary of discussions dealing with seniors, but many times only for the sake of window dressing and convenient covers for reductions or elimination of government financed seniors programs. Often to be replaced by private sector for-profit or volunteer run programs.

The classic case was the elimination of the B.C. Ministry of Health funded and accredited home support program, to be replaced by a vague home support program run by volunteers and students.

This move undermined our efforts for a universal home-care and home-support program, which would have allowed seniors greater independence, a better quality of life and at the same time would have reduced intake into acute care and long term facilities and leveled off health care costs.

The massive involvement of the for-profit sector in elder care and

elder services delivery poses some dangers to seniors. First it is not regulated and therefore open to abuse. Secondly only some seniors are able to afford it, thereby creating a division among seniors. And thirdly it reduces the pressure for a universal program which is accessible to all seniors.

Driving Ms. Daisy is O.K. for Shaunessy Heights but it does nothing to improve Handi Dart service in other parts of the City or in rural areas.

The NPSCF is a strong supporter of volunteerism. We can see its benefits to society. However we also fully recognize that the voluntary sector should never be used to reduce the commitment by the state to the welfare of people. For instance, this was the precondition of progressive community involvement in voluntary agencies. Today we see this condition largely ignored.

Seniors cannot have stock or trade with voluntary agencies which don’t abide by this commitment. If we do, than we become part of the problem. Let me restate: the NPSCF supports volunteers, we could not operate our organization and our programs if it weren’t for the many volunteer hours our members contribute. There are many facets of improving society where the help of volunteers is needed, but volunteers should not be used to further the Fraser Institute philosophy of smaller government and the survival of the fittest.

There are some institutions which are genuinely concerned about the changing demographics and its impact on society. The World Health Organization produced an excellent report entitled: “Global Age-Friendly Cities” which received great acclaim and support in many

nations. Unfortunately the recommendations on Seniors’ Health, Housing and Income received hardly any support from the different Canadian jurisdictions. What happened was the Federal Government downloaded responsibility onto the provinces and the provinces downloaded onto the municipalities, so what we are ending up with is better access to sidewalks and some volunteer programs for seniors. Where ever we participate in Age Friendly Communities activities we must insist that the terms of reference be written so as to assure that all concerns of seniors are addressed and that the program of implementation be senior- driven.

The NPSCF must continue to advocate for universal home-care and home support as the cornerstone for the quality of life in line with our increased longevity. We must increase our efforts to combat senior’s poverty, lack of affordable housing and the elimination ageism in the delivery of health care.

Most important we must get all our affiliated members on side, on how we see the challenges and resolves of dealing with increased longevity.

We should celebrate the fact that Canadians are living longer, instead of allowing society to deplore it. I sincerely hope that the issues I raised will receive thorough discussion and find their way into a seniors’ agenda, so we can work towards implementing the demographic changes in a fair and civil way and to the benefit of all seniors and society generally.

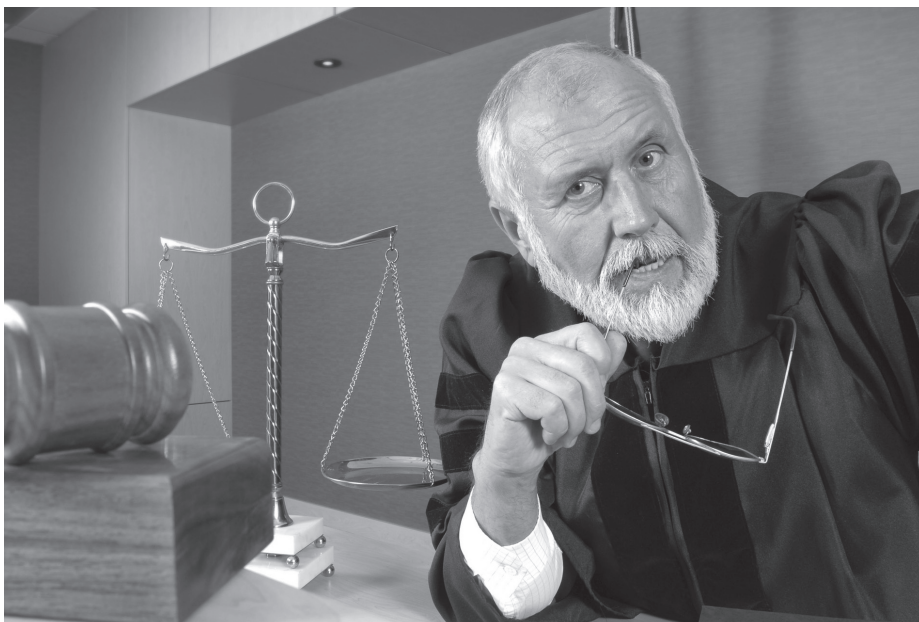
Art Kube is president of the National Pensioners and Senior Citizens’ Federation.

New service offers free “legal health” check up to Lower Mainland seniors

By Curtis Ketter

THE BC CENTRE FOR ELDER Advocacy and Support operates the only legal clinic in Western Canada focused on serving seniors - the Elder Law Clinic.

The new service offers adults 55+ an opportunity to sit down with a lawyer for a 60 minute legal consultation. The consultation is similar to a medical check-up, only focused on the “legal health” of the client. The lawyer goes through a checklist of common legal issues and problems, and can identify potential problem areas and provide advice on taking steps to remedy them or to simply better plan for the future. It’s a great way to learn about how to protect yourself from financial abuse and fraud as well as identify poten-



tial legal problem areas.

Consultations must be booked in advance, and take place at the BC CEAS Elder Law Clinic offices

located in Downtown Vancouver in the 411 Senior’s Centre at 411 Dunsmuir St. Call 604 688-1927 for more information.

Membership Application

Please mail to the address below

- ☐ I wish to join COSCO as an Associate Member. I enclose my \$25 membership fee.
- ☐ I wish to make a donation to COSCO. Please find enclosed a cheque for \$_____.

Name: _____
(PLEASE PRINT)

Address: _____

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- Please make cheques payable to COSCO.
- Mail your application to Ernie Bayer, Membership Secretary, 6079 - 184 A Street, Surrey, BC V3S 7P7 604 576-9734.
- Seniors groups or organizations wishing information about joining COSCO should write or phone Ernie Bayer and request a membership package.