

Housing: a social determinant of health

COSCO News Special Report on housing and health

Alice Edge
Chairperson
COSCO Health Committee

IT IS NOT SURPRISING, especially in the cold weather Canadians have and are experiencing, that affordable housing or shelter is essential to good health. People who are homeless are sicker, more stressed, isolated, hungry, tend to have chronic illness and are unable to access the health care system.

The United Nations Committee on Economic, Social and Cultural Rights has described Canada's inadequate housing as a "national emergency".

Canada is experiencing a housing crisis as rents have risen beyond the cost of living particularly so in cities such as Vancouver, Toronto and Montreal. The definition of affordability of housing is based on 30% of income. In Vancouver the rate is 43%, with a proportion spending more than 50%, which puts them in the imminent risk of homelessness.

There are solutions to the problem of affordability, quality and quantity of housing in Canada. It is up to policy makers at all levels of government to make it happen. It will rely also on public support and advocacy to create the political will to establish such initiatives.



Adequate housing is a critical factor in determining the health of every individual. A recent study describes the number of people suffering devastating health outcomes as a result of inadequate housing as "staggering."

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COSCO News Special Report



Identifying the social determinants of health

Alice Edge

Chairperson

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HEALTH IS MORE than a state of being well or not being sick. Health is determined by factors within and outside the health care system. Improving the health of all Canadians will be achieved by addressing and prioritizing the determinants of health by policy makers in all levels of government.

The Public Health Agency of Canada has recognized the determinants of health to be: income and social status, social supports and networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy development, biology and genetic endowment, health services, gender and culture.

In Canada, health status is tied to socio-economic status. In other words, the more money you have/earn, the more education you have or the better employed you are will improve your overall health status.

Over the next few issues of the COSCO News a number of the social determinants, for which COSCO advocates, will be highlighted. Analyzing government policies through the lens of the social determinants will assist in determining how well they address the needs of all citizens of our city, province and country.

Poorly housed face the same disastrous health problems as the homeless

A NEW STUDY CALLS IT Canada's "hidden emergency." For every man, woman or child who is homeless, there are 23 more who are barely keeping a roof over their heads. And the study documents for the first time that Canadians who are poorly or inadequately housed experience the same severe health and security worries as people who live on the street.

The number of people suffering devastating health outcomes as a result of inadequate housing is described by the study as "staggering." It says the numbers go far beyond previous estimates based on shelter and street counts.

There are about 17,000 shelter beds available in Canada. But there are as many as 400,000 men, women and children who live in inadequate, unsafe housing where rent alone eats up more than half the household income, the study found.

The *Health and Housing in Transition Study* is tracking 1,200 adults in Vancouver, Toronto and Ottawa. The report released Nov. 19 – titled *Housing vulnerability and health: Canada's hidden emergency* – was based on the first year of a planned two year study.

Dr. Stephen Hwang, the lead researcher, called on the federal government to recognize the problem. He urged the government to develop "national housing standards that ensure universal, timely access to decent, stable and appropriate



"The real gulf in health outcomes doesn't lie between people who are homeless and people who aren't homeless. It's between those who have continued access to healthy housing and those who don't."

housing."

People who don't have a healthy place to live, whether homeless or in substandard housing, are at high risk of experiencing hunger, physical and mental health problems and hospitalization. They also have problems obtaining the health care they need, the study said.

"The real gulf in health outcomes doesn't lie between people who are homeless and people who aren't homeless. It's between those who have continued access to healthy housing and those who don't," the study reports.

The continuing research is being conducted by the national Research Alliance for Canadian Homelessness, Housing and Health. B.C. partners in the alliance include the University of B.C., the Portland Ho-

tel Society and St. Paul's Hospital.

The report released last month found that regardless of whether they were homeless or poorly housed, individuals reported the same health and security problems.:

- Almost one in four had been attacked or beaten up within the last year.
- 28 percent have lost a limb, have trouble walking, or other mobility difficulties.
- 52 percent reported a past diagnosis of mental health problems.
- 61 percent had a traumatic brain injury at some point in their lives.
- 33 percent had trouble getting enough to eat.
- 55 percent had visited an emergency department within the last year.

Senior renters among the most vulnerable

Newly released, statutory landlord restrictions help guard your privacy

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

AMONGST OUR PEER GROUP, we renting seniors are amongst BC's most vulnerable. We have the lowest senior incomes, are disproportionately female, and we live alone. Together with other BC tenants, both market and non-market, we don't know that landlords must conform to strict privacy protocols when it comes to our personal information.

Landlords loom large in our lives. Our housing security rests in their hands. Let's make sure they follow the rules!

In October this year, BC's privacy commissioner responded to the chronic infringement of our privacy rights by many of BC's landlords by publishing "Privacy Guidelines for Landlords and Tenants". It applies to owners renting their property regardless whether that person owns one secondary suite, one condominium unit or several apartments. It also applies to strata councils for condo owners and property management companies.

The Personal Information Protection Act (PIPA) governs how all landlords collect, use and disclose personal information of their tenants or prospective tenants. (For the purposes of this article 'tenant' will

also include an 'applicant' for tenancy).

Here are some of the points I've extracted from reading that October document.

Generally speaking, coverage under PIPA means that a tenant must give their consent for personal information access. Tenants have the right to access that collected info as well as to whom it has been disclosed by the landlord. The collection and disclosure of tenant personal information must be obviously related to the tenancy only and exclusively.

The owner must respond to a tenant request for access to his/her personal information with copies of all such info held by the owner and the owner must, upon request by the tenant, disclose how that information has been used and with whom it has been shared.

Collected information can only be used for the original purpose. Any new purpose requires new consent by the tenant. Although written consent is not always necessary, notice to tenants must give the tenants an opportunity to decline or consent. Consent is deemed given if the tenant fails to respond within a reasonable time.

All tenant personal information held by the landlord must be kept secure to prevent unauthorized access. i.e locked in a metal filing cabinet in a locked room.

Tenant's personal information must be retained for at least one year after using it. All disposed records of tenant personal informa-

tion has to be cross shredded or destroyed by a reputable disposal company. Electronic records must be securely disposed, as well.

More Do's and Don'ts

Landlords have no right to to a tenant's SIN (social insurance number).

A landlord has a right to ask for I.D. but if the tenant provides a driver's licence as part of ID, the landlord cannot record the number or copy the card.

Landlords must get a tenant's agreement before pursuing a credit check.

Landlords cannot use your personal cheque banking information for any purpose other than cashing your cheque.

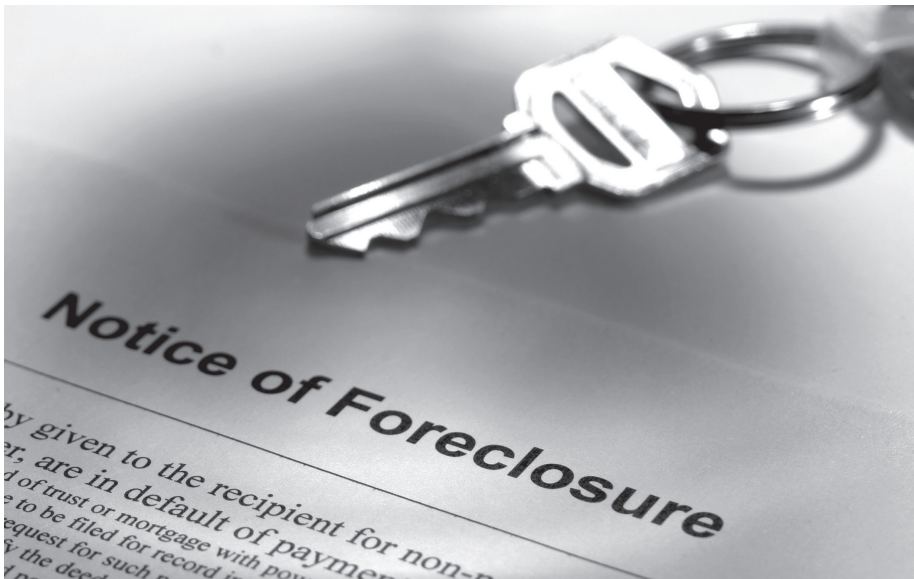
If the landlord can prove that his insurance company requires contents insurance of all tenants, it is reasonable that the tenant supply proof of such coverage. Vehicle plate numbers can be collected only for tenants' assigned parking.

Landlords can't disclose your personal info to a collection agency for any non-rent related debt.

Landlords can collect only the names of persons other than the tenant living on the property (none of their other personal information).

Landlords can post your name on mailbox or entry buzzer areas only with your consent. Otherwise, it is to be marked 'occupant'.

For more info Call 'Enquiry BC at 1-800-663-7867 or visit: www.oipc.bc.ca



Number of seniors living in poverty jumps by 25%

**Gail Harmer,
Chairperson
COSCO Housing Committee**

ON WEDNESDAY, NOV. 24, 2010, Campaign 2000 released Stats Can figures that indicate for the first time in decades, Canada's seniors' poverty increased by 25 percent just as the economic downtrend hit between 2007-2008! The poverty increase for Canadian seniors was the largest compared to any other Canadian group. Senior women made up 80 percent of that increase!

This is a alarming particularly just as the baby boomers are turning 65 in 2011.

Many seniors may choose to stay in the workforce but as the Canadian Centre for Policy Alternatives pointed out in an interview with the Globe and Mail Nov. 25, most of those affected are women and since a significant portion of senior women have lived close to the

poverty line most of their lives they may well be tired enough to opt out of the workforce once they reach 65.

How will these Canadian women maintain the adequate, affordable, safe housing that is internationally recognized as one of the major social determinants of health?

No wonder current Canadian policies lead to increases in our health care expenditures!

When are we going to wake up and realize that we have to spend money in a decent national housing programme to save much more money in the health care field to say nothing of mitigating the stress of young families who will be burdened with caring for their indigent aged parents and grandparents!

Campaign 2000 is a cross Canada movement to build awareness and support for a 1989 all-party House of Commons resolution to end child poverty in Canada by the year 2000.

SENIORS ACTING FOR SENIORS

THE United Way of the Lower Mainland recently forecast that by the year 2027 the City of Vancouver will have lost 53 percent of its seniors to the suburbs. Seniors are moving to where rents are relatively cheaper. This migration has resulted in a steep rise in low and modest income seniors as one travels south-east towards the Fraser and has not gone unnoticed by the South Vancouver Seniors Arts and Cultural Society who are determined to assert their right to their own senior's centre. Here are highlights of the message they wish to share with COSCO News readers.

Members of the general public and of the South Vancouver Senior Arts and Cultural Society met with Vancouver Parks Board recently for an animated discussion about the need for a free standing Seniors' Centre for the SE area of the City.

The public and the board were surprised when the Society provided the context, eg. The area south of 41st St between Main and Boundary has almost the same population as areas west and north combined! Those areas have no less than seven independent senior centres whilst SE Van has none! We deserve a facility where we seniors ourselves ensure understanding and opportunity to expand our horizons and to maintain our own health! We request that the Centre be recognized in the Capital Plan so that our Society can approach other governments and private donors to get this project moving along. We can't wait!

Housing and transportation: “kind of like a marriage”

Lorraine Logan
Chairperson, COSCO
Transportation Committee

WHAT HAS TRANSPORTATION got to do with housing for Seniors in British Columbia? For most seniors as they consider the prospect of retiring, planning for their future years, seldom does the concept of transportation enter into discussion. As the new mantra of “ageing-in-place” or staying in your home as long as you are able becomes more common, transportation must be factored as a priority.

Have the children left home? Do the stairs to the second floor seem steeper now? Is the laundry in the basement now a safety issue? Time to downsize, to think of a smaller home with no stairs and a small piece of property? Are monthly rental or strata fees escalating to the point where you are seeking more economical housing? Have you found a wonderful place advertised in a quiet, secluded community with a much smaller population? Are you thinking of moving in with one of your children? Perhaps the northern part of British Columbia has always attracted you, it is so beautiful in the winter with all the snow on the horizons? Have you just wanted to get out of the city and all the urban noise and traffic? These are just some of the questions we address as we start to plan for our mature years.

In the B.C. Lower Mainland, we

have an adequate public transportation system including HandyDART. We also have taxi and limousine services that charge fees regulated by the provincial government. Most seniors own their own vehicles and would drive themselves to appointments, social engagements, and various shopping excursions. Those seniors who do not drive any longer often take public transit or are driven by friends or family. As we expand this concept of moving seniors, consider what this might look like in a smaller community, with extremely limited public transportation, a neighbour supplying the local taxi service and perhaps one HandyDART bus. Living in a rural community, the need for transportation is just as important but often not that available. This becomes even more critical if you no longer drive your own vehicle.

Housing and transportation are kind of like a marriage. You can feel warm and safe in your home, but sometimes you just have to get away. If you are having to make choices about where to live, of course moving to a home near medical facilities would be primary, perhaps close to your church of choice, shopping opportunities and near family if possible. Make sure you identify your transportation needs, not just now when you are driving, but for when you may not be. This is a difficult time for most seniors, giving up the independence of driving. Hopefully most of us will do this by our own



choice. Therefore, if possible, when making choices about your housing and staying in your home, always consider how you plan to get around your community when the car is no longer an option. Make this your choice, your option. Don't let someone else do it for you.

Stress from moving can harm your health

Sylvia MacLeay
President, COSCO

STRESS IS A NORMAL body reaction to a hostile environment. People of all ages, and animals as well, share this “Fight or Flight” response. If the stress is short term the effects on the body will include a rush of blood from less vital to more vital organs, an increase the heart rate and blood pressure to supply more blood quickly and efficiently, an increased respiration to obtain more oxygen, and movement of stored glucose from the liver, plus rapidly making more glucose from body carbohydrates to give energy. The person will have more strength and speed. As soon as the threat is gone the body returns to normal fairly quickly.

Short term stress can produce symptoms such as flushing and feeling warm, breathlessness, dry mouth, cold clammy skin and goose-flesh, and possibly palpitations, chest pain, abdominal discomfort, and loose stools, headache, depression, anxiety and flareups of diseases like eczema, psoriasis, and arthritis to name a few symptoms. Such things as studying for an exam or a job interview can trigger some of these reactions which return to normal soon when the cause is over.

If the stress factor is persistent or repetitive the body keeps producing the stress hormones and trying to keep blood, oxygen, and energy levels high. Some damage to the brain and some organs can follow.



Some of the problems may include weight loss, mood swings, anxiety disorder, substance abuse, heart attack and stroke, chronic headaches, and sleeplessness.

Seniors (like most adults) find moving from their home stressful. Moves often involve down sizing, from a detached house, condo, or apartment, then to assisted living and later to some form of residential care.

If a move results in a new location where the senior is not treated with respect, but is bullied, neglected, or abused, and is afraid of some of the other residents who seem to be loud and/or violent then the senior will have continuous stress. Constant worries about pensions and other

income causes stress. Isolation and lack of social contacts can also lead to chronic stress. A residential care home situation where the food is poor, there is a lack of good house-keeping, or where care givers do not speak the senior's language is an unhealthy home for any senior.

Seniors deserve to be safe, to have warm housing and to eat nutritious food and enjoy good social contacts. The statistics for BC indicate that 25 percent of seniors live below the poverty level often in poor quality housing. Eighty percent of these seniors are single women. Most alarming is the fact that an increasing number of seniors who worked all of their lives, raised families, and helped to build Canada are now forced to live on the streets!

Thoughts on the struggles of older Canadians to keep our homes...

And our pensions

And public health care

We need to pressure our elected governments to ensure that seniors – today and in the future – are fully covered, and that benefits for our most vulnerable citizens are improved

Gudrun Langolf
First Vice-President,
COSCO

WE WORRY. How can seniors and elders continue to afford the homes they live in when there seems to be a conspiracy (well, at least a lot of hysteria) about getting rid of the “gold-plated” pensions seniors collect.

Delaying the time when retired workers can access their pensions seems to be part of the push.

There are many inaccuracies spread about pensions these days. But that’s a topic for another article.

Adding to that hysteria, newspapers, television commentators, economists all forecast that we, the growing numbers of old folks, will overwhelm our health care system into bankrupting the public fi-

nances. The same economists failed to prevent the recent global financial melt down!

Aren’t we a bunch of selfish characters: we want our livable pensions and decent, comprehensive health care on top?

So what if we worked and contributed to pension plans and taxes for the healthcare system everyone enjoys and we followed the rules.

We seem to appreciate a collective pat on our backs for being so clever – particularly when we hear horror stories about “private-for-profit health care insurance” difficulties from the US just a few kilometers across the 49th parallel.

My fellow citizens, we should not force people to work longer and/or to postpone eligibility dates for receiving pensions.

Instead, let us work actively to improve the benefits for our most vulnerable individuals.

Right now the fastest growing number of poor people is senior women. Ensure that they too can live in appropriate, affordable and safe housing.

But also make sure that they receive sufficient income to buy quality, nutritious food and don’t have to make choices between food and medication.

That alone will help to keep many of them healthy. It will also make it unnecessary for many people to seek health care services at a far greater

cost to the public purse.

Many workers don’t have a pension plan, and Registered Retirement Savings Plans are not an option for most. How do you save for the future when you don’t even earn a living wage?

Let’s make sure that everyone is “covered”! Do not take away from those who earned their pensions through their labour.

We have to pressure our elected representatives to negotiate reasonable prices for medications. That will save everybody money by reducing government expenditures on health care.

Other governments have been able to do it – we need to create the conditions that will make it a reality in Canada. Political pressure is part of that. www.bchealthcoalition.ca – is one group dedicated to that work.

Now, a warning to those who do not heed this advice:

We will outnumber you.

You will need us because there will not be enough of you.

There are literally thousands of seniors volunteering in our communities.

Treat us well so that the conditions are right for us to be able to continue in paid positions with benefits and or as volunteers.

Improve the pensions and our public health care – don’t restrict access to them now or in the future.

Tommy Douglas had a vision for the future of Medicare. It's time to complete it.

**Bruce Campbell and
Greg Marchildon,
CCPA National Office**

THE CHALLENGE today is to defend medicare against the forces seeking to dismantle it. We can best do this by completing Tommy Douglas's original vision for medicare.

Building on the proven administrative efficiencies of the single-payer systems administered by the provinces, we can expand medicare well beyond doctors and hospitals into pharmacare, home care and dental care; re-orient public health care around primary health care and community care, and tackle head on the social determinants of health.

Medicare is one of the great achievements of Canada, and Tommy Douglas is rightly seen by Canadians as the Father of Medicare.

His idealism, perseverance, and prairie pragmatism are the reason we have medicare today.

As Douglas saw it, the first phase of medicare was the removal of financial barriers between those giving the service and those receiving it.

But Douglas always saw that the first phase of medicare as just a prelude to a more ambitious second

phase.

Though more difficult to achieve, Douglas's vision involved a fundamental restructuring of our health care delivery system, with a much greater focus on illness prevention, health promotion, and the policies required to address the social determinants of health, particularly poverty and inequality.

For Douglas, the ultimate goal of medicare was to keep people well, not just patch them up when they get sick.

He also understood that illness prevention and improved health for all Canadians were essential to controlling costs.

This second phase remains largely incomplete.

Whether medicare moves forward, or becomes progressively eroded by encroaching privatization will depend on which vision of health care prevails.

Will it be one based on the premise that health care is a commodity and that ability to pay should determine who gets what care and how?

Or will it be the one actually desired by most Canadians? That is, a 21st century medicare, but one still based on the principle that every Canadian should have access to health care on the same terms and conditions.

How much new social housing is BC building?

**Seth Klein, CCPA, and
Lorraine Copas, SPARC**

In May 2010, the Province of BC, City of Vancouver and Streethome Foundation announced the welcome news that, after years of promises, funding had been committed to complete the remaining planned eight sites of new supportive housing, totaling just over 1,000 new units. This is a positive development, but these units will not be completed until 2013. Even with these types of efforts, it makes for a stark contrast to the previous reality of 1,000 to 1,500 new units coming on stream every year. Understood in this way, the mystery of rising homelessness no longer seems all that mysterious.

These findings also make a clear case for the need for both a comprehensive provincial action plan (as the BC Auditor-General has said) and a strong national affordable housing strategy (as MP Libby Davies has proposed in Bill C-304 currently before Parliament). Based on figures in the BC government's May 2010 announcement, it costs just over \$250 million (including the cost of the land provided by the City of Vancouver) to build 1,000 units of supportive housing. That means that if British Columbia wanted to add 2,000 units of new social housing per year, the annual cost would be about \$500 million. Surely in a province as wealthy as ours, that is not asking too much to end the homeless crisis in BC.

It's time to take action on seniors' housing

This COSCO policy statement was developed after a major conference, Seniors' Health, Housing and Income in a Global Age-friendly Community, held in September, 2008

MOST CANADIAN SENIORS (over 90 percent) spend the majority of their lives living in a private household. Further, approximately two-thirds of these older Canadians own their residence, while one-third live in rental accommodation. The remaining 10 percent of Canadians who are unable to remain in a private home, live under a number of conditions ranging from homelessness (171 seniors are homeless in the greater Vancouver region alone) to supportive housing and institutionalized living. This basic need for housing and shelter is intertwined with the social determinants of health and issues of income and poverty. While the topic is broad and incorporates many dimensions, the first concern of COSCO is simply that no senior should be spending more than 30 percent of his/her income on housing. This issue is especially pronounced in the BC rental market where vacancy rates are in the neighbourhood of 1.3 percent, and landlords have been accused of using loopholes in the BC Residential Tenancy Act to raise rents by up to 15 percent in a single year. Such an issue is especially salient to older people who live on fixed incomes, derived from the Old Age Security Program (OAS), the Canada Pension Plan (CPP) or Quebec Pension



Plan (QPP), and private savings (4).

Having introduced the topic of income, a second major concern of COSCO is that no senior in Canada should be subjected to living in poverty. Interestingly, Canada has no definition of low income or poverty. As a result, the National Advisory Council on Aging has chosen to use the low-income cut-off (LICO) to measure this condition. While Canada has made progress in this area since 1980, as of 2003, a substantial 258,000 seniors are still living below the after-tax LICO.

A third concern of COSCO is the shrinking stock of senior rental housing. We insist that money be immediately directed into the construction of non-profit rental housing for seniors in our province. This means the housing is to be designat-

ed for seniors only, rather than hard to house adults as is the current practice in British Columbia. The practice of placing hard to house adults in designated seniors housing is woefully inappropriate.

Policy Recommendations:

- Construction of non-profit rental housing for seniors.
- Approach seniors housing issues with the goal of keeping housing costs below 30 percent of one's income.
- Eliminate loopholes in the B.C. Residential Tenancy Act that cause seniors to lose their homes or face large rent increases.
- Adjust government income programs so that no Canadian seniors are living in poverty as defined by the after tax low-income cut-off or LICO.

GET READY TO PAY MORE

Liberalism cave to Big Pharma

An Editorial published in the Victoria Times Colonist, November 26, 2010

The last act in a nasty vendetta has finally played out. Premier Gordon Campbell's government has decided to kill B.C.'s only independent drug review agency. And not just kill it, but bury it in an unmarked grave.

The agency involved is called the Therapeutics Initiative. Based at the University of British Columbia, it evaluates new drugs that come on the market.

The Therapeutics Initiative saves taxpayers \$50 million annually by finding cheaper alternatives. Largely thanks to its efforts, B.C. has the lowest drug costs in the country, despite offering some of the best coverage.

Moreover, the Therapeutics Initiative runs on a shoestring budget. The agency gets \$1 million a year. That means it generates a 50 to one return on investment.

Finally, its researchers have been credited with saving 500 lives by issuing timely warnings about suspect medications. When the new anti-inflammatory product Vioxx came out, the agency discovered a link with increased heart attack rates. As a result, although Vioxx was approved across most of North America, it was kept off the shelves in B.C.

None of this is disputable. The walls of the Therapeutics Initia-

tive are papered with accolades and letters of support from around the world. A leading medical journal called it "the only source of critical assessment of new treatments in Canada that is not political or partisan." Another commendation referred to the Therapeutics Initiative as "one of the best sources of information about pharmaceuticals ... in the world."

But no good deed goes unpunished. Drug companies have been lobbying for years to get rid of the agency.

It's worth considering the various motives involved. The Therapeutics Initiative's job is to disbelieve anything it hears about a drug until evidence can be found to support it. That makes it an industry critic.

And of course pharmaceutical firms want to sell their products. They are on the other side of the fence.

But where does this leave the provincial government? Sitting on the fence -- until a few days ago.

For some years, a succession of health ministers tried to square this circle: How to placate the drug industry, which is a major contributor to the Liberal party, without gutting the Therapeutics Initiative.

George Abbott, when he was minister, thought he had a solution. The government would sever formal links with the Therapeutics Initiative and transfer its funding to the school of medicine at University of

British Columbia. It would then be up to the university to manage the agency.

But apparently that compromise did not suit the industry, which wanted the Therapeutics Initiative removed from the drug review system and its staff banned from future involvement. It appears they got what they wanted.

The Ministry of Health has just outlined a new assessment process. First, the Therapeutics Initiative will have no further role. Its funding is terminated.

Second, whereas the drug industry had no voice in the old system, it will have extensive influence in the new one. Conflict-of-interest rules have been substantially weakened. And the industry has been given four separate points of engagement.

Third, in what can only be considered an act of spite, staff at the Therapeutics Initiative are to be kept off the new drug benefit council that will manage the process. The experts who ran Canada's most successful drug review program have been told they are not wanted.

They won't be short of employment. There have already been expressions of interest from officials in Ontario and in Britain.

But for those who participated in this shameful decision, a word of advice. There's an old saying in government: What goes around, comes around.

New Society will promote seniors' health

Sheila Pither,
COSCO Health Promotion
Project Coordinator

WE HAVE JUST BEEN NOTIFIED that COSCO has been successful in launching the COSCO Seniors' Health & Wellness Institute Society as a charitable institution with the ability to issue receipts for income tax purposes. We will now be able to apply for grants from sources like the Vancouver Foundation that only give grants to recognized charities. Individuals who want to help with our work will receive tax recognition of their donations.

Last May we began the process of establishing a society, separate from COSCO, in order to fund and promote our health and wellness

workshops, which are presented free of charge. For several years the funding for this work has been kept separate from general COSCO revenue. Targeted grants have been totally dedicated to our health literacy project. Ongoing fund-raising is essential, for it has become obvious that the work we are doing in illness and accident prevention is hugely successful. What started as a rather modest endeavour has developed into a major source of information for seniors who are trying to stay well and active by learning more about how to improve and care for their health and safety. Look at these numbers:

- 18 different workshop topics
- More than 250 workshops pre-

sented to groups all over B.C.

- Over 4,000 people have attended
- 40 people have been trained to lead workshops
- 20 workshops are already booked for 2011

At least 7 new workshops will be added to the list in 2011. You can help with this work in several ways:

- Book a workshop for your senior group
- Train to become a workshop facilitator
- Make a tax-deductible donation

Any or all of these actions can be easily achieved by getting in touch with me at 908 – 1330 Harwood Street, Vancouver, BC V6E 1S8, 604-684-9720 or pither470@shaw.ca

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 \$_____.

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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.