



# COSCO News

Council of Senior Citizens' Organizations of B.C.

**COSCO CONFERENCE  
OCTOBER 3-5**

Number 133



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September 2025

## **Join COSCO as we celebrate our 75<sup>th</sup> Anniversary and look to the future**



As Fall approaches, change is in the air. There is uncertainty about the future. Society is changing as populations age. We have new governments and the possibility of a new world order, one that may be a bump in the road to an ever more democratic and inclusive social order or may lead us down the path of dictatorship and serfdom envisioned in George Orwell's **1984**. Climate change continues to affect people everywhere. How can we work together to plan for positive change in the future?

In this time of transition, join COSCO BC to celebrate our 75<sup>th</sup> Anniversary, as we hold our first in person conference in nine years – ***Human Rights and Ageing: Advocating for an Equitable Future*** -- October 3-5 in Richmond. We've long been at the forefront of bringing the issues raised by our senior-led member organizations to the eyes and ears of governments at all levels. Join leaders from across Canada, to deliberate on ageism and human rights, on health care issues in our communities, on how seniors centres and programs contribute to our communities and individual well-being, and on inequality for seniors and our transportation needs. We're also the proud host for the Biennial Convention of the National Pensioners' Federation. The ground-breaking discussions at these gatherings will result in recommendations to guide the future work of COSCO for all seniors in British Columbia and nationally. Many thanks to our hard-working Executive and Conference Committee for making this all happen.

We've accomplished much to be proud of over the summer. COSCO BC was of panel discussions at SFU's Annual Freisen conference, met with Seniors Advocate Dan Levitt in early July to discuss priorities of mutual interest, collaborated with SFU Gerontology Department on a grant from CIHR to study the Impact of COSCO on social policy, participated in a Climate Resilience Community Engagement Meeting, and we'll be at the Elders Gathering as we go to press.

Finally, we've presented our asks to the 2026 BC Budget Consultation and submitted a brief to the Fall 2025 Federal Budget consultation, both emphasizing the need for a seniors strategy to coordinate policies. We continue to call for more truly affordable housing subsidized by governments to keep seniors from becoming homeless, for public transit and for public health care to ensure a healthy population. Both these briefs can be accessed on our website at [www.coscobc.org/](http://www.coscobc.org/). And despite all the hard work, we've had fun too, with tabling at many seniors fairs and events, and most recently launching COSCO BC on Instagram and [LinkedIN](#).

*Leslie Gaudette, COSCO President*

# Action for Reform of Residential Care Mandate Ends



ARRC (Action for Reform of Residential Care) arose as a result of the impact of the COVID pandemic on quality of care and quality of life for persons living in Canadian long-term care facilities. At the outset of

this difficult time, the country learned through the media not only how inadequately most care facilities responded to the crisis, but also how dismal life can be in many outdated and hospital-like nursing homes. Recognizing the crisis was fueled by long standing chronic structural issues throughout the long-term care system, our goal was improved quality of care and life for long-term care residents through comprehensive system reform.

ARRC took on the challenge of publicizing the poor quality of life experienced by many long-term care residents and their loved ones and also the angst felt by so many staff members. Things have not improved since COVID hit – in fact, it is widely believed that in many ways, circumstances are now worse than they were in 2020. This situation is related to pervasive ageist perspectives and attitudes, inadequate funding and increasing challenges for facilities to hire and retain qualified, experienced staff and specialized health care professionals.

Over the past five years, ARRC has created many reports and other resource documents, all describing the impact of the pandemic on the lives of residents living in long-term care and proposing solutions. Of note is our 127-page bibliography of academic articles and research, accompanied by a listing of relevant websites, media coverage and resources, published during the first two years of the pandemic.

As well, ARRC has hosted webinars, communicated regularly with government and

provided advocacy support to many caregivers and persons living in care. Our materials have been published on a comprehensive website which has been continually accessed by the public, our over 800 individual members and over 60 organizational partners. All this work has been achieved with no funding.

In 2025, our leadership team decided that it was time to conclude ARRC's mandate. We are pleased that our work has influenced people and impacted the course of long-term care history. We thank our many volunteers and the organizations that have supported this work.

We hope that the materials we have developed will continue to provide history and knowledge about long-term care quality of life to students, researchers, ethicists, gerontologists, families and persons in care. All ARRC documents and reports created by ARRC will be removed from our website when it is terminated on August 8, 2025. These documents will be archived indefinitely and can be requested from Dr. Penny MacCourt, [maccourtp@gmail.com](mailto:maccourtp@gmail.com).

To "pass the torch", ARRC is awarding Awards of Excellence to three graduate students whose work is focused on long-term care. Additionally, we are sharing our bibliography of academic articles and research, and listing of relevant websites, media coverage and resources with BC Schools of Nursing, Social Work and others. Our 'Quality of Life' series is being given to the Independent Association of Family Councils.

It has been a privilege to operate ARRC on behalf of B.C. elders in long-term care. We look forward to individually continuing to work with our colleagues in future advocacy endeavors. Sincere thanks to all from the ARRC leadership team: Penny MacCourt, Janet Epps, Lori Amdam, Shauna Prouten, Dawn Hemingway, Louise Holland and Kathleen Jamieson.

*For contacts and further information, please contact Dr. Penny MacCourt at [maccourtp@gmail.com](mailto:maccourtp@gmail.com)*

## Council of Senior Citizens' Organizations of BC (COSCO)

Visit us at [www.coscobc.org](http://www.coscobc.org) &  
<https://www.facebook.com/COSCOBC/>

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[pres@coscobc.org](mailto:pres@coscobc.org)

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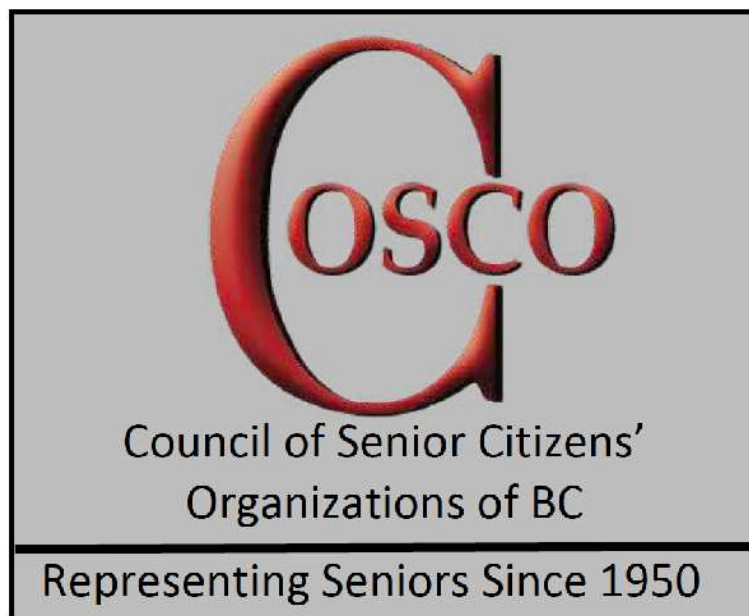
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## About COSCO

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

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

COSCO is a registered non- profit society. To join, contact  
[membership@coscobc.org](mailto:membership@coscobc.org)

Send your letters to the editor or other contributions to:  
[cosconews.editor@coscobc.org](mailto:cosconews.editor@coscobc.org)

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# Interplay between Long Term Care and Home Care

*B.C.'s failure to fund home care is driving premature moves to overwhelmed senior-care facilities, experts warn.*

As B.C. struggles to keep up with increasing demand for long-term care beds, the NDP has failed in recent years to move the needle on helping more seniors stay in their homes, advocates say.



Seniors Advocate Dan Levitt's most recent report found that 12.5 percent of seniors admitted to long-term care homes could have stayed in their own homes if they had got support to do so. Yet the cost of home care remains prohibitive for many families.

Unlike Ontario and Alberta, where home care is free, B.C. charges \$10,000 a year for a senior making \$31,000 a year to get only one hour of care a day. This has led to a 10 percent decline in the number of seniors receiving home care over the past five years. "We recommended that they eliminate the co-payment altogether, but especially for people who are on the waiting list for long-term care. Because we know that in jurisdictions like Alberta or Ontario where they don't have the co-payment, people aren't moving into long-term care prematurely," Levitt said.

Levitt's report said the unaffordability of home care is increasing the strain on B.C.'s long-term care system, which is already facing a shortage of 2,000 beds and has a wait list that has soared past 7,200 people.

Housing a senior in a publicly subsidized long-term care home costs the province over \$100,000 annually, compared to home care at \$15,000 a year for one hour of care per day. "We need to at least keep up with the demographics, because we're falling behind. And when we think about long term care, we may be able to bend the curve

a little bit on demand. Really, it would be fractional compared to the number of beds that will be required for seniors who need long-term care."

The previous seniors advocate, Isobel Mackenzie, said that the government has, for the most part, raised the amount spent on home care only by the rate of inflation, which is not enough for the increasing population of seniors. She said the focus should be on directly funding families to take care of their loved ones, which will help the government save money in the long term.

"There's no doubt that we are going to need a lot more long-term care beds than the government currently is projecting to build," said Mackenzie. "We still could reduce the demand by looking at what would keep people out of long-term care. And what would keep them out of long-term care would be high intensity care at home."

In 2023, Mackenzie found that 61 percent of seniors didn't have access to home care in the 90 days before their admission to a long-term care home, despite the province spending \$693 million on home care and related supports in the 2021-22 fiscal year.

Budget 2025 greatly increased the amount directly spent on home care, from \$45 million in 2024-25 to \$146 million in 2025-26 and \$163 million in 2026-2027.

In a statement, the Ministry of Health defended its spending, stating that it had increased the budget for long-term care to over \$2 billion in 2023 and allocated \$354 million over three years as part of the 2024 budget to expand home care, including \$227 million to "improve (the) quality and responsiveness" of home care and \$127 million for services that provide non-medical supports.



It said it has also spent \$175 million on respite care and adult day services over the last five years and signed the Aging with Dignity bilateral agreement with the federal government in 2023, which will give B.C. \$733 million over five years to spend on old age supports.

Jeff Moss, executive director of the Jewish Seniors Alliance of B.C., said the lack of seniors' care is

not new but that he is worried that decades have passed with no government implementing a solution. He said 65 percent of Canadian seniors live on under \$40,000 a year and can't afford the types of care that are offered in the province.

"... We need to ... to actually deal with the crisis that we're in with the growing seniors' population over the next 15 years," said Moss.

*Edited Version of the Vancouver Sun article of August 6, 2025, author Alex Lazenby*

For more information, visit <https://seniorsadvocatebc.ca/osa-reports/from-shortfall-to-crisis-growing-demand-for-long-term-care-beds-in-b-c/>



In July, COSCO executive met with BC Seniors Advocate, Dan Levitt.

L-R: Dan Levitt, Terri Van Steinberg, Linda Forsythe, Barb Mikulec, Leslie Gaudette, Wilf Broderick, Anthony Kupferschmidt, and Agnes Jackman. Louise Holland, COSCO Health Chair, joined the meeting on Zoom.



## Travel and Access to Care in Rural and Remote British Columbia

*The following is part of the Position Paper (June 2025) presented by the BC Rural Health Network Implementation Committee.*

*Editor's Note: We have included only the recommendations as space permits.*

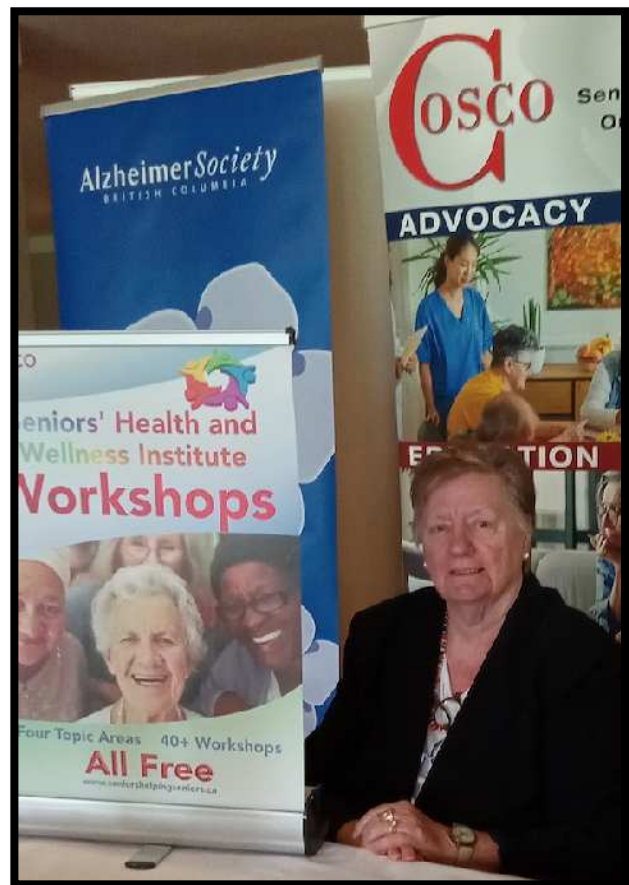
The BC Rural Health Network urges the provincial government and health system partners to adopt a holistic, coordinated response to rural healthcare travel that fully aligns with principles of health equity, patient-centered care, and the Canada Health Act. We call on the Provincial Government and health system partners to implement the following:

- **Embed Travel Equity in Health Planning:** Formally recognize travel to access care as a health determinant. Health planning decisions must assess and address travel burdens when reorganizing services or changing hospital access. A rural travel equity framework should guide decision-making and ensure mitigation measures such as transportation supports or telehealth alternatives are built into service changes.
- **Expand Financial Support for Medical Travel:** Create a fully funded travel assistance program that eliminates out-of-pocket costs for rural patients. Coverage must include transportation, meals, accommodations, and essential travel companions. Supports must be timely and user-friendly, and available in advance of the travel required (using prepaid cards or direct billing models) rather than cumbersome reimbursement processes. Travel costs must be treated as a system responsibility, not a personal expense.
- **Boost Mobile Outreach and Virtual Care Services:** Expand mobile clinics, visiting specialist programs, and innovative models such as Helicopters Without Borders to bring care closer to home. Virtual care should be used to reduce unnecessary travel but must remain anchored in BC's publicly funded system with no cost to patients. Care must remain integrated with patients' local providers to ensure continuity. Use of non-profit or volunteer models can extend capacity but must not shift responsibility away from government to fully fund core services.
- **Improve Transportation and Patient-Transfer Services:** Expand community-informed transportation options, including public transit, medical shuttles, and non-emergency medical transfer services. Ensure safe and affordable return transportation for patients after emergency transfers. Community partnerships and volunteer programs can fill gaps but must be publicly supported and fully reimbursed to ensure sustainability.

- **Ensure Continuity of Care Closer to Home:** Strengthen discharge planning and care coordination to ensure seamless transitions between urban and rural providers. Use tele- health, home care, and visiting care teams to reduce repeat travel and support recovery. Shared electronic health records must facilitate timely communication to prevent avoidable complications or readmissions.
- **Enhance Awareness and Navigation Support:** Improve communication and outreach to ensure patients are aware of available supports. Local champions, clinics, pharmacies, and community groups play a key role in trusted information-sharing. Navigation services must assist patients with appointment coordination, travel arrangements, and financial supports to reduce barriers at every step.

### Conclusion

Travel for healthcare is not a peripheral inconvenience. It is a central barrier that limits access to timely care and worsens health outcomes for rural British Columbians. A coordinated, comprehensive response is urgently needed to ensure that geography does not determine health. Through practical, people-centered solutions and fully funded supports, British Columbia can finally close the rural-urban health gap and meet its obligations under the Canada Health Act. No one's ability to access care should depend on where they live.



Agnes Jackman and Gudrun Langolf at the COSCO table at the West Coast Conference on Ageing



## October Conference on Human Rights & Ageing

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### COSCO's 2025 Conference: Registration Now Open!

**Human Rights and Ageing:** *Advocating for an Equitable Future*

**October 3–5, 2025 | Sheraton Vancouver Airport Hotel, Richmond, BC**

Join us as we celebrate **75 years of advocacy** and work together to shape a more equitable future for older adults. This landmark event will bring together:

- Older adults from across BC and Canada
- Policy makers and government representatives
- Non-profits, advocates, and community leaders

Join seniors from BC and across the country together with policy makers, NGOs, and government to address the issues faced by older adults. Your input into our deliberations will be invaluable as we strive for greater equality and a better society for all.

### WHY ATTEND?

Your voice matters. As we work toward a more equitable and inclusive future, your insights will play a vital role in shaping meaningful change for older adults across Canada. Together, we'll dive into key issues at the intersection of **human rights, equity, and ageing**, including:

- Advocate for human rights of older persons and combat ageism
- Improve health care in your community
- Address inequality and social isolation
- Influence public policy in age-friendly communities

This is your opportunity to contribute to COSCO's vision for the future, celebrate 75 years of seniors' advocacy and progress, and connect with changemakers from across sectors and regions.

- [\*\*View Conference Program\*\*](#)





## October Conference on Human Rights & Ageing

### Keynote Speaker: Margaret Gillis



Margaret Gillis will be a featured keynote speaker at the Conference. She is the founding President of the International Longevity Centre Canada, part of a global alliance of 16 Centers dedicated to the needs and rights of older people. An award-winning executive and innovative leader, Margaret played a key role in establishing the Age-friendly Community program in Canada and internationally, this program is now in over 900 Canadian communities and 26 countries worldwide. Other career highlights include a joint government-NGO project to protect seniors in disasters which was recognized with an individual award by Her Majesty the Queen.

Margaret has strong credentials regarding human rights, working with and speaking at the UN General Assembly on behalf of older people, as Chair of the National Advocacy Working Group at the Global Alliance on the Rights of Older People (GAROP) and at the Working Group on Mainstreaming Aging at the UNECE. With a background in health promotion, protection and programming for the aged, women and children, Margaret is committed to improving the rights of older people.

### READY TO JOIN US?

Space is limited - register early to secure your spot! Registration for the conference is due by **Friday September 12.**

- [Click here to register now.](#)

- Or use the QR code



- Or go to our website [COSCOBC.org/conference](https://COSCOBC.org/conference)



# Now is the Time:

## CCAA's Call to Action for the Future of Aging in Canada



The election is over, and the time for action is now. The promises made during the campaign must be followed through with concrete steps to eliminate ageism and ensure dignity and respect for older persons in every aspect of their lives. We call upon our elected leaders and lawmakers to work with leaders of all other sectors—especially those within health, housing, and workplaces—to take immediate action to deliver and enact the necessary reforms for older Canadians.

We urge all sectors to align their policies and actions with the commitment to end ageism and provide inclusive care and support for older persons. This is not just about promises—it is about creating systems that reflect dignity, inclusion, and justice for all.

### Call for Accountability

*It's time for our leaders to demonstrate true commitment by prioritizing ageism in every policy and ensuring its systematic removal.* The time for talk is over. We call upon our leaders to eradicate ageism from our policies, workplaces, healthcare, and communities, and make systemic changes to ensure older persons are treated with the dignity and respect they deserve. *We now call upon policymakers to follow through on their promises and enact comprehensive legislation to eliminate ageism and build inclusive systems for older persons.* The work that was promised during the election must be put into action now. We call upon policymakers to swiftly craft and implement inclusive, age-friendly systems that reflect the dignity of older persons.

### Call for Action Across Sectors

*It's time for politicians and lawmakers to work together with leaders of all sectors—especially healthcare, workplaces, and housing—to act on their commitment to end ageism. From accessible care to inclusive workplaces, we must see meaningful change that directly impacts the lives of older Canadians.* Ageism doesn't just exist in healthcare—it is pervasive across all sectors. We call upon every sector—health, housing, workplace, and beyond—to take immediate action to eliminate ageism and create systems that promote the well-being, dignity, and rights of older persons.

### Encourage Political Leaders to Act Now

*The leaders we elected now have a responsibility to take immediate action. We urge them to move beyond rhetoric and start implementing policies that protect and uplift older Canadians.*

### Focus on the Cost of Inaction

*The time for inaction is over. If we do not act now, the cost will be steep—socially, economically, and morally. The government and all sectors must now deliver on the changes we urgently need.*

The cost of inaction is too high, both for older Canadians and for society as a whole. Every day of delay increases the risks—social isolation, deteriorating health, economic burden, and diminished quality of life. We call upon all sectors to take immediate action to prevent these consequences.

## Specific Calls to Action

1. We call upon the government to introduce legislation to prevent ageism in healthcare, workplaces, and housing in a timely manner.
2. We call on leaders and authorities within the housing sector to implement policies that ensure accessible, affordable, and supportive housing for older persons.
3. We challenge employers to create workplaces that foster intergenerational collaboration and inclusion.
4. We call upon the government to introduce legislation and policies to eliminate ageism in healthcare, ensuring that older persons receive timely, effective, and respectful care, with tailored services that meet their unique needs.

*Editor's note: October 1<sup>st</sup> is the International Day of the Older Person. Please consider raising the above issues with government officials, business owners, unions, healthcare policy makers and anyone else you can think of.*

CCAA is the Canadian Coalition Against Ageism. It can be found at <https://ccaageism.ca/election-2025/>



On National Seniors Day, the Tri-Cities Seniors Action Society is holding a **Connecting Generations Forum**, that includes speakers, exhibitors, draws and a free lunch. October 1<sup>st</sup> 9 AM to 3:30 PM at St Clare of Assis Parish Hall, 2888 Delahaye Drive, Coquitlam.

Register at [tcseniorsactionsociety@gmail.com](mailto:tcseniorsactionsociety@gmail.com)

## How to Help Yourself



McMaster University has produced some information on exercise for people with osteoarthritis, particularly in hips and knees. Exercise should be no-impact or low-impact. And depending on a person's level of skill, they suggest 150 minutes of medium or intense exercise per week. These activities include cycling (on a stationary bicycle) and swimming laps, aquafit, hydrotherapy, and walking or running in a swimming pool. Also included are yoga and Tai Chi (while taking care of knees and hips) and walking on a flat surface for 30 minutes a day. If recommended by a professional, then an elliptical trainer or tread mill can be used. Remember to adapt the exercise to your level of pain and mobility.

Information taken from: [Mcmasteroptimalaging.org](http://Mcmasteroptimalaging.org) article titled: *Osteoarthritis and Exercise*

## Dementia: A Call to Action

A great deal of work being done on dementia by researchers and advocates. We will be seeing and hearing about it in September and the following months as campaigns ramp up.

People with dementia suffer cognitive problems. McMaster Optimal Aging says that “cognition is our ability to interact with the world around us. It includes many important functions such as memory and learning, language, visual and special function, executive function (decision making, problem solving) and social function (interactions with family, friends and others). When cognitive function is weakened to the point that it impairs a person’s ability to function independently on a day-to-day basis, then they have developed dementia. *Alzheimer’s disease* is the most common type of dementia and accounts for about 60% of all cases. The second most common type of dementia is *vascular dementia*, which is caused by either slow and steady damage to small blood vessels in the brain or as a result of a stroke. It is also affected by health conditions (one example is that people with hearing loss are at greater risk of dementia), lifestyles, environmental factors and genetics.”

An actual diagnosis means access to treatment and to programs. However, it can take up to 2 years to get this diagnosis. Once there is a diagnosis a person can be referred to another consultant who can help plan a program which could include medicines, exercises and programs. The Brainwell Institute comments on programs funded by the federal government, “Innovation exists but remains trapped in perpetual pilot mode. Since launching its national strategy, Canada has supported over 70 pilot projects in dementia care. Many have shown promise, improving access, outcomes, and experience. But without national coordination, pathways, or scale-up plans, these successes remain scattered and short-lived. We are innovating without integrating, which means life-changing solutions remain

stuck at the local level with small-scale impacts.”

Time delays in diagnosis and referrals may affect the person whose condition may deteriorate more, especially without medications needed to halt or slow down the process. Delays create an added strain on the lives of family and friends to ‘help’ out with the person. Many people are completely unaware of the symptoms and unsure how to work with them. Some simple training for family caregivers could help them learn techniques. C-Cart\* has assessment tools for caregivers, tailored to support both person and caregiver. Programs exist for people from diverse communities.

However, if the condition has progressed, family and friends will face a whole new set of problems. Can your loved ones stay in their own home and be safe to do so? Family caregivers face huge burdens to help a person stay at home. It can mean devoting large amounts of time to doing the essentials, shopping, cleaning, cooking, and help with bathing and dressing. It becomes a full-time job. If the family can afford it, they can hire paid caregivers, either through a public program or by paying out-of-pocket.

A person with dementia may end up in a Long-Term Care (LTC) facility. People with dementia take up 60% of LTC spaces. It can be expensive to pay for this type of care. If the person has the financial resources to pay, they will likely get in sooner in the private sector.

So where should we go with this? The Brainwell Institute has published A Call to Action. This includes 1) establish a National Implemental plan that creates a time-bound roadmap of clear roles, responsibilities and targets. 2) Create a Canadian dementia coordinating body that sets benchmarks for success, manages data, reports, co-ordinates across provinces and territories, sets standards, monitors and reports. 3) Set measurable goals and monitor by track key indicators like diagnosis wait times,



caregiver distress and home care access. 4) commit to long term stable funding, by supporting infrastructure, workforce development and proven care models. It's a large agenda.

\*C-Cart is the Canadian Caregiver Assessment and Resources Tool

However, Canada is lagging behind other G7 nations, so we need to move on this issue quickly.

*Article compiled by Linda Forsythe, COSCO editor.*

For a thorough analysis and excellent information, we direct you to the following, Report: [Mind-the-Gap-brainwell-institute-2025](#); McMaster University: [dementia@mcmasteroptimalaging.org](mailto:dementia@mcmasteroptimalaging.org); Alzheimer Society of Ontario: [communications@alzon.ca](mailto:communications@alzon.ca); Centre for Addiction and Mental Health: [Camh.ca](http://Camh.ca) (search in this website using the words dementia or Alzheimer) and <https://c-cart.baycrest.org> to access the caregiver assessment tool.



## Pharmacare Update

Last fall, millions of Canadians were relieved and happy to see the new National Pharmacare program get into a start-up mode. Only Contraceptives and Diabetes medicines and supplies were to be covered in the first round. But before that and to be a truly national program, all the provinces and territories needed to sign on. To date, only three provinces and one territory have done so. BC was one of them. The federal government is putting no effort to get the rest of the country signed up. It looks as though they are no longer interested in our National Pharmacare program. When asked about this new program Health Minister Marjorie Michel said, “this is a different government, with a different set of priorities and circumstances”.

The Canadian Health Coalition has a new petition calling on the government to protect the Program and sign new agreements with the rest of the provinces and territories. They have a new email petition on their website. It can be found at [win.newmode.net/Canadianhealthcoalition/nocutstoparmacare](http://win.newmode.net/Canadianhealthcoalition/nocutstoparmacare). Please sign this petition if you care about Pharmacare. Thousands have already done so, and the Health Coalition would like to see millions of names on the petition when the Prime Minister meets with the provinces in mid-September.



## United Way - Project Impact Healthy Aging

Exciting news! The Seniors' Health and Wellness Institute – COSCO, along with seven other Community-Based Seniors' Services (CBSS) groups, was chosen to participate in the United Way Project Impact series of guided collaborative sessions to build skills in recruiting and retaining presenters for our SHWI's 47 different workshops.

For 8 months, the groups were assisted in developing a framework of interview questions to contact all current workshop personnel and gather feedback to enhance the presenters' experience. The finished report was given at the United Way event in June and published in their latest book.

Findings include the satisfaction of presenters at the Gather/Share/Learn yearly event, held each fall. Another finding was the satisfaction with the support and materials for the workshops, which are reviewed by UBC Faculty of Medicine Gerontology fellows for up-to-date factual information.

We note the achievement of hosting over 300 free workshops annually and reaching multi-ethnic groups by providing brochures in eight diverse languages.

We gratefully thank COSCO for having the vision, starting in 2007, to build the framework for the workshops, which have evolved into this fantastic network of information sharing, helping to keep older adults in BC living and aging with dignity.

For more information, visit [www.seniorshelpingseniors.ca](http://www.seniorshelpingseniors.ca)

*Patrick Harkness, for the Seniors Health and Wellness Institute.*



One of the sessions to recruit and retain presenters for Seniors Health and Wellness Institute

# How Our Environment Affects Older People and the Changing World

Over the past 200 years, the world has gone through big changes in how populations grow and age. Thanks to better sanitation, health care, and nutrition, people are living longer than ever before. As a result, many countries are seeing more older people, fewer children, and fewer babies being born. Because people are living longer, the population is getting older. However, this change also comes with challenges, especially related to health and the environment.

A large part of the world's health problems comes from environmental issues—things like polluted air, dirty water, harmful chemicals, and contaminated food. About 25% of all diseases worldwide are linked to unhealthy environments that we can fix. For example, air pollution from cars, factories, and fires can cause serious health problems, especially in older adults. Breathing polluted air can lead to lung diseases, heart problems, and even dementia, which affects the brain.

Older adults are especially vulnerable during weather disasters like storms, floods, wildfires, and heatwaves. As the climate gets warmer, heatwaves are becoming more common and intense. Older people find it harder to regulate their body temperature, so extreme heat can be deadly for them. In fact, studies show that over half of the deaths during heatwaves in some places are among people over age 75.



Climate change is expected to make these extreme weather events worse. Heatwaves could become two to ten times more severe in some regions by

2060, exposing many older adults to dangerous conditions.

Natural disasters like floods, droughts, and wildfires also pose serious threats to older people.



Those with health problems and living in poor neighborhoods are especially at risk. Many older adults depend on family or

community support, which can be hard to access during emergencies. Disasters can cause injuries, illnesses, and even death, and they often hit women and older adults the hardest.

Scientists say that heatwaves, pollution, and natural disasters will likely become more common as the climate changes. Coastal cities and low-lying areas are especially at risk of flooding and storms. Many older people choose to live in cities for better healthcare and social life, but cities can trap heat, making heatwaves even more dangerous. Because older people often have health issues and less mobility, they are more vulnerable during extreme weather and environmental hazards. To keep everyone safe, it is important to improve environmental policies and prepare communities for these challenges.

By working together, we can make the world safer and healthier for everyone, no matter how old they are. Watch for activities CURC will be involved with September 20th, 2025, a Day of National Mobilization, Seniors actions on Climate Change!

*Michael MacIsaac, Congress of Union Retirees, CURC Newsletter, Issue 59-25, July 13, 2025*



Seniors For Climate (SFC) is a project of six Canadian Seniors Climate Groups (Suzuki Elders, SCAN! - Seniors For Climate Action Now, Climate Legacy, CALL - Climate Action For Lifelong Learners, GASP - Grandmothers Act to Save The Planet, and 4RG - For Our Grandchildren). We are deeply concerned about the climate crisis and the world we are leaving for future generations. We are active in every province and territory (except Nunavut and we are working on that). In 2024 we were the only climate group to hold a national climate action and had 78 locations from across Canada. During the week of Earth Day 2025 we held events in 58 locations across Canada.

Our website has much more information: <http://seniorsforclimate.org/> including a documentary film, titled Later Is Too Late! featuring David Suzuki and highlighting some of our locations from their October 1, 2024 events: [The 'Later is Too Late' Documentary - 23-Minute Version](#)

On September 19, 20, and/or 21, 2025, Seniors For Climate is joining a national mobilization called DRAW THE LINE – For People, For Peace, For the Planet. See website link to DRAW THE LINE: <https://drawtheline.world/canada?r=CA&d=ON> This is an international mobilization across generations/sectors/organizations.

**We encourage you to sign up for SFC to receive information through our website. If you would like to become involved in a SFC location, check out our map of SFC locations under Our Groups link on our website for a location near you!**

**Please join us in this climate action mobilization! We need you!!**

Website: <https://seniorsforclimate.org/>

Email: [Contactinfo@seniorsforclimate.org](mailto:Contactinfo@seniorsforclimate.org)

*Submitted from Seles Yung, from Climate Resilience Committee*

## At the Movies

Join the Langley the Langley Senior Resources Society for an inspiring afternoon with David Suzuki and view the film 'Later Is Too Late', **Wednesday, October 1<sup>st</sup>** (1-3 PM) at the Langley Senior Centre (20602-51B Ave, Langley). Reserve your tickets at 604-530-3030 Ext. 0 or visit [www.lsrs.ca](http://www.lsrs.ca) for more information.

