

Westbank Lions Community Hall

10am-1pm, Friday March 23, 2018

This report was prepared by the group's facilitator, Dr. Mary Ann Murphy from UBC Okanagan. She is an Associate Professor, Cross-appointment on Aging between the faculties of Health and Arts. Dr. Charlotte Jones of the UBC Medical School also assisted with the facilitation. The format for this consultation- with a specific focus on older adults- was approved by an advisory committee struck by Sonia Newman, ED of the Westside Health Network Society (WHN). The day was opened by Sonia Newman, explaining the day's purpose; sponsorship; and groups represented (Food Bank, CMHA, Lions, Co-op Housing, the Catholic Women's League, a representative of the BC Seniors' Advocate Advisory Committee, neighborhood associations, users of Better at Home, and a City of West Kelowna Municipal Councillor). She informed the audience that a summary report of the day would be available on the WHN website; and that any photos of participants would not show their faces.

Dr. Murphy explained to the audience that she had worked for a committee of Ontario Ministers years before who worked to develop a similar anti-poverty agenda policy set. She thanked the assisting volunteers and students. She explained how the format of this day was developed by the province along with SPARC, and that this and similar consultation reports would be sent to the *Ministry of Social Development and Poverty Reduction*. Attending individuals would not be identified by name. At the request of the advisory committee, she explained the distinction between various measures of poverty (rates, numbers, low-income cutoffs, market basket, subjective approaches etc.) and also supplied a few relevant and current seniors' poverty statistics.

Dr. Murphy explained the guiding principles agreed to by the advisory committee: *everyone's input was welcomed; everyone's opinions would be equally valued; every idea counts; public input is very important in a democratic society—and that the volunteers were there to listen carefully, with respect; and, to faithfully record their ideas to pass on for policy consideration.*

We began the day, at the suggestion of the advisory committee, by asking participants what the word poverty meant to them.

Participant's Definitions of Poverty:

- unable to eat, clothe or house yourself and your family
- low income person living in their car, can't afford rent
- the inability to maintain a life which is considered 'typical'- pay for rent, food, medications etc.
- poverty = unmet needs
- poverty- not having the means to access basic needs ie. Shelter, food, medications. Includes financial and emotional (isolation- zero means to get out and about)

- poverty means that I do not have the income to meet my financial obligations, nor is there enough income to maintain my possessions i.e. House, car, nor is there any money left to put aside for either emergencies or pleasure
- poverty to me means not being able to afford necessities of life- food, housing, clothing, meds, transportation etc.
- poverty: very low income; rental housing; not enough food; not enough education to know how to make it better
- poverty to me means rent increases; having a dog (the vet bill is staggering); seniors cannot afford food
- means cannot afford necessities to live
- no education for choices of food calls for unhealthy states of mind and body- large quantity of unhealthy food/ too much alcohol... [for seniors] means you can improve this with honest, confidential communication in teams of 2 people only ... need a social life with family and friends
- an inability to meet basic requirements- food, transportation, lodging, health expenses
- poverty means having toast for dinner, isolation and lack of shelter leading you to the street
- poverty means a person who cannot feed their family; more rentals; unable to pay utilities. Could be a low income person living in their car as [they are] unable to find low income rent
- poverty to me means living at the borderline for necessities for living: food, shelter etc. Individuals living on GIS payments are at the poverty level. Seniors making less than \$30,000 net income
- poverty or low income- means challenge to meet daily living expenses or needs
- poverty means struggling to exist
- poverty means you cannot afford food/shelter/clothes. Health care is unavailable, such as dental, prescriptions, and physio
- Not being able to put aside any money each month because income is only equal to or less than the individual's market basket
- poverty means struggling to survive in a community with housing, food and medical needs in a mostly monetary fashion
- poverty to me means not being able to pay or buy things that are needed which includes paying for prescriptions, food, transportation needs for going to the bank to pay bills, maintenance and upkeep of your home, clothes and shoes, or going to the doctor or dentist
- poverty means [low-income people] have no education, and either unhealthy, large quantity of food at the table or too much alcohol

Top Anti-Poverty Policies/Service Changes Identified by Participants

This group was broken into 3 sub-groups who found it easier to discuss issues and solutions in the same breath. For that reason, top priorities are grouped in this fashion below. Additional ideas supplied by the

participants are also included, as well as any additional written comments submitted by the participants. **Facilitators were supplied with prompts to help clarify (e.g. can you explain/ tell me more/what does that cost you now/who do you think should pay for that/ jurisdiction-level of government/ could you please write that comment on your cards?)**

Group One

KEY ISSUE	SOLUTION	ADDITIONAL COMMENTS
<p>1. TRANSPORTATION- Difficult if you live too far away from services/ seniors perceive difficulty in crossing the bridge to obtain Kelowna-based services/ hard to depend on neighbors/ hard to get to the bus sometimes</p>	<ul style="list-style-type: none"> • Increase the supply of Handi-Dart • Group 2 suggested why not run a shuttle bus for seniors that travels to the malls, major stores and grocery stores for seniors at a cost of e.g. \$2.50 	<p>“Seniors don’t drive over the bridge after a certain age.”</p> <p>“My Dad used to pay only \$35/year for a seniors’ bus pass in Ontario.”</p> <p>“The current cost of a seniors’ bus pass here is \$34.00 per month.” (One participant believes this is 45% less than students pay.)</p>
<p>2. HOUSING- rents are too expensive; long wait lists; high cost of heat and utilities; problems in attempting to home share-some anecdotes about how seniors may be taken advantage of (financial abuse) High utility costs</p>	<ul style="list-style-type: none"> • Provide more affordable congregate housing options close to services- also to meet social needs • One participant suggested that “provincial government and municipalities could institute additional deferred water, light etc.... similar to reverse mortgage which most seniors avoid because the company is redeeming exorbitant fees...” 	
<p>3. MEDICAL COSTS- Many medical costs are not covered, yet this lack of coverage may exacerbate other conditions and cause even more expensive deterioration of overall health and well-being.</p> <p>“My prescription costs are over \$450.00 per month. I have no deductible and <i>Pharmacare</i> only</p>	<ul style="list-style-type: none"> • Encourage the province to support federal <i>Pharmacare</i> with all deliberate speed • Provide coverage for optometry, dental and hearing • “Maybe BC should develop a public group 	<p>At present, many low-income seniors are trading off medical costs against either food or clothing. Seniors give up vacations, prescriptions, meat and clothes as described by this group.</p> <p>“I choose not to go to the Food Bank because there are so many poor families with kids...”</p>

<p>covers a small percentage. I have a brain tumor and cannot take the generic brands.”</p> <p>“Eye exams cost \$60- with no private plan we have to pay \$40-\$50 of that.”</p> <p>“Current coverage for glasses is 0. I have Blue Cross which costs \$165/month, yet only covers a percentage. The longer I pay in, my coverage does increase. “</p> <p>“Most seniors don’t have dental plans.”</p>	<p>plan for drugs, dental and eye care. This could also include physio, currently at zero coverage and possibly other needed allied health services.”</p> <ul style="list-style-type: none"> • “Why doesn’t BC look at what has worked in other provinces e.g. hearing aids and audio rehab? Alberta used to cover all of that but Ralph Klein took it away. There is a better chance of getting something done with this government.” 	<p>“Seniors have pride. You need to reduce the stigma around using Food Banks.”</p> <p>Risk of not covering hearing relates to overall dignity, with commensurate risk of social isolation, falls etc.</p> <p>Participants believe that lack of dental care contributes to infections and heart problems.</p>
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Group Two

KEY ISSUE	SOLUTION	ADDITIONAL COMMENTS
<p>1.HOUSING- Insufficient supply of subsidized housing</p>	<ul style="list-style-type: none"> • Need more Co-op and subsidized housing • Different (diverse) groups have different housing needs- youth, seniors and street people 	
<p>2.EDUCATION</p>	<ul style="list-style-type: none"> • A lot of seniors do not appear to know about available services and benefits e.g.: • May not know about volunteer drivers • Only half appear to know that in January costs of the Medical Service Plan will be reduced, according to income • Kelowna Shoe Bank • Where to go to get help with housing • How to get outreach 	<p>“A number of years ago, I approached the local Food Bank and said I’d like to teach soup making. I thought this could help young people nutrition, food education, what’s available ... poverty just doesn’t go with a certain age group.” They weren’t interested.”</p>

	<p>help if they are socially isolated- “it’s not enough to take them food.” “Poverty creates isolation, but WHN has volunteer visitors.”</p> <p>“They have volunteer drivers for a donation- you don’t have to be poor.”</p> <ul style="list-style-type: none"> • “Most people don’t know that the Kelowna General Hospital has taxi vouchers for Emergency users. When I asked for one, the doctor said ‘we really don’t like to give these out;’ however I said ‘just open the drawer and give me one.’ “They really don’t want the general public knowing this.” • As of this year, you don’t have to reapply for GIS. 	
<p>3.HEALTH- the government may not recognize the high expenses related to having a chronic disease for community-dwelling residents</p>	<ul style="list-style-type: none"> • Do cancer patients get enough information on benefits and supports? • Need an emergency plan for seniors 	

Group Three

KEY ISSUE	SOLUTION	ADDITIONAL COMMENTS
<p>1.HIGH DENTAL RATES , MEDICAL COSTS AND PRESCRIPTION DRUG COSTS</p>	<ul style="list-style-type: none"> • Re high cost of audiology services/hearing aids: “Audiologists cannot bill MSP, their only income is through sales. However, the negative effects of untreated hearing loss are immense. Solution is to allow them to directly bill MSP...” 	
<p>2.EDUCATING SENIORS ABOUT AVAILABLE SUPPORTS,</p>	<ul style="list-style-type: none"> • Place notices in tax returns informing 	<p>“Most people don’t know where to get help e.g. for</p>

<p>SERVICES AND ELIGIBILITY</p>	<p>seniors on where to get various kinds of help</p> <ul style="list-style-type: none"> • Could you include information on ride sharing, community kitchens- you cannot depend on neighbors for rides 	<p>transportation.”</p>
<p>3. HOUSING AND INCOME- Challenges for low-income housing or those trying to have a rental suite include high taxes and penalties.</p>	<ul style="list-style-type: none"> • One example of a hidden tax on seniors is making us pay \$100 for a drivers’ [required] exam, but a test for a 16 year-old is free. “We’re automatically deemed a risk.” • This group likes the idea of a deferred water and electrical fees- termed a <i>Deferred Utilities Bill</i>. 	<p>“For a lot of seniors in their own homes, high operating costs deplete their disposable income. Other than deferred property taxes, not everyone knows what else...” “Reverse mortgages are generally avoided because of high fees.”</p>

Additional Comments:

-“We would like to see you find additional ways to support the constant challenges of obtaining and sustaining a sufficient volunteer base to provide support and transportation services to seniors.” One proposed solution was to offer an honoraria or hourly stipend similar to what one participant believes volunteer firefighters get. (At present, the WHN provides a gas stipend voluntarily to e.g. the 135 volunteer drivers they had in February, 2018- paid by users.) Another participant suggested a ceiling of e.g. \$500-\$1000/year.

-There was also broad consensus within this audience for a Volunteer Tax Credit along with other ways to officially recognize voluntary contributions of help and service to other seniors. Another idea was to provide some type of volunteer credit towards obtaining services such as dentistry or audiology.

-With the recent federal commitment to Service Canada to increase voluntary activity among youth, why not channel some/more of that service to older adults? This would also help increase intergenerational contact, and could even predispose youth to “vote when they’re older.” “You could offer them a tuition credit for service.”

-“We believe that an available member of the BC Ombudsman’s Office should exist simply to help seniors fill out confusing forms.”

-“Why doesn’t the province slip a Defined Income notice in the same envelope as Property Tax notices”?

-“As of this year, seniors don’t have to reapply for the GIS- do they know this?” “Do they realize that if they take deferred property taxes that will be held as a lien against their property if they attempt to remortgage?”

-“We need to see more cooperative food solutions for seniors, which would also help deal with loneliness.”

-Suggest more programs to refurbish hearing aids to give to low-income seniors. “It is my understanding that many of these, although in excellent condition, end up in the garbage.” Some participants did know of a few similar programs.

-One participant held an opposing view on refurbishing hearing aids. “I don’t want low-income people to accept refurbished glasses or hearing aids from a dead person. This should be a basic human right.

-“Thank you for asking it this way- this makes me feel empowered and an expert.”

-“That’s right, as opposed to stigma.”

Disclaimer

Please excuse any errors or omissions. This forum was widely advertised by the WHNS in typical fashion; however turnout (approximately 35 participants) was lower than expected possibly explained by a severe spring storm the previous afternoon.

Participants – 5 individuals with lived experience participated. Age range 30 – 85 trending majority older females. Majority white and 2 participates of which were of Spanish and Philippine decent.