



## **RURAL SENIORS' DIALOGUE**

### **Rural Dialogue Summary Report**

**Burnaby, British Columbia**  
**November 5, 2004**

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For further information on the Rural Dialogue, please call 1-888-781-2222 (toll-free number).

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# **RURAL SENIORS' DIALOGUE**

## **Rural Dialogue Summary Report**

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### **1. FOREWORD**

This report is a summary of discussions that took place at the Rural Seniors' Dialogue, held in Burnaby, British Columbia (BC), on November 5, 2004. No limits were placed on the participants during discussions that took place in brainstorming sessions. In order to present a true report of the free-ranging discussions, recommendations made by participants that fall outside federal jurisdiction are also included. Views expressed do not necessarily represent those of the Government of Canada.

### **2. INTRODUCTION**

The Rural Seniors' Dialogue was part of the Rural Dialogue, an ongoing, two-way discussion between the Government of Canada and Canadians from rural, remote and northern regions. Launched in 1998, the Rural Dialogue is a key citizen-engagement component of the Canadian Rural Partnership (CRP) Initiative. The CRP is designed to support rural community development by adopting new approaches and practices that respond to rural, remote and northern priorities. The Dialogue process helps the Government of Canada to understand local and regional priorities, and provides rural, remote and northern citizens with an opportunity to influence Government of Canada policies, programs and services that affect them.

During the past few years, Rural Team-BC (RT-BC) has undertaken dialogues with specific groups like rural youth, women and persons with disabilities. This dialogue addressed a RT-BC priority – to better identify the issues facing seniors living in rural areas and small communities – and was deemed a good counterpoint to the youth dialogues. The objectives were:

- To help identify issues that are unique to seniors living in rural areas. These relate to access to health care, transportation, community safety, social opportunities, among others.
- To share information on successful approaches to deal with these issues.
- To receive information on what the government is doing to address rural seniors' issues.

The 15 attendees formed a representative group of seniors from rural communities in various regions of BC. Members of RT-BC, which includes representatives of federal and provincial governments and of rurally focused organizations, were also in attendance. RT-BC is co-chaired by Western Diversification and the BC Ministry of Community, Aboriginal and Women's Services. Fraser Basin Council [Gail Wallin] provided support and facilitation services to the organizers of this dialogue.

After introductions were made, the purpose of the event was outlined and background information about the CRP was presented by the Rural Secretariat's Regional Advisor for BC [Brandon Hughes]. A facilitated discussion then took place during which participants were asked to identify the key issues rural seniors are facing which they would like to discuss. The following issues/topics were identified:

- Health care - hospitals
- Transportation
- Seniors' housing
- Assisted living
- Home living support/care - basic necessities
- Need for advocacy
- Building seniors' capacities
- Sharing information across the group
- Clearer program criteria and principles for using Government of Canada health care funding
- Financial security

The group then discussed the most critical issues for seniors living in rural areas and small communities and provided recommendations for practical solutions to address a number of these issues. (These are reported under section 3 of this report.)

Following the discussions, presentations were made by representatives from Public Safety and Emergency Preparedness Canada [Shannon Gander] on community safety, and from Social Development Canada [Patricia Miller] on income security programming. (An overview of their respective presentation is provided under section 6 of this report.) A community safety publication was distributed to the group and program information was shared during these presentations.

### **3. ISSUES AND RECOMMENDATIONS RELATING TO THE RURAL PRIORITY AREAS**

#### **(A) Access to Government of Canada programs and services**

The issues and comments presented in this sub-section also pertain to non-Government of Canada programs and services, and include issues and comments related to accessing and sharing information.

- The provincial ministry for seniors should be re-instated and the Office for seniors should be strengthened.
- A trained provincial seniors council or a provincial advisory council on aging should be established to represent seniors issues.
- The National Advisory Committee on Aging should explore developing a provincial presence.

- The BC Crime Prevention Association (tel. 604-529-1552) should serve as the “hub” to access information on government programs and services related to community safety and crime prevention.
- A directory of coalition services for rural seniors and a package on the resources presented during the dialogue should be developed. Various organizations, such as the Human Rights Coalition, have expressed interest and should be included in such a directory.
- A seniors’ e-mail listserv should be developed based on Phil Lyons’ ([pylons@vcn.bc.ca](mailto:pylons@vcn.bc.ca)) or PovNet’s model to encourage networking between seniors in rural areas.

## **(B) Infrastructure for community development**

The issues and comments presented in this sub-section pertain to transportation-related infrastructure needs to access health care and other services.

- Transportation services should be provided to rural seniors to obtain hospital care, to take them to their medical appointments, including follow-up services, and to see specialists. This can be a particular issue in rural areas as highway travel is difficult or transportation access is through ferries that are not operational around the clock.
- The travel needs of the patient and the patient’s family or caregiver should be integrally considered.
- It was noted that emergency travel often requires making travel arrangements on a short notice which can be very expensive.
- Health care facilities should ensure that their discharge processes are adequate by keeping in mind the patient’s transportation needs. Additionally, health care authorities should take measures to ensure patients don’t “fall through the cracks” of the elaborate health care system.
- The local health authority should be responsible for the ambulance costs to take patients from one hospital to another by ambulance, when they need to obtain more complex health care through a facility located in a larger centre.
- It was expressed that expanding the local Handy dart and city transit services to include more routes and more frequent runs would be useful. The Regional District would need to agree to take on the costs, in partnership with BC Transit, to expand the Handy dart services outside of the city’s boundaries.
- Some areas, like Nelson, have developed cooperatives that enable seniors and others in need of inexpensive transportation to share cars [\[http://www.nelsoncar.com/carshare/examples.php\]](http://www.nelsoncar.com/carshare/examples.php). This approach could be tried in other communities and should be supported by all three levels of government.
- Another transportation system which could serve as a model to be implemented in other areas is the one in Osoyoos, where the bus that serves Osoyoos and Oliver, also serves Penticton and Kelowna. It was expressed, however, that the larger communities surrounding these do not contribute to this system.

- Communities interested in expanding their transportation services should contact BC Transit. They will undertake a survey of potential new rural transit routes and ridership volumes; and where volumes warrant, they may establish new routes.
- Frequent flyer points accumulated by government representatives and health care authority staff should be pooled and transferred to help rural citizens, including seniors, travel to access health care.
- Transportation services should be provided to seniors in the evening (e.g. beyond 5:00 pm) to give them access within the community to socialize or run errands.
- It was suggested that volunteers could provide assistance by driving seniors to appointments. In terms of potential concerns about liability, it was mentioned that volunteers are covered by a “Good Samaritan” clause under the Insurance Corporation of British Columbia regulations, or alternatively volunteers could be registered with a non-profit organization that has liability insurance.

### **(C) Access to health care**

- Health care authorities should be more inclusive of seniors’ participation at their meetings, and should undertake more consultations to obtain the input of the community, including seniors, on their health policies and services.
- Alzheimer drugs (three approved) should be covered by Pharmacare as these are presently not covered and cost \$160 per month.
- Increased dementia training should be provided to home respite workers as two thirds of seniors are expected to suffer from Alzheimer, and the number of respite beds in assisted living should be increased.
- The Canada Health Act (CHA) should be amended to ensure that the provincial level covers drugs, supplies (e.g. Depends), de-listed services (e.g. eye exams), and other items such as: hearing aids, prosthesis, dental work and wheel chairs.
- Costs for at-home care by family should also be covered under CHA. While this is a less expensive option, it creates a financial burden for families.
- More money should be put into homecare to address long wait lists for beds and keep out of hospitals seniors who do not need that level of care.
- Increased funding should be provided to open Geriatric Assessment and Treatment units, which have a small number of beds and are staffed by doctors, nurses, pharmacists, dietitians and social workers. These units offer a more holistic approach to seniors’ health care, and provide immediate interventions, thereby, reducing future hospital costs for acute care.

## **4. OTHER KEY ISSUES / RELEVANT TOPICS**

### **(A) Assisted Living**

- Assisted living facilities should be operated as not-for-profit. Non-profit is perceived to offer care based on principles not profit.
- Facilities should be assessed and inspected according to the established regulations, and national tenancy standards should be developed and adhered to by facilities.
- Formal inspections of facilities should be conducted by independent reviewers on a regular basis and without advance notice to the facility's operator. This could be a responsibility undertaken by the local government as it issues the license to operate.
- Each facility should establish a "Residents Council" as a condition of government funding, and the facility's operator should be responsive to residents'/clients' needs through this Council approach.
- It was noted that employees at assisted living facilities require higher standards of training, including basic training to help residents/clients with personal hygiene and bathing.
- Facilities should accommodate returning residents/clients who have left due to an accident or illness and require a higher level of support upon their return.
- Assisted living residents/clients should be separated, within the facility, from residents/clients requiring more complex care to ensure resources are aligned to their respective needs.

### **(B) Home Support**

- The provision of ongoing health care should include addressing stress and anxiety issues, as well as meeting recreational needs.
- Support should be provided for a broader range of services including meal preparation, grocery shopping, house cleaning, and laundry. It was noted that health is linked to other issues, for instance, a clean living environment as an impact on a person's overall health.
- Support should also include minor home repairs/maintenance like changing ceiling light bulbs and snow removal to avoid putting seniors at risk by having them shovel snow or stand on chairs to change light bulbs.
- Assistance should be provided to seniors to help them monitor their medication.
- Government of Canada funding should have more "strings attached" to ensure it is used for the intended goals and to meet the health care needs of seniors.

## 5. CONCLUSION AND NEXT STEPS

The Rural Seniors' Dialogue was a good opportunity to build linkages between Rural Team-BC and rural seniors living in various rural areas and small communities of BC. This event also served to collect information on outstanding issues that call for government awareness and action.

Participants appreciated being consulted on the issues that matter most to them, including the future opportunities to network and share information after the dialogue. They committed to seek further input from their own networks on rural seniors' issues, including identifying local solutions, and encourage networking among rural seniors.

The Rural Secretariat, in particular the Regional Advisor for BC, committed to:

- arrange conference calls between Rural Seniors' Dialogue participants to further discuss issues and share potential solutions on a "as requested" basis;
- help support regional meetings of seniors to discuss issues and solutions or provide guidance on arranging local meetings independently;
- send out information on rural issues to participants through e-mail and mail; and
- share the completed report within the federal and provincial governments and to others through RT-BC.

Participants suggested that regional workshops, similar to this dialogue, should be organized as such events provide opportunities for seniors to discuss their issues and make recommendations on possible solutions to address these. Participants also expressed that they should be kept informed of follow-up steps, and that provincial government representatives should be involved in future dialogues, including follow-up activities to this event.

Many issues for rural seniors were identified during this dialogue and a number of recommendations were suggested to address these. The following summarizes the key ones.

- The provincial government should make a commitment to seniors' health and the provincial ministry for seniors should be re-instated.
- Affordable transportation should be provided to rural seniors to access health care, pharmacies, medical and follow-up appointments and other needed services without undue financial burden. Patients and direct family members/care givers should be able to access services that are centralized to larger centers. A health transportation strategy should take into consideration other factors such as: evening service, ferry access, winter driving conditions, centralization of specialists and complex care.
- The health care authorities should be more open to community input on their policies and services and more responsive to seniors' issues. More services and items should be covered under the Canada Health Act, and the de-listing of services at the



provincial level should be addressed. Holistic approaches like the General Assessment Test model should be more available. There should be “strings attached” to Government of Canada funding to ensure that health care services are provided as intended.

- Assisted living facilities should be regulated and inspected (without notices in advance), national tenancy standards should be developed and maintained, and operators of such facilities should be responsive to residents’/clients’ needs through a “Residents Council” approach.
- Home support should take a holistic approach to deal with health, nutrition, hygiene, stress and anxiety issues, and should include a broader range of services.

## **6. PRESENTATIONS**

During the dialogue, representatives from two federal government departments made presentations on community safety, and on income security programming. An overview of each is outlined in this section.

### **Community Safety**

#### **Public Safety and Emergency Preparedness Canada (PSEPC)**

[Presentation by Shannon Gander]

- Since the inception of the National Crime Prevention Strategy’s funding in 1998, the BC PSEPC regional office, in partnership with the provincial Ministry of Public Safety and Solicitor General, have made seniors a priority when allocating grants within BC.
- Some of the risk factors that affect seniors, making them vulnerable and putting them at risk of being victimized, include isolation, financial hardship, physical or mental illness, and lack of services (social, recreational).
- Some of the many projects funded through the National Crime Prevention Centre (NCPC) that focus on seniors were highlighted. Specific projects were chosen as they either reach or are intended for seniors living in rural areas. These projects included the Wise Owl/Heads Up/Mind your Own Business Project, Steps to Seniors Safety in Rental Housing, Gatekeeper Program, and Elder Safe Home.
- A resource produced by the BC Crime Prevention Centre addressing seniors’ safety was given to all participants courtesy of the CRP.
- For more information on funding available through the National Crime Prevention Strategy, visit PSEPC’s Web site (<http://www.prevention.gc.ca>) or contact Shannon Gander by phone (604-666-5568) or e-mail ([Shannon.gander@psepc.gc.ca](mailto:Shannon.gander@psepc.gc.ca)).

## **Income Security Programming**

### **Social Development Canada (SDC)**

[Presentation by Patricia Miller]

The following information was provided on the Canada Pension Plan and on Old Age Security.

#### **Telephone enquiries**

Toll free (Canada and the United States)

For service in English:	1 800 277-9914
For service in French:	1 800 277-9915
TTY device:	1 800 255-4786

Agents can answer questions Monday to Friday from 8:30 am to 4:30 pm local time.  
(Note: The Social Insurance Number will need to be provided.)

#### **Canada Pension Plan (CPP): Benefits and Provisions**

The information below is an excerpt from SDC's Web site:

<http://www.sdc.gc.ca/en/isp/cpp/cppdidyouknow.shtml>

As a result of **your** contributions to the CPP and your **employer's** matching contributions, the CPP may provide the benefits outlined below. You must apply for all benefits in writing. CPP will determine if you are eligible for the benefit.

1. Retirement Pension (As little as one valid contribution to the Plan creates entitlement to a CPP Retirement Pension available as early as age 60.)  
<http://www.sdc.gc.ca/en/isp/pub/factsheets/retire.shtml>
2. Survivor Benefits  
<http://www.sdc.gc.ca/en/isp/cpp/survivor.shtml>
3. Disability Benefits  
<http://www.sdc.gc.ca/en/isp/cpp/disaben.shtml>

The CPP may also provide for the following:

4. Pension Sharing  
<http://www.sdc.gc.ca/en/isp/pub/factsheets/sharing.shtml>
5. Credit Splitting  
<http://www.sdc.gc.ca/en/isp/pub/factsheets/credit.shtml>
6. Social Security Agreements  
<http://www.sdc.gc.ca/en/isp/ibfa/intlben.shtml>

## Old Age Security (OAS): Payment and Taxation Information

The information below is an excerpt from SDC's Web site:

<http://www.sdc.gc.ca/en/gateways/topics/ozs-pip.shtml>

1. Income Security Program Information Card (Rate Card)  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/statistics/infocard.shtml&hs=ozs>
2. Repayment of OAS Pension Benefits for higher-income pensioners  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/pub/factsheets/oasrepay.shtml&hs=ozs>
3. Tables of Rates for OAS, Guaranteed Income Supplement and the Allowance  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/oas/tabrates/tabmain.shtml&hs=ozs>
4. OAS Payment Rates  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/oas/oasrates.shtml&hs=ozs>
5. OAS and CPP T4/NR4 Income Statements - Frequently Asked Questions  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/common/trnr4.shtml&hs=ozs>
6. OAS and CPP - Payment Dates for 2004  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/common/paydates04.shtml&hs=ozs>
7. OAS and CPP - Payment Dates for 2005  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/common/paydates.shtml&hs=ozs>
8. Guaranteed Income Supplement / Allowance Application Kit - Frequently Asked Questions  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/common/gisapp02.shtml&hs=ozs>
9. Direct Deposit - Frequently Asked Questions  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/common/dirdeposit.shtml&hs=ozs>
10. Cancelling Benefits Following the Death of a Pensioner/Beneficiary  
<http://www.sdc.gc.ca/asp/gateway.asp?hr=en/isp/common/cancel.shtml&hs=ozs>