

Services to Seniors Coalition – North Shore

Co-Chairs

- Trish Alsop, *North Shore Neighbourhood House, and John Braithwaite Community Centre*
- Margaret Coates, *Lionsview Seniors' Planning Society*

About the Coalition

The *Lionsview Seniors' Planning Society* is the host agency for the Services to Seniors Coalition – North Shore. The Coalition has been operating since 1992 and is the planning table for issues facing seniors and services to seniors on the North Shore. The 50+ participating organizations and individuals represent a wide spectrum of service providers. We come together as the Coalition to network, plan services and supports strategically, and set priorities and target resources for collaborative action.

Contact the Coalition

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Notes

Tuesday, November 15, 2022
12:00 pm to 1:30 pm

By Zoom

1. Welcome: by Annwen Loverin
2. Acknowledgement
3. Introductions
4. Power Point Presentation on Ageism Consultation – Annwen

Background:

Ageism is defined by the World Health Organization as: The stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age. Ageism exists in all aspects of society. People may experience ageism at the same time as other forms of discrimination based on gender, sexual orientation, ability, and ethnicity. Ageism is often overlooked. As a result, age related stigma and discrimination is often tolerated instead of being addressed.

The Federal Government is looking to address the issue of Ageism. They are seeking input from groups across the Country to get feedback in five theme areas:

- Employment
- Health and Health Care
- Social inclusion
- Safety and security
- Media and social media.

They are also interested in how the pandemic impacted ageism. The North Shore was asked to conduct a Consultation on Ageism at the Services to Seniors Coalition regular meeting.

5. Small Group Discussions in the three theme areas using these questions:

1. What are the most significant ageism issues related to each of the themes?
2. What impacts has the COVID-19 pandemic had on ageism in each of the themes?
3. What efforts are currently working to address ageism related to each of the themes.
4. What more could be done (e.g., new strategies, initiatives or programs) to best address ageism related to each of the themes, and who should be involved?

6. Report back: Five groups reported back at end of meeting (see summaries of their discussion below)

7. Next Steps: Margaret to send report(s) to Federal Government

8. Next meeting: January 17, 2023 – Continuing discussion on Gaps in Services – focus on Transportation

Lionsview Seniors' Planning Society acknowledges and honours that we live and work on the unceded territories of the Coastal Salish people, including the St'at'imc, S?wxwú7mesh (Squamish), x?m??k??y??m (Musqueam) and s?!?ilw?ta?? (Tseil-Waututh) Nations.

Summaries from discussion groups

Table 1 – Employment theme

Question 1. What are the most significant ageism issues related to Employment?

- Enforced retirement, little flexibility in work situations which might accommodate seniors
- There are misperceptions of ability, interest and need to work
- Expectation of enjoying retirement without work (not working should not be a goal). Some seniors want to continue to work not because they need to
- Some seniors are asked to move from employment to contractor role – means lower benefits
- Accessibility and flexibility at work is too rigid
- There are often misperceptions about skill and ability
- Some people need to work. Need benefits to continue.
- Importance of intersectionality and life events changes.

Question 2. What impacts has the COVID-19 pandemic had on ageism in Employment?

- Blame on seniors, seniors had a long life, seniors viewed as expendable
- Online health care, seniors/doctors not functionable. Did not keep up with the most vulnerable groups
- Lack of prioritizing seniors

- No flexibility of workplace = flexibility for older workers
- There was a deterioration of services
- Focus on digital work – how has this affected senior?
- COVID=greater invisibility of seniors=greater pressure on individual seniors to be included/stand out
- Zoom made everyone more visible to facilitators. Zoom can make things more accessible. But also isolating if there are access issues.

Question 3. What efforts are currently working to address ageism related to employment?

- Digital work has made work more accessible to some
- More focus on older workers – need more workers – voting ploy?
- More programs being offered to seniors to get them online.

Question 4. What more could be done and who should be involved (e.g., new strategies, initiative, or programs) to best address ageism related to employment and who should be involved?

- Don't know if ageism is used in employment practices (not in our experience)
- A question - Does focus on seniors as volunteers take away from seniors as workers?
- Need to educate employers about senior's flexibility and needs
- Need better model for working in semi-retirement (benefits need to be on a continuum)
- More needs to be done to communicate ability for senior workers to work better, faster, more effectively
- Seniors can mentor, because of their vast experience in the workplace
- Government could provide incentives to keep seniors working (Canada Seniors Job Program)
- Recognize seniors as mentors/wisdom holders
- Employers could receive incentives to hire seniors through government
- Neutralize/compensate between older and younger workers
- Compensate older workers for experience.

Table 2 – Health and Health Care theme

Question 1. What are the most significant ageism issues related to Health and Health Care?

- Access is difficult and not getting better
- Transportation to appointments and hospitals is problematic
- Wait Times are sometimes horrendous
- Unconscious bias towards seniors
- Hesitancy Fear by seniors
- General Stereotypes of seniors everyone has dementia or some form of cognitive delay
- Communication – not taking time to explain what's happening to seniors
- Family dynamics/abuse where seniors are forced into care facilities without seniors' permission

- There are many medical discharges from hospital issues: supports at home, good instructions for ongoing care
- Access to full treatments is not always explained
- Need more adequate home care in order to age in place
- Autonomy of seniors is often compromised
- Doctors need to take more time with seniors
- Need more gerontologists.

Question 2. What impacts has the COVID-19 pandemic had on ageism in Health and Health Care?

- Not being able to attend funerals and other important events
- Isolation, anxiety, loneliness, depression
- Helplessness, lack of community, lack of human touch (20 second hugs)
- Lack of family connections, travel, and other associated programs
- Giving up autonomy, Seniors using POA, fear of illness
- Pandemic impacted all issues related to seniors, such as postponed treatments, surgeries, cataracts, joint replacements
- General acceptance of seniors dying in care homes
- Dying alone became a norm
- Seniors excluded because of lack of technology
- Scammers targeting seniors increased
- Food insecurity become a big issue – lack of access to meal programs and so on.

Question 3. What efforts are currently working to address ageism related to Health and Health Care?

- Groups like the Seniors Working Group and the Seniors Coalition have been looking at the COVID issues and are collaborating on programs/services to mitigate these issues
- Opening back up of day programs/activities/community events
- Connecting via meals at Seniors Centres
- Return of exercise classes and other activities
- Volunteer Drivers are being recruited to help with transportation
- Trained translink staff to be dementia Friendly
- Accessible transit is being advocated for
- Free transit is one of the new initiatives being advocated for by seniors
- Improvement to built environment such as benches along streets
- Affordable housing for seniors – 106 new units at Lynn Valley by Kiwanis

Question 4. What more could be done and who should be involved (e.g., new strategies, initiative, or programs) to best address ageism related to Health and Health Care and who should be involved?

- Review of medications, written forms so seniors can keep track
- Gerontologist - need more trained staff to assist with the older adults' unique needs
- 20 second hugs to help raise endorphins
- Dementia Friendly cafes

- Intergeneration events, workshops, choirs
- Education for all ages and professions
- Seniors portrayed in media should include highlights about the accomplishments of seniors.

Table 5 – Media and Social Media Theme

Question 1. What are the most significant ageism issues related to Media and social media?

- Usability
 - work, demand that everyone work online, lack of training and patience for older workers to catch up
- Lack of trust – everything is online banking, credit card info, electronic bills. Big change from how seniors did things before
- Fraud is easier and seniors can be prone to be victims
- Not familiar with devices – fear of the technology
- Time – new technology takes time to learn
- Difficult to use – small fonts, dexterity (Parkinson’s creates isolation)
- If you don’t get in you are left behind, technology is leaving seniors behind
- Media represents seniors as frail, elderly
- Need terminology for older adults
- Phones not easy to read – easy to lose
- Seniors are underrepresented in the use of media, development, and usage of product
- Covid forced seniors to embrace technology or get left behind
- In process of developing support to seniors, but we are at the beginning of the process, need navigators, intergen, libraries to help out
- Slow down for accessibility, education, awareness, and advocacy

Question 2. What impacts has the COVID-19 pandemic had on ageism in relation to Media and social media?

- Forced to use technology, though some seniors chose not to,
- Lack of Internet connections and appropriate devices
- Passport vaccination was online which forced seniors to adapt, but also some seniors left behind
- Television systems have changed, more systems to learn about
- Difficult news stories about isolation, long term care -fear of challenges and health outcomes
- Elders – residential schools, devastating news
- There is a perception that seniors don’t use technology for friendship and support – but this is changing especially considering isolation of seniors through the pandemic
- But more family connections are being created through technology
- Virtual Doctor appointments can be problematic unless a non tech savvy senior has support
- Back up support for vaccines was problematic at the medical systems areas until the community stepped up.

Question 3. What efforts are currently working to address ageism related to Media and Social Media?

- Connect Canadians workshops
- Tech support at libraries has increased
- GLUU – project as introduced
- Intergen programs around technology increased – benefits go both ways
- Tech support – volunteers in community.

Question 4. What more could be done and who should be involved (e.g., new strategies, initiative, or programs) to best address ageism related to Media and social media and who should be involved?

- Senior designed programs – working groups could be established
- Give seniors input into design and product – government could step up here
- Pricing – Wi-Fi could be more accessible – business and government could work on this issue
- Showcase seniors with less stereotyping – seniors meet amazing challenges in our communities successfully. Seniors can adapt to changes – they went through wars, huge changes in technology and business, global community opening up
- Make devices more senior friendly
- More financial alternatives (for technology) for seniors
- Navigating service support for seniors who don't use or have access to technology
- Minimize barriers, transportation, languages
- Slow down so seniors can catch up.

Table 4 – Safety and Security

Question 1. What are the most significant ageism issues related to Safety and Security?

Housing should be safe, affordable, adequate, and appropriate so that seniors can age in place in a safe/secure environment

- Seniors Housing lumped into one category – homogeneous group, need support for a range of housing to support different levels of care needs
- North Shore housing stereotypes show that our seniors are wealthy and homeowners – don't need to worry about them. Simply not the whole picture – yes there is homelessness on the North Shore
- Seniors who have cognitive decline or other issues make landlords and others uncomfortable – experience discrimination

Food security – assumption that North Shore Seniors can afford groceries etc. – not true, hence the need for subsidized meal and food programs. The Food Bank has increased its services by a huge percentage.

Question 2. What impacts has the COVID-19 pandemic had on ageism in relation to Safety and Security?

- Social Isolation – almost a denial of how serious this problem was. Programs closing caused a negative impact leaving seniors isolated and sometimes in dangerous situations in terms of their health and safety
- Misperception that seniors are technologically illiterate – perception seniors cannot learn
- Health Care – were seniors prioritized, how was that handled
- Security in your health – no more regular appointments or check-ins
- Seniors in facilities left in their rooms to be alone, no family visits, not enough attention paid to seniors’ safety and security
- Other health groups – competition for community supports
- Emergencies, drug overdoses were on the rise.

Question 3. What efforts are currently working to address ageism related to Safety and Security?

- Long Term Care standards have been changed significantly
- Seniors Fraud awareness and intervention programs have increased, seniors’ orgs, police, and banks
- Lots of advocacy through the BC Seniors Health Coalition has helped to successfully change the landscape of seniors’ issues
- Community awareness, fraud, dementia awareness programs have increased

Question 4. What more could be done and who should be involved (e.g., new strategies, initiative, or programs) to best address ageism related to Safety and Security and who should be involved?

- Funding for capital investment in infrastructure for seniors – governments must step up
- Funding for operating non profits – again government must step up
- Community based programs to allow seniors to live at home must be increased and better funded
- Integration of services and service providers so that there is no duplication and programs are more efficient – organizations could take this on
- Greater engagement of seniors in decision making.

Table 3 – Social Inclusion

Question 1. What are the most significant ageism issues related to Social Inclusion?

- Stereotypes of seniors by younger generations, I.e., not being able to participate in technology, seniors have a lot of free time, they are long past being able to contribute to society
- Social media depicts seniors as feeble and not able to participate
- People do not see that everyone has value, elders have a role to play in society, they went to war / unions / set up pension plans
- Generation gaps - don’t want to ask for help
- Seniors themselves stereotype themselves
- Isolation is an outcome of no lack of social inclusion.

Question 2. What impacts has the COVID-19 pandemic had on ageism in relation to Social Inclusion?

- Isolation, transfer/access to information, transportation issues
- fear, anxiety, mental health issues
- Too much change – caused anxiety
- Lots of barriers in hospital system
- Seniors felt left out - Not feeling like they belong
- Widening gaps between different groups because of misconceptions.

Question 3. What efforts are currently working to address ageism related to Social Inclusion?

- More awareness of social isolation
- Social isolation has become a component of programming - has become more important
- Encouragement of formal/informal support of neighbours
- More emergency preparedness sent out to seniors through delivery/drop off programs
- Peer Support programs
- Intergenerational programs are creating more awareness
- Collaboration with other organizations – information sharing through groups like Seniors Working Group
- Constant re-evaluation of what is working/not working.

Question 4. What more could be done and who should be involved (e.g., new strategies, initiative, or programs) to best address ageism related to Social Inclusion and who should be involved?

- Intergenerational volunteer opportunities
- More social opportunities
- Reach out to older adult
- Intergenerational programming to bring seniors/younger people together
- Surveys to find out more about seniors needs
- Early involvement/intergenerational opportunities
- Walking the Walk – programs to help seniors get over their fears
- Need a check in system to see that seniors are okay & not fallen & needing help or dead in home for days/weeks
- Social media could talk about the accomplishments of seniors throughout the ages and now.