

NATIONAL PENSIONERS FEDERATION

NPF Executive 2015-2016

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Deadline for NPF Newsletter

submissions is December 1st



President's Message

Since this will be the last newsletter before our convention in Richmond, B.C. I would like to encourage everyone to attend. Maude Barlow (Council of Canadians - <u>canadians.org</u>) will be our keynote speaker. Your rooms can be booked on line. The call letter, registration form and hotel booking are all on our website. We are again planning for an exciting and informative convention.

Our plans for International Day of Older Persons are now available on an independent website (<u>seniorsvoice.org</u>) for all participants to register their organizations and events. This site will also provide event contact information for media notification and interview requests. This was developed with the input and support of the organizations listed on the website.



You will find some information in this newsletter from the Canadian Deprescribing Network (CaDeN) which NPF is a part of. This information is about becoming more aware of the impact of medications we take and knowing what to do to be sure about their impact on our health.

You will also see two insightful articles from Susan Eng in this newsletter. The article on CPP is particularly relevant since the Prime Minister and the First Ministers will be meeting June 20th to discuss the Liberal election promise the expand the CPP. Please lobby your MPP's and MP's to ensure that the required consensus is met across the country to make improvements to this dependable and sustainable retirement income. After Susan's departure from CARP she is graciously working with NPF as our counsel on an issue by issue basis. Thank you to Susan for providing her knowledge, expertise and passion for seniors advocacy. As part of this relationship I invited Susan to join me at the Budget Lock-Up on March 22, 2016 and then the presentation to the parliamentary Standing Committee on Finance on May 17, 2016. Our presentations are included in this newsletter.

The Standing Committee on Health is also meeting to discuss the potential of a National Pharmacare program. We all know the benefits this program would provide for aging Canadians. We also know that the cost savings are huge. New Zealand saved 7 billion dollars by implementing a National Pharmacare program. Following is a list of Committee members for you to contact and lobby in favour of implementing this program.

(<u>http://www.parl.gc.ca/Committees/en/HESA/Members</u>). This lobbying needs to happen during the summer since the committee's report is expected in the Fall.

The task force to review Canada Post services is also under way. Briefing submissions are being accepted from stakeholders till June 23rd and individuals till the end of July. These dates may not be fixed so please submit your briefs before these dates. This task force will review not only the election promise to reinstate door to door mail delivery but also other options such as postal banking which would be a particular benefit to seniors living in rural areas that do not have or are losing local banking services.

As reported on our website and Facebook pages I participated in the Affordable Access Coalition presentation to the CRTC on April 16, 2016.

(http://www.nationalpensionersfederation.ca/wp-content/uploads/2016/04/AAC-Report-002.pdf)

The presentation was intended to assist the CRTC in dealing with the issues of access to internet which is sufficient and affordable. Seniors which live in rural areas are particularly affected by both of these issues as the communication world changes. Internet service providers need to provide services to rural areas as well as large urban centres. Almost all government access to services, programs and assistance are now done through the internet. A funding model was also proposed to assist seniors that cannot afford the high cost of access. There are two more CRTC hearings coming up which will have an impact on seniors in Canada. The first one is the development of the Next Generation 911. This hearing will

... continued from the President

look at all the facets of incorporating the new digital technology such as text messaging and video calls into the 911 emergency system. The second hearing will be in regard to (Telecom Notice of Consultation 2016-192, **link**) which will analyze the impact of different pricing mechanisms for internet access.

On May 10, 2016 I had the honour to speak at the NPSCFNS in Truro, Nova Scotia. This NPF affiliated Provincial Seniors Federation provides a standing invitation to NPF president to bring greetings and an update on what the National Pensioners Federation is doing. It is always a pleasure to see and hear the activism in Nova Scotia from members of the federation. Other presenters were Bill Berryman, Group of nine -President, Lenore Zann, MLA for Truro-Bible Hill-Millbrook-Salmon River, Nova Scotia and Truro Mayor Bill Mills. I took the opportunity to speak with each of them regarding promotion and participation in the International Day of Older Persons celebrations across Canada on October 1st. Our convention this year will end on a Thursday so that everyone can travel home on Friday and be in their own communities for the October 1st celebration.♦

Remember Fighting For a Better Future Makes a Difference Whether We See It or Not.

Post Script; During the month of June our website will be receiving a major refresh. You will hopefully see the changes early in July.

Herb John, President





72nd Annual NPF Convention September 27 - 29, 2016

"Hilton Vancouver Airport Hotel"

Hotel Registration Deadline: August 29 (to qualify for discount group rate)

5911 Minoru Blvd., Richmond, British Columbia, V6X 4C7

Hotel Reservation 604-273-6336

(Only Use the Number above) Rate: \$139.00 CAD/plus tax

<u>New Online Room Reservation</u> www.hilton.com/en/hi/groups/personalized/Y/YVRAHHF-NPFC-20160927 /index.jhtml

Delegate Registration Deadline: August 25

(Registration Fee \$125.00 each per delegate and visitors) Forms are now available on our website.

Resolutions Due Date: August 1 Convention Registration: September 27 (afternoon) Meet & Greet: September 27 (evening) Convention: September 28 & 29 Banquet: September 29 (evening)

Registration forms will be mailed and are on the website. For more details, please check our website at <u>www.nationalpensionersfederation.ca</u>

National Pensioners Federation NPF des Retraités						
72nd CONVENTION						
September 27 - 29, 2016						
"Hilton Vancouver Airport Hotel" Richmond, BC						
CREDENTIAL						
Delegate: Address:						
Group/Club#: N Group/Club Name: Secretary:						
PRESENT TO THE CONVENTION CREDENTIALS COMMITTEE						
NATIONAL PENSIONERS FEDERATION						
72nd CONVENTION						
September 27 - 29, 2016						
"Hilton Vancouver Airport Hotel" Richmond, BC						
DELEGATE REGISTRATION FEE: \$125.00						
Name:						
Address:						
Group/Club#: Group/Club Name:						
Secretary:E mailE						
PLEASE NOTE: If your Group/Club is sending an additional delegate(s), please photocopy this form as needed. Cut and return the registration portion (bottom) with a cheque (\$125.00 per delegate) payable to "National Pensioners Federation". Mail to: NPF TREASURER, 2186 Stanfield Road, Mississauga, ON L4Y 1R5, Att'n: Mary Forbes HAVE YOUR DELEGATE(S) BRING THE CREDENTIAL (TOP PORTION) TO THE CONVENTION						

2nd Vice President Report

The Senior Silver Lining

All members of society all have responsibilities at different levels and relating to different issues in their environs. Global warming, climate changes, pollution, increased usage of chemical sprays, waste management, etc are among the topics identifying issues that society is attempting to address. In a very similar sense, there is also a whole array of issues facing the changing environment for seniors. Awareness of the issues, factual information and then development of appropriate policies are also required to be able to resolve these concerns and be able to ensure a wholesome, quality of life for all.



All levels of government, in concert with the non-profit and voluntary sectors, have claimed to have worked together to try to improve the lives of seniors. However, it is recognized that due to low income, poor health or disability, many seniors do not have the same quality of life enjoyed by others. Politically, all levels of government will continue to help these vulnerable seniors, particularly in light of the growing seniors' population. The rate at which this assistance will come and have a positive impact depends entirely on the efforts and the degree of engagement by seniors themselves.

The demographics and characteristics of future seniors will differ from current ones. These factors will create challenges to public policy, the cost of special programs, and the delivery of essential services. Future seniors are likely to have higher levels of education, better health, and a longer life expectancy combined with new health conditions and issues. The seniors will be more culturally diverse, more active during retirement, - continued employment; retraining; care giving; volunteering; or traveling. Most will have smaller and more diverse families, fewer children and a very small support structure. All the senior baby boomers, particularly women, will retire with different work histories and pension coverage than previous generations. These factors and the current economic downturn will have important implications for their retirement income.

It is very likely that tomorrow's seniors will continue to change the image of aging, bringing different attitudes and expectations about retirement, family relations and services they expect to receive from the private as well as public sectors. Post retirement work transitions, informal/unpaid care giving, financial preparation for retirement, home and community care, and housing options that enable people to remain in their own homes as long as possible are just some of the issues that the various levels of government will need to address with forward-looking and responsive policies.

Many seniors' organizations across Canada and within each province will be tasked with the challenges of trying to assist seniors address all the issues and challenges that the changing economic environment is creating. The National Pensioners Federation in conjunction with many other national organizations such as ACER – CART are working very diligently at engaging the new seniors across Canada. In Saskatchewan, the Saskatchewan Seniors Association is also working hard to ensure that seniors will be afforded the quality of life that they all deserve. The fact that both organizations, the National Pensioners Federation and the Saskatchewan Seniors Association from all sectors of their service areas, ensure that the seniors that they represent don't fall through the cracks of political policies and practises.

The overriding factor across Canada that does provide a guarantee for quality of life for seniors is that of volunteerism and generosity – by seniors and by the community at large. The Fort MacMurray Canadian response testifies to the supportive nature of Canadians. This characteristic will help to ensure that seniors will be provided the required supports regardless of the economic and political environments. Hopefully a tragic senior situation is not what is required to develop active, good, supportive programs. The silver lining that seniors require is a nurturing, caring approach in addressing the challenges. Seniors need to make an effort to be aware of the need to be engaged and involved in their organizations and communities – federally and provincially.♦

Mike Kaminski, 2nd Vice President

<u>These two Resolutions will be considered and up for discussion at the</u> <u>National Pensioners Federation Convention in September.</u>

16.6.1 NPF CONVENTIONS

WHEREAS the National Pensioners Federation must use its financial and time resources effectively in promoting seniors issues to the federal government; and

WHEREAS a biennial convention would do this more effectively than an annual convention;

THEREFORE BE IT RESOLVED that the National Pensioners Federation meet every second year with its next convention being in 2018.

Submitted by: The Congress of Union Retirees of Canada

16.6.2 AMENDMENTS TO THE CONSTITUTION AND BYLAWS

WHEREAS it is important that the National Pensioners Federation be able to plan and take action on resolutions adopted by Convention; and

WHEREAS moving to a two year convention will allow more time and resources to be focused on this follow-up;

THEREFORE BE IT RESOLVED that the National Pensioners |Federation |Constitution and Bylaws be

amended in the following sections:

- Section 1, Point 12 to read "federation meetings" includes a biennial meeting of members; Special Federation meeting includes a meeting of any class or classes of members and a special meeting of all members entitled to vote at a biennial meeting of members;
- Section 10, first paragraph to read: "Notice of the time and place of the biennial convention and any other meeting of members shall be given to each member entitled to vote at a biennial meeting of members;
- Section 12, Point 1 to read: "Proposed amendments to the Constitution and/or Bylaws must be submitted in writing to the Secretary of the National Pensioners Federation at least sixty (60) days prior to the date of the biennial Convention"
- Section 16 to read "Proposals Nominating Directors at Biennial Members' Meetings -- The nomination and election of Executive officers shall take place at the biennial convention. Delegates in good standing will elect the Executive officers."
- Section 17 title to read "Cost of Publishing Proposals for Biennial Members' Meetings."
- Section 18 Section 4 to read: "The biennial conventions shall be held in September or October."
- Section 18 Section 5 to read: "At least four (4) months' notice will be given to all affiliates of the date, time and location of the biennial convention."
- Section 18 have its three subsections re-labeled 1, 2 and 3.
- Section 21 to read: "The quorum of the Biennial Members Convention shall be one-third of registered delegates.
 - "Meetings of the National Pensioners Federation shall be governed by rules of order adopted at the biennial Conventions. Where the National Pensioners Federation rules of order are silent on an issue, Roberts Rules of Order shall prevail."

- Section 22 Point 2 to read: "Affiliate groups shall be entitled to designate five (5) voting delegates to the biennial convention."
- Section 22 Point 3 to read: "Individual affiliate clubs in good standing shall be entitled to have two (2) delegates attend the biennial Convention."
- Section 23 Point 1 to read: "Elections for membership on the National Pensioners Federation Executive shall be conducted at the biennial convention."
- Section 27 to read: "Term of Office of Directors The Executive members shall be elected for a two year term. For those Executive members whose term expires in 2017 they shall have that term extended to the Convention in 2018.:
- Section 33 amend the opening paragraph to read: "The Executive shall be delegates to the biennial convention by virtue of office.
 - "The Executive shall carry on the business of the organization between biennial conventions."

Submitted by: The Congress of Union Retirees of Canada



Don't Plan for Seniors ... Plan with Seniors

Treasurer's Report

The Working Centre was established in 1982 in response to growing unemployment and poverty in downtown Kitchener. Through the dedication of a young married couple Stephanie and Joe Mancini The Centre grew roots in the Kitchener area. They saw the potential for building a community of interest around responding to unemployment and poverty, developing social analysis and engaging in creative action.



The Working Centre's main projects give people access to tools to create their own work combined with continuous ways of learning and co-operating. The Working Centre organizes its projects into six areas; the Job Search Resource Centre, St. John's Kitchen, Community Tools, Access to Technology, Affordable Supportive Housing and the Waterloo School for Community Development. The Resource Centre is of use to Employers and Job Searchers alike. St. John's Kitchen is a place that offers a variety of support and is a respectful, cooperative haven from loneliness where all can eat and where individuals are supported along the way. Community Tools where there is a bike share programme, classes and workshops on how barter works and gardening projects etc. There is also access to Technology, Computer Classes, digital and art design, self directed computer training and assessment and email access. Access to Housing is aid for Tenants and for Landlords. Waterloo School for Community Development offers books and classes to help the unemployed become self supporting Citizens.

In Ken Westhues book *The Working Centre, Experiment in Social Change*, he describes the centre in this way. "Two decades later, it has survived as an independent instrument of self-help community development, and has woven itself into the fabric of Kitchener-Waterloo. It has also achieved a certain maturity, coherence and confidence in its approach to work and unemployment and in its conception of itself."

The Working Centre is a non profit organization with charitable status that is governed by a Board of Directors. Many of the People who are helped return and Volunteer their time. There are some Staff on Payroll who do earn more than minimum wage and have benefits. No one earns more than the Directors and they earn a fairly good wage. No million Dollar Directors here.

This is a truly inspiring venture which gives our unemployed and those unable to work hope, confidence and respect. Perhaps it could work in other Communities. Hats off to Stephanie and Joe Mancini. For more information please check website. <u>http://www.theworkingcentre.org/about-us/82</u>

Mary Forbes, Treasurer

Did you know you may advertise in this newsletter?

Business card - \$25 One quarter page - \$40 One half page - \$75 One full page - \$150

NATIONAL PENSIONERS FEDERATION GROUPS & CLUBS

The NPF financial year is from January 1st through December 31st (the calendar year). Club/Group dues listed below are based on the calendar year and are to be paid each year in January.

Please complete this Submission Form (Club/Group address and contact) and submit your dues as early as possible.

Annual Club/Group membership dues:	Select	()
Club/Group under 100 members	\$35	()
Club/Group from 100 to 500 members	\$75	()
Club/Group from 501 to 1,000 members	\$125	()
Club/Group with over 1,000 members	\$350	()
Donations would be appreciated	\$	()

The NPF depends on your financial support in order to continue our advocacy efforts. Should you have any questions or concerns, please feel free to call or write the Treasurer. *Thank you*

Please print contact information clearly.							
Group/Club Name and Number:		#					
Club Address:							
City:	_ Prov:	Postal code:					
Contact person							
Name:							
Address:	_ Prov:	Postal code:					
Email address:							
Application/payment may be submitted on this form or you can make your payment through PayPal on our site <u>www.nationalpensionersfederation.ca</u> If you wish to become supporters dues are as follows: Individual \$25 – Families \$35 All forms are available on our web site.							
If payment is made using this form, please mail to:							
Mary Forbes, NPF Treasurer 2186 Stanfield Road Mississauga, ON L4Y 1R5							

3rd Vice President

Yes, it can happen: The big news in Nova Scotia is that the Senior community took on the Liberal majority government and won. Nova Scotia senior community is alive and well enough to not support the government's proposed changes in financing Pharmacare. The change was to person income from a fee (Premium) of \$424.00/year. Since 2007, there has been an agreed upon method with Pharmacare (government) and the Group of IX(Seniors Advisory Committee) to be 25% seniors, 75% government. The proposed changes would have moved those numbers to 37% seniors, 63% government. This could result in a senior moving from \$424.00 to \$1200.00/yr, double if there is a spouse, an increase of almost 300%.



The Minister's announcement and news releases were what triggered the reaction.

The media was informed there would be 12,000 new seniors admitted to the program with little or no premium. Good, always a request to include more lower income seniors. The co-pay, which everyone in the programs pays, was being reduced from 30% to 20% and the maximum of \$382.00 would remain. The maximum, when reach through your co-pay, allows you to have free drugs for the remainder of the year. One would take longer in reaching the maximum amount of \$382.00 and may never receive free drugs. Good for the plan.

The rational for the proposed changes was what the Health Minister found when he "drilled down" higher income seniors were paying the same as lower income seniors and although this has been in place for 10 years, he felt it wasn't fair.

Another statement in the release said in part ,"consultation with senior organizations and they approver" which didn't happen. The Group of IX is composed of the nine most senior organizations in Nova Scotia. The Group has been an advisory committee to government for 25 years, by way of the Dept. of Seniors, earlier, Senior Secretariat. Upon receiving the information on the News Release, the Chair of the Group contacted the Minister of Health, who is also the Minister of Seniors, wanting an immediate meeting. Like the Premier, Minister of Health, MLA's, all Executive members were receiving the same calls on the propose changes. Of course, we also had to answer the questions on lending support, which was explained and accepted. The same information was presented to the Minister. Confidential discussions had taken place last November but the government didn't have all its ducks in a row so the full package was never put before the Group of IX for determination.

There's no doubt in anyone's mind why the meeting was approved. We met with government officials who listen to the same information that had been delivered in personal manner by a seniors across the Province to their bosses. In one week the Group was called back together with the Minister of Health in attendance. Upon wishing us well and hoping we would be more disposed to the new proposals, he left. The package was to withdraw their previous proposals, leave everything the same this year, including the additional 12,000 who will not be required to pay a premium. Consultation with seniors was strongly supported by government and be conducted across the Province.

The senior community reaction as a result of proposed changes that would allow government access to their income and therefore government's hand directly in their pocket was immediate. Now that the Provincial government has shown its hand, the need to have the senior community prepared for these consultations will be the next task.

The Federation of Senior Citizens & Pensioners of Nova Scotia will be holding their 42th Annual Meeting in Truro on May 10 & 11. A discussion on how the senior community wishes to continue their fair share in financing the Pharmacare program will be part of the Agenda.♦

Bernie LaRusic, 3rd Vice President

The Federation of Senior Citizens & Pensioners of Nova Scotia held their 42nd Annual Convention in Truro on May 10-11, 2016. Pres. Herb John attended and he will no doubt make mention of it in his report. An item of some interest was a discussion relating to the 2017 NPF Convention.

As reported earlier, the Pharmacare program for seniors has been put on hold due to the response and reaction of the Nova Scotia Community to the government's proposal to finance Pharmacare. In an effort to defuse such a response, the government has indicated there will be consultation with seniors, senior groups and others across the Province. There announcements were made in early March and as yet to be articulated.

In what could be another example of reaching out to the senior community, the Federation Executive was invited, after our convention, by the Health & Wellness Minister to appear in the house. The intent was to recognize the Federation on its 42 years of representing seniors. President Alma Johnson-Tynes and Past President Bernie LaRusic attended.

Recently, the Dept. of Health & Wellness introduced an Aging Policy Framework. There are three working Committees and members from the Group of IX have been requested to sit on each Working Group. Although the Working Groups, as expected, are mainly made up from government depts. & agencies as well as academics from Universities, it is seen as an opportunity

Working Group 1	Working Group 2	Working Group 3
Area of Focus a) Age Friendly Workplaces b) Workforce attachment c) Seniors' & not for profit (Volunteer sector) d) Senior & Social	Area of Focus a) Welcoming, safe, inclusive & age friendly b) Housing & home support that enable older adults to stay in their homes and participate in their community as they age c) Creative options for access and Affordable transportation	Area of Focus a) Sexual health b) Healthy Eating c) Healthy Living

With the recognition of the Federation in the House as well as being requested to participate in working groups, all appreciated, but let's not get sidetracked. The Provincial government like the Past Federal Government put forward its plan. In Nova Scotia the Pharmacare plan has been put on hold, not cancelled. Also like NPF, the Federation's ability to reach out to it Council/ Clubs & therefore the membership is limited but we will try.

The new Executive of the N S Federation is: President Alma Johnson-Tynes, 1st VP Don Fitzpatric, 2nd VP Eileen Pothier, 3rd VP Judy Schultz, Treasurer Joe Prought, Secty.Terry Donovan, Past Pres. Bernie LaRusic.♦

Bernie LaRusic, 3rd Vice President

When you arise in the morning, think of what a precious privilege it is to be alive to breathe, to think, to enjoy, to love then make that day count. The Third Journey by Olderhood

Do not wish to be anything but what you are, and try to be that perfectly.

CONCERNED ABOUT <u>MEDICATIONS</u> YOU OR A LOVED ONE ARE TAKING?

HERE IS WHAT YOU CAN DO.



- ♦ DO YOU EVER WORRY THAT YOU OR A LOVED ONE ARE TAKING TOO MANY MEDICA-TIONS?
- ♦ DO YOU FIND IT HARD TO KEEP TRACK OF THE MEDICATIONS YOU ARE TAKING?
- DO YOU SOMETIMES WONDER IF YOU STILL NEED YOUR MEDICATIONS OR WHETHER THEY STILL ARE HELPING YOU?
- ♦ HAVE YOU HAD CONCERNS THAT SOME OF YOUR MEDICATIONS MAY HAVE SIDE EF-FECTS THAT ARE MAKING YOU FEEL UNWELL?

IF YOU HAVE THESE OR OTHER QUESTIONS ABOUT YOUR MEDICATIONS, YOU MAY BENEFIT FROM A MEDICATION REVIEW

A MEDICATION REVIEW IS A MEETING BETWEEN YOU AND YOUR PHARMACIST OR DOCTOR TO DISCUSS THE MEDICATIONS YOU ARE TAKING. WORKING TOGETHER, YOU CAN DETERMINE IF ALL YOUR MEDICATIONS ARE STILL NEEDED OR IF THEY MIGHT BE CAUSING YOU PROBLEMS. WORKING COLLABORATIVELY WITH YOUR DOCTOR TO REDUCE THE DOSE OR STOP AN UNNECESSARY MEDICATION IS CALLED DEPRESCRIBING. DEPRESCRIBING SOME OF YOUR MEDICATIONS MAY LEAD TO IMPROVEMENTS IN HEALTH AND WELL-BEING.

A true story: "This is what my Mom, Daisy, looked like in May 1992 when I brought her to a new aged care facility close to our home._ Her facial expressions were flat, her eyes dull. She and my Dad had been diagnosed with Alzheimer's disease and they had been living together in a care facility. Mom was on many medications when she arrived at her new facility. <u>The new facility worked together with her family and her doctor</u>, to step her down and off many of these medications. Within a month of her arrival at their rehabilitation centre, Mom's blue eyes were bright again and she was feeling more at ease in her skin. By December, she was happily chatting on the phone with her son and daughter-in-law. By taking Mom off the unnecessary medications, my Mom was allowed to be the best she could be at each stage of her illness."

TAKING TOO MANY MEDICATIONS CAN RESULT IN SIDE EFFECTS

In Canada, two thirds of **people aged over 65** take five or more **prescription medications, while** 40% of seniors aged over 85 years take 10 or more medications each day. The use of a large number of medications is called "*polypharmacy*". **Medications have undoubtedly reduced death rates and improved health status**. However, the more medication someone takes - the more risk of experiencing side effects. Side effects can be serious, sometimes leading to hospitalization or affecting general quality of life.

As health conditions change over time, some medications that were prescribed in the past may no longer be necessary. <u>I</u> t is not uncommon for people to be getting prescriptions from several doctors, making it difficult for family doctors to be aware of how many medications seniors are taking. This can make it impossible to notice unsafe medication combinations and to determine if all medications are should be continued. All the more reason to have a medication review.

Any medication has the potential to cause unwanted side effects. Seniors may be more susceptible to certain side effects from common medications. Common side effects of medications frequently prescribed to seniors include muscle aches and pains, increased confusion and anxiety, behavioural changes, weakness, dizziness and falls, stomach problems, constipation, incontinence and difficulties sleeping.

Sometime side effects may be mistaken for symptoms of aging and ignored by patients or dismissed by their doctors. Side effects may also be diagnosed as new health problems, which can result in <u>more</u> medications being prescribed – leading to *more* side effects. This is called the prescribing cascade.

Our bodies naturally change as we get older. This can make seniors more sensitive to both medication effects *and* side effects. As a result, seniors may need lower doses than other adults. Seniors may have diminished liver or kidney function, affecting the body's ability to break down and remove medications, causing them to build-up. Medications can remain in the body longer, which may cause side effects. Women are often more sensitive to medications than men.

WHAT IS A MEDICATION REVIEW AND WHY IS IT HELPFUL?

A medication review is usually completed between yourself and your doctor. Sometimes pharmacists provide medication reviews. A medication review looks at all the prescription and <u>over-the-counter</u> medications you are taking in order to determine whether:

- The medications you are taking are still required for your health conditions,
- The doses you are taking are appropriate to your age and your health conditions,
- •You may be experiencing side effects from the medications you are taking,
- •Some medications may be interacting with other prescription medications or over-the- counter products that you are taking,
- •You should consider reducing the dose or stopping some of your medications,
- The risk of taking a medication may outweigh its benefits. For example, a medication may slightly lower the risk of a future health problem, but may cause side effects that reduce your quality of life and general well being right now.

In a medication review, your doctor should discuss both the benefits and risks of medications with you as well as the benefits of non-drug approaches to control health problems (things like changes to your diet or increasing exercise). Many of these lifestyle changes work just as well as medications but don't have any side effects!

NEVER STOP TAKING A MEDICATION WITHOUT CONSULTING WITH YOUR DOCTOR. MANY MEDICATIONS HAVE TO BE WITHDRAWN SLOWLY

During the medication review your doctor or pharmacist may advise you on how to reduce or stop drugs safely, this is called <u>deprescribing</u>. Certain medications (e.g. sleeping pills, heartburn medications, anti-psychotics, antidepressants and anti-anxiety pills) SHOULD NEVER BE STOPPED ABRUPTLY because they can cause uncomfortable or frightening withdrawal symptoms.

HOW TO ARRANGE A MEDICATION REVIEW

- Ask your doctor for a specific appointment for a medication review. Let your doctor know you have concerns about the number or type of medications you are taking and that you would like them to be reviewed. Prior to your appointment, prepare a list of *all* the medications you are currently taking. If you fill all your prescriptions at one drug store, your pharmacist may be able to print out all he drugs and doses you are taking.
- •Be sure to include the daily dose of each medication and any nonprescription (<u>over-the counter</u>) products you are also taking. A family member may also be able to help you prepare this list.
- Pharmacies in some provinces also conduct free medication reviews for people taking 5 or more medications. Ask your local pharmacy if they will complete a medication review for you, which can be sent to your doctor. Also ask if they can provide a copy to you.
- ♦Medication reviews may be required more than once if you medications change.

OTHER SOURCES OF INFORMATION ON PRESCRIPTION DRUGS

5 Questions to Ask About Your Medications

http://www.ismp-canada.org/download/MedRec/MedSafety_5_questions_to_ask_poster.pdf The Canadian Deprescribing Network http://deprescribing.org/caden/

This site provides information for safely withdrawing from several specific medications.

Rxisk: Making Medicines Safer for All of Us: http://rxisk.org

- This site includes questions to ask before you take a medication, a side effect and drug interaction checker, the "*Beers List*" of inappropriate drugs for older adults and a self-quiz to help you determine if you may be on too many medications.
- Worst Pills Best Pills (book and website) http://worstpills.org/
- This site provides information on specific medications and many of the safety problems associated with them. The book may be in your public library.

Safe Medicine Use https://safemedicationuse.ca/about/ismp_canada.html

Provides a way for Canadian consumers to report medication incidents and to get information about using medication safely.

Consumer Reports Best Buy Drugs

http://www.consumerreports.org/cro/health/prescription-drugs/best-buy-drugs/index.htm

An U.S. consumer website that provides unbiased information about prescription drugs.

This document was prepared by Janet Currie and Johanna Trimble, drug safety advocates for many years in Vancouver, B.C. and members of the Canadian Deprescribing Network. If your organization would like to receive more information on safer medication use for seniors, please let us know what type of information would be most valuable. Send your organization's feedback to: Justin Turner at *justin.turner@criugm.qc.ca*

We CANNOT provide information for individuals on their own prescription regime. The information in this document should not be construed as medical advice. No medication should be stopped abruptly or without seeking advice from a medical health professional.

Greetings all:

I trust everyone is well and enjoying the warmer weather. I arrived in Canada in 1967 and have never become used to how fast the weather changes. One minute, shovelling snow and the next minute planting flowers? Amazing. Hopefully the weather will not be the cause of the extreme fire conditions we have been subjected to, we must all be aware and watch for fire hazards.

I have succeeded in getting our excel data base into a format which will then be loaded into a Computer data base which will offer more up to date information and hopefully will enable us to issue receipts and supporter cards faster.

I have modified the Registration Forms and on the Club/Groups Registration Form I am requesting the number of Members in your organization so that we can obtain a clear picture of how many Members are in the National Pensioners Federation.

In the meantime, have a happy, safe summer and I hope to see you in September.

Mary Forbes, Treasurer



http://www.parl.gc.ca/HousePublications/Publication.aspx? Language=e&Mode=1&Parl=42&Ses=1&DocId=8286276&File=0#Int-8929671

Mr. Herb John (President, National Pensioners Federation):

Good morning. Thank you for the opportunity to present on behalf of Canadian seniors, the fastest growing and largest segment of the Canadian population.

My name is Herb John, and I'm the president of the National Pensioners Federation. With me is our counsel, Susan Eng.

The National Pensioners Federation is a national, non-partisan organization of 350 seniors' chapters, clubs, groups, organizations, and individual supporters across Canada, with a collective membership of one million seniors and retirees devoted entirely to the welfare and interests of aging Canadians. Seniors and those who care about them will welcome the measures announced in the federal budget, which are contained in Bill **C-15**, but more needs to be done.

Bill C-15 returns the OAS eligibility age to 65, which will be welcome news to those who were facing having to wait two extra years for the OAS benefit after struggling in their careers. An estimated 600,000 seniors live under the poverty line today, and this is not expected to change unless more is done to provide better income supports and reduce their critical expenses like home care and drug costs.

Bill **C-15** increases the GIS for single seniors beginning in July 2016. Single seniors, especially women, face a far greater rate of poverty compared to their counterparts in couples. That will benefit 900,000 single seniors across Canada. While absolutely welcome, it is a maximum of just \$2.60 per day.

Much more needs to be done to prevent poverty among seniors. The budget announced a proposal to introduce a seniors' index for OAS and GIS to help seniors keep pace with their cost of living. While that is a welcome change, the index should help seniors keep pace with the standard of living and should be tied to wage rate increases.

Also welcome is the announcement in the budget of \$200 million over two years to fund seniors' affordable housing without requiring a cost match from the provinces, which has been a major barrier in the past. Secure housing, as we know, is a major social determinant of health. The funding of the Canadian Foundation for Healthcare Improvement and the Canadian Institute for Health Information is a welcome investment, provided that the Naylor report's call for a patient-focused approach to innovation is the centerpiece.

Unfortunately, the budget and Bill **C-15** do not address several important election promises. There's no mention of the promise to remove the requirement for a terminal diagnosis to qualify for the El compassionate care benefit, or an increased flexibility in how the benefit may be used. The requirement for

a terminal diagnosis has in the past stopped people from applying for the compassionate care benefit. In addition, the flexibility in using the benefit better reflects how chronic illnesses play out.

There's no mention of the promise to invest \$3 billion in home care and palliative care. There is an immediate need for sustained funding and national standards on home care. The patchwork of palliative care must be addressed immediately, and this new funding will be a major first step.

The promise to join the pan-Canadian Pharmaceutical Alliance will incrementally reduce the cost of many drugs, but a comprehensive national pharmacare system is necessary in order to ensure every Canadian is able to access needed medications regardless of income or postal code.

I will now turn it over to Susan Eng who has further recommendations for the committee.

Ms. Susan Eng (Counsel, National Pensioners Federation):

Thank you, Mr. Chair and members of the committee.

As Herb John has already indicated, the changes in the budget and in the budget **bill** will go a long way to making sure that no senior ages into poverty. However, a lot more can be done.

For the immediate purposes of this committee study, there is an opportunity to both increase the amount of GIS increase beyond the \$78 per month, and to make the change retroactive to January 1 rather than starting that change on July 1. That's an immediate step that this committee can take.

As this committee has mentioned in the past, there's a need to really look at a guaranteed minimum income. I encourage you to start immediately on the research of that. I know that this committee has recommended it in the past. I think there are some positive indications from the government at this point. It should happen as soon as possible. We want every Canadian not to face poverty, at whatever age they happen to be.

One of the measures that would helps us prevent poverty in old age is to make sure people have a good retirement income. As you know, we have been on the record that Canadians support an increase to CPP. At this point, while there has been a lot of talk, there has been very little action. There are a lot of promises at this point, which are also important, but we need to see some kind of action.

At this point, it also seems that the problem is with the provinces. This committee may have fullthroated support for the increase to the CPP, but it will mean that each of the committee members and your caucuses will have to ask your provincial counterparts to step up. It has been quite a number of years that we have been talking about this, and even if there were change, it would take at least three years before it could be implemented. We're not getting any younger.

It is important for us to look at these issues when we're talking about the changes that are in the **bill**. They are targeted, after all, at making sure that people live without poverty at any age, and especially not in retirement.

Thank you very much.♦

National Pharmacare Program

Pat Kerwin reported that the House of Commons Standing Committee on Health is doing a major review on the development of a national pharmacare program. Their report is likely to come out in the fall. As pharmacare was one of the common issues last year and again this year with Seniors' Voice, it would be useful for the 10 full members of the committee to be lobbied by seniors over the summer break. This activity would also assist in building the collaboration for Seniors' Voice in these regions.♦

Here is the link for anyone to contact a member of parliament:

http://www.parl.gc.ca/Committees/en/HESA/Members



Canadians Need A Better Public Pension

Plan Not Empty Promises

By: Susan Eng

The Trudeau government's <u>first budget</u> offered hope but little change on <u>increasing the CPP in our</u> <u>lifetime</u>. After extolling the virtues of the Canada Pension Plan, we're told that the finance ministers *talked* about enhancing the CPP last December and set a *goal* of making a collective decision before the end of 2016. And, oh yes, the government will launch consultations.

At least Finance Minister Bill Morneau didn't say "No, not ever" as his predecessor and the

former prime minister did.

But the promise of yet more consultations is deeply disappointing. If we needed any more proof that Canadians are talked out about CPP, check out the <u>revelations</u> about the last such consultation. After years of refusing to let the word "CPP" pass their lips without a sneer, the Harper government sought reaction to its surprise proposal to offer a *voluntary* CPP. A grand total of 47 responses were submitted. Twenty-six for to 17 against, in case you were wondering. Hardly worth the effort!

The next round of CPP talks comes in June when the federal and provincial finance ministers meet again.

Morneau says he's "<u>cautiously optimistic</u>." It's a phrase he <u>repeats</u>. It's hard to guess what he's optimistic about. The CPP amending formula amounts to a virtual veto. The reverse is also true -- the previous federal government exercised its veto when the provinces almost reached a consensus.

We need two-thirds of the provinces agreeing to increase CPP -- at the same time! And we don't have it. Not now, maybe never.

Hearts were set aflutter when the new federal government promised to work with the provinces to enhance the CPP. In the Throne speech and in the mandate letter to the finance minister, the CPP was highlighted. It topped the agenda for the first finance ministers' meeting. Then we broke for Christmas. The provincial consensus started to fray early.

Ontario announced in February that its new pension plan, the ORPP -- the only actual pension reform offered in a generation -- would be deferred one year to 2018. The feds needed more time to herd the other provinces into the fold.

A faint hope. Saskatchewan's finance minister was given the starring role last December saying there was **<u>no deal on CPP</u>** and wouldn't ever be if it were up to him. With just over three per cent of the population, Saskatchewan's vote was unlikely to ever matter but with his new mandate, Premier Brad Wall might rally opposition voices among the provinces.

Manitoba's NDP government *was* ready to join the Ontario initiative. With the change in government, Manitoba is likely to line up with its federal Conservative counterpart and soulmate Saskatchewan's "No, not ever."

Alberta's NDP government should be ideologically aligned with its federal counterpart on increasing the CPP, but in December Premier Rachel Notley had other problems on her mind. Now with the Fort

McMurray disaster on her hands, she can be forgiven for giving the CPP file a pass.

British Columbia with 13 per cent of the population comes up for a vote in 2017. Given the flack Premier Christy Clark has taken on political fundraising, what are chances that she will spend any political capital on a CPP increase?

And Quebec. It's always something with Quebec. Premiers Couillard and Wynne may act like BFFs on cap and trade, but on this, *désolé*! In December, premier Couillard agreed with the principle of a supplementary plan like Ontario's, but the threshold had to be higher or "Not never, but not right now!" With 23 per cent of the population, Quebec holds a virtual veto.

The Atlantic provinces have six per cent of the population, but after their **<u>austerity budgets</u>**, they couldn't convince people to live with an even smaller paycheque to save for retirement. Their electorate just wants to make next month's rent!

So there you have it folks! We need two-thirds of the provinces agreeing to increase CPP -- at the same time! And we don't have it. Not now, maybe never.

So why is a CPP increase needed again? Canadians are not saving enough for retirement and government can help. Those braying "Too bad for them!" need to realize that every pension dollar **reduces the need** for taxpayer-funded payments like Old Age Security, Guaranteed Income Supplements or even welfare.

Older Canadians know the fear of outliving their money, but it's younger Canadians who have to clue in and start saving. And their options are limited. CPP as it is will not be sufficient. Two thirds have no workplace pension plan to help them save. Middle-income Canadians don't use their RRSPs like their higher-income counterparts and therefore risk **a much lowered standard of living** when the pay-cheques stop.

Behaviourial finance -- the science of why people who skipped math behave irrationally when faced with a financial decision -- explains why people don't act in their own best interests when it comes to saving (and investing) for their own retirement. So they don't save unless forced to -- good thing the CPP just takes the premiums off their paycheques. And most know they'd be better off if they let the real experts invest their money for them. The rest figure that out when they lose their shirt in the stock market.

So when the polls show that more <u>Canadians support a CPP increase</u>, it's not the CPP they love -- it's just the only one on offer. What they want and need is a large public pension plan they can all join. Call it what you like, just let us in!

The feds should therefore issue a challenge to the provinces: put up or shut up about caring that Canadians need help to save for their own retirement.

And they can offer to let any province setting up a CPP-like pension use the federal services that deduct CPP contributions from our paycheques and send out the CPP pension cheques. This was <u>offered</u> <u>to Ontario</u> to defer its ORPP.

This way, the Trudeau Liberals get to fulfill the true spirit of their election promise -- giving Canadians, especially the middle class, real hope that they can have a decent retirement.♦

Together Seniors can make a Difference!



Canadians Want A Good Life

To The Very End

By: Susan Eng

Tell me if you can tell the difference between a promise and a right. It becomes very important if you need to rely on it. In the headlong rush to meet the Supreme Court's June 6th deadline to have assisted dying legislation in place, some things have fallen by the wayside -- the most distressing is the lack of progress on helping people relieve their suffering while they are still living.

The <u>Medical Assistance in Dying Bill</u> is back in the House of Commons, ready for the third and final debate and vote. Some difficult issues are left for further, more measured consideration -- requests by mature minors for medical assistance in dying, advance requests, and requests where mental illness is the sole underlying medical condition.

But unless the Senate review slows the process, in less than a month from now, Canadians will have the right to ask a doctor to help them end their lives.

While palliative care was apparently discussed, the only amendment was to change the *preamble* of the Bill to add some fine words:

"Whereas the Government of Canada recognizes that in the living conditions of Canadians, there are diverse circumstances and that different groups have unique needs, it commits to working with provinces, territories and civil society to facilitate access to palliative and end-of-life care, care and services for individuals living with Alzheimer's and dementia, appropriate mental health supports and services and culturally and spiritually appropriate end-of-life care for Indigenous patients."

The original bill said:

"And whereas the Government of Canada has committed to develop non-legislative measures that would support the improvement of a full range of options for end-of-life care..."

You can find the *promise* to improve access to palliative care in that passage but did you see any *right* to demand it? The preamble of a Bill is just that, not the law itself which sets out enforceable rights and obligations. Compare that with Bill 52, *theQuebec Act respecting end of life care* which states simply: "*Every person whose condition requires it has the right to receive end-of life care*" - which is defined in that Act as including both palliative care and medical aid in dying. Simple, clear and enforceable.

Why is this important? It would seem that everyone acknowledges the need for palliative care, so it should be readily available but it is not. Only about **30% of people needing palliative care get it.**

There has been no shortage of experts calling for better access to palliative care and even greater numbers of politicians promising it. The Parliament of Canada passed *motion M-456* on May 28, 2014 to establish a Pan-Canadian Palliative and End-of-life Care Strategy. Despite all-party support for the

resolution, access to palliative care has not materially improved.

And despite election promises to spend \$3 billion more for home care and palliative care, the recent federal budget did not set aside any funding. Presumably, the federal and provincial health ministers will prioritize this in their deliberations on a new Health Accord but there is nothing on the table now that will ensure access to palliative care by the June 6th deadline.

This is why the right to palliative care must be legislated and the simplest way to do that is to add the same section from Quebec's Bill 52 to the bill now being debated in Parliament.

Hopes were raised when in receiving the Special Joint Committee's report on physician-assisted dying the *Ministers of Justice and Health stated* that "It is important that we protect people's choices and freedoms in a way that makes sure our society protects the most vulnerable."

Assured access to high quality palliative care should always be one of the choices available to all Canadians as they face avoidable suffering. Indeed, research shows that one of the reasons given by those seeking assisted death was lack of alternative treatment and care options.

The inadequacy of palliative care services was a factor in Canada's mediocre ranking among highincome peers in the *Quality of Death Index 2015* published by the Economist Intelligence Unit which also found in its review of 80 countries that "National policies are vital for extending access to palliative care". Canada's overall ranking was 11th, a drop from 9th five years ago and 18th in palliative care access.

Underlying the pressure and support for the right to assisted dying is the fear that people with debilitating and painful conditions will suffer a bad death. Many would try palliative care first, but they want the final option if it doesn't work for them. And indeed, in many cases, even the very best palliative care will not relieve their suffering. But given the limited and patchwork access to palliative care across the country, we are by no means able to guarantee that everyone who needs and wants palliative care is able to get it. And we should -- as quickly as we are making assisted death available.

In his book *Being Mortal*, writer and surgeon Atul Gawande writes: "Our ultimate goal, after all, is not a good death but a good life to the very end".

That is the promise of quality palliative care for any Canadian who needs it regardless of circumstance or geography.

All the fine words in the Medical Assistance in Dying Bill amount to saying that we will try to provide palliative care for everyone who needs it. Try harder. ♦



So many of our elderly population are forgotten about or disregarded...

One day we will all be where they are.

Is this how we will want to be treated!

Our elderly deserve to be honoured

and respected!



Join us September 25 - 26 for this important Conference

This key event is your opportunity to help shape the future. As a participant in this two-day conference, you will help identify public policies that will help Canadians seize new opportunities to contribute while living longer and fuller lives.

We will discuss demographic trends, as well as the challenges and opportunities we can create by building communities that welcome the involvement of Canadians of all ages.

Register Early

This timely and important national conference will take place Sunday, Sept 25 and Monday, Sept 26 at the Sheraton Vancouver Airport Hotel, 7551 Westminister Highway, Richmond B.C.

The registration fee is \$200, with a reduced rate of \$150 for seniors and students. The fee includes all conference materials, as well as two lunches, one dinner and four coffee breaks. Previous COSCO conferences were fully booked, so please register early.

The deadline for registration is September 9th

Who should participate?

We invite the participation of:

Individual seniors and seniors' representatives,

♦ Municipal councillors and planners, social planning representatives, parks and recreation and health authority representatives,

MLAs, Members of Parliament and First Nations,

• Federal and Provincial departments dealing with seniors,

◆ Non-governmental organizations such as social planning councils, senior and community centre representatives, agencies working with seniors, unions and advocacy groups.

A special request

We encourage Municipal councils to sponsor representatives from seniors' advisory committees and also ask ministries to sponsor delegates from provincial seniors' coordinating bodies.

For additional information contact:

Lorraine Logan at 604-523-1977 or logan33@shaw.ca Sheila Pither at 604-684-9720 or pither470@shaw.ca





National Pensioners Federation

Toll Free: 1-877-251-7042

Fédération Nationale

des Retraités

Website: www.nationalpensionersfederation.ca

OBJECTIVES

National Pensioners Federation is an organization devoted entirely to the welfare and best interests of Canada's elderly.

1. To promote and establish and foster Seniors' Centres (called Clubs or Groups) and Regional and Provincial Seniors' groups throughout Canada.

2. To provide education for persons in the retired and senior citizens age group and other individuals interested in aging, and the status and well being of seniors.

3. To reach out to seniors who are lonely, or isolated, or at risk.

4. To provide programs which promote healthy active lifestyles for seniors, thus sustaining mental and physical health.

5. To assist in developing the knowledge that seniors should learn during their aging process, through promotion of educational experiences.

6. To research the aging process, and any problems and benefits pertaining to the aged that might be of interest to the Federation and to use the knowledge gained from that research to educate seniors and any other party or parties who are or might become interested in these concerns.

7. To provide opportunities for seniors to utilize their volunteer and leadership skills for the benefits of all persons.

8. To consult with other private and public organizations which offer similar services in order to gather any educational information that will add to knowledge and be of use to seniors and the public.

9. To Lobby the Canadian Federal Government to discuss and enact legislation that will provide a safe, economically just lifestyle, which would include adequate housing, health care, pharmacare, transportation and social inclusion.



Saluting the National Pensioners Federation

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