

Monitoring Seniors Services



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA
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The 2020 *Monitoring Seniors Services* report highlights the performance and trends of a wide range of supports and services for B.C. seniors and their families. Through comprehensive year-over-year comparison, we can see improvement and gaps in the areas of health care, housing, transportation, income support and personal supports.

The report highlights the fiscal year 2019/20. Many of the indicators that might be affected by COVID-19 will not have experienced a significant impact in the reported data as these will be reflected more fully in the 2021 *Monitoring Seniors Services* report.

As you read through the report, you will find that we continue to see an increase in our seniors population; however, the proportion of our population aged 75 and older has remained relatively stable for the past ten years. This suggests that the impact of the boomer generation has not yet been fully reflected in the health care utilization data.

Our care supports show some bright spots in adult day programs, but we still have challenges in home support utilization, long-term care/assisted living wait times and our alternative level of care (ALC) metrics.

Most seniors continue to live in their own homes and, while the property tax deferral program continues to grow in popularity, the affordability for senior renters continues to be a challenge. Most seniors express a strong desire to live in their own homes as they age, and it is key that they have the financial supports necessary to live with dignity.

We find that most seniors are still active drivers and changes made to the DriveAble component of the medical assessment at age 80 have been positively received. Well over 90% of those who undergo the medical assessment are found fit to continue driving. The chief complaint remains the cost of the medical assessment that seniors are required to pay and the vastly different amounts charged by physicians across the province.

This year, we presented our PharmaCare data differently and it highlights that seniors or their third-party insurers actually pay the majority of prescription medication costs. While coverage for low income seniors has been enhanced over the past three years, it remains that, through the combination of deductibles and co-payments, seniors are paying just over two-thirds of the total cost for their medications.

This year, the Seniors Abuse and Information Line (SAIL) saw a 17% increase in calls related to abuse. Through data compiled for the *Monitoring Seniors Services* report we have identified that, overall, we lack good tools for measuring abuse and neglect of seniors. This has led my office to launch a systemic review of abuse and neglect of seniors and we look forward to reporting on this in 2021.

Low income seniors in B.C. remain financially challenged. One reason is the low amount of \$49.30 that is paid through the B.C. Senior's Supplement, which has remained unchanged since 1987. As one of the provincial government's responses to COVID-19, recipients of the senior's supplement received an additional \$300 per month from April to December 2020. It is hoped this will continue past the pandemic.

As we closed out the 2019/20 year, we saw the launch of the *Safe Seniors, Strong Communities* initiative to support seniors living in the community. This was a significant enhancement to the Better at Home Program and bc211. The impact of this program will be detailed in our 2021 report. Similarly, there were significant investments made in long-term care at the end of the 2019/2020 year and the impact of those initiatives as they relate to the long-term indicators will be reported in the next year as well.

As always, in reading this report, we are reminded of the significant number of supports and services that are available to B.C. seniors. The challenge is to ensure these are reaching the people who need them and that they are effective. If we all remain committed to ensuring that B.C. seniors are supported through the aging process with a focus on independence, dignity and compassion, we will achieve our goal of aging well.

The production of this report is only possible through the efforts of many people. My thanks, as always, to the dedicated staff in my office who shepherd this report throughout the year and to all those ministries, agencies and service providers who provide us with their data and information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Isobel Mackenzie', with a stylized flourish at the end.

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

Report Highlights

Population

- The seniors population grew by 4% in 2019 and seniors now represent 19% of the B.C. population. The number of seniors increased by 46% from 2009 to 2019, but the proportion of the population 65 and older has grown 27% during the same period.
- From 2009-2019, the proportion of the population aged 75-84 and 85 or older has remained relatively stable at 5% and 2% respectively.
- The distribution of seniors is not proportionate throughout the province. The percentage of seniors ranges from a high of 24% on Vancouver Island to a low of 14% in Northern Health.

Health Care

- The seniors population is generally healthy; 19% of seniors aged 65-84 are living with high complexity chronic conditions, and only 3% are diagnosed with dementia. This has remained relatively stable over the last five years.
- 37% of all seniors received the publicly funded flu vaccine, an increase over the 34% vaccinated in 2018/19. Vaccination rates ranged from a low of 29% in Vancouver Coastal to a high of 42% in Interior Health.
- 66% of seniors receiving home care services were vaccinated against influenza within the last two years; 85% of seniors residing in long-term care and 69% of the staff received the publicly funded flu vaccine. This is a minor decrease (2%) for residents and a decrease (5%) for staff from 2018/19.
- In 2018/19, 27% of emergency department visits and 45% of hospitalizations were for seniors.
- 82% of Alternate Level of Care (ALC) days were for seniors and overall ALC days increased 12% in 2019/20. The average length of stay in ALC increased across all health authorities in 2019/20.
- The number of home support clients increased 4%; where both the number of long-term and short-term clients increased, the number of Choice in Supports for Independent Living (CSIL) clients decreased.
- The average hours of care delivered per home support client increased less than 1% to 255 hours per client per year.
- 67% of long-term home support clients have their client contribution waived. For those that must pay, the median assessed client contribution increased each year for the last five years, with a 5% increase in the last year.
- There was a 5% increase in the number of professional home care clients with an 8% increase in professional home care visits. The number of professional home care visits increased across all health authorities.
- There was a 15% decrease in the number of home care complaints in 2019/20, where in past years the number of complaints had been steadily increasing since 2015/16.
- There were 7% more adult day care programs with 12% more clients attending and a 21% reduction in the waitlist. However, the average wait time increased by 31%.
- The number of respite beds increased by 9% in 2020.

REPORT HIGHLIGHTS

- The New Horizons for Seniors Program approved 283 new community-based projects in B.C. with total federal funding of \$5.3 million. This is a 7% increase in funding over 2018/19.
- First Link® dementia support served 18% more clients in 2019/20. There were over 6,000 new clients, 39% were formal referrals by a healthcare provider and 61% were self-directed contacts.
- The Better at Home program had a slight increase in active clients and the services they received increased by almost 3%. The number of new clients increased by 4% in 2019/20.
- The Office of the Seniors Advocate saw a 40% increase in contacts in March 2020 over the monthly average for 2019/20.
- There was a 3% decrease in the number of subsidized registered assisted living units and a 6% decrease in the number of clients living in those units. The waitlist for subsidized assisted living increased 6% in the last year.
- There were 1,290 reportable incidents in registered assisted living, a 47% increase over last year; 70% of these were falls.
- The number of beds in long-term care (LTC) have remained relatively unchanged increasing only 3% from 2016 to 2020 while the population aged 85 or older grew 13%.
- The standard of admission to LTC within 30 days decreased to 55% of admissions in 2019/20 compared to 66% in 2018/19.
- There was a 27% increase in the waitlist in LTC in 2019/20.
- There were 17,909 reportable incidents in long-term care, an increase of 3% from last year.

Housing

- 94% of seniors, and 72% of those aged 85 or older, live independently in private dwellings while only 6% of seniors live in assisted living or long-term care.
- The Property Tax Deferral program increased 10% in 2019/20.
- While the total amount of property tax deferred increased each year over the last five years, the amount repaid to the province had been declining between 2016/17 and 2018/19. However, in 2019/20, there was a 5% increase in repayments.
- On March 31, 2020 there were 24,974 SAFER recipients, 3% more than the previous year while the target population aged 60 or older grew by just over 3%. There were 4,261 new SAFER recipients; with the number of new recipients decreased for the first time in five years.
- The average subsidy provided to SAFER recipients decreased 4% over the last year, whereas it had increased in each of the previous four years (2016 to 2018). The SAFER subsidy has not kept pace with rental rates.
- The number of seniors' subsidized housing units increased in 2020 (31,300), after four years of decreases (from 32,746 to 30,506). The number of applicants continues to increase year over year (2015/16 to 2019/20), with an increase of 11% over last year. The median wait time for these applicants at March 31, 2020 was 1.7 years, an increase of 13% from the same time as last year.

Transportation

- In 2019, 79% (745,200) of seniors in B.C. maintained an active driver's licence. This was a 4% increase over the previous year, which is consistent with the senior population growth.
- There were 75,300 driver fitness cases opened in 2019 for those aged 80 or older, where 4,322 (6%) of those cases were referred for an Enhanced Road Assessment (ERA).
- 65,463 seniors received the annual BC Bus Pass, a 7% increase over the previous year.
- The number of active HandyDART clients increased 1% to 46,019 compared to last year. Active clients with TransLink increased 4% in 2019 and a further 2% in 2020 while the number of active clients with BC Transit decreased 4% and 1% over these same two years.
- In 2019, there were just under 2.3 million ride requests (excluding client cancellations) for HandyDART, an 11% decrease over 2018; 98% were rides provided and 2% were unfilled.

Income Supports

- OAS/GIS increased 0.1% from the previous year. Low income single seniors in B.C. could receive up to \$1,580.73 per month in federal/provincial income supports (includes the seniors supplement).
- The current maximum Canada Pension Plan benefit is \$1,175.83 per month, almost 2% more than last year.
- As of January 2020, MSP premiums were eliminated and replaced by the new Health Employer Tax.
- In 2019/20, B.C.'s expenditures on senior's prescription medications or supplies was \$1.33 billion. PharmaCare paid \$432 million of that and \$897 million was paid by seniors out-of-pocket or by their third-party insurers.
- In 2019/20, 44% of pharmacies in B.C. charged a dispensing fee over \$10. Over 9 million prescriptions were processed with a dispensing fee of over \$10 for over half a million (501,567) seniors.

Elder Abuse

- The Seniors Abuse and Information Line (SAIL) received 5,558 calls in 2019, an increase of 27% since 2018; 28% were related to abuse, 46% to non-abuse matters and 26% were for general information. Calls related to abuse increased 17% in 2019.
- The bc211 Helpline received 347 calls about elder abuse in 2019/20, a 15% decrease since 2018/19.
- There were 2,138 suspected cases of abuse in 2019 reported to Designated Agencies; 83% were for seniors aged 65 or older.
- The Public Guardian and Trustee received 1,723 referrals in 2019/20; 40% proceeded to investigation, 51% did not proceed to investigation and 9% were general inquiries.
- There were 1,672 victims of violent offences against seniors reported to the RCMP in 2019. Over 19,000 seniors were complainants of a property offence.
- Seniors that were victims of physical abuse reported to the Vancouver Police Department (234) increased 28% in 2019. Victims of financial abuse (267) increased 6%.
- There were 1,078 reports of missing seniors to the RCMP and 351 to the Vancouver Police Department (VPD). Reports to the RCMP have been increasing over the last five years and reports to the VPD have decreased in the last two years by 4% in 2018/2019 and 14% in 2019/20.

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Acknowledgement and Notes

Many individuals at all levels of government and many different service providers participated in the creation of this report. The Office of the Seniors Advocate (OSA) would like to thank them all for their contributions.

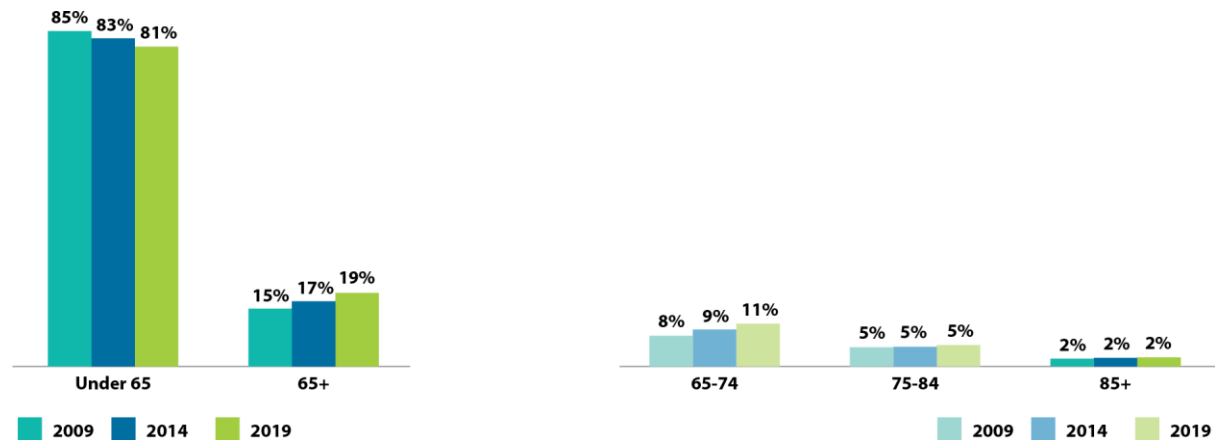
This report has been compiled from a variety of sources. All sources are provided in the Data Sources at the end of the report.

For the most part, the data used in the report are either for fiscal year 2019/20, covering the period from April 1, 2019 to March 31, 2020, or for calendar year 2019. In some cases, as noted in the report, other time frames have been used. Comparative year-over-year data have been used when possible. Numbers may not exactly match other publications and percentages may not sum to 100% due to rounding.

B.C. Seniors Demographics

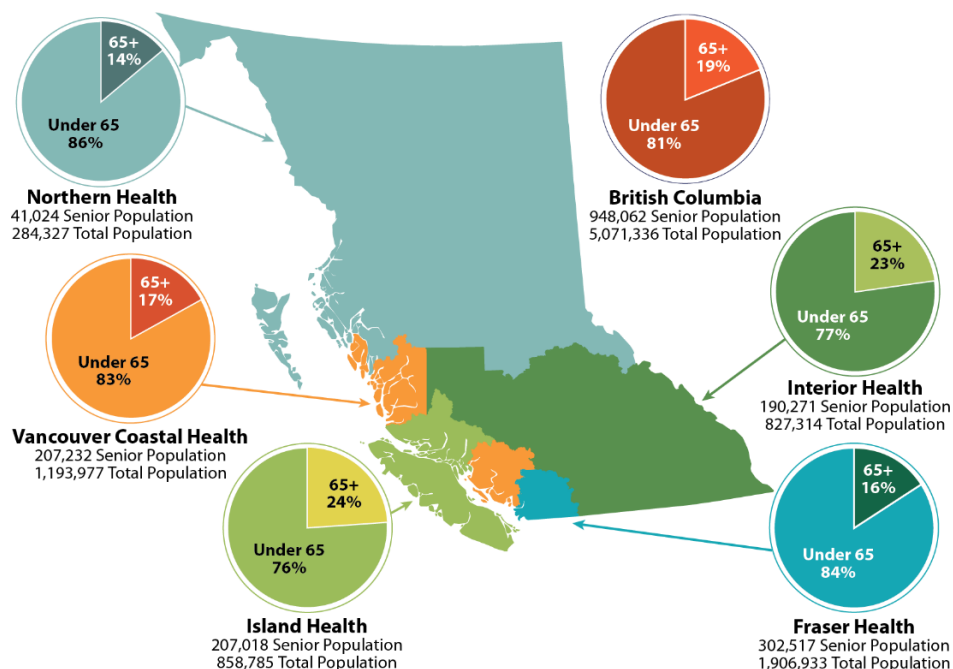
In 2019, the total population of B.C. was 5,071,336, a 1% increase over 2018. The number of people aged 65 or older (948,062) grew by almost 4% and the number aged 85 or older (118,479) grew by almost 3% over the previous year. The number of seniors increased by 46% from 2009 to 2019, but the proportion of the population 65 and older has grown 27% during the same period and comprised 19% of the population in 2019. Most of the growth occurred in the 65-74 age group changing from 8% to 11% of the population during this time while the proportion of seniors aged 75-84 and 85 or older grew very little, remaining at approximately 5% and 2% of the population respectively.

Proportion of the B.C. Population by Age Group, 2009, 2014, 2019



Source: (1)

In 2019, the proportion of the population that are seniors ranged from 14% in Northern Health to 24% in Island Health. The proportion of seniors is less than the provincial average (19%) in Fraser Health, Vancouver Coastal Health and Northern Health.



Source: (1)

Health Care

A comprehensive continuum of health care services is required to provide optimal care and support for seniors in B.C., including primary health care, specialist care, chronic disease management programs, hospital care, home care, long-term care and palliative care. General practitioners, also known as family doctors, are the gatekeepers to health care in B.C. While most seniors in the province have a family doctor to manage their care, the lack of a family doctor can be particularly problematic for those with complex chronic health conditions.

Living with Illness

Overall, seniors in B.C. are healthy and independent. In 2018/19, the largest proportion of seniors aged 65 to 84 were living with medium (31%) or low (29%) complexity chronic conditions, and 17% had high complexity conditions; in this age group, 3% were diagnosed with dementia, which is considered a high complexity condition. At 85 or older, high complexity conditions (35%) are more common and 20% were diagnosed with dementia. These proportions have remained stable since 2014/15, but the senior population grew by 17% over this five year period. (Note: see Appendix 2 for definitions of complexity for chronic conditions.)

Living with Illness, 2018/19

	Under 65	65+	65-84	85+
Population Growth				
2018 population	4,088,398	912,772	797,275	115,497
change from 2017 to 2018	1%	4%	4%	3%
change from 2014 to 2018	4%	17%	18%	12%
Dementia				
Percent of population diagnosed with dementia	<1%	6%	3%	20%
Population Segments				
Non-users of health care and healthy population	60%	12%	13%	5%
Low complexity chronic conditions	24%	29%	31%	14%
Medium complexity chronic conditions	5%	29%	29%	28%
High complexity chronic conditions	1%	19%	17%	35%
Frail in residential care and end of life	0%	4%	2%	15%
Other	10%	7%	7%	3%

Notes: Individuals who died during the fiscal year are excluded from the percentages of people with dementia.

Population segments may not sum to 100% due to rounding.

The "Other" category includes individuals in the following population segments: adult major illness, child and youth major illness, severe mental health and substance use, maternity and healthy newborns, and cancer.

Individuals may have health conditions that fall into multiple population segments but have been categorized into the highest level for this grouping.

Sources: (1) (2)

Influenza Immunization

Influenza and pneumonia are ranked among the top ten leading causes of death. Influenza occurs globally with an estimated 1 billion cases worldwide every year. In Canada, there are approximately 12,200 hospitalizations and 3,500 deaths caused by influenza each year. Residents in long-term care facilities are one of the population segments that are at greatest risk of influenza-related complications. Seniors have a diminished immune system and often have multiple co-existing chronic conditions, resulting in an increased risk of infectious disease and decreased protection from vaccination. One of the ways to increase protection for vulnerable individuals is for them to get vaccinated as well as everyone that is close to them. In long-term care, this includes the residents and the staff that are caring for them. In the community, individuals can get vaccinations at pharmacies, physicians' offices and clinics (physician and clinic data are not readily available).

Source: (3)

It should be noted that vaccination is only one part of preventing the spread of respiratory illness. Care homes and home support organizations should also have strong prevention and control policies in place. For example, masking of unvaccinated staff and staff education have an important role in preventing the spread of infectious diseases such as influenza.

Influenza Immunization in the Community

The Public Health Agency of Canada recommends vaccination against influenza for everyone over the age of six months including those that are healthy, but particularly people who are at higher risk of complications such as adults aged 65 and over. In 2019/20, there were 796,240 publicly funded vaccinations dispensed at pharmacies across B.C. Approximately 44% of these were for seniors. Over the past two years, uptake has increased in all health authorities for all ages, but in particular those aged 65 or older.

Source: (4)

Percent of the Population Vaccinated at Pharmacies in B.C., 2017/18-2019/20

Health Authority	Age Group	2017/18	2018/19	2019/20
IHA	All Ages	17%	18%	19%
	65+	39%	41%	42%
FHA	All Ages	12%	13%	14%
	65+	32%	33%	36%
VCHA	All Ages	12%	13%	15%
	65+	25%	26%	29%
VIHA	All Ages	17%	17%	19%
	65+	38%	38%	41%
NHA	All Ages	9%	10%	10%
	65+	29%	30%	31%
B.C.	All Ages	14%	14%	16%
	65+	33%	34%	37%

Note: Years are not the typical fiscal year but are defined as July 1 to June 30, which covers the flu season of each year.

Excludes vaccinations that were privately paid for.

Health authority rates are estimates as individuals may or may not obtain their flu vaccines at pharmacies within the health authority where they live.

Source: (5)

Influenza Immunization in Home Care and Long-Term Care

In 2019/20, 66% of case managed home care clients were vaccinated against influenza within the last two years. These rates have consistently been between 65% and 67% over the last five years.

Influenza Immunization Coverage for Home Care Clients, 2015/16-2019/20

Health Authority	2015/16	2016/17	2017/18	2018/19	2019/20
IHA	67%	65%	65%	65%	64%
FHA	64%	65%	66%	67%	67%
VCHA	63%	62%	65%	66%	67%
VIHA	71%	70%	70%	70%	68%
NHA	68%	65%	62%	59%	59%
B.C.	66%	65%	66%	67%	66%

Source: (6)

In the 2019/20 influenza season, the BC Centre for Disease Control (BCCDC) found that 85% of residents and 69% of staff in long-term care facilities in B.C. were vaccinated against influenza. Resident vaccination rates ranged from 81% in Interior Health to 90% in Vancouver Coastal Health and staff vaccination rates ranged from 64% in Interior Health to 73% in Vancouver Coastal Health. Between 2014/15 and 2018/19, overall rates hovered between 86% and 87% for residents and 74% and 76% for health care workers but both dropped in 2019/20.

Influenza Vaccination Coverage in Long-Term Care Facilities, 2015/16-2019/20 Influenza Seasons

Health Authority	Group	2015/16	2016/17	2017/18	2018/19	2019/20
IHA	Residents	84%	82%	80%	80%	81%
	Staff	72%	71%	72%	66%	64%
FHA	Residents	88%	88%	87%	89%	88%
	Staff	79%	76%	79%	79%	71%
VCHA	Residents	92%	92%	91%	88%	90%
	Staff	86%	82%	81%	79%	73%
VIHA	Residents	82%	87%	88%	88%	87%
	Staff	69%	68%	71%	71%	69%
NHA	Residents	89%	87%	83%	87%	86%
	Staff	63%	69%	72%	73%	71%
B.C.	Residents	87%	87%	86%	87%	85%
	Staff	76%	74%	76%	74%	69%

Notes:

Reporting facilities include publicly funded long-term care facilities for seniors. Not all facilities report each year to the BCCDC. In 2019/20, 76% of facilities reported resident vaccinations and 83% reported staff vaccinations.

Source: (7)

Hospital Care

Hospitalizations and Emergency Department Visits

When seniors experience an acute problem with their health, a visit to the emergency department or an admission to hospital may be necessary, but seniors do not comprise the majority of the emergency department visits and hospitalizations.

In 2018/19, almost 581,000 (27%) of the 2.2 million visits to the emergency department and just over 418,000 (45%) of the 938,000 hospitalizations across B.C. were for seniors aged 65 or older. For people aged 65 to 84, the number of emergency department visits increased 3% and hospitalizations increased 6% over the previous year; for those aged 85 or older, both emergency department visits and hospitalizations increased 2%. The seniors population aged 65 or older increased 4% over the previous year. The inpatient average length of stay is longer for senior patients relative to younger age groups but has been declining between 2014/15 and 2018/19.

Hospital Care in B.C., 2014/15-2018/19

	2014/15	2015/16	2016/17	2017/18	2018/19	% Change in Last Year
Under 65						
Hospitalizations	501,595	507,948	512,482	512,200	520,020	1.5%
Inpatient	261,268	261,235	262,883	264,431	262,191	-0.8%
Day surgery	240,327	246,713	249,599	247,769	257,829	4.1%
Inpatient average length of stay (days)	5.0	5.0	4.9	4.9	4.9	0.0%
Emergency department visits	1,505,115	1,576,490	1,567,719	1,602,910	1,603,220	0.0%
Seniors Aged 65 or Older						
Hospitalizations	363,297	376,338	390,269	397,267	418,470	5.3%
Inpatient	179,316	181,563	186,903	189,557	195,307	3.0%
Day surgery	183,981	194,775	203,366	207,710	223,163	7.4%
Inpatient average length of stay (days)	8.6	8.5	8.2	8.1	8.0	-1.6%
Emergency department visits	503,973	531,709	552,307	564,000	580,738	3.0%
Seniors Aged 65-84						
Hospitalizations	296,186	308,433	320,537	327,831	347,365	6.0%
Inpatient	129,000	131,022	135,210	138,034	142,968	3.6%
Day surgery	167,186	177,411	185,327	189,797	204,397	7.7%
Inpatient average length of stay (days)	8.1	8.1	7.8	7.7	7.5	-2.0%
Emergency department visits	384,806	407,714	424,563	436,321	450,046	3.1%
Seniors Aged 85 or Older						
Hospitalizations	67,111	67,905	69,732	69,436	71,105	2.4%
Inpatient	50,316	50,541	51,693	51,523	52,339	1.6%
Day surgery	16,795	17,364	18,039	17,913	18,766	4.8%
Inpatient average length of stay (days)	9.8	9.6	9.4	9.2	9.2	-0.2%
Emergency department visits	119,167	123,995	127,744	127,679	130,692	2.4%
All Ages						
Hospitalizations	864,892	884,286	902,751	909,467	938,490	3.2%
Inpatient	440,584	442,798	449,786	453,988	457,498	0.8%
Day surgery	424,308	441,468	452,965	455,479	480,992	5.6%
Inpatient average length of stay (days)	6.4	6.4	6.3	6.3	6.2	-0.4%
Emergency department visits	2,009,088	2,108,199	2,120,026	2,166,910	2,183,958	0.8%

Source: (2)

Alternate Level of Care

Alternate level of care (ALC) is a care level designation used when patients occupy a hospital bed after their treatment has ended and they no longer require acute care services. Other non-acute medical conditions can prevent discharge from hospital to home resulting in waiting periods until suitable care services, such as long-term care or home support, become available or medical conditions change. ALC status begins at the time the designation decision is made by care professionals and ends when patients leave their ALC settings.

In 2019/20 there were 22,146 ALC cases, a 5% increase after two years of relatively small changes. Most cases were aged 65 or older.

Total ALC Cases by Age Group, 2015/16-2019/20

Health Authority	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
0-64	3,635	4,155	4,232	4,222	4,280	1.4%
65-84	7,921	9,130	9,367	9,315	9,898	6.3%
85+	6,891	7,546	7,395	7,600	7,968	4.8%
B.C.	18,447	20,831	20,994	21,137	22,146	4.8%

Source: (8)

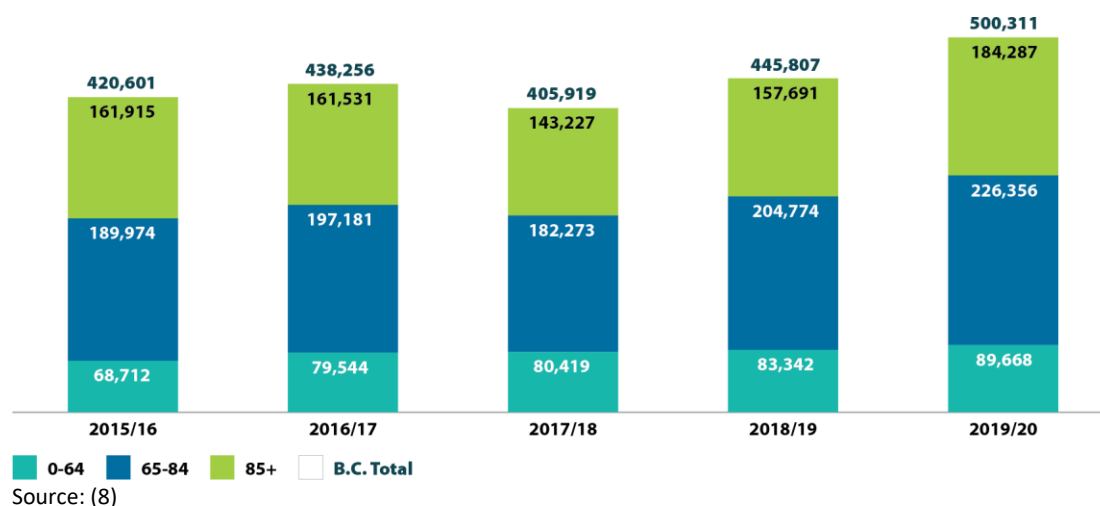
In 2019/20, there were 500,311 hospital inpatient days designated as ALC; 18% were for patients aged 0 to 64 years, 45% for 65 to 84, and 37% for those aged 85 or older. While there was a drop in ALC days in 2017/18 for those aged 65 or older, they increased again in each of the last two years. Overall, ALC days increased 10% in 2018/19 and 12% in 2019/20. The largest increases were seen in Northern Health (43%) and Fraser Health (14%).

Total ALC Days by Health Authority, 2015/16-2019/20

Health Authority	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	93,180	95,049	89,018	94,494	103,167	9.2%
FHA	156,455	159,494	141,224	144,969	165,147	13.9%
VCHA	51,464	55,684	50,931	56,308	59,766	6.1%
VIHA	88,496	88,009	85,956	104,385	107,233	2.7%
NHA	30,569	39,700	38,527	45,419	64,744	42.5%
PHSA	437	320	263	232	254	9.5%
B.C.	420,601	438,256	405,919	445,807	500,311	12.2%

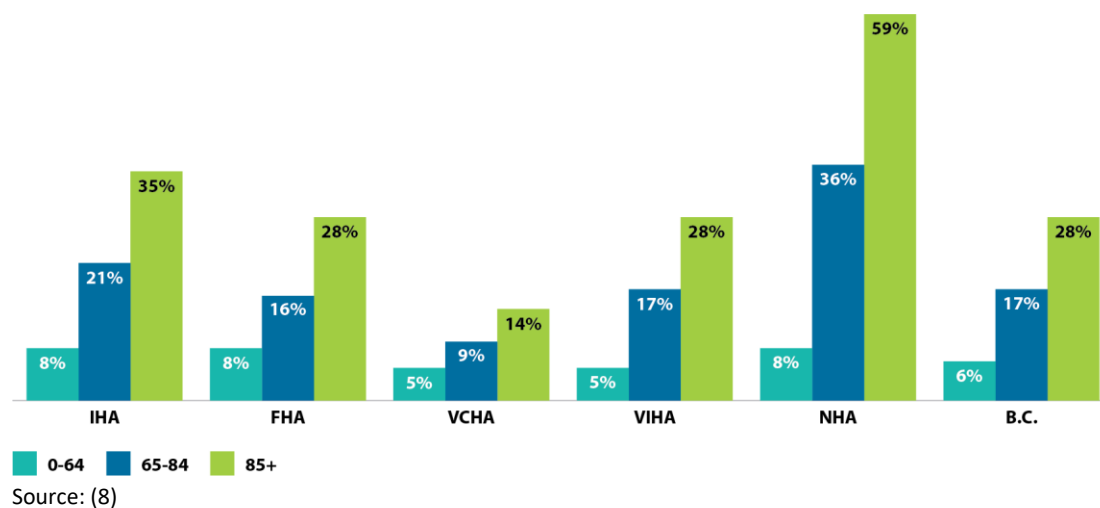
Source: (8)

Total ALC Days by Age Group of Patients, 2015/16-2019/20



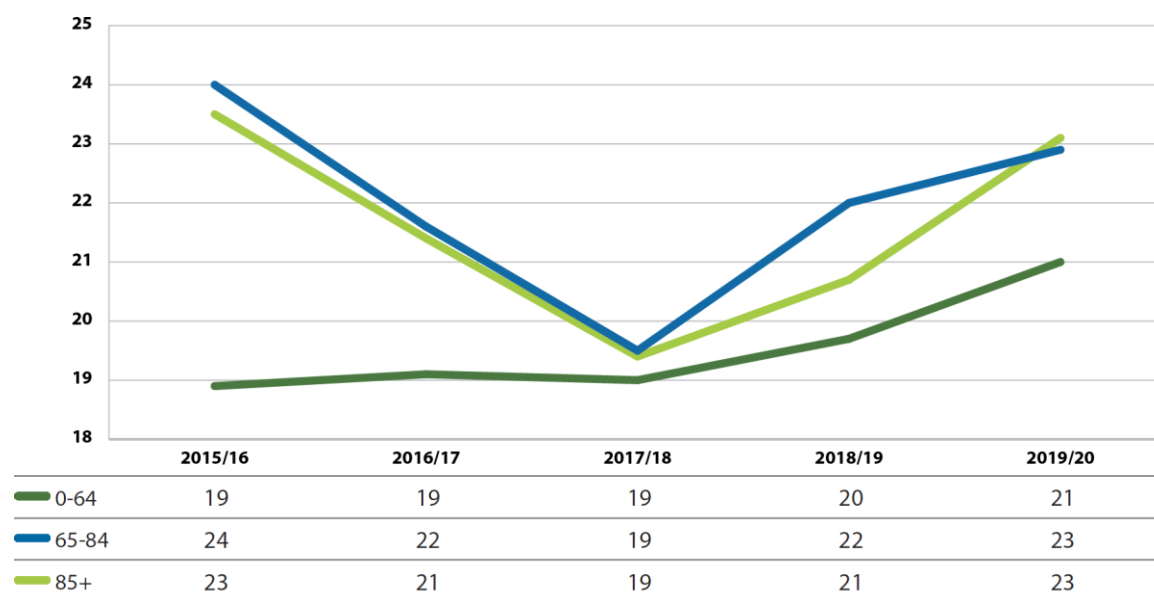
The population aged 85 or older had the highest rate of ALC days in all health authorities. This is particularly noticeable in Northern Health, where 59% of inpatient days for this age group were ALC.

ALC Days as a Percent of Total Inpatient Days by Age Group, 2019/20



In 2019/20, the average length of stay in ALC for all age groups was 23 days a 7% increase from the previous year. The length of stay in ALC increased 4% for those aged 65 to 84, 11% for those aged 85 or older, and 6% for those younger than 65. The average length of stay in ALC increased most notably in the population aged 85 or older across all health authorities.

Average Length of Stay (days) in ALC by Age Group, 2015/16-2019/20

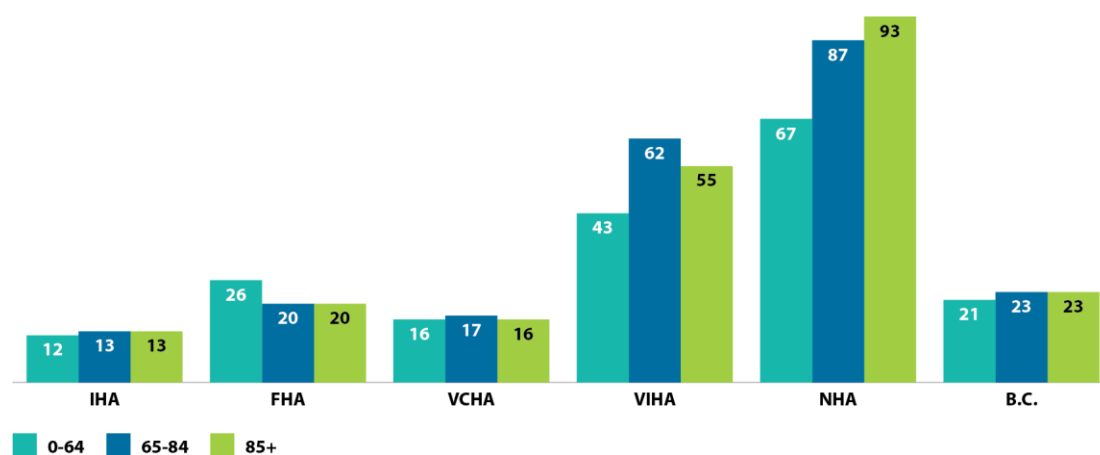


Note: In 2015, Canadian Institute for Health Information (CIHI) launched a two-year project to develop and implement standard ALC designation guidelines for use in acute/rehabilitation care settings to address inconsistent reporting of activity tolerance and specialized rehabilitation care. The new guidelines did not necessarily change if a patient was designated as ALC, but when that designation would take effect during their hospital stay. This focus on improving ALC reporting may partially explain the decline in the length of stay in ALC between 2015/16 and 2017/18.

Source: (8)

In 2019/20, the average length of stay in ALC was substantially longer in Northern and Vancouver Island Health Authorities for all age groups. While the average length of stay increased across all health authorities in 2019/20, the most notable increase was in Northern Health where the average length of stay increased 20% for those under 65, and 27% for those aged 65 or older. Interior Health continues to have the shortest average length of stay in ALC as they had in the previous four years.

Average Length of Stay (days) in ALC by Health Authority and Age Group, 2019/20



Source: (8)

Home and Community Care

In an effort to address ongoing data quality concerns, health authorities have restated their Home and Community Care data for this year's report. This means that data from this report may not be comparable to past reports published by this office. Please also note that clients receiving services in more than one health authority throughout a fiscal year will be counted multiple times in the B.C. total client counts.

Home Care

Home Support

Home support is a service within the Home and Community Care program delivered by community health workers. The service helps clients with their daily personal care activities, such as bathing, dressing, or toileting, but does not include assistance with activities such as grocery shopping, driving to appointments, laundry, or cleaning. Health authority case managers assess clients to determine the services and hours for which clients may qualify. Home support is provided on a long-term basis for clients with ongoing needs and on a short-term basis for clients with time-limited needs, such as immediately following discharge from hospital. This short-term service is paid for by the health authority, but long-term clients may be required to pay a client contribution based on income. Clients may also organize their own services through the Choice in Supports for Independent Living (CSIL) program.

Source: (9)

Cost of Home Support

In B.C., the client contribution, or daily rate, is calculated based on client and spousal income. If both members of a couple are receiving home support services, only one member of the couple is charged the full daily rate. If either person reports earned income on their tax return, their assessed charges for home support are capped at a maximum of \$300 per month. The client contribution is waived if a person, or their spouse, is in receipt of one of the following:

- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the *Old Age Act* (Canada);
- Income assistance under the B.C. *Employment and Assistance Act*;
- Disability assistance under the B.C. *Employment and Assistance for Persons with Disabilities Act*;
- or
- War Veterans Allowance under the *War Veterans Allowance Act* (Canada).

Source: (10)

In B.C., 67% of long-term home support clients, including those under the CSIL program, have their client contribution waived and 33% are assessed a daily rate. Of those clients assessed a daily rate, 16% (almost half) were eligible to have their client contribution capped at \$300 per month due to the presence of earned income. The median assessed client contribution has increased each year for the last five years with a 5% increase in the last year and a 12% increase since 2017. These data report on the assessed daily rate amount only and are not adjusted for couples who may only pay one amount, nor adjusted for clients whose charges are capped by the earned income clause.

Source: (11)

Assessed Client Contributions for Home Support, 2020



Note: Includes long-term home support and CSIL.

Source: (12)

Home Support Clients

In 2019/20, there were 48,998 clients who received publicly subsidized home support services, approximately 4% more than in 2018/19, while the target population of seniors aged 80 or older grew by almost 3%. The number of clients decreased in Northern Health but increased in the other health authorities.

Number of Clients Receiving Home Support, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	9,468	9,479	9,538	9,752	2.2%
FHA	14,712	14,779	15,284	16,110	5.4%
VCHA	10,148	10,083	10,023	10,680	6.6%
VIHA	9,669	9,406	9,403	9,772	3.9%
NHA	1,517	2,575	2,774	2,684	-3.2%
B.C.	45,514	46,322	47,022	48,998	4.2%

Notes: Includes long-term, short-term and CSIL clients. Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts.

Source: (13)

Home Support Hours

Overall, total home support hours delivered to clients increased almost 5% in 2019/20 over the previous year. The largest increases were seen in Vancouver Coastal Health and in Northern Health.

Number of Home Support Hours Delivered, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	2,160,713	2,139,849	2,129,728	2,086,341	-2.0%
FHA	4,035,261	4,220,175	4,169,658	4,252,423	2.0%
VCHA	2,668,526	2,658,593	2,663,955	2,994,621	12.4%
VIHA	2,796,010	2,603,146	2,538,642	2,673,446	5.3%
NHA	273,727	411,298	418,212	468,391	12.0%
B.C.	11,934,237	12,033,061	11,920,196	12,475,221	4.7%

Notes: Includes long-term, short-term and CSIL clients.

Source: (13)

In 2019/20, the average hours of care delivered per home support client increased less than 1% to 255 hours and ranged from 175 hours in Northern Health to 280 hours in Vancouver Coastal Health. Average care hours decreased in Interior Health but increased in all the remaining health authorities.

Average Hours of Care Delivered per Home Support Client, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	228	226	223	214	-4.0%
FHA	274	286	273	264	3.3%
VCHA	263	264	266	280	5.3%
VIHA	289	277	270	274	1.5%
NHA	180	160	151	175	15.9%
B.C.	262	260	254	255	0.4%

Notes: Includes long-term, short-term and CSIL clients. Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals use the sum of these and are therefore not unique client counts.

Source: (13)

Most home support hours are delivered under long-term support (69%), with short-term service (9%) and CSIL (22%) making up the rest. The number of long-term home support clients remained relatively the same in 2017/18 and 2018/19 but increased in 2019/20. Short term clients increased in each of the last two years, and CSIL clients decreased. After little change in 2018/19, the average hours of home support increased in 2019/20 across all three service types.

Home Support by Service Type, 2016/17-2019/20

	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
Number of Home Support Clients					
Long-Term	n/a	31,742	31,543	32,502	3.0%
Short-Term	n/a	19,599	20,583	22,033	7.0%
CSIL	1,067	1,040	989	961	-2.8%
Number of Home Support Hours					
Long-Term	n/a	8,133,276	8,113,984	8,559,848	5.5%
Short-Term	n/a	945,168	970,536	1,131,939	16.6%
CSIL	2,902,549	2,954,617	2,835,676	2,783,434	-1.8%
Average Hours of Care Delivered per Home Support Client, by Type					
Long-Term	n/a	256	257	263	2.3%
Short-Term	n/a	48	47	51	8.5%
CSIL	2,720	2,841	2,867	2,896	1.0%

Source: (13)

Professional Home Care Services

Professional services are also part of the Home and Community Care program and include nursing, physical therapy (PT), occupational therapy (OT), nutritional and social work services provided by registered professionals. These services are generally provided on a short-term basis only to address health issues after discharge from hospital or an episodic illness or injury. There is no client contribution for professional services.

Professional Home Care Clients

In 2019/20, 128,857 clients received professional home care services in B.C., a 5% increase over the previous year. The number of clients increased by 25% in Northern Health and by almost 7% in Vancouver Island Health.

Professional Home Care Clients, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	31,645	31,650	31,801	31,454	-1.1%
FHA	30,400	31,114	31,414	32,884	4.7%
VCHA	23,413	23,779	23,528	24,232	3.0%
VIHA	23,472	25,393	26,800	28,546	6.5%
NHA	n/a	7,697	9,361	11,741	25.4%
B.C.	n/a	119,633	122,904	128,857	4.8%

Note: Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals use the sum of these and are therefore not unique client counts.

Source: (13)

Professional Home Care Visits

In 2019/20, almost 1.6 million professional home care service visits were made across the province, an 8% increase over the previous year. The number of visits increased across all health authorities.

Professional Home Care Visits, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	355,054	355,055	353,360	356,878	1.0%
FHA	347,935	368,511	364,987	403,653	10.6%
VCHA	280,458	280,136	285,305	303,000	6.2%
VIHA	325,583	367,993	392,012	436,589	11.4%
NHA	n/a	75,743	84,592	95,178	12.5%
B.C.	n/a	1,447,438	1,480,256	1,595,298	7.8%

Source: (13)

Home Care Complaints

All clients are encouraged to try to resolve issues immediately by speaking with the person who provided the care or the manager of the area. If a satisfactory response is not received, the complaint may be escalated to the Patient Care Quality Office (PCQO) at the health authority. The PCQO registers complaints about the care received and works with the client to identify a reasonable resolution. If the matter is still unresolved, it may be escalated to the Patient Care Quality Review Board, which reports directly to the Minister of Health, for an independent assessment.

The PCQO data does not separate complaints received for home support and professional services. The data below includes all complaints from the home care sector. In 2019/20, 698 complaints were received by the PCQO, of which 6, or less than 1%, were reviewed by the Patient Care Quality Review Board. The number of complaints decreased in all health authorities except Northern Health where they almost doubled.

While the reasons for complaints cover a broad range of concerns, in 2019/20, 88% were about:

- care (33%) – primarily delayed or inappropriate care,
- accessibility (19%) – primarily programs or services denied, delayed, or not available,
- communication (16%) – primarily family/carers not informed or inadequate/incorrect information,
- attitude and conduct (11%) – primarily uncaring attitude or inappropriate conduct, and
- coordination (9%) – primarily lack of caregiver continuity.

Home Care Complaints Received by the Patient Care Quality Office, 2015/16-2019/20

Health Authority	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	44	58	99	178	134	-24.7%
FHA	173	189	285	356	309	-13.2%
VCHA	79	139	117	80	73	-8.8%
VIHA	122	129	187	185	150	-18.9%
NHA	12	16	11	17	32	88.2%
B.C.	430	531	699	816	698	-14.5%

Note: Actual interactions with complainants is less than the number of complaints as one complainant may have more than one complaint.

Source: (14)

Respite Care

Adult Day Programs

Adult Day Programs (ADP) are publicly subsidized services that assist seniors and adults with disabilities to continue to live in their own homes by providing supportive group programs and activities in the community. Clients attending these services travel to a location within their own community or catchment area each week where they may receive personal assistance, health care services, therapeutic social and recreational activities, health education or caregiver support. Many ADPs are connected with long-term care facilities, while others operate independently. A nominal daily rate, not exceeding \$10, may be charged to clients to assist with the cost of craft supplies, transportation (if provided), and meals. This fee may be waived if serious financial hardship would prevent a client from accessing the services.

Source: (15)

Adult Days Program Clients and Days of Services

In 2019/20, there were 7,690 clients accessing adult day programs across the province, an increase of almost 12% over the previous year. The program days also increased over this time by 14%. The most notable increases were in Vancouver Coastal Health and Vancouver Island Health which both had substantially more clients and program days.

Adult Day Program Clients, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	1,636	1,616	1,619	1,665	2.8%
FHA	1,646	1,726	1,958	2,049	4.6%
VCHA	1,181	1,309	1,389	1,821	31.1%
VIHA	1,323	1,298	1,557	1,824	17.1%
NHA	n/a	360	376	331	-12.0%
B.C.	n/a	6,309	6,899	7,690	11.5%

Note: Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals use the sum of these and are therefore not unique client counts.

Source: (13)

Adult Day Program Days, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	63,315	60,146	63,253	63,322	0.1%
FHA	61,155	65,972	69,393	74,113	6.8%
VCHA	54,018	50,960	58,011	75,193	29.6%
VIHA	51,151	48,858	52,773	64,760	22.7%
NHA	n/a	11,369	11,541	12,391	7.4%
B.C.	n/a	237,305	254,971	289,779	13.7%

Source: (13)

The number of days that each client attends depends on the type of ADP in which they participate. Due to the COVID-19 pandemic, each health authority took an inventory of spaces on a single day between Feb 26 and Apr 30, 2020. A total of 1,747 funded spaces were reported across the province, 50% of which were open five days per week and 19% were open 6 days per week. Some spaces were unused, but not all health authorities track unused spaces. On March 31, 2020, there were 1,189 clients waiting to access ADP services, 21% less than the same day last year; the average wait time ranged between 59 days in Vancouver Coastal Health to 128 days in Fraser Health. Please note that all ADP waitlist data may have been affected by the pandemic this year, therefore caution should be used when interpreting the data.

Clients on the Waitlist for Adult Days Programs, March 31, 2017-2020

Health Authority	Measures	2017	2018	2019	2020	% Change in Last Year
IHA	Number of ADPs	36	35	35	35	0.0%
	Number of Clients Waiting	197	134	170	155	-8.8%
	Average Wait Time	79	62	69	74	7.7%
FHA	Number of ADPs	17	18	18	18	0.0%
	Number of Clients Waiting	471	524	310	374	20.6%
	Average Wait Time	111	112	123	128	4.3%
VCHA	Number of ADPs	8	17	21	22	4.8%
	Number of Clients Waiting	201	367	495	329	-33.5%
	Average Wait Time	142	64	79	59	-25.4%
VIHA	Number of ADPs	21	20	24	32	33.3%
	Number of Clients Waiting	365	489	511	318	-37.8%
	Average Wait Time	108	85	161	98	-39.1%
NHA	Number of ADPs*	n/a	5	5	3	-40.0%
	Number of Clients Waiting	11	12	17	13	-23.5%
	Average Wait Time	64	42	45	97	115.6%
B.C.	Number of ADPs	n/a	95	103	110	6.8%
	Number of Clients Waiting	1,245	1,526	1,503	1,189	-20.9%
	Average Wait Time**	110	87	114	94	31.0%

Notes:

* Although NHA has 14 ADPs, wait times data was only received for 5 programs in 2018/19 and 3 programs in 2019/20.

** The B.C. average wait time is a calculated weighted average.

Source: (16)

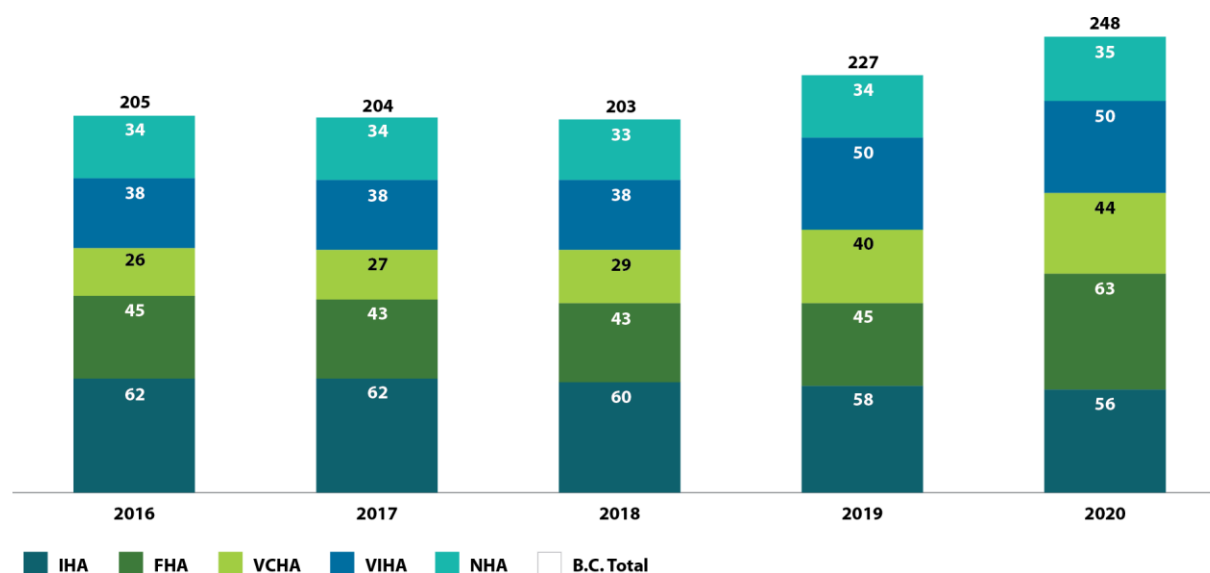
Overnight Respite

Respite care is short-term care that provides a client's main caregiver a period of relief or provides a client with a period of supported care to increase their independence. Respite services may be provided at home through home support services, in the community through adult day services or on a short-term basis in a long-term care facility, hospice or other community care setting. To qualify, a client must meet the eligibility criteria for home and community care, be assessed as requiring short-term care services, and agree to pay the applicable daily rate.

Source: (17)

On March 31, 2020, there were 248 respite care beds across the province. The number of respite care beds had been relatively constant between 2016 and 2018 and increased 12% in 2019 and 9% in 2020. There were 40% more respite beds in Fraser Health and 10% more in Vancouver Coastal Health but 3% fewer in Interior Health in 2020.

Number of Respite Beds, March 31, 2016-2020



Source: (18)

Community and Personal Support Programs

Community Support Programs

Seniors Centres

Seniors centres and community centres throughout the province provide social, educational and recreational activities for older adults. These centres are generally run by not-for-profit organizations. Many seniors centres charge an annual membership fee (usually less than \$100) that allow seniors to participate in activities for free or at a discounted rate. Some of these centres allow non-members to participate for a nominal fee. Other centres do not require membership but may charge a fee for each activity. The goal of the programs provided at each centre is to help seniors maintain, improve and develop new skills, interests and social opportunities, and to enhance quality of life.

New Horizons

The New Horizons for Seniors Program is a federal grants and contributions program that supports projects led or inspired by seniors who make a difference in the lives of others and their communities. The program has two funding streams: community-based grants (up to \$25,000 per year per organization) and pan-Canadian grants supporting projects for up to five years. Approved projects must address one of the five program objectives:

- promote volunteerism among seniors and other generations;
- engage seniors in the community through the mentoring of others;
- expand awareness of elder abuse, including financial abuse;
- support the social participation and inclusion of seniors; or
- provide capital assistance for new and existing community projects and/or programs for seniors.

Source: (19)

In 2019/20, there were 283 approved community-based projects in B.C. with total federal funding of almost \$5.3 million. This is a 7% increase in funding over 2018/19. The projects are based in 42 communities across the province and cover a wide variety of social and educational opportunities for seniors. At the time of reporting, the number of pan-Canadian projects approved in B.C. in 2019/20 was not available.

New Horizons for Seniors Program Community-Based Grants, 2017/18-2019/20

	2017/18	2018/19	2019/20
Up to \$25,000			
Number of approved projects	248	230	234
Funding amount	\$4,741,772	\$4,732,852	\$5,024,908
Number of communities with approved projects	41	41	42
Up to \$5,000			
Number of approved projects	n/a	35	49
Funding amount	n/a	\$155,370	\$226,892
Number of communities with approved projects	n/a	23	28
Total Number of approved projects	248	265	283
Total Funding amount	\$4,741,772	\$4,888,222	\$5,251,800
Total Number of communities with approved projects	41	41	42

Source: (20)

Personal Support Programs

First Link® Dementia Support

First Link® dementia support, available province-wide, is jointly funded by the Ministry of Health and the Alzheimer Society of B.C. The program connects people with dementia, their caregivers and their families to support and learning opportunities at the time of diagnosis or at any point in the progression of the disease. In 2019/20, First Link® supported 13,594 unique clients with over 34,000 contacts in 239 communities. The number of clients increased by almost 18% but the number of client contacts decreased by 8%. There were over 6,000 new clients in the last year of which 39% were formal referrals by health care providers and 61% were self-directed contacts.

First Link Program, 2017/18-2019/20

	2017/18	2018/19	2019/20	% Change in Last Year
Total unique clients	10,492	11,567	13,594	17.5%
Number of new clients	5,489	5,438	6,577	20.9%
Formal referral	2,197	2,163	2,551	17.9%
Self-directed contacts	3,292	3,275	4,026	22.9%
Number of client contacts	36,000	37,587	34,574	-8.0%
Communities served	83	105	239	127.6%

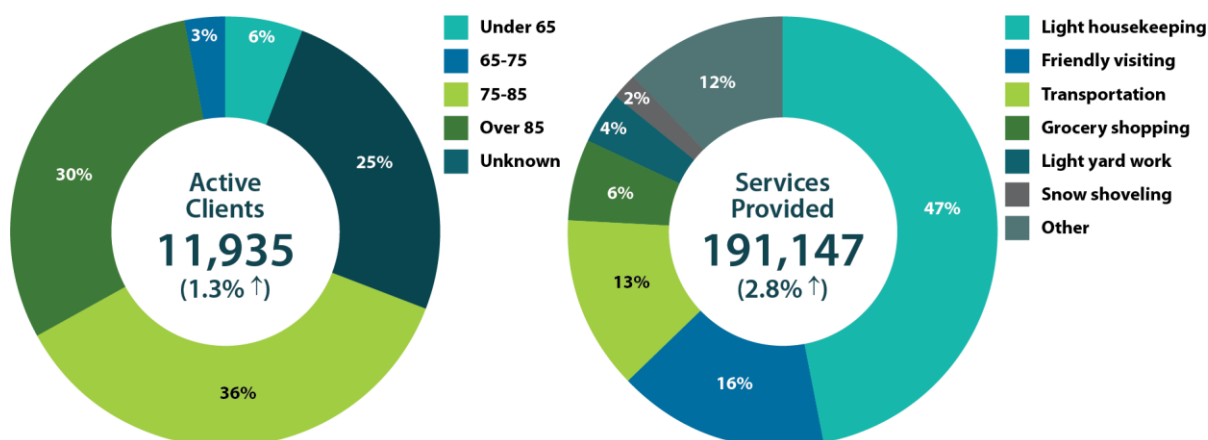
Note: The decrease in client contacts and the rise in all other values is due to a change in process that will be addressed with additional staff training.

Source: (21)

Better at Home

Better at Home is a government-funded program that helps seniors with daily tasks so that they can continue to live independently in their own homes. The program is managed by the United Way. Services, designed to complement existing government home support services, are provided by local non-profit organizations.

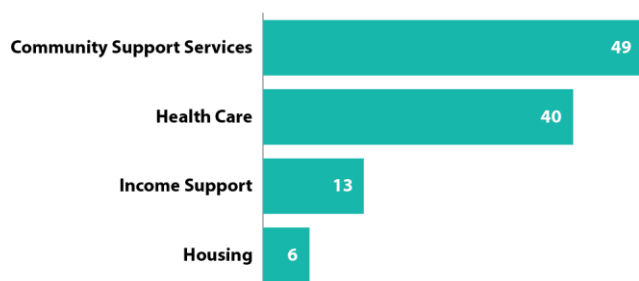
In 2019/20, there were 11,935 active clients in the Better at Home program who collectively received 191,147 services. The number of active clients increased by 1% and services increased by almost 3% over 2018/19. The number of new clients increased by 4% from 3,685 in 2018/19 to 3,832 in 2019/20. Most of the active clients were seniors aged 65 or older (91%) and 38% of all services were provided by volunteers. The primary services were light housekeeping (47%), friendly visiting (16%) and transportation to appointments (13%).

Better at Home Program, 2019/20

Source: (22)

Office of the Seniors Advocate COVID-19 Engagement

Towards the end of the fiscal year public concerns were raised to the OSA regarding the COVID-19 pandemic. The month of March 2020 saw a 40% increase in contacts with the OSA over the monthly average for 2019/20. The communications to the office were primarily by email (54%) and phone (42%). The table below shows the breakdown by service area.

Communications with the OSA for Pandemic by Service Area, 2019/20

Source: (23)

Safe Seniors, Strong Communities

On March 26, 2020, the OSA announced a new program called *Safe Seniors, Strong Communities* in response to the COVID-19 global pandemic. *Safe Seniors, Strong Communities* matches seniors who need help with volunteers who can help bring groceries, medications, and prepared meals to seniors, and who can also provide a friendly phone call or virtual visit. The program is funded by the provincial government in partnership with bc211, a province-wide information and referral service, and United Way's Better at Home program. *Safe Seniors, Strong Communities* is available throughout British Columbia.

Assisted Living

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. In B.C., three versions of assisted living exist: subsidized registered, private registered, and private non-registered (sometimes referred to as seniors independent living). Registered assisted living is regulated under the *Community Care and Assisted Living Act (CCALA)*. On December 1, 2019, a new *Assisted Living Regulation* came into effect that included the following changes:

- create new classes of assisted living for people living with mental disorders, chronic or progressive disorders and substance use;
- enhance the powers of the Assisted Living Registrar to provide oversight;
- allow assisted living residences to provide as many services as they like (previously limited to two services);
- define eligibility for assisted living to ensure that individuals need regular, unscheduled health services, can make decisions ensuring their safety, can respond to an emergency, and can act in a way so that others are not put at risk; and
- set out more detailed regulations protecting the rights of residents.

Prior to the update of this regulation, registered facilities could provide residents up to two of six prescribed services; typically, assistance with activities of daily living and administration of medication. In private non-registered assisted living, these prescribed services cannot be provided by the operator of the facility. Residents must make their own arrangements for any personal/nursing care needs including the use of the subsidized home support program.

Assisted Living Residences

In B.C., as of March 31, 2020, there were

- 4,262 subsidized registered assisted living units, a 3% decrease over 2019,
- 3,882 private registered assisted living units, less than 1% increase over 2019, and
- 18,892 private non-registered assisted living units, a 2% decrease over 2019.

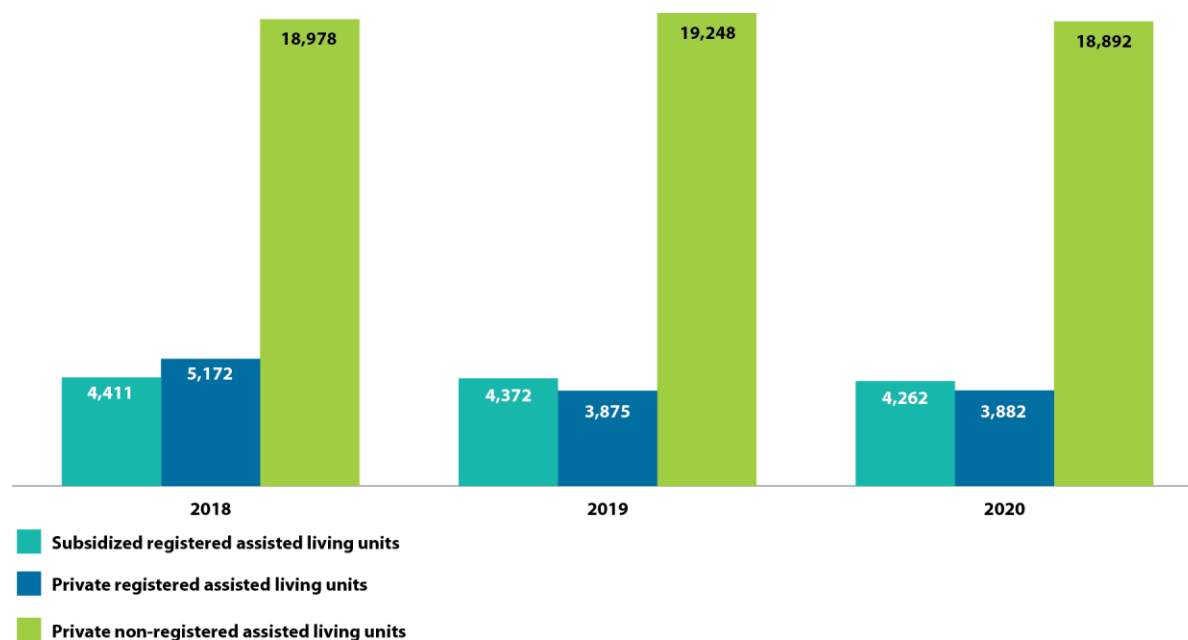
Assisted Living Residences and Units in B.C., 2018-2020

	2018	2019	2020	% Change in Last Year
Subsidized registered assisted living residences	138	137	133	-2.9%
Number of subsidized units	4,411	4,372	4,262	-2.5%
Number of private units	1,324	1,302	1,297	-0.4%
Private registered assisted living residences	82	76	73	-3.9%
Number of private units	3,848	2,573	2,585	0.5%
Private non-registered assisted living residences	n/a	n/a	n/a	n/a
Number of private units	18,978	18,248	18,892	-1.8%

Source: (24) (25)

The number of subsidized registered assisted living units have been decreasing since 2018. The number of private registered assisted living units decreased substantially in 2019 but remained relatively unchanged in 2020. The stock of private non-registered assisted living units has remained relatively unchanged since 2018.

Number of Assisted Living Units in B.C., 2018-2020



Sources: (24) (25)

While the number of non-registered assisted living units remained relatively unchanged in the last three years, the vacancy rate has increased from 3% in 2018, to 4% in 2019 and 5% in 2020. These vacancy rates are higher than the province's vacancy rates for a one-bedroom apartment which were 1.1% in October 2017, 1.4% in October 2018 and 1.3% in October 2019.

Sources: (24) (25) (26)

Cost of Assisted Living

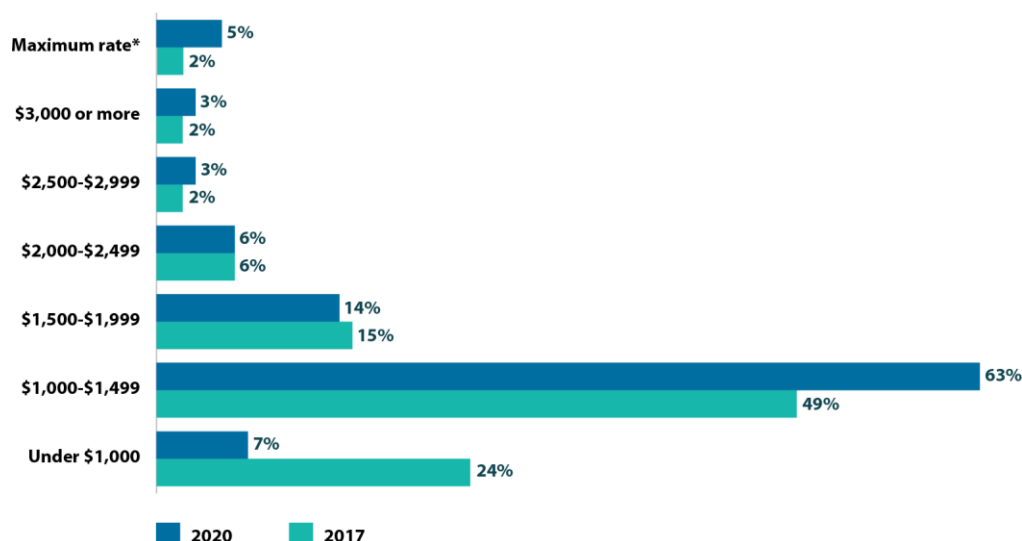
In subsidized registered assisted living, residents pay a set monthly rate of 70% of their net income, up to a maximum rate which is a combination of the market rate for housing and hospitality services for the respective community and the actual cost of personal care services. In 2019, the minimum monthly cost for a single client is \$1,018.90 and \$1,552.00 per couple. In 2020, the minimum monthly cost for a single client is \$1,041.40 per month and \$1,586.40 per month per couple. As of March 31, 2020, there were 85 clients across the province paying the maximum amount. This was a 55% increase over 2019.

Source: (16) (27)

There has been a shift in the client contribution amounts between 2017 and 2020. In 2017, 24% of clients were assessed at less than \$1,000 per month. In 2018 those assessed at less than \$1,000 dropped to 7% where it has remained since then. Between 2018 and 2020, the proportion paying between

\$1,000 and \$1,499 dropped each year to 63% in 2020, while those paying \$1,500 or more increased each year to 30% in 2020.

Distribution of Client Contributions in Subsidized Registered Assisted Living, 2017 and 2020



Note: *The actual payment rate for individuals assessed at the highest rate is not available.

Source: (12)

The cost of private registered assisted living varies by type of unit and geographic location. The BC Seniors Living Association (BCSLA) usually does a biennial survey on the cost of private assisted living. However, the 2019 survey was not performed. Depending on the state of the pandemic it may be done again in 2021. The latest available survey (2017) covered both independent living (a combination of housing and hospitality services for functionally independent seniors capable of directing their own lives) and private pay assisted living regulated under the *CCALA*. Although there are a range of additional fees that can affect a resident's monthly costs, the table below shows the median rental rates at that time. Median rates in North and West Vancouver far exceeded the rest of the province for each unit type, although Vancouver South Surrey and Greater Victoria were not far behind. The average rent increase in 2017 was 2.7%.

Median Rental Rates for Private Registered Assisted Living, 2017

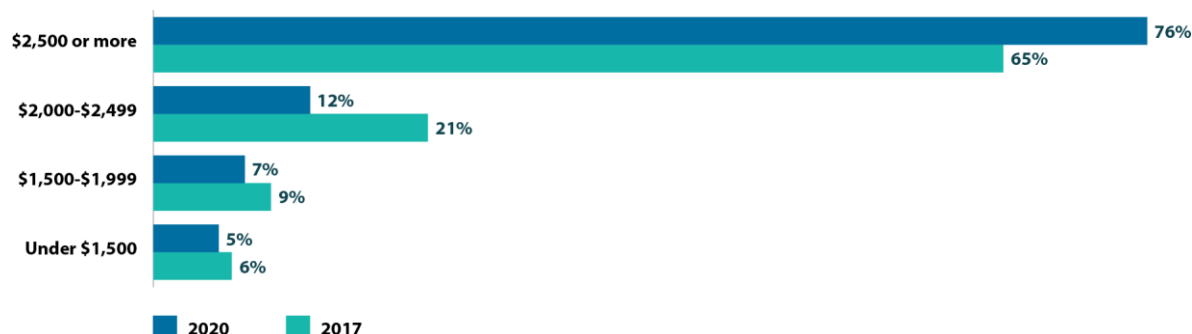
Unit Type	Survey respondents listing:	
	Only private pay assisted living	Combined residences*
Studio units	\$2,558	\$2,600
1 bedroom units	\$3,818	\$3,275
1 bedroom + den units	\$5,100	\$3,866
2 bedroom units	\$3,775	\$4,200

Note: *Combined residences Includes residences that offer a combination of at least two types of services including Independent Living, Private Pay Assisted Living, Funded Assisted Living, Licensed Care and/or Memory Care.

Source: (28)

The cost of private non-registered assisted living is increasing with 76% of seniors paying over \$2,500 per month in 2020. The proportion of units costing more than \$2,500 increased from 65% in 2017 to 76% in 2020. The number of units costing less than \$2,500 has steadily decreased from 35% in 2017 to 24% in 2020 and only 5% of units now cost less than \$1,500.

Distribution of Rental Rates for Private Non-Registered Assisted Living, 2017 and 2020



Note: Breakdown of rental prices above \$2,500 is not available.

Source: (25)

Clients in Subsidized Assisted Living

Since there is occupancy turnover throughout the year, there will be more clients in subsidized assisted living throughout the year than there are units. In 2019/20, there were 5,192 clients in assisted living, a 6% decrease over the previous year. There were less clients in all health authorities in 2019/20.

Assisted Living Clients, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	1,225	1,250	1,197	1,179	-1.5%
FHA	1,772	1,699	1,716	1,708	-0.5%
VCHA	1,049	1,031	1,035	957	-7.5%
VIHA	1,207	1,207	1,185	1,133	-4.4%
NHA	n/a	361	361	356	-1.4%
B.C.	n/a	5,548	5,494	5,192	-5.5%

Source: (13)

Funded Personal Care Hours in Assisted Living

In 2019/20, there were almost 1.7 million hours of personal care provided in assisted living. This was a less than 1% decrease from the previous year. Interior Health had 15% fewer care hours per client, Northern Health had less than 1% fewer and the remaining health authorities all provided more hours per client.

Funded Personal Care Hours in Assisted Living, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	421,814	418,832	412,682	345,191	-16.4%
FHA	544,928	556,152	555,121	599,522	8.0%
VCHA	167,356	177,707	188,263	190,350	1.1%
VIHA	411,580	412,966	421,311	434,904	3.2%
NHA	n/a	111,065	112,723	110,359	-2.1%
B.C.	n/a	1,676,722	1,690,100	1,680,326	-0.6%

Source: (13)

Average Funded Personal Care Hours Per Client Per Year in Assisted Living, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	344	335	345	293	-15.1%
FHA	308	327	323	351	8.7%
VCHA	160	172	182	199	9.3%
VIHA	341	342	356	384	7.9%
NHA	n/a	308	312	310	-0.6%
B.C.	n/a	302	308	324	5.2%

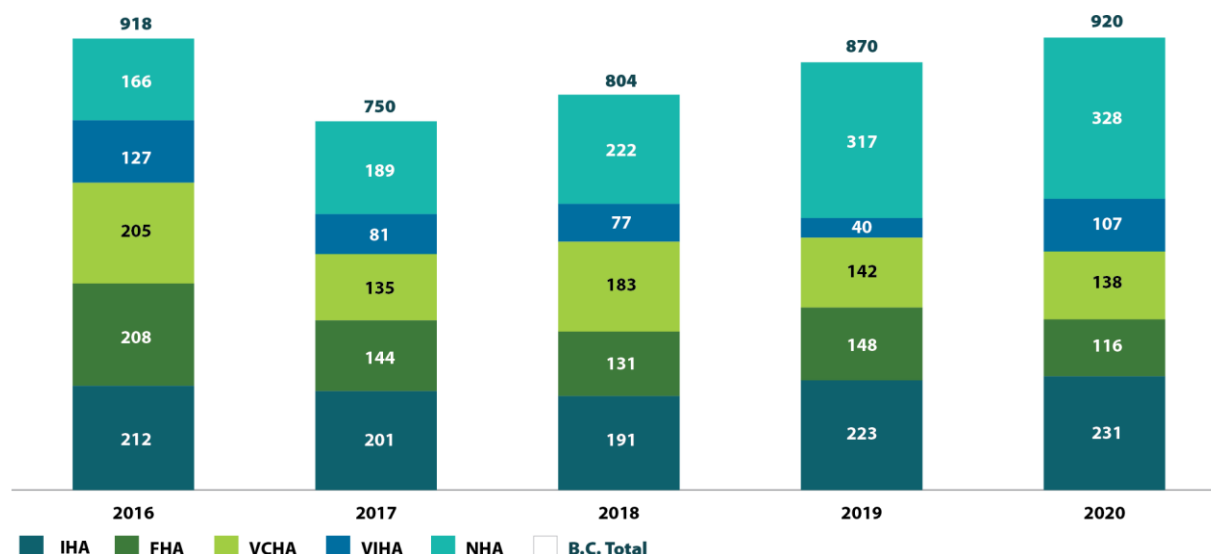
Source: (13)

Waitlist for Subsidized Assisted Living

In Fraser Health, Interior Health, and Vancouver Coastal Health, waitlists for subsidized assisted living are managed centrally, but clients may choose the residence to which they wish to apply. In Vancouver Island Health and Northern Health, clients may place themselves on waitlists for multiple assisted living residences and may choose to wait for a unit to become available in their preferred residence.

There were 920 individuals waiting for subsidized registered assisted living on March 31, 2020. While there was substantial drop in the number of people on the waitlist in 2017, the last three years have shown overall increases: 7% in 2018, 8% in 2019 and 6% in 2020. The largest increase in 2020 was in Vancouver Island Health where the waitlist more than doubled from 2019. There were less people on the waitlist in 2020 in Fraser Health and Vancouver Coastal Health.

Number of People on the Waitlist for Subsidized Registered Assisted Living, March 31, 2016-2020



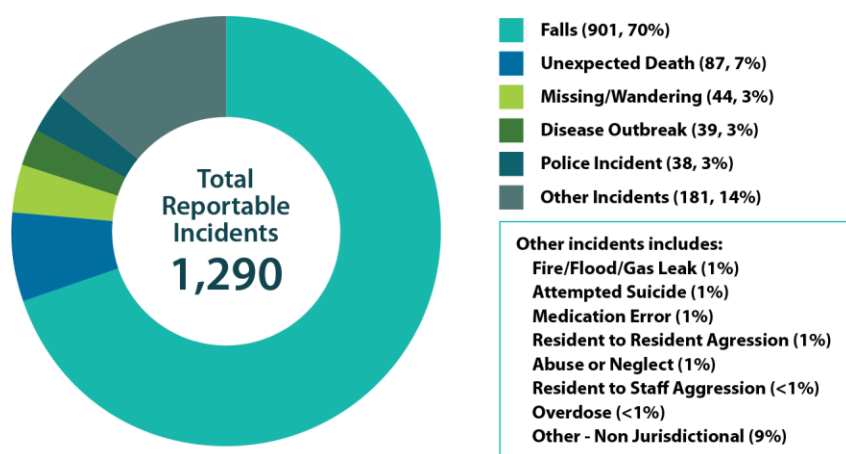
Note: Northern Health's waitlist was as of April 30, 2020

Source: (16)

Reportable Incidents for Registered Assisted Living

All registered assisted living residences are required to report serious incidents, where the health or safety of a resident may have been at risk, to the Assisted Living Registrar (ALR). In 2019, there were 1,290 incidents reported across B.C., a 47% increase over the previous year. Falls (70%), unexpected deaths (7%), missing or wandering residents (3%), disease outbreak (3%) and police incidents (3%) make up 86% of all reported incidents.

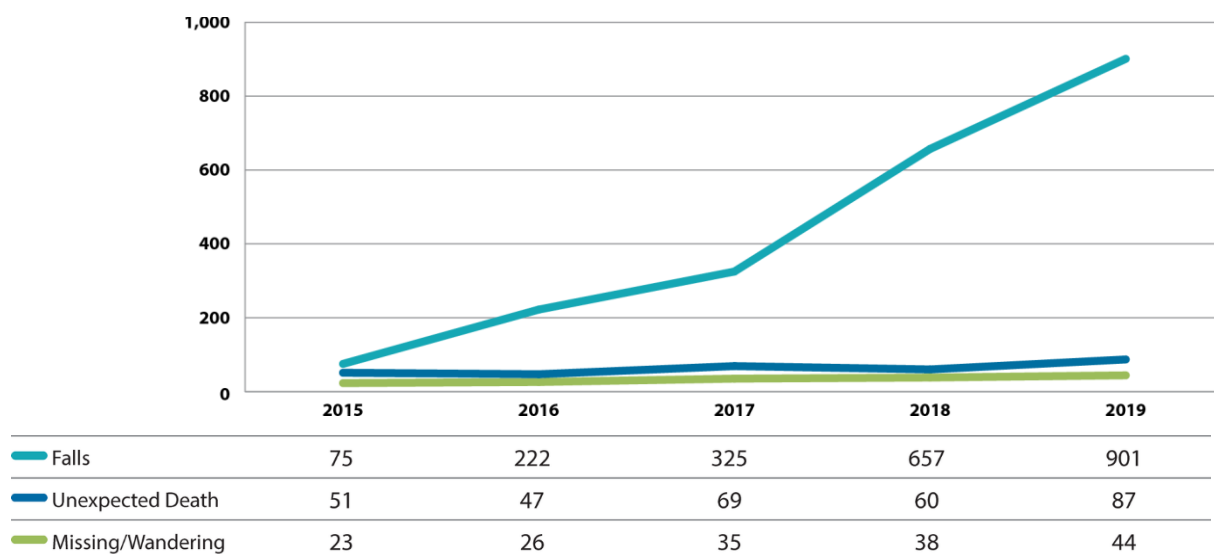
Reportable Incidents in Registered Assisted Living Residences, 2019



Source: (24)

The rate of reported falls continued to increase in 2019; 37% since 2018 and 306% since 2016. A new policy implemented in 2016 has improved reporting of falls over the last several years so it is difficult to determine if the increase is due to more falls or just better reporting. Unexpected deaths decreased 45% in 2019 over the previous year while missing or wandering residents increased 16%.

Top Three Types of Reportable Incidents in Registered Assisted Living Residences, 2015-2019



Source: (24)

Falls in Registered Assisted Living Residences, 2015-2019

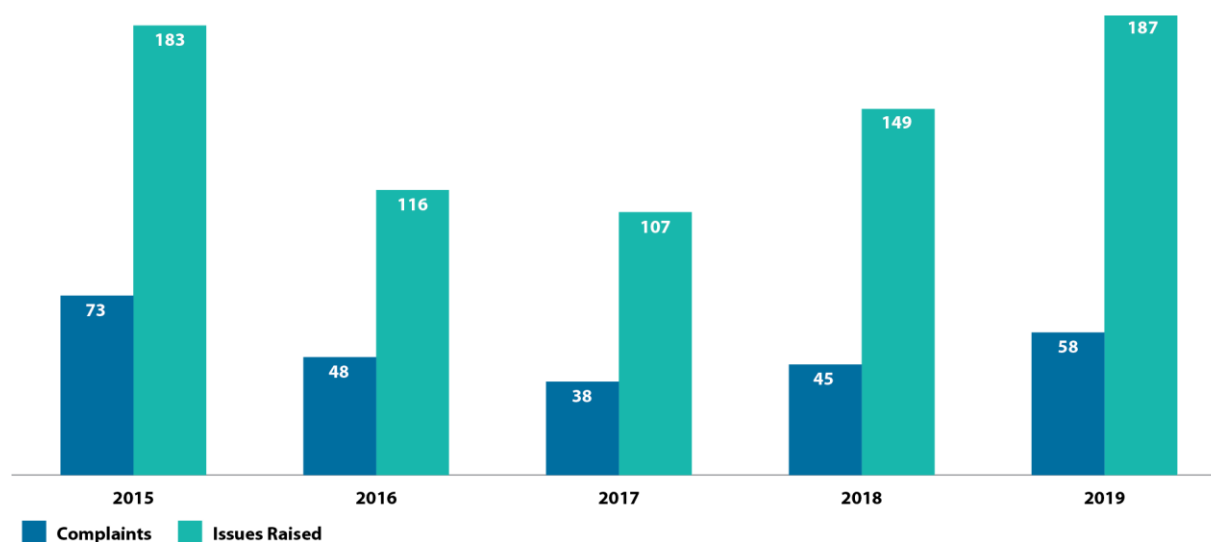
Health Authority	2015	2016	2017	2018	2019	% Change in Last Year
IHA	25	52	85	108	195	81%
FHA	11	33	59	227	328	44%
VCHA	10	12	46	123	114	-7%
VIHA	25	125	133	194	228	18%
NHA	4	0	2	5	36	620%
B.C.	75	222	325	657	901	37%

Source: (24)

Complaints in Registered Assisted Living

The ALR ensures that both subsidized and private registered assisted living residences comply with the CCALA and its associated regulations; it does not track the number of complaints that have been substantiated. In 2019, the ALR received 58 complaints. Complaints decreased 48% between 2015 and 2017 but increased 18% in 2018 and 29% in 2019.

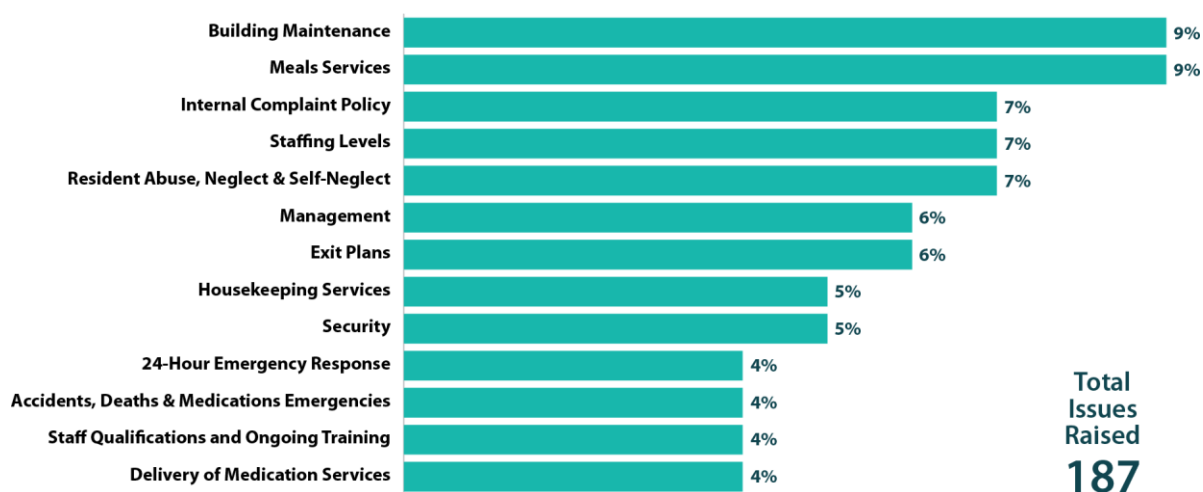
Complaints About Registered Assisted Living Residences, 2015-2019



Source: (24)

The 58 reported complaints raised 187 issues, with the most frequently cited challenges pertaining to building maintenance, meals services, internal complaint policies, staffing levels, and resident abuse, neglect and self-neglect.

Top Ten Issues Raised in Complaints About Registered Assisted Living Residences, 2019



Source: (24)

Site Inspections for Registered Assisted Living

Inspections and investigations are conducted by the ALR at initial registration and then as needed based on complaints received. Over the past five years, the number of inspections has ranged from 10 to 36 in a year. In 2019, the ALR conducted 36 site inspections for the following reasons:

- complaints and complaint follow-up (23);
- site inspections and site visits (22);
- possible unregistered residence (11);
- registration and registration follow-up (6);
- health and safety issues (3); and
- other reasons (5).

Note: that there can be multiple inspection types per inspection.

Source: (24)

Long-Term Care

Long-term care (formerly referred to as residential care) facilities offer seniors 24-hour professional supervision and care in a safe and secure environment. The data presented in this section cover long-term care facilities that receive public funding, including those operated by health authorities and those contracted by the health authority to provide services. These contracted operators include private for-profit and private not-for-profit organizations. Approximately 3% of B.C. seniors live in long-term care.

Source: (1) (29)

Long-Term Care Beds and Room Configuration

As of March 31, 2020, there were 27,505 publicly funded long-term care beds at publicly subsidized facilities for seniors in British Columbia. This is approximately 67 beds per 1,000 population aged 75 or older and 224 beds per 1,000 population aged 85 or older. Note that bed counts are not comparable to previous monitoring reports released by this office as, this year, we excluded beds in facilities that provide specialized care to focus on seniors care.¹

Thirty two percent (32%) of the beds were in health authority operated facilities and 68% were in contracted facilities. From 2016 to 2020, the number of publicly funded beds increased 3% while the seniors population aged 85 or older grew 13%.

¹ The count of long-term care beds includes publicly subsidized and private pay long-term care beds and short-term care beds such as convalescent, end of life and respite beds for facilities that are included in the *Long-Term Care Facilities Quick Facts Directory*. These facilities focus on long-term care for seniors and exclude those facilities that provide specialized care such as acquired brain injury, AIDS or mental health.

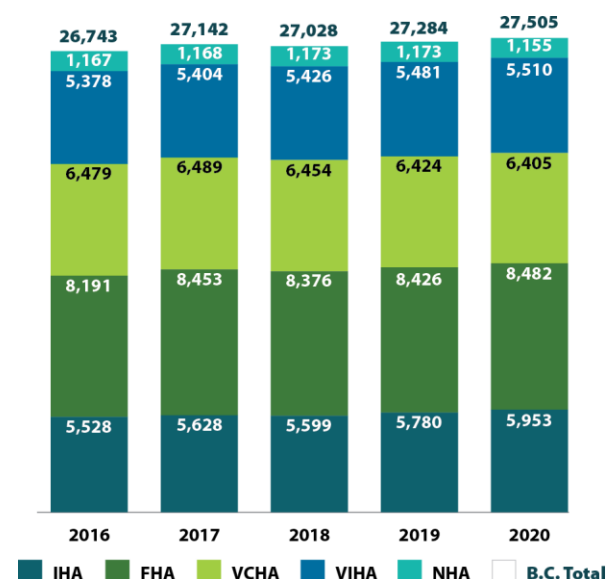
The OSA collects information from long-term care operators on room configuration. Under CCALA, residents are required to be housed in single occupancy rooms, but some were built under older standards and may have rooms that house two or more residents. The room configuration within facilities remained relatively consistent in 2020 with 89% being single occupancy, 7% double occupancy and 4% multi-person rooms compared to 88%, 8% and 4% the year before. Of the 29,057 total long-term care beds, 76% were in single occupancy rooms, 13% were in double occupancy rooms and the remaining 11% were in multi-person rooms in 2020.

Room and Bed Configuration in Long-Term Care Facilities, March 31, 2019-2020

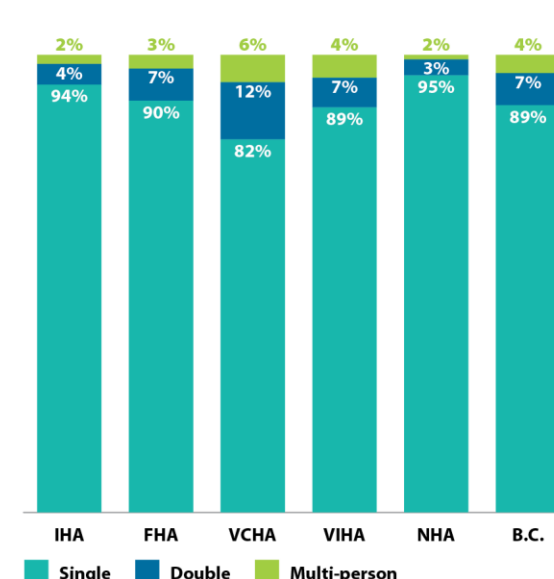
Room Type	2019		2020	
	% of rooms	% of beds	% of rooms	% of beds
Single occupancy rooms	88%	75%	89%	76%
Double occupancy rooms	8%	13%	7%	13%
Multi-person rooms	4%	12%	4%	11%

Source: (29)

**Long-Term Care Beds,
March 31, 2016-2020**



**Room Configuration in Long-Term Care Facilities,
March 31, 2020**



Note: The room configuration chart contains private beds in publicly subsidized facilities

Source: (1) (29)

Cost of Long-Term Care

Residents in long-term care pay a monthly rate of up to 80% of net income that is subject to a minimum and maximum rate, ensuring that the client retains at least \$325 per month for personal expenses. The minimum rate is calculated using the maximum amount of Old Age Security and Guaranteed Income Supplement as of July 1 of the previous year minus a \$3,900 deduction (\$325 x 12 months). The maximum is adjusted every year in line with inflation. If the assessed monthly rate would cause financial hardship, residents can apply to their health authority for a temporary reduction of their monthly rate.

Monthly Rates for Client Contributions in Long Term care, 2017-2020

	2017	2018	2019	2020
Minimum				
Singles	\$1,104.70	\$1,130.60	\$1,162.80	\$1,189.70
Couples sharing a room (per person)	\$763.90	\$783.50	\$808.15	\$828.63
Maximum (per person)	\$3,240.00	\$3,278.80	\$3,377.10	\$3,444.60

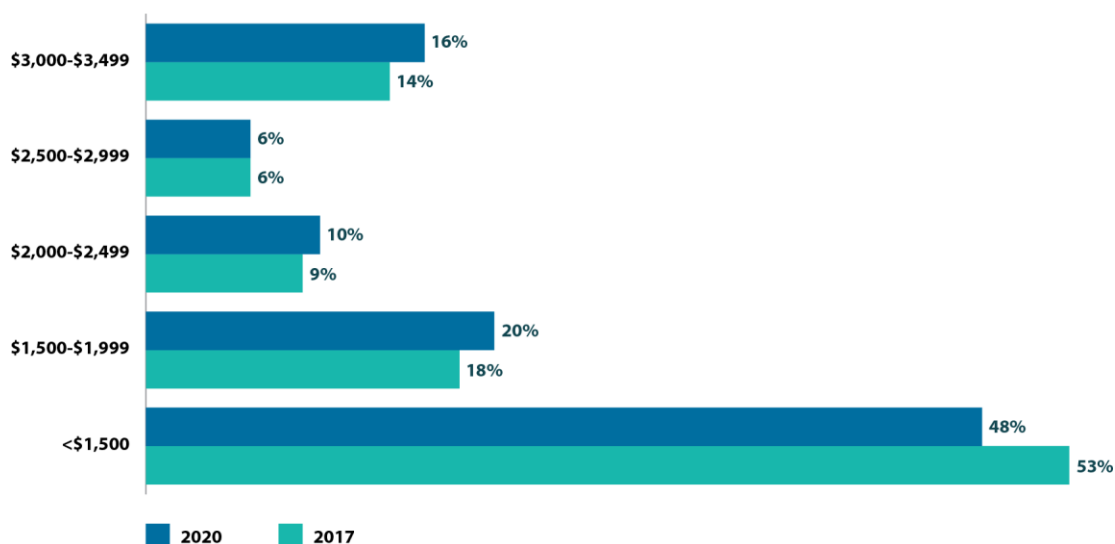
Source: (30)

On March 31, 2020, there were 2,295 clients paying the maximum annual rate for long-term care across facilities in B.C. This is 8% of clients in publicly subsidized beds.

Source: (16)

Due to data quality issues in the home and community care data, client assessed rates were used to report on the distribution of client contribution amounts instead this year. These are not comparable to previous Monitoring Seniors Services reports. An individual's client contribution may change throughout the year if their income status changes but this is not reflected in this data. In 2020, 48% of clients were assessed a client rate of less than \$1,500. This is a drop from 53% in 2017. The number of clients assessed at higher rates all increased over this same three year period.

Distribution of Assessed Client Contribution Rates in Long-Term Care, 2017 and 2019



Source: (12)

Long-Term Care Clients

Throughout 2019/20, with bed turnover, there were 37,444 seniors living in long-term care facilities; 9,370 (25%) of these were new admissions. The total number of clients remained relatively constant changing 1% or less in each of the last three years.

Long-Term Care Clients, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	8,667	8,734	8,718	8,952	2.7%
FHA	11,314	11,043	11,194	11,143	-0.5%
VCHA	8,635	8,535	8,526	8,589	0.7%
VIHA	7,587	7,530	7,394	7,373	-0.3%
NHA	1,478	1,446	1,389	1,387	-0.1%
B.C.	37,681	37,288	37,221	37,444	0.6%

Note: excludes short-stay clients

Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals use the sum of these and are therefore not unique client counts.

Source: (13)

Long-Term Care Days and Length of Stay

Long-term care days are generally defined as occupied bed days. Any days where a client is hospitalized but not discharged from long-term care are included in the length of stay. In 2019/20, there were almost ten million long-term care days. The number of long-term care days remained relatively constant with less than 1% changes in the last three years.

Long-Term Care Days, 2016/17-2019/20

Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	1,965,758	2,007,327	2,018,508	2,050,706	1.6%
FHA	3,041,175	3,020,278	3,014,439	3,031,821	0.6%
VCHA	2,396,466	2,388,110	2,388,056	2,407,475	0.8%
VIHA	1,950,090	1,965,255	1,970,275	1,981,815	0.6%
NHA	398,302	399,505	390,830	390,609	-0.1%
B.C.	9,751,791	9,780,475	9,782,108	9,862,426	0.8%

Note: excludes short-stay clients

Source: (13)

Overall in 2019/20, the average length of stay for publicly subsidized beds was 843 days, but the median is a better measure because a few outliers can skew the average. The median length of stay in long-term care for all clients discharged from publicly subsidized beds during the year was 477 days, a 7% increase over the previous year. The median length of stay ranges between 444 days in Interior Health and 799 in Northern Health. The median length of stay is a better measure than the average length of stay as it is less prone to skewing by a few individuals whose length of stay is very long.

Median Length of Stay in Long-Term Care, 2016/17-2019/20

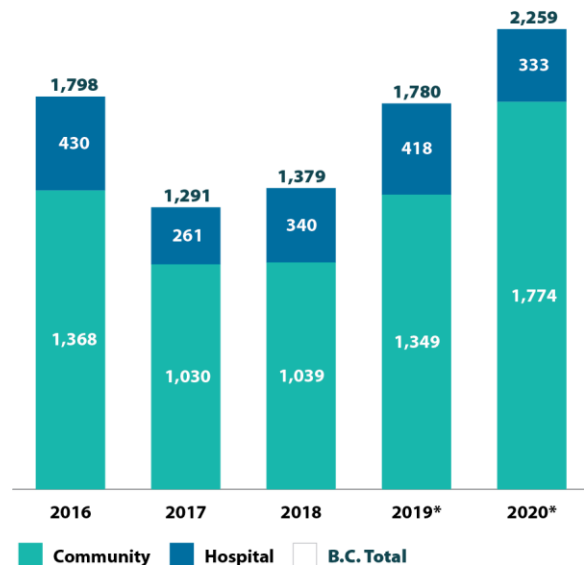
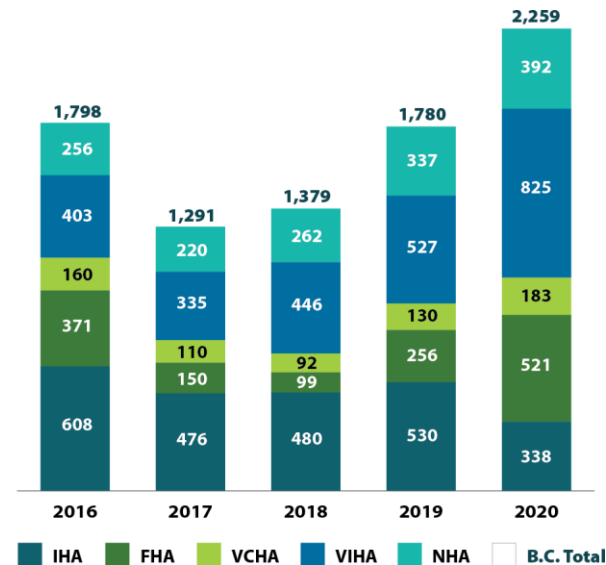
Health Authority	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	402	372	339	444	31.0%
FHA	486	460	467	451	-3.4%
VCHA	523	572	563	636	13.0%
VIHA	424	423	436	459	5.2%
NHA	782	841	902	799	-11.4%
B.C.	460	452	446	485	8.7%

Note: Excludes private pay beds in publicly subsidized facilities

Source: (29) (31)

Waiting for Long-Term Care

Once assessed for placement, people may wait in hospital or in their own homes to transfer into a long-term care facility. On March 31, 2020, all health authorities, except Interior Health, had more people on their waitlists than on the same day in 2019 with an overall increase of 27%. Of the 2,259 people on the waitlist for long-term care, 1,774 were waiting in the community and 333 were waiting for transfer from hospital. Note that Fraser Health included out of region clients and clients receiving other services that were not be captured under community or hospital care. The number waiting for transfer from hospital decreased by 20% in 2020 and the number waiting in the community increased by 32%. Vancouver Island Health (825) and Fraser Health (521) have the largest waitlists. The waitlist in Fraser Health more than doubled in 2019 and again in 2020. The waitlist in Interior Health decreased 36% in 2020 after three years of increases.

Waitlist for Admission into Long-Term Care,
March 31, 2016-2020Waitlist for Admission into Long-Term Care by Health
Authority, March 31, 2016-2020

Notes: * The total for FHA in 2019 and 2020 includes out-of-region clients and clients receiving other services that cannot be captured under community or hospital care.

Source: (16)

The average length of time for people on the waitlist on March 31, 2020, was 133 days, ranging between 49 days in Vancouver Coastal Health and 242 days in Northern Health. As seen by the maximum wait times in the table below, there are some people waiting an extraordinarily long time that can skew averages. The median wait time is a better indicator overall as half of all people on the waitlist have waited less than this time and half have waited longer. The median wait times for clients awaiting placement in long-term care ranged from 13 days in Vancouver Coastal Health to 183 days in Northern Health.

Wait Times for Clients on the Waitlist for Long-Term Care, 2019/20

Health Authority	Number on the Waitlist	Average Wait Time (Days)	Median Wait Time (Days)	Maximum Wait Time (Days)
IHA	338	97	63	637
FHA	521	101	68	610
VCHA	183	49	13	706
VIHA	825	136	110	820
NHA	392	242	183	1,330
B.C.*	2,259	133	n/a	1,330

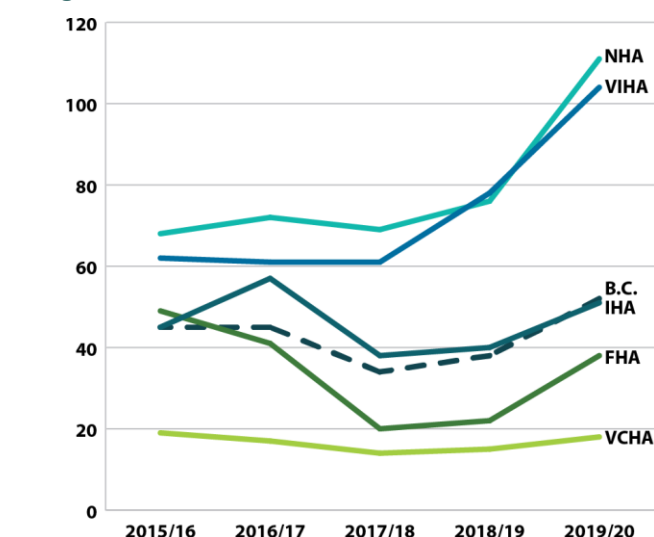
Notes: *The average wait time for B.C. is a calculated weighted average.

Source: (16)

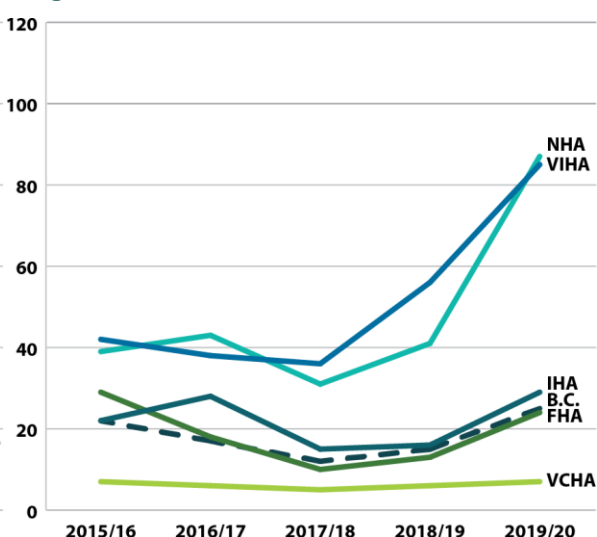
Clients admitted during 2019/20 waited an average of 52 days and a median of 25 days. The average and median wait times for admitted clients declined between 2015/16 and 2017/18 but increased again

in 2018/19 and 2019/20. The increase in the wait times in 2019/20 may be due in part to changes in the long-term care access policy, long-term care services being impacted by COVID-19 and the temporary suspension or limiting of new admissions due to quality of care concerns in some facilities in Vancouver Island Health. Note that it is difficult to compare the wait times between those still on the wait list and those that have been admitted because they use different methodologies for measuring the wait time.

Average Wait Time for Clients Admitted to Long-Term Care, 2015/16-2019/20



Median Wait Time for Clients Admitted to Long-Term Care, 2015/16-2019/20



Source: (32)

Of the residents admitted to long-term care in 2019/20, 55% were admitted within the Ministry of Health's target window of 30 days. This rate had improved between 2015/16 and 2017/18 but is now the lowest that it has been in five years. In Vancouver Coastal, 85% of new admissions were admitted within 30 days. Vancouver Island and Northern Health had the lowest proportion of clients admitted within the target window at 24% and 34% respectively.

Percent of Seniors Admitted to Long-Term Care within 30 Days, 2015/16-2019/20

Health Authority	2015/16	2016/17	2017/18	2018/19	2019/20
IHA	57%	53%	66%	64%	51%
FHA	52%	63%	82%	80%	60%
VCHA	86%	87%	88%	87%	85%
VIHA	40%	46%	46%	31%	24%
NHA	45%	46%	50%	46%	35%
B.C.	58%	61%	70%	66%	55%

Source: (32)

Preferred Bed Access

In July 2019, the *Home and Community Care Policy* changed. While the health authorities must coordinate services based on the care needs and risk levels of clients, clients can now identify up to three preferred facilities. Clients maintain their place on the waitlist for their preferred facilities while waiting for admission, even if they move into an interim facility first.

On March 31, 2020, there were 3,117 clients in long-term care awaiting placement to a preferred facility. On average they had been waiting 459 days (1.3 years), with averages ranging from 101 days (3.4 months) in Fraser Health to 783 days (2.1 years) in Vancouver Island Health. Again, the median wait time is a better indicator as the average can be skewed by just a few individuals waiting a very long time as seen by the maximum wait times in the table below. The median wait time for clients already in long-term care and awaiting placement to a preferred facility ranges from 72 days in Fraser Health to 717 days in Northern Health.

Clients in an Interim Care Home Awaiting Transfer to a Preferred Facility, March 31, 2020

Health Authority	Number on the Waitlist	Average Wait Time (Days)	Median Wait Time (Days)	Maximum Wait Time (Days)
IHA	19	126	98	459
FHA	529	101	72	1,315
VCHA	1,122	215	161	1,842
VIHA	1,432	783	691	2,849
NHA	15	705	717	1,302
B.C.*	3,117	459	n/a	2,849

Note: The B.C. average wait time is a calculated weighted average.

Source: (16)

Use of Antipsychotics in Long-Term Care

In 2019/20, 30.8% of residents were administered an antipsychotic drug – a slightly higher rate than in 2018/19. The national average, 26.6%, also increased slightly over the previous year. The rate of antipsychotic use for long-term care clients without a diagnosis of psychosis decreased each year in B.C. since 2015/16 but remained the same in 2018/19 and 2019/20 at 24.7%. Both indicator rates have been consistently higher in B.C. than the national averages in the last five years.

Percent of Residents in Long-Term Care Taking Antipsychotics, 2015/16-2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20
B.C.					
Without a diagnosis of psychosis	27.9%	25.9%	25.3%	24.7%	24.7%
With or without a diagnosis of psychosis	30.8%	29.7%	30.1%	30.1%	30.8%
Canada*					
Without a diagnosis of psychosis	23.9%	21.8%	21.2%	20.6%	20.2%
With or without a diagnosis of psychosis	26.6%	25.8%	26.1%	26.1%	26.6%

Note: * Data reflects facilities with publicly funded/subsidized beds. Results for Newfoundland and Labrador, Ontario, Alberta, British Columbia and Yukon reflect full coverage in that province/territory. Results for the remaining provinces/territories are based on partial coverage (i.e., only certain facilities and/or regional health authorities submitted data to CCRS).

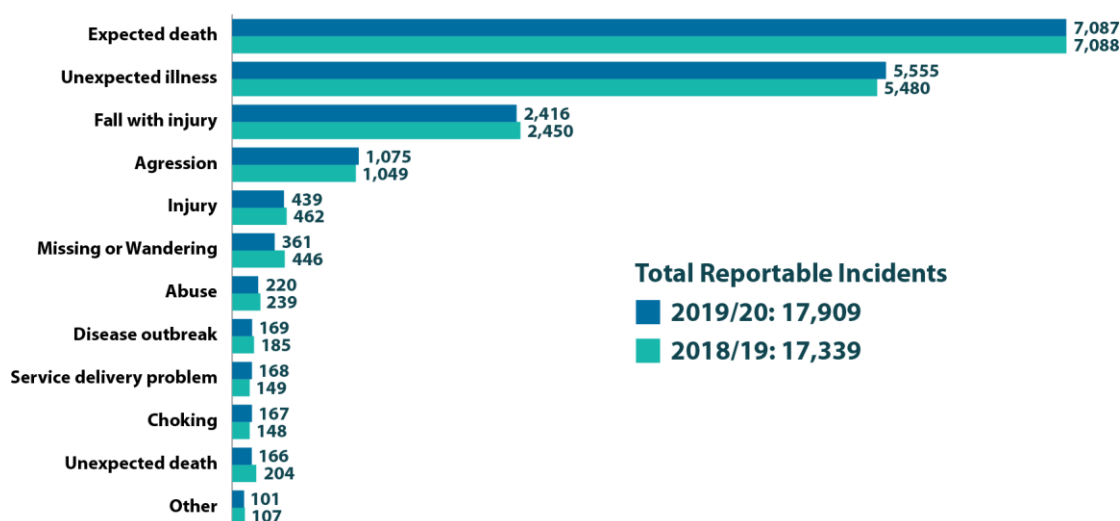
Source: (33)

Reportable Incidents in Long-Term Care

Licensed long-term care facilities are required to report incidents as defined under the *Residential Care Regulation*. Licensing officers respond to these reports to confirm the incident and perform any inspection or follow-up necessary. Note that reportable incidents are not available for Vancouver Island facilities licensed under the *Hospital Act*. They did report 33 adverse events, but these are not comparable to reportable incidents as described in the *Residential Care Regulations*.

In 2019/20, there were 17,909 incidents with 17,924 incident types reported to health authority licensing offices; an incident may have more than one type reported. There was a 3% increase in 2019/20 over the previous year in the total incidents reported. Just over 70% of reportable incidents related to expected deaths and unexpected illness. Falls with injury (14%) continued to be the next most commonly reported type, followed by aggression (6%), injury (2%) and missing or wandering persons (2%). Out of the 361 incidents of missing or wandering persons, 91% were found unharmed, 5% required medical attention, and 4% had no recorded outcome information. There were no reported deaths of missing or wandering seniors.

Reportable Incidents in Long-Term Care by Type, 2018/19-2019/20



Notes:

Excludes VIHA *Hospital Act* facilities.

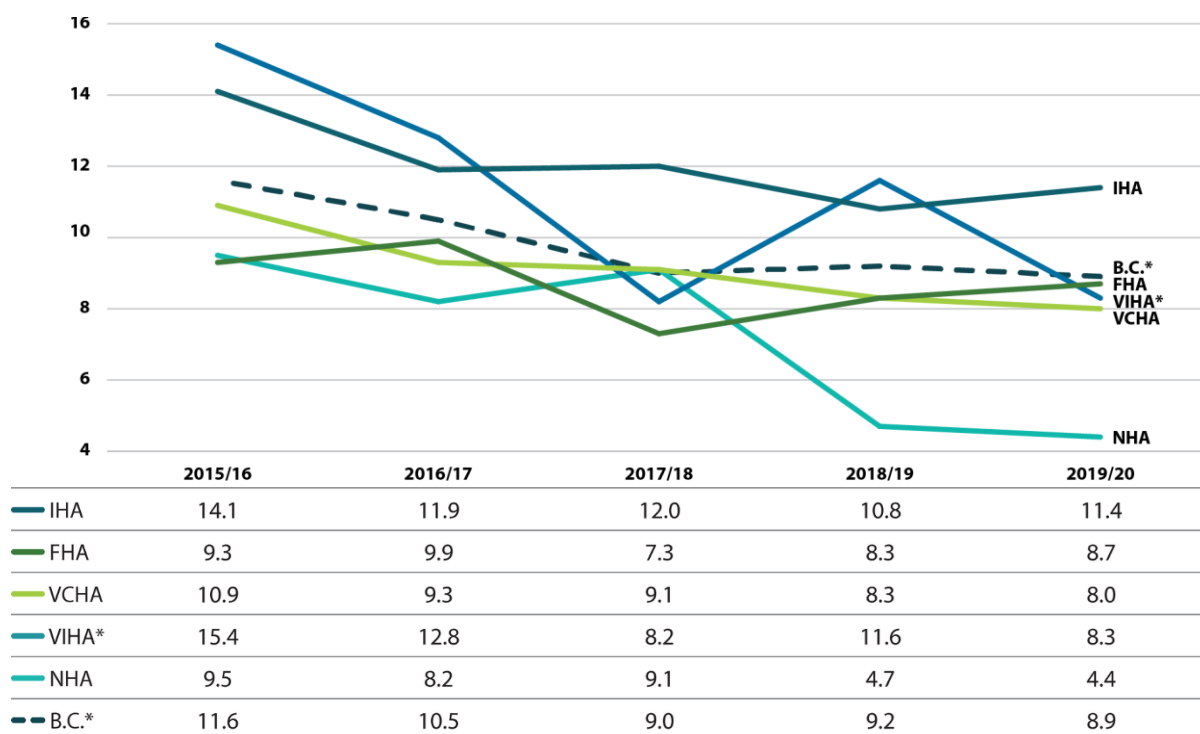
Sum of incident types may be slightly more than the total reportable incidents as one incident may have more than one type.

"Other" includes emergency restraint, medication errors, attempted suicide and poisoning.

Source: (34)

In 2019/20, there were 2,416 reported falls with injury. This equates to 8.9 falls per 100 beds in B.C., a 3% drop over 2018/19. The falls rate was highest in Interior Health (11.4) and lowest in Northern Health (4.4). The rates dropped in Vancouver Coastal Health (3%), Vancouver Island Health (28%) and Northern Health (7%) but increased in Interior Health (6%) and Fraser Health (5%).

Falls with Injury per 100 Beds in Long-Term Care, 2015/16-2019/20



Note: *Excludes VIHA *Hospital Act* facilities.

Source: (34)

Complaints in Long-Term Care

All clients are encouraged to try to resolve issues related to care and services received in long-term care facilities by speaking with the person who provided the care or the manager of the area. If a satisfactory response is not received, the complaint may be escalated to the Patient Care Quality Office (PCQO) at the health authority. The PCQO will register complaints about the care received and will work with the client to identify a reasonable resolution to the concern. If the matter is still unresolved, it may be further escalated to the Patient Care Quality Review Board (PCQRB), which reports directly to the Minister of Health, for an independent assessment.

In 2019/20, there were 751 complaints received by the PCQO of which 5 (less than 1%) were reviewed by the PCQRB. Vancouver Island Health had the highest number of complaints per 100,000 long-term care days at 11.3 followed by Interior Health (9.2), Fraser Health (6.3), Northern Health (5.9) and Vancouver Coastal Health (5.2).

Long-Term Care Complaints Received by the Patient Care Quality Office, 2015/16-2019/20

Health Authority	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
IHA	124	121	177	250	188	-24.8%
FHA	231	223	202	232	191	-17.7%
VCHA	137	126	196	135	125	-7.4%
VIHA	198	263	242	213	224	5.2%
NHA	19	21	26	23	23	0.0%
B.C.	709	754	843	853	751	-12.0%

Note: Actual interactions with complainants is less than the number of complaints as one complainant may have more than one complaint.

Source: (14)

While the reasons for complaints cover a broad range of concerns, in 2019/20, 61% were about:

- care (42%) – e.g., inappropriate type of care, or delayed or disruptive care
- communication (10%) – e.g., relatives/carers not informed or inadequate/incorrect information
- accommodation (9%) – e.g., dissatisfied with placement or preferred accommodation not available

Long-term care licensing offices in each health authority also receive complaints about facilities. They conduct investigations to determine whether the complaint can be substantiated and to identify any resulting licensing violations. The data for complaints is not complete as facilities in Interior, Vancouver Island and Northern health authorities licensed under the *Hospital Act* do not track the same information contained in the *Residential Care Regulations*. See notes for the table below for inclusions and exclusions.

For the remaining facilities, 580 complaints were reported in 2019/20, of which 195 were reported as substantiated resulting in some type of licensing infraction. The latter, however, is understated compared to total complaints because of the under-reporting of substantiated complaints in Interior Health. Complaints in B.C. increased 24% compared to the previous year while substantiated complaints increased by 17%. Vancouver Island Health continues to have the highest number of complaints (246). However, while the total complaints have increased in this health authority, the substantiated complaints remained almost the same as the previous year. The substantiated complaints per 1,000 beds are above the provincial average in Vancouver Island Health (17.1) and Northern Health (9.5).

Complaints in Long-Term Care, 2015/16-2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
Complaints received						
IHA	180	71	55	47	167	255%
FHA	78	66	118	129	128	-1%
VCHA	47	24	29	33	28	-15%
VIHA**	253	261	150	253	246	-3%
NHA***	5	10	0	5	11	120%
B.C.	563	432	352	467	580	24%
Substantiated complaints						
IHA*	59	20	20	18	30	67%
FHA	26	22	35	34	50	47%
VCHA	21	11	7	13	9	-31%
VIHA**	101	126	149	97	98	1%
NHA***	0	2	0	5	8	60%
B.C.	207	181	211	167	195	17%
Substantiated complaints per 1,000 beds						
IHA*	10.3	3.4	3.4	3.0	6.0	100%
FHA	2.9	2.3	3.8	3.6	5.3	47%
VCHA	3.2	1.7	1.1	2.0	1.4	-30%
VIHA**	28.0	34.7	40.3	17.1	17.1	0%
NHA***	0.0	1.7	0.0	5.8	9.5	64%
B.C.	7.9	6.8	7.4	5.9	7.1	20%

Notes:

*Interior Health: Substantiated complaints are only available for facilities licensed under the CCALA.

**Vancouver Island Health: For 2015/16 to 2017/18, complaints are only available for facilities licensed under the CCALA.

***Northern Health: Complaints are only available for facilities licensed under the CCALA.

Source: (34)

Site Inspections for Long-Term Care Facilities

Long-term care facilities in B.C. are regulated and licensed under the *Community Care and Assisted Living Act* or the *Hospital Act*, whether they receive funding from a health authority or another agency or whether clients pay privately. The Health Authority Community Care Facility Licensing programs issue licences and conduct regular health and safety inspections to make sure facilities are providing safe care to residents. These inspections should be conducted on a regular basis but there is no mandatory inspection frequency. Additional inspections may be required when complaints are received.

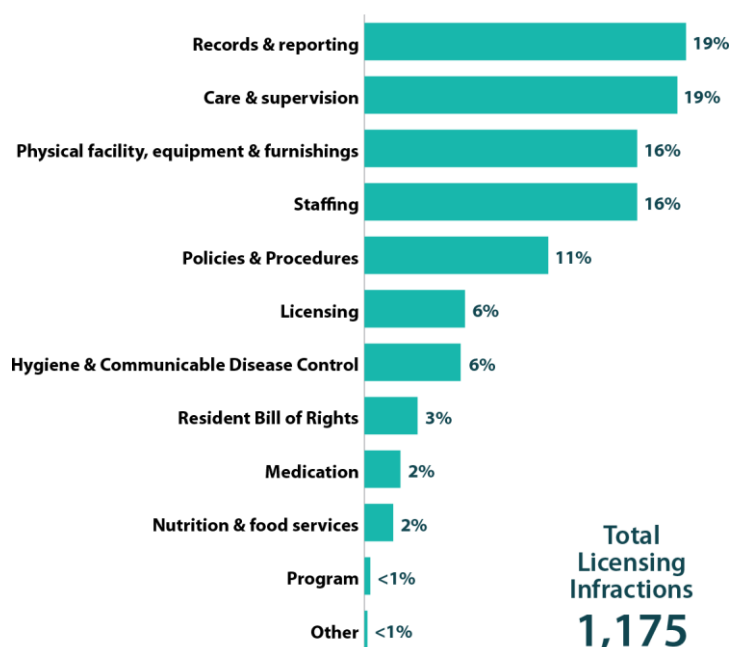
In 2019/20, 83% of long-term care facilities had at least one inspection during the fiscal year; this varied from 61% of facilities in Interior Health to 100% in Vancouver Coastal Health. There were 687 inspections conducted with 1,175 licensing infractions found. Since there is such a variation in the number and size of facilities across health authorities, it is more meaningful to compare rates per 1,000 beds. Northern Health and Interior Health had the most infractions per 1,000 beds at 66.1 and 46.3 respectively. Most of the infractions found related to records and reporting (19%), care and supervision (19%), the physical environment (16%), and staffing (16%).

Inspections and Infractions in Long-Term Care, 2018/19-2019/20

	2018/19	2019/20
Percent of facilities inspected		
IHA	68%	61%
FHA	94%	95%
VCHA	95%	100%
VIHA	100%	83%
NHA	100%	83%
B.C.	89%	83%
Licensing infractions per 1,000 beds		
IHA	43.0	46.3
FHA	32.9	44.2
VCHA	27.4	25.5
VIHA	38.3	39.7
NHA	119.6	66.1
B.C.	38.4	40.4

Source: (34)

Licensing Infraction in Long-Term Care by Type, 2019/20



Health Human Resources

Delivering quality health care requires an adequate supply of health care clinicians. Baby-boomers are retiring in large numbers and there is concern that the number of new medical clinicians will not be able to meet current and future demands. Strategies to develop a sustainable workforce include increasing the supply of qualified health care providers, increasing productivity through education and effective use of skills, and increasing staff retention by enhancing working conditions. The following section provides some information on the current status of health care workers in B.C.

Active Registrants

In 2019/20, the number of active registrants increased for all professions listed in the table below. Nurse practitioners (12%) increased the most last year and there were almost 8% more care aides and community health workers.

Number of Active Registrants in Selected Health Care Occupations in B.C., 2015/16-2019/20

Occupation	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
Physicians	11,841	12,187	12,594	12,960	13,257	2.3%
General/Family Practitioners	6,042	6,251	6,458	6,616	6,720	1.6%
Specialists	5,799	5,936	6,136	6,344	6,537	3.0%
Nurses	49,093	50,420	51,129	51,976	52,663	1.3%
Registered Nurses*	36,741	38,000	38,975	38,408	38,787	1.0%
Nurse Practitioners*	365	426	485	498	559	12.2%
Licensed Practical Nurses	11,987	11,994	11,669	13,070	13,317	1.9%
Care Aides & Community Health Workers	n/a	n/a	31,337	33,506	36,071	7.7%
Physiotherapists	3,569	3,716	3,837	4,031	4,240	5.2%
Occupational Therapists	2,304	2,393	2,469	2,547	2,668	4.8%

Note: * Reporting dates: physicians last day of February; nurses December 31; care aides December 31; physiotherapists December 31; and occupational therapists June 30; Active registrants are not necessarily actively employed within a health authority.

Sources: (35) (36) (37) (38) (39)

Workforce

The Health Employers Association of British Columbia (HEABC) represents the strategic labour relations and human resources interests of many publicly-funded health care employers, including six health authorities and more than 200 affiliate organizations. While HEABC represents many employers for acute care and home care, they represent a minority of employers in the long-term care sector. Therefore, data related to care aides may not be representative of the entire long-term care sector.

Due to employer submission delays, final employee and full-time equivalent counts for 2019 have not been released in time for this publication. However, the average age of employees and the average years of seniority was much the same for each occupation between 2014 and 2018. In 2018, the average occupational therapist was 41 years old, the average community care worker was 46 years old and the

other professions fell somewhere in between. Nurse practitioners had an average of 6 years of seniority, registered nurses and physiotherapists had an average of 9 years, and the other professions fell somewhere in between.

Source: (40)

Job Vacancies for HEABC Member Organizations

A job vacancy is defined as a regular status job opening reported by the health authority. In 2019, licensed practical nurses and care aides had the lowest job vacancy rates at facilities reporting to HEABC at 2.1% and 2.5% respectively; nurse practitioners and physiotherapists had the highest job vacancy rates at 12.5% and 8.6%.

Difficult to fill vacancies (DTFV) are defined as job vacancies that have been advertised externally and remain vacant after 90 days of active recruitment. Like the overall vacancy rates, care aides (0.3%) and licensed practical nurses (0.5%) had the lowest DTFV rates and nurse practitioners (7.2%) and physiotherapists (4.6%) had the highest DTFV rates.

Vacancy rates are calculated as the average of the number of vacancies reported at four points in time during the year divided by the average number of reported vacancies plus the number of active employees at the end of the same calendar year. Both the overall vacancy rate and the difficult to fill vacancy rate have been increasing since 2017 across all the listed professions, but this may be partially due to improved reporting of vacant positions

Job Vacancy Rates, 2015-2019

Occupation		2015	2016	2017	2018	2019
Registered Nurses	Average quarterly DTFV	238	309	339	318	414
	Vacancy rate - DTFV	0.9%	1.1%	1.2%	1.1%	1.4%
	Vacancy rate - All	3.6%	3.8%	3.6%	3.7%	4.1%
Nurse Practitioners	Average quarterly DTFV	30	19	13	23	32
	Vacancy rate - DTFV	9.8%	5.4%	3.5%	5.3%	7.2%
	Vacancy rate - All	13.3%	10.8%	7.3%	11.2%	12.5%
Licensed Practical Nurses	Average quarterly DTFV	5	5	12	15	28
	Vacancy rate - DTFV	0.1%	0.1%	0.3%	0.3%	0.5%
	Vacancy rate - All	1.3%	0.9%	1.1%	1.6%	2.1%
Care Aides	Average quarterly DTFV	6	5	8	16	21
	Vacancy rate - DTFV	0.1%	0.1%	0.1%	0.2%	0.3%
	Vacancy rate - All	1.5%	1.2%	1.4%	2.0%	2.5%
Community Health Workers	Average quarterly DTFV	3	5	7	13	39
	Vacancy rate - DTFV	0.1%	0.2%	0.3%	0.5%	1.1%
	Vacancy rate - All	0.6%	0.7%	1.3%	2.4%	3.0%
Physiotherapists	Average quarterly DTFV	14	21	27	45	58
	Vacancy rate - DTFV	1.2%	1.8%	2.3%	3.7%	4.6%
	Vacancy rate - All	3.7%	4.7%	5.1%	7.9%	8.6%
Occupational Therapists	Average quarterly DTFV	4	5	5	16	25
	Vacancy rate - DTFV	0.4%	0.4%	0.4%	1.3%	1.9%
	Vacancy rate - All	2.9%	2.3%	3.1%	4.9%	5.5%

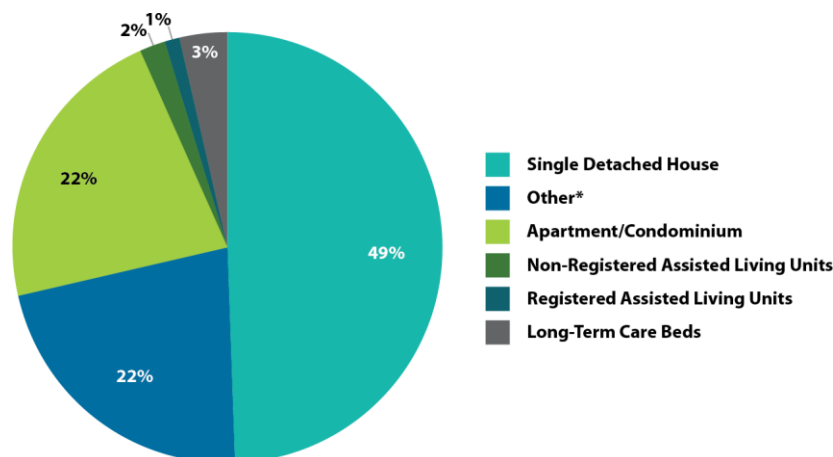
Note: Casual job status vacancies are not included. Health authority affiliated health service provider vacancies are not included.

Source: (40)

Housing

Seniors in B.C. live in a range of housing types, from detached homes, where they live independently, to long-term care, where they receive 24-hour care. Overall, 94% of seniors (72% of those aged 85 or older) live independently in private dwellings, while only 6% of seniors live in assisted living or long-term care (55% percent of those in long-term care are aged 85 or older).

Percent of Senior Population by Housing Type



Note: *Other includes townhouse, duplex, semi-detached house, or manufactured home.

Source: (24) (25) (29) (41) (42) (43)

Homeowners

According to the 2016 Canadian Census, approximately 81% of households maintained by seniors are owned, and an estimated 73% of these have no mortgage. Approximately 24% of households with one or more seniors have an annual household income of less than \$30,000.

Sources: (44) (45) (46)

Home Ownership Costs

Average home prices can vary widely, from under \$300,000 to over \$1.2 million, depending on where in the province a person lives. Across the province, home prices have increased dramatically in the past ten years. However, average house prices dropped in 2019 in Vancouver, Victoria and Kelowna over the last year; by 9%, 1%, and 1% respectively.

Average Home Prices in Select Communities, 2009, 2017-2019

Community	2009	2017	2018	2019	% Change from 2008	% Change from 2017
Kelowna	\$397,005	\$540,528	\$571,345	\$565,419	42%	-1%
Port Alberni	\$241,146	\$308,044	\$371,102	\$407,292	69%	10%
Prince George	\$218,675	\$288,959	\$316,485	\$337,746	54%	7%
Prince Rupert	\$172,561	\$263,312	\$283,236	\$285,747	66%	1%
Terrace	\$176,165	\$282,849	\$315,575	\$352,542	100%	12%
City of Vancouver	\$733,548	\$1,337,094	\$1,315,717	\$1,200,470	64%	-9%
Victoria	\$468,930	\$638,329	\$686,100	\$680,153	45%	-1%

Source: (47)

Homeowners face similar high costs to maintain their home if the home's value reflects the average value for that community. In 2020, property tax and municipal charges increased by 8% similar to increases in previous years. Electricity rates increased in the past, however BC Hydro decreased rates by 1% in 2020. The table below illustrates the estimated costs of home ownership over the past five years.

Municipal Home Ownership Costs, 2016-2020

	2016	2017	2018	2019	2020
Property Tax & Municipal Charges*	\$3,438.26	\$3,534.73	\$3,651.64	\$3,832.83	\$4,142.21
% change from previous year	2.9%	2.8%	3.3%	5.0%	8.1%
Electricity					
% change from previous year	4.0%	3.5%	3.0%	1.8%	-1.0%

Note: *Estimated by averaging the property taxes and municipal charges for a representative house in over 160 communities across B.C.

Source: (48) (49)

Home Owner Grant for Seniors

Homeowners who are residents of B.C. are eligible to claim a grant that reduces property taxes for their principal residence. An additional grant may be claimed for homeowners 65 years or older, persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued at \$1.525 million or less, the maximum grant is \$845 in the Capital Regional District, Greater Vancouver Regional District and the Fraser Valley; it increases to \$1,045 in the rest of the province because homeowners may be eligible for an additional \$200 if they live in a northern or rural area. For homes valued above \$1.525 million, the additional homeowner grant is reduced incrementally as the assessed home value rises until the value of the grant is \$0 for homes valued over \$1.694 million in most of B.C. and \$1.734 million in northern and rural areas. While the property tax owing is reduced when the additional homeowner grant is applied, homeowners must still pay at least \$100 in property tax annually to contribute to essential services.

Seniors with an annual income of \$32,000 or less may qualify for the Low Income Grant Supplement for Seniors if the Home Owner Grant has been reduced or eliminated because of the high assessed value of their principal residence. Most seniors who qualify for this grant are reimbursed \$845 from the province (\$1,045 in northern and rural areas); however, the amount of the grant depends on income level and assessed value of the home. Homeowners must apply separately for the Home Owner Grant for Seniors and the Low Income Grant Supplement for Seniors on an annual basis.

Source: (50)

In 2019, there were 423,193 Seniors Homeowner Grants claimed. Additional grants are based on criteria for disability, surviving spouse or relative of deceased owner, or surviving spouse of a Veteran who received the War Veterans Allowance. Ideally, seniors should be applying for the Seniors Homeowner Grant because it is the same dollar amount and eligibility criteria are easier to meet than for the additional grants.

Data cannot be compared to 2017 because, in February 2017, the Home Owner Grant Administration program introduced a new operating system; 2017 data was under-reported as stakeholders learned to use this new system. With provincial assistance and education, reporting accuracy improved in 2018.

Homeowner Grants for Rural and Municipal Properties, 2017-2019

	2017	2018	2019
Seniors grants	254,126	402,261	423,193
Additional grants	6,443	10,018	8,909
Total grants	260,569	412,279	432,102

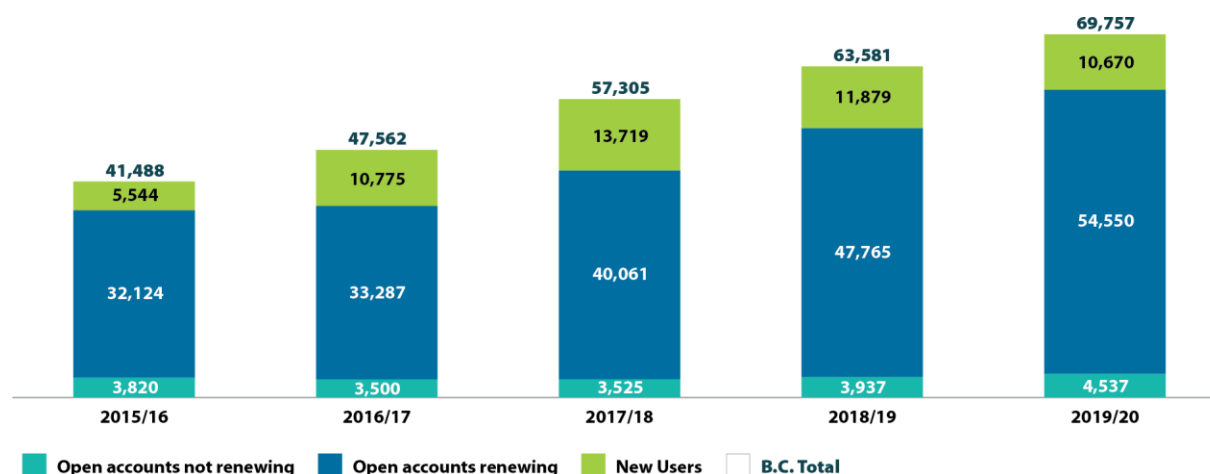
Source: (51)

Property Tax Deferment

B.C.'s Property Tax Deferment program allows eligible homeowners 55 and older, surviving spouses, and persons with disabilities to defer paying their property taxes for a low simple interest charge that accrues until the account is paid in full. This program began in 1974, and as of March 30, 2020, the total cumulative amount of property tax deferred was over \$1.37 billion, a 1.6% increase over September 2019.

The Property Tax Deferment Program is growing each year, but in 2019/20 there continued to be less new users, similar to the decrease in 2018/19. There were 69,757 open accounts, a 10% increase from last year and a 68% increase from 2015/16. There were 10% fewer new users than the previous year, 14% more homeowners continuing deferment and 15% more maintaining deferment accounts opened in previous years without deferring their 2019/20 taxes.

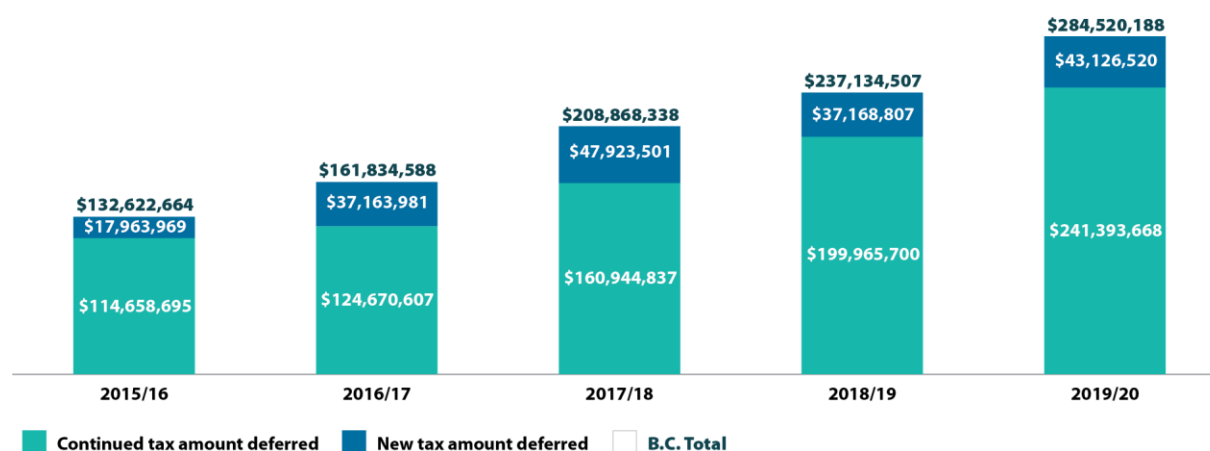
Number of Property Tax Deferment Users, 2015/16-2019/20



Source: (51)

The total amount of property tax dollars deferred in 2019/20 was over \$284 million, a 20% increase over the previous year and more than double since 2015/16. Of this amount, approximately \$43 million was newly deferred.

Amount of Taxes Deferred, 2015/16-2019/20



Source: (51)

The median assessed value of the homes in B.C. for which property taxes were deferred in 2019/20 under the regular program was \$1,022,000, up 2.4% from the previous year. The median decreased 6.5% in Vancouver and 2.9% in the Lower Mainland and increased 5.4% in the Capital Regional District. With an interest rate of 1.95%, the annual interest accrued in 2019/20 on the deferred amount for an average home in B.C. (\$4,362) was \$85.06, a 58% increase over the previous year. The interest rate for this program remained unchanged on April 1, 2020. The average homeowner using this program has deferred a cumulative amount of \$20,201 in property taxes.

Tax Deferrals in Select Geographic Regions, 2019/20

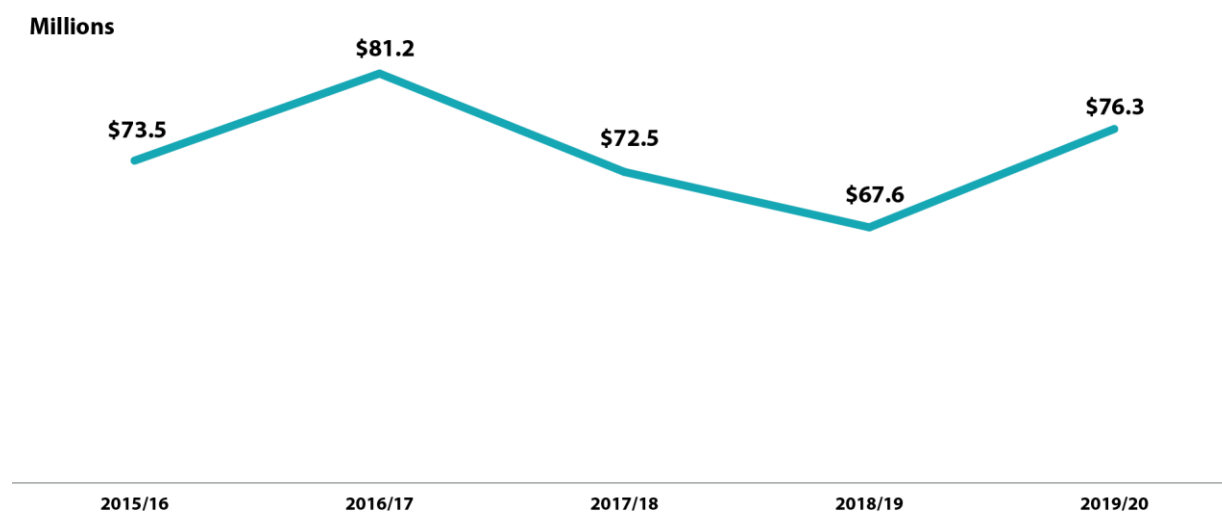
Geographic Area		Assessed Value* of Home (2019)	Amount Deferred in 2019/20	Cumulative Amount Deferred as of Mar 31, 2020
Vancouver	Average	\$2,490,011	\$8,038	\$32,929
	Median	\$2,072,000	\$6,348	\$20,148
Lower Mainland	Average	\$1,720,819	\$5,231	\$22,620
	Median	\$1,425,000	\$3,911	\$13,438
Capital Regional District	Average	\$998,931	\$4,035	\$21,769
	Median	\$866,250	\$3,350	\$13,538
B.C.	Average	\$1,290,794	\$4,362	\$20,201
	Median	\$1,022,000	\$3,380	\$11,934

Note: *The assessed value of homes only includes properties where the taxes have been deferred and not all homes in the region.

Source: (51)

While the total amount of property tax deferred increased each year over the last five years, the amount repaid to the province had been declining between 2016/17 and 2018/19. However, in 2019/20, there was a 5% increase in repayments.

Deferred Property Taxes Repaid to the Province, 2015/16-2019/20



Source: (51)

Seniors Renting in B.C.

The distribution of households maintained by seniors who are renters varies greatly across the province. For example, the 2016 census showed that the proportion of senior households that are rented is highest in larger urban centres, such as Vancouver (23%) or Victoria (22%), compared to smaller centres, such as Parksville (11%) or Kamloops (14%); in aggregate, across B.C., 19% of senior households rent. In addition, there is a wide range in the average costs of renting – in 2019, the average cost of a one-bedroom apartment in Quesnel was \$613, compared to \$1,382 in Vancouver.

Sources: (26) (52)

Vacancy rates for all bedroom types have increased slightly from 1.3% in 2016 to 1.5% in 2019, but vacancy rates still vary throughout the province. For example, the overall vacancy rate was 0.3% in Squamish and 18% in Dawson Creek in 2019. The vacancy rate for one-bedroom apartments in B.C. decreased 0.1 percentage point to 1.3% in 2019.

Vacancy Rates for One-Bedroom Apartments in Select B.C. Communities, October, 2015-2019

Community	2015	2016	2017	2018	2019	Percentage Point Change in Last Year
Abbotsford-Mission	0.7%	0.9%	0.2%	0.7%	0.8%	0.1%
Kelowna	0.6%	0.8%	0.3%	3.5%	3.7%	0.2%
Nelson	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Terrace	1.8%	2.5%	4.0%	n/a	2.6%	n/a
Vancouver	0.8%	0.7%	0.9%	1.1%	1.0%	-0.1%
Victoria	0.7%	0.5%	0.7%	1.2%	0.9%	-0.3%
B.C.	1.1%	1.1%	1.1%	1.4%	1.3%	-0.1%

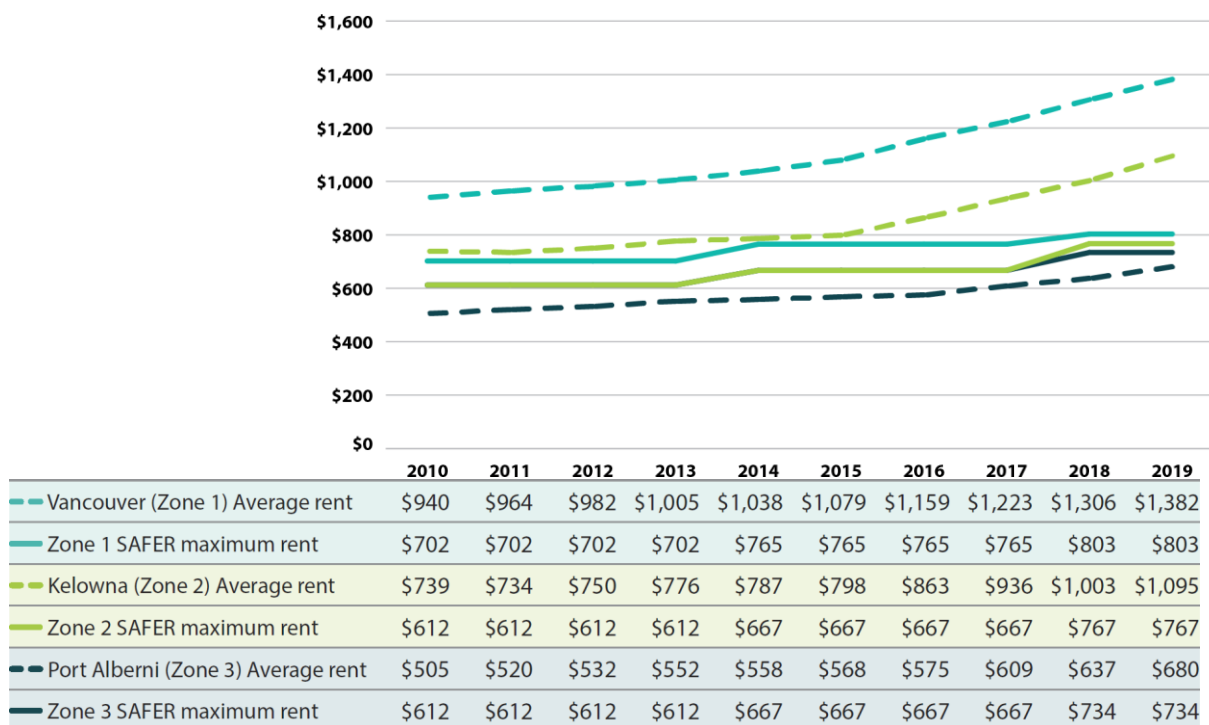
Source: (26)

Shelter Aid for Elderly Renters

Shelter Aid for Elderly Renters (SAFER) provides a subsidy directly to B.C. renters aged 60 or older who have a low to moderate income and pay more than 30% of their gross monthly income towards rent. In 2019, the maximum qualifying monthly income for single renters in Metro Vancouver was \$2,550 (\$2,446 in the rest of the province). The total amount of SAFER subsidies provided increased every year since 2016; the \$72 million in SAFER subsidies budgeted for 2020/21 is an 11% increase over the total subsidies provided in 2019/20.

The average rent for a one bedroom apartment in B.C. increased between 2% and 7% each year between 2005 and 2019, but the rent ceiling used in the calculation of SAFER subsidies has not kept pace. During this period, there have only been two increases to the SAFER rent ceilings – in 2014 and in 2018. In 2019, the rent ceiling used to calculate a SAFER subsidy for singles did not change, but the average rent in B.C. increased from 6% to 9% depending upon the geographic region, causing the maximum rents used to calculate SAFER subsidies to remain behind current rents.

SAFER Maximum Rents for Singles and Average Rents for 1 Bedrooms, 2010-2019



Notes:

Zone 1: (Previously Metro Vancouver) Aldergrove, Anmore, Belcarra, Bowen Island, Burnaby, Coquitlam, Delta, Langley, Lions Bay, North Vancouver, Maple Ridge, Milner, New Westminster, Pitt Meadows, Port Coquitlam, Richmond, Surrey, Tsawwassen, Vancouver, West Vancouver and White Rock

Zone 2: Abbotsford, Agassiz, Central Saanich, Chase, Colwood, Dawson Creek, Esquimalt, Fort St. John, Highlands, Kamloops, Kelowna, Lake Country, Langford, Lantzville, Logan Lake, Metchosin, Mission, Nanaimo, New Songhees, North Saanich, Oak Bay, Peachland, Penticton, Prince George, Saanich, Saanichton, Sidney, Sooke, Squamish, Terrace, Union Bay, Victoria, View Royal and West Kelowna

Zone 3: All other areas of the province

Source: (26) (53)

As of March 31, 2020, there were 24,974 SAFER recipients, 94% of whom were 65 years or older. There were 3% more recipients this year, which is proportionate to the increase in the target population. Of the total recipients, 94% were single with an average income of \$1,636 per month. Rental amounts paid by SAFER recipients increased 4% in the last year, while the maximum rent subsidy remained the same. The minimum monthly subsidy that SAFER recipients received was \$25, but the average was \$207 at March 31, 2020, a 4% decrease from 2019.

SAFER Recipients, 2015/16-2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20
SAFER recipients - all	20,247	21,504	22,956	24,233	24,974
SAFER recipients - first time users	4,049	4,193	4,454	4,458	4,261
Percent new applicants & additions	20%	19%	19%	18%	17%
Number of SAFER recipients that are single	19,162	20,274	21,649	22,793	23,490
Percent of SAFER recipients that are single	95%	94%	94%	94%	94%
Average monthly income of single SAFER recipients	\$1,544	\$1,521	\$1,540	\$1,589	\$1,636
Average monthly rent for SAFER recipients	\$907	\$919	\$948	\$997	\$1,036
Average monthly SAFER subsidy	\$175	\$187	\$189	\$215	\$207

Notes: Recipient data is at March 31 for all years.

The average monthly rent is the amount paid to the landlord and includes the SAFER subsidy.

Source: (54)

The number of SAFER recipients increased in each of the last five years, but there may still be eligible seniors who are not taking advantage of this subsidy. According to the 2016 Canadian Census, there were over 65,000 renters aged 60 or older with an annual income of less than \$30,000, some of whom may qualify for a SAFER subsidy. The number of recipients receiving SAFER for the first time ranged between 17% and 20% in each of the last five years, indicating that there might still be additional seniors who could benefit from this subsidy.

Sources: (45) (54)

Seniors' Subsidized Housing

Seniors' Subsidized Housing (SSH) is long-term housing, funded by BC Housing, that is available to low income B.C. residents aged 55 or older, or those who have a disability. Rents are calculated based on income; tenants pay 30% of their gross income toward the cost of their housing. Seniors can apply for SSH through The Housing Registry maintained by BC Housing, or directly with organizations maintaining their own databases. Housing options available to seniors require that seniors live independently, but applicants who need supports to live independently are considered if they can demonstrate those supports are available in the community. Applicants are prioritized based on need and unit requirements or by date of application.

The number of seniors' subsidized units reported in B.C. decreased in each year between 2016 and 2019 but increased by 3% in 2020. BC Housing tracks only those units where there is a financial relationship, so decreases may be explained by expired operating agreements, paid off mortgages, or units that have reached the end of their life cycle. Most units still exist as a form of affordable housing even if the operators no longer have a funding relationship with BC Housing.

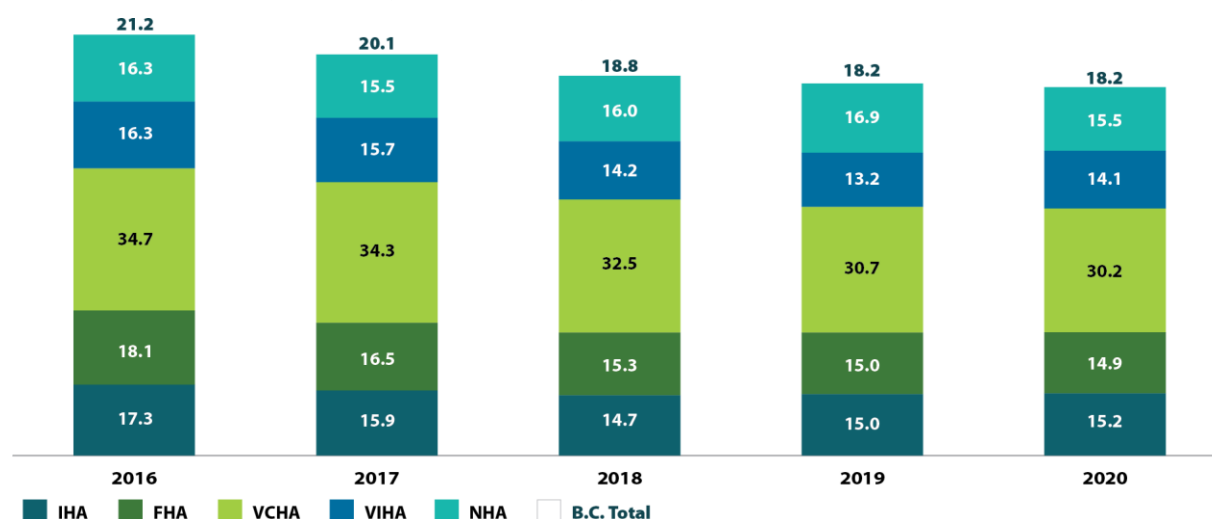
Number of Seniors Subsidized Housing Units, March 31, 2016-2020

Health Authority	2016	2017	2018	2019	2020
IHA	5,100	4,966	4,743	4,929	5,104
FHA	9,172	8,625	8,233	8,346	8,550
VCHA	12,074	12,091	11,695	11,338	11,439
VIHA	5,134	5,128	4,764	4,516	4,915
NHA	1,266	1,198	1,273	1,377	1,292
B.C.	32,746	32,008	30,708	30,506	31,300

Source: (54)

The chart below shows the number of seniors subsidized housing units compared to the population. Since each health authority serves a different size population, the number of units is adjusted using the size of the health authority's population in order to proportionately compare between health authorities. When we consider the population, we can see that the rate of subsidized units per 1,000 population 55+ has decreased over the last five years in B.C. Vancouver Coastal Health has about double the rate of seniors subsidized housing when adjusting for the population compared to the other health authorities.

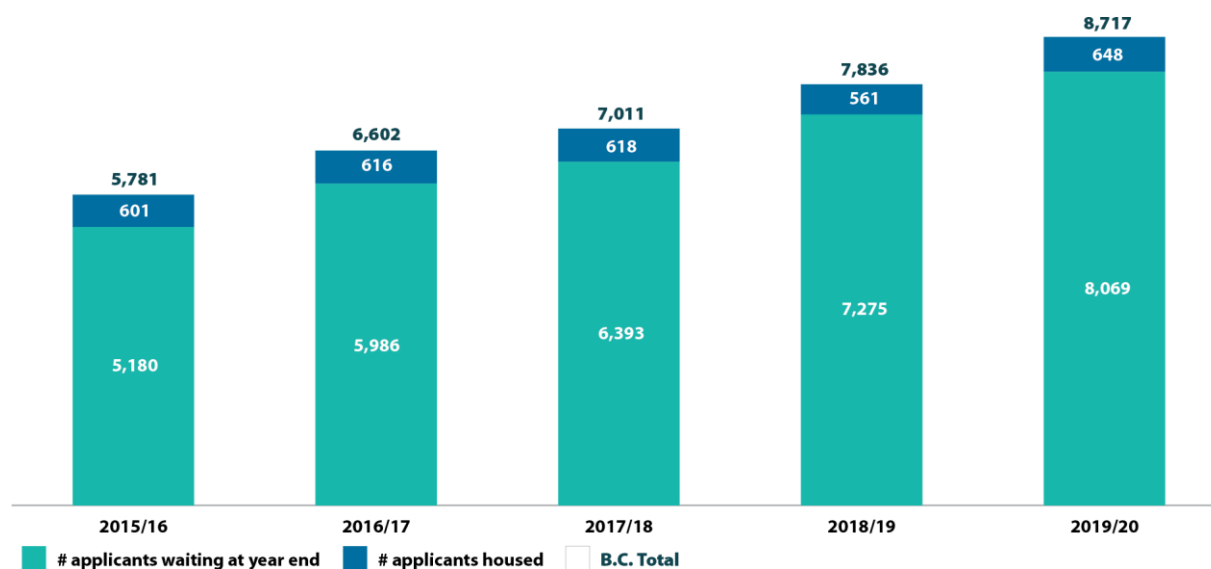
Rate of Seniors Subsidized Housing Units Per 1,000 population 55+, March 31, 2016-2020



Source: (54)

While the number of SSH units decreased over the last five years, the number of applications for SSH is rising. In 2019/20, there were 648 applicants who received an SSH unit through The Housing Registry, just 7% of total applicants. There were 8,069 applicants waiting at March 31, 2020, an 11% increase over last year. The average wait time was 2.6 years and the median wait time was 1.7 years an increase of 13% in 2019/20. There has been an increase in wait times over the last five years. Some applicants have waited a very long time, skewing the average wait time by almost a year compared to the median. The median wait time shows that half of the applicants had been waiting longer than 1.7 years and the other half less than 1.7 years. Wait times continue to be longest in Vancouver Coastal Health and shortest in Interior Health and Northern Health.

Number of Applicants for Seniors Subsidized Housing, 2015/16-2019/20



Source: (54)

Home Adaptations for Independence

The Home Adaptations for Independence (HAFI) program has been delivered by BC Housing since 2011. This program, available to B.C. residents of all ages, helps low income homeowners and renters with a disability or diminished ability to pay for home adaptations that will allow them to continue to live independently in their home. There are several criteria that determine eligibility for this program including: housing income must not exceed Housing Income Limits (HILs), and household assets must be less than \$100,000 (excluding the home occupied by the homeowner, vehicles and RRSP, RESP, RDSP and RRIF accounts).

Historically, \$5 million was made available for the HAFI program and funds were fully allocated each year with grant maximums of \$20,000. Applications could be submitted in more than one year. In 2019/20, the budget allocation increased to \$10 million with a lifetime maximum grant of \$17,500 per applicant for eligible adaptations calculated as follows:

- 100% grant for adaptations up to and including \$15,000, and
- 50% cost share on an additional \$5,000 of adaptations (\$2,500 grant and \$2,500 paid by the applicant).

As a result of this change, the average grant decreased 28% but the number of approved applications increased by 75% in 2019/20. There were 927 applications for funding and 562 applications approved, with an average funding amount of \$11,576. Due to other budget pressures the maximum available for HAFI will be \$5 million next year.

HAFI Applications and Funding Amounts, 2015/16-2019/20

	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
Applications received	622	642	774	465	927	99.4%
Applications approved	321	366	310	322	562	74.5%
Average funding amount	\$15,639	\$14,618	\$15,797	\$16,147	\$11,576	-28.3%

Note: Some of the approved applications in 2019/20 were given extensions because work could not be completed in time due to the COVID-19 pandemic.

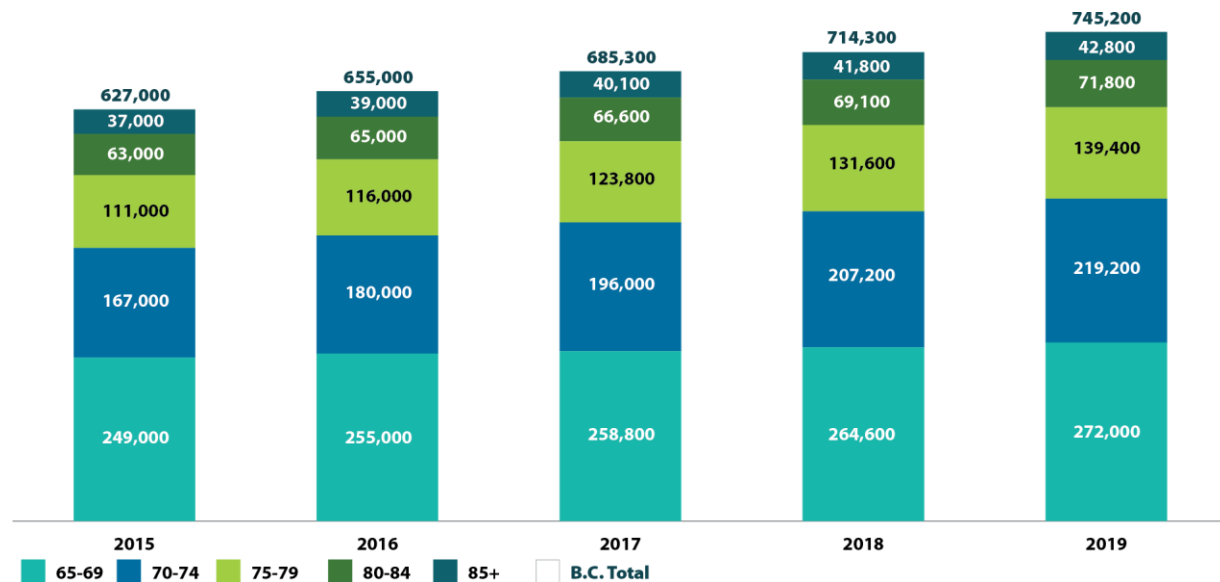
Source: (55) (56) (57)

Transportation

Active Drivers

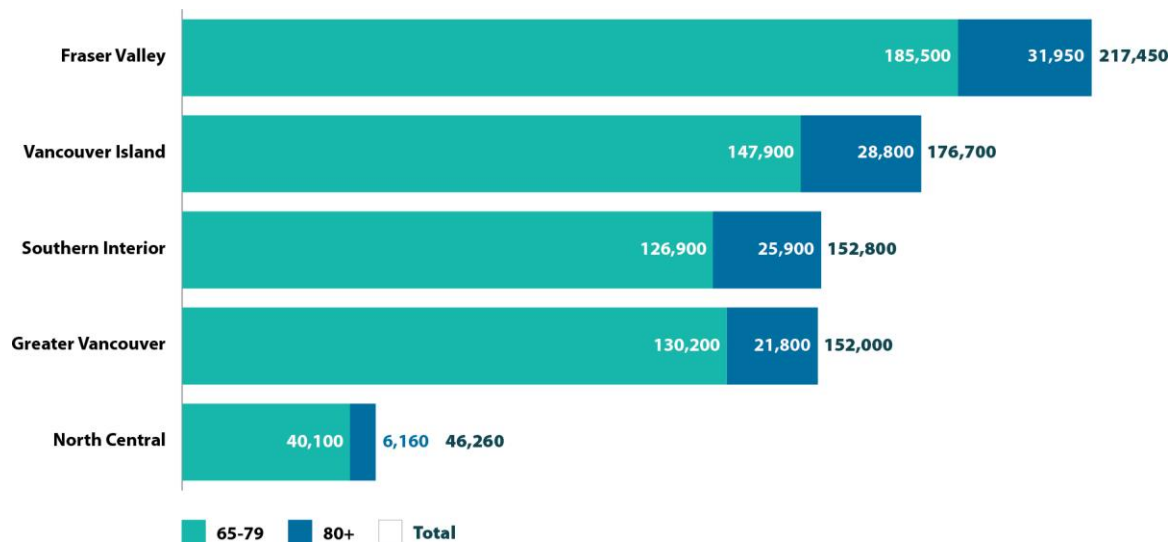
In 2019, 79% (745,200) of all seniors aged 65 or older in B.C. and 50% (114,600) of seniors aged 80 or older, maintained active driver's licences. Between 2018 and 2019, there was a 4% increase in seniors with active driver's licences in B.C.; the senior population also grew 4% over the same time period. The greatest increase in active drivers was observed in the 70-74 and 75-79 year age groups, both increasing 6%. More than half of all seniors maintaining an active driver's licence live in Fraser Valley (29%) and Vancouver Island (24%).

Active Driver's Licences by Age Group, 2015-2019



Source: (58)

Active Driver's Licences by Geographic Region, 2019



Source: (58)

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay \$17 for renewals. In 2019, 137,876 seniors renewed their licence while 13,431 surrendered their licence. Renewals increased by 6% and surrenders increased by 2% over 2018.

Source: (58) (59)

At the age of 80 and every two years thereafter, all B.C. drivers are required to complete a Driver's Medical Examination Report (DMER). The DMER, completed by the driver's physician or nurse practitioner, is the primary tool used to assess any medical conditions that may affect a person's ability to drive. A driver may be required to complete an Enhanced Road Assessment (ERA), administered by ICBC examiners, as part of RoadSafetyBC's process of making a Driver Medical Fitness determination. The ERA is a comprehensive assessment rather than just a pass or fail road test. There is no fee for the ERA.

The first DMER notice that is sent to senior drivers is accompanied by a letter informing the individual about why they are required to complete the DMER along with instructions to take the form to their physician or nurse practitioner. Drivers are also provided with information regarding voluntarily surrendering their licence in exchange for a BCID card. The cost of the DMER is determined by the driver's physician and is not covered by the B.C. Medical Services Plan (MSP). Enrolled physicians are permitted to claim \$75 reimbursement through the Medical Services Plan (MSP) for DMERs required for drivers with known or suspected medical conditions. While the Doctors of BC 2019 fee schedule for uninsured services suggests that physicians charge \$209 for the full DMER, there is a wide range in what doctors charge across the province. Some physicians may waive the fee in cases of financial hardship.

Source: (60) (61)

In 2019, RoadSafetyBC opened approximately 179,600 driver fitness cases; 75,300 (42%) of these cases were aged 80 or older, a 5% increase from 2018. Approximately 6% of the cases for those aged 80 or older were subsequently referred for an ERA. Outcomes for driver fitness cases in 2019 were as follows:

RoadSafetyBC Driver Fitness Case Decisions, 2018-2019

	2018			2019		
	<80	80+	All Ages	<80	80+	All Ages
Driver fitness cases opened	98,150	72,000	170,150	104,300	75,300	179,600
Drivers referred for an Enhanced Road Assessment (ERA)	1,316	5,249	6,565	1,034	4,322	5,356
Drivers referred for a DriveAble cognitive assessment	20	90	110	n/a	n/a	n/a
Case decisions						
Drivers ultimately found fit to drive	87,000	58,200	145,200	90,540	60,450	150,990
Drivers that did not respond; cancelled licence	3,000	4,500	7,500	6,500	8,000	14,500
Drivers that voluntarily surrendered their licence	175	1,600	1,775	270	1,700	1,970
Drivers found medically unfit to drive	2,750	2,000	4,750	3,700	1,550	5,250
Cases remaining open at time of reporting	5,000	5,200	10,200	3,150	2,780	5,930
Driver deceased	160	520	680	170	740	910

Source: (62)

Public Transportation

Public transportation in the province is administered by two service providers: TransLink, which serves Metro Vancouver, and BC Transit, which provides services in the rest of the province in partnership with local governments. Public transportation options for seniors in B.C. vary widely based on geography and may be unavailable in some rural and remote areas. Urban centres tend to have the highest service levels in terms of operating hours, frequency and routes. Many communities have a regular fixed-route bus system, some have door-to-door HandyDART services and some have custom paratransit services.

Service availability varies not only by region, but by type of transit, with more fixed-route systems offering evening and weekend service. TransLink is a single system offering fixed route transit and HandyDART services in Metro Vancouver. In the rest of B.C., there are currently 25 public transportation systems, all of which offer fixed route transit systems that provide a network of transit services within their defined service area. There are 26 HandyDART systems across the province outside of Metro Vancouver, but most do not currently offer evening or weekend service. Paratransit systems are an alternate mode of transportation that is also available but there is no guarantee that services are consistently provided.

Public Transportation Availability, March 31, 2020

	BC Transit	TransLink
Number of HandyDART systems in B.C.	26	1
Number of HandyDART systems in B.C. offering services 7 days a week	4	1
Number of HandyDART systems in B.C. offering evening service (past 6pm)	6	1
Number of fixed-route transit systems in B.C.	25	1
Number of fixed-route transit systems in B.C. offering services 7 days a week	20	1
Number of fixed-route transit systems in B.C. offering evening service (past 6pm)	25	1
Number of flexible/paratransit systems in B.C.	32	0

Source: (63) (64)

The cost of public transportation service varies by community. The following table gives some examples of the cost for a single trip and a monthly pass for a senior. The cost of monthly HandyDART passes in Vancouver and Victoria are the same as a conventional adult monthly pass. In Metro Vancouver, all HandyDART trips are considered a one zone trip, regardless of the trip length.

Seniors Fares for Public Transportation Services in Select Municipalities, 2020

	Cost of one trip (one direction)	Monthly pass
Vancouver		
Conventional	\$1.95-\$3.95	\$56.00
HandyDART*	\$2.40	\$98.00
Victoria		
Conventional	\$2.50	\$45.00
HandyDART	\$2.50	\$45.00
Quesnel		
Conventional	\$1.75	\$25.00
HandyDART	\$3.00-\$9.00	not available
West Kootenay		
Conventional	\$2.25	\$45.00
HandyDART	\$1.25-\$2.50	not available
Chilliwack		
Conventional	\$1.75	\$35.00
HandyDART	\$2.00-\$2.75	not available

Note: *In Metro Vancouver, the cash fare for one HandyDART trip is \$3.00, but HandyDART customers may purchase FareSavers booklets of 10 tickets reducing the cost to \$2.40 per trip.

Source: (65)

Since June 2018, seniors in Metro Vancouver have access to expanded multilingual transportation information provided by bc211. Developed in partnership with Seniors on the Move, seniors can dial 211 any time of day for up to date transportation information such as:

- how to obtain a Compass Card,
- what to expect in transitioning out of driving,
- how to apply for HandyDART, and
- how to access community shuttle services or volunteer driver programs.

This expanded transportation information is a pilot project with the goal to one day expand across B.C.

Source: (66)

Public Transit

Public transit is an option used by many seniors. In Statistics Canada's Canadian Community Health Survey on Healthy Aging done several years ago, 24% of seniors in B.C. reported using public transit at least once within the last month. In Metro Vancouver, this increased to an estimated 46% of seniors who used the bus, SeaBus or SkyTrain within a 30-day period in 2019.

Source: (67) (68)

Waiting at a bus stop can pose challenges for seniors. Approximately 28% of bus stops in B.C. have a bench available and 26% have a shelter. Many seniors have mobility challenges which make it difficult to stand at a bus stop for long periods of time.

Bus Stops with Benches and Shelters, March 31, 2018-2020

	2018	2019	2020
BC Transit			
Victoria Regional			
Number of bus stops	2,362	2,377	2,376
Number of bus stops with a bench	664	779	875
Number of bus stops with a shelter	532	617	673
Rest of the Province			
Number of bus stops	6,033	8,032	8,289
Number of bus stops with a bench	1,624	2,217	2,297
Number of bus stops with a shelter	589	878	972
TransLink*			
Number of bus stops	8,377	8,365	8,399
Number of bus stops with a bench	1,871	2,131	2,131
Number of bus stops with a shelter	1,613	1,835	3,400

Note: *TransLink and BC Transit data is estimated as they do not have jurisdiction over bus stops. All shelters in the province have a bench.

Source: (63) (64)

BC Bus Pass Program

The BC Bus Pass Program offers subsidized annual bus passes to low income seniors and persons with disabilities. Seniors pay an annual \$45 administrative fee. The program allows users to ride on a regular public transit bus but does not include HandyDART. For seniors to be eligible, they must meet one of the following criteria:

- 60 years or older and the spouse of a person with the Person with Disabilities designation and are receiving disability assistance from the Province of British Columbia
- 60 years or older and receiving income assistance from the Province of British Columbia
- 60 years or older, living on a First Nations reserve and getting assistance from the band office
- 65 years or older and would qualify for the Guaranteed Income Supplement (GIS) but does not meet the Canadian 10-year residency rule
- Receiving Old Age Security (OAS) and the GIS
- Receiving the federal spousal Allowance
- Receiving the federal Allowance for the Survivor

Source: (69)

The Bus Pass Program is administered by the Ministry of Social Development and Poverty Reduction and passes are valid in communities served by TransLink or BC Transit. In 2019, 65,463 seniors received a bus pass which is an increase of 7% from 2018; 41,014 persons with disabilities received a BC Bus Pass and there was no change from 2018.

BC Bus Program, 2016-2019

	2016	2017	2018	2019	% Change in Last Year
Seniors receiving a bus pass	58,620	58,981	61,290	65,463	7%
Persons with disability receiving a bus pass	37,030	38,150	41,111	41,014	0%

Source: (70)

HandyDART

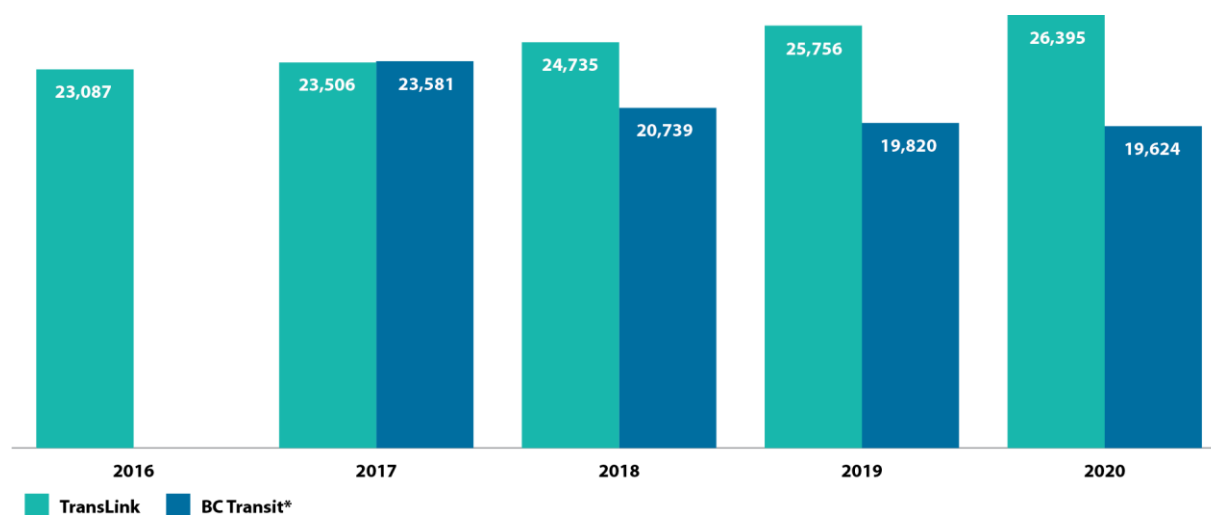
HandyDART is a shared ride service for passengers with physical or cognitive disabilities who are unable to use conventional public transit without assistance. HandyDART offers door-to-door service, aiding with boarding and exiting the bus, and reaching the door of the destination safely. HandyDART is available in 25 out of the 26 transit systems in B.C.

Everyone must apply for HandyDART and the application process varies by community. Most HandyDART clients require a signature from a medical practitioner confirming that they are unable to use conventional transit without assistance. Many jurisdictions have introduced a functional assessment as part of their eligibility process. Eligibility may be assessed on a permanent basis, temporary basis granted when clients have a temporary ailment, or conditional basis granted only when certain conditions apply (e.g. only when there is snow or ice).

HandyDART Clients

The number of active HandyDART clients across the province increased 1% from 45,576 in 2019 to 46,019 in 2020 but is still less than in 2017. The number of active clients with TransLink increased 4% in 2019 and a further 2% in 2020 while the number of active clients with BC Transit declined 4% and 1% over these same two years. Approximately 74% of TransLink active clients are aged 65 or older but the age distribution is not available from BC Transit.

Active HandyDART Clients, as of March 31, 2016-2020

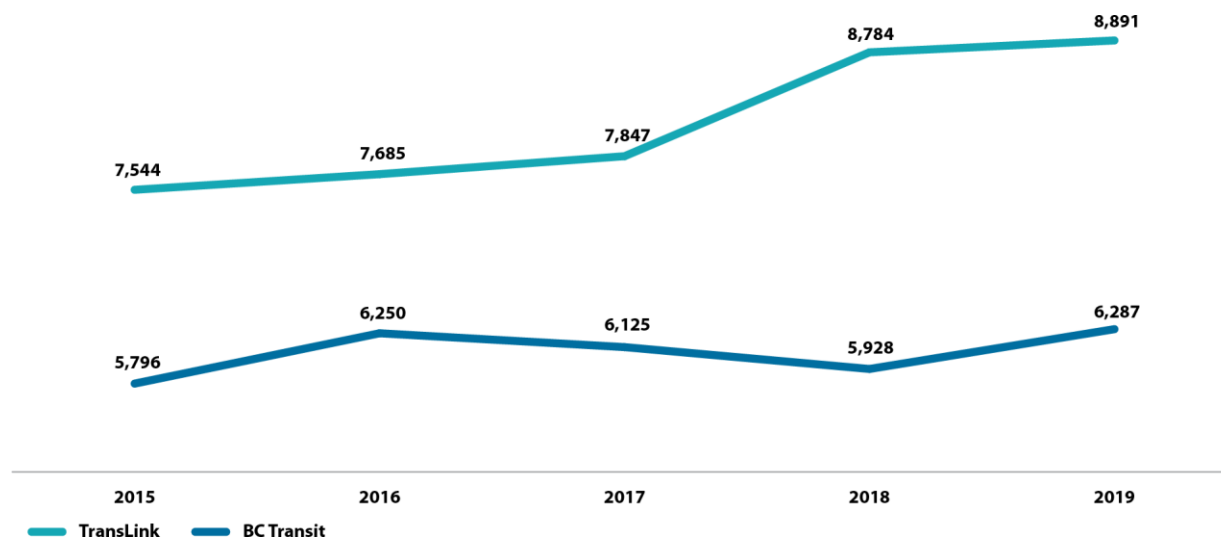


Note: *BC Transit data is not available for 2016 and data for 2017 is as of August 31, 2017.

Source: (63) (64)

There were 15,178 new clients registered for HandyDART service in 2019, an increase of 3% over 2018; new clients have been increasing over the last five years with TransLink but were declining with BC Transit from 2016 to 2018, followed by a 6% increase in 2019. Approximately 73% of new TransLink clients were aged 65 or older (the age distribution is not available from BC Transit).

New HandyDART Clients, 2015-2019

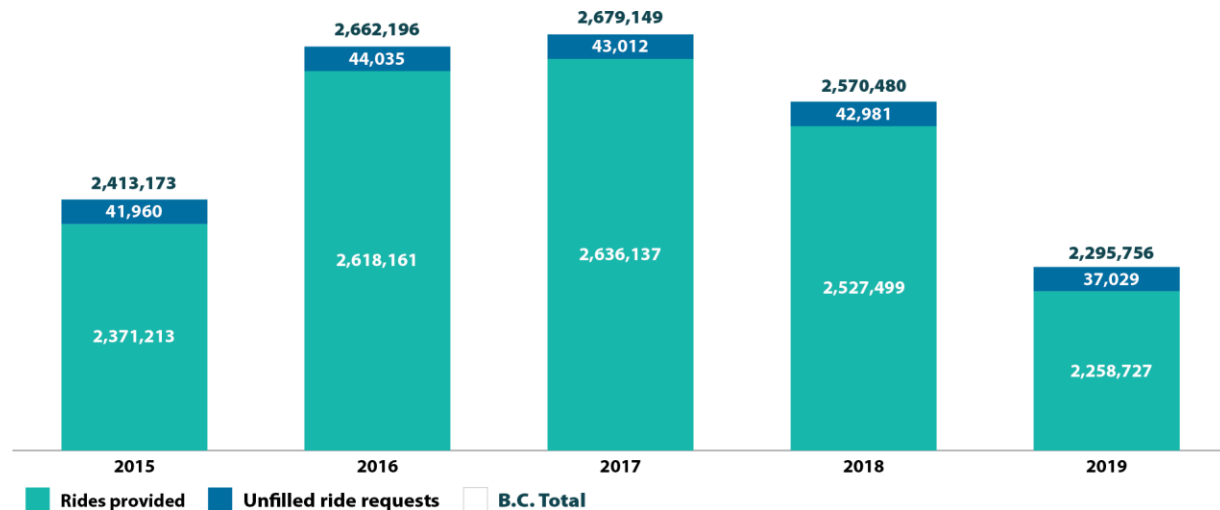


Source: (63) (64)

HandyDART Ride Requests

In 2019, TransLink received approximately 1.4 million ride requests, and BC Transit received over 890,000 ride requests. Both TransLink and BC transit had 2% of ride requests unfilled which meant the rides were denied, refused or became unaccommodated stand-by rides. Overall, HandyDART ride requests decreased 11% in 2019; TransLink had a 5% increase while BC Transit had a 28% decrease. Unfilled rides increased 7% with TransLink but decreased 31% with BC Transit.

HandyDART Regular Ride Requests, 2015-2019



Note: Chart includes both BC Transit and TransLink combined.
Excludes client cancellations.

In addition to regular ride requests, same day or “standby” ride requests may be accommodated if they can be fit into drivers’ schedules. A round trip is considered two one-way trips but securing a trip one way does not guarantee the return trip will also be accommodated. In 2019, TransLink fulfilled approximately 39% of standby ride requests. Over the past five years, this decreased from 45% to 39% of standby requests. BC Transit does not capture standby rides separately.

The target window to pick up a client varies by location, with the most common being a 30-minute target window (pick up occurs within 15 minutes before or after the scheduled time). The rate of rides delivered on time had declined for the four year previous from 90% in 2016 to 87% in 2018 and increased to 88% in 2019. BC Transit does not report data for on-time ride delivery.

Source: (64)

HandyDART Complaints

Both TransLink and BC Transit have processes in place for receiving and resolving complaints with HandyDART services they provide. Most complaints are resolved at the point of service, but if a solution cannot be found, a process for further escalating the complaint is available.

In 2019, TransLink received 3,147 complaints; 55% were service complaints and 45% were operator-related complaints. Of the total complaints, 97% were resolved within five days and 30 were escalated for resolution. In 2019/20, 134 complaints were made to regional transit companies servicing BC Transit routes, but they do not report by type of complaint. None of these required escalation to BC Transit.

HandyDART Service Complaints, 2015/16-2019/20

TransLink	2015	2016	2017	2018	2019	% Change in Last Year
Complaints received	1,377	1,448	1,676	2,763	3,147	14%
Complaints escalated	16	25*	52*	30*	30*	
BC Transit	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
Complaints received	200	190	122	125	134	7%
Complaints escalated	0	0	0	0	0	

Note: *Escalated complaints are estimated as many people were calling the escalation process as their first point of contact.

Source: (63) (64)

Taxis

Some seniors pay out of pocket to use a taxi but relying on taxis may not be financially viable for seniors with low incomes. The table below provides a snapshot of taxi fares in select regions in B.C.

Estimated Costs of Round-Trip Taxi Rides in Select Regions or Municipalities in B.C., 2019

	20 km Round Trip	10 km Round Trip	6 km Round Trip
Capital Regional District	\$51.26	\$29.37	\$20.61
Metro Vancouver	\$49.83	\$28.60	\$20.11
Fraser Valley	\$50.27	\$28.93	\$20.39
Kelowna	\$57.20	\$32.45	\$22.55
Nanaimo	\$56.65	\$31.90	\$22.00
Penticton	\$54.23	\$30.25	\$20.66
Prince George	\$52.80	\$30.25	\$21.23
Port Alberni	\$47.41	\$27.83	\$20.00

Notes: Fares may be understated as they do not include the fare calculation for when the taxicab is not moving during a trip.

Fares include a 10% tip.

Source: (71)

Taxi Saver Program

HandyDART clients who have a HandyCard or HandyPASS can purchase discounted taxi vouchers through the Taxi Saver Program to pay for rides directly if accepted by the taxi company. Depending on their location, clients can buy \$80-\$100 in taxi vouchers per month at a 50% discount. In TransLink communities, HandyCards also allow individuals with permanent physical, sensory, or cognitive disability to travel on conventional transit at concession fare prices. An attendant who accompanies and assists the HandyCard or HandyPASS holder travels free on conventional transit.

In 2019, TransLink HandyDART clients purchased over \$1.6 million in taxi vouchers. The average amount spent per HandyDART client was \$62.55 remaining relatively the same over the past 3 years. However, only 20% of TransLink HandyDART clients actually purchased vouchers. Voucher requests increased 2% in 2019.

TransLink Taxi Saver Vouchers, 2015-2019

	2015	2016	2017	2018	2019
Total value of taxi vouchers provided	\$1,550,850	\$1,483,550	\$1,538,400	\$1,626,375	\$1,650,975
HandyCard holders using vouchers	7,549	7,297	7,726	8,102	8,160
Percent of HandyCard holders using vouchers*	27.5%	23.4%	22.7%	21.3%	19.9%

Source: (64)

In 2019, BC Transit HandyDART clients purchased almost \$2 million in taxi vouchers. The average amount spent per HandyDART client was \$101.49 in 2019 and was between \$99.46 and \$110.82 over the last 3 years. The percent of BC Transit HandyDART clients purchasing taxi vouchers is unknown. Voucher requests decreased 9% in 2019.

BC Transit Taxi Saver Vouchers, 2015-2019

	2015	2016	2017	2018	2019
Total value of taxi vouchers provided	\$1,511,788	\$1,355,861	\$2,062,638	\$2,196,409	\$1,991,652
HandyPASS holders using vouchers*	n/a	n/a	n/a	n/a	n/a

Note: *BC Transit does not report the number of HandyPASS holders using vouchers.

Source: (63)

Volunteer Drivers

There are approximately 85 non-profit organizations or community agencies in B.C. that provide some version of a volunteer driver program for seniors. These are generally hosted by local agencies, such as seniors centres, church communities, or neighbourhood houses. Within these programs, members of the community volunteer to drive people to medical appointments, social engagements, or run other errands. Many, but not all, of these agencies will be captured in the Better at Home program that can be tracked year over year. However, there are some more localised services available that cannot be tracked. The Better at Home program, discussed earlier in this report, provided more than 24,000 transportation services in 2019/20 a 4% increase over 2018/19; 81% were provided by volunteers, a 2% increase over 2018/19. Most programs charge no fee but some suggest donations; any fees are generally nominal.

Source: (22) (72) (73)

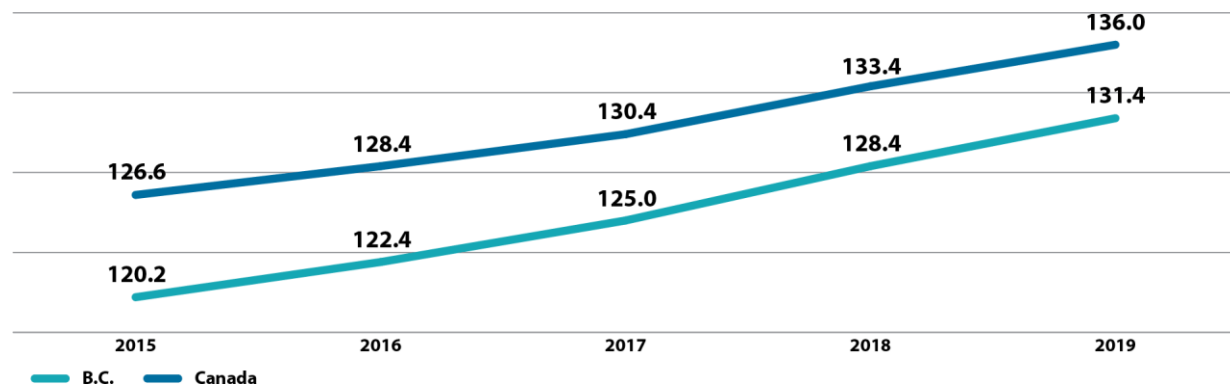
Income Support

The Cost of Living in B.C.

Changes in the cost of living can be estimated by considering the national Consumer Price Index (CPI), an indicator of changes in consumer prices experienced by Canadians. The CPI is calculated by looking at the cost of a fixed basket of goods and services and comparing changes in cost over time.

In 2019, the CPI rose 2.3% in B.C. compared to 1.9% across Canada. The annual CPI rose 9.3% in B.C. and 7.4% in Canada since 2015.

Consumer Price Index Annual Average, 2015-2019



Source: (74)

The CPI is used in determining the maximum allowable rent increase and setting annual increases in income supports, such as OAS, GIS, and Canada Pension Plan (CPP).

Federal and Provincial Income Supports

Old Age Security, Guaranteed Income Supplement and B.C. Senior's Supplement

The Old Age Security (OAS) program is the Government of Canada's largest pension program. The OAS pension is a taxable monthly payment available to all seniors aged 65 or older who meet the Canadian legal status and residence requirements, regardless of whether a senior ever worked or is still working. The maximum as of October 2020 is \$614.14 per month, a 0.1% increase over the same time last year. OAS can be deferred up to age 70 to increase the benefit amount. Each month of deferral increases the payment 0.4% to 0.6% to a maximum of 36% after 5 years. In March 2020, approximately 891,000 seniors in B.C. received OAS.

Source: (75) (76)

The Guaranteed Income Supplement (GIS) is a monthly non-taxable benefit to OAS pension recipients who have a low income and are living in Canada. A single senior whose annual income (excluding OAS) is below \$18,624 is eligible to receive some amount of GIS. The maximum amount as of October 2020 is \$917.29, a 0.1% increase over 2019. In March 2020, approximately 274,000 seniors in B.C. received GIS, a 4.0% increase that is consistent with the increase in the population aged 65 or older. If OAS is deferred, an individual is not eligible for GIS.

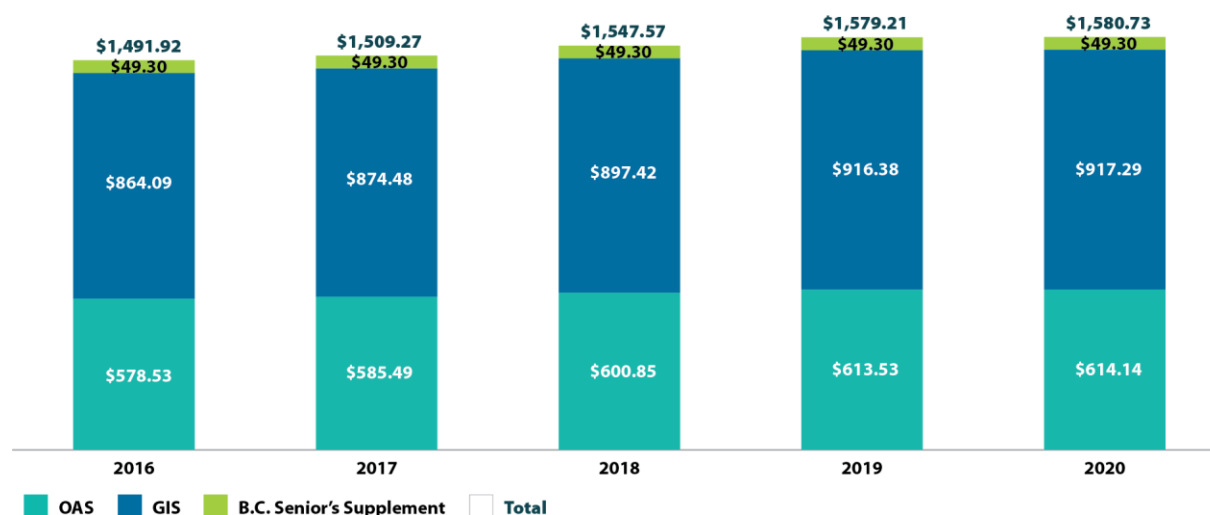
Source: (75) (77)

The B.C. Senior's Supplement is a monthly top-up to the federal OAS and GIS. The supplement payment is calculated on the amount of federal GIS received. The maximum payment is \$49.30 and has not changed since 1987, except for a brief reduction between 2002 and 2004. In December 2019, approximately 57,000 seniors received the B.C. Senior's Supplement, a 0.9% increase over the previous year.

Source: (70)

Between October and December 2020, low income single seniors in B.C. could receive up to \$1,580.73 per month in federal and provincial income supports, an increase of 0.1% over the same time last year.

Federal and Provincial Income Supplements for Single Low Income Seniors, 2016-2020



Source: (78)

Most provinces and territories in Canada offer seniors a financial benefit similar to the B.C. Senior's Supplement. B.C.'s benefit is the second lowest in the country, after New Brunswick.

Monthly Supplement amounts for Single Seniors by Province, 2020

Province/Territory	Program Name	Monthly Amount
Alberta*	Alberta Seniors Benefit	\$285.92 maximum
Manitoba*	55 Plus Program	\$53.93 maximum
New Brunswick*	New Brunswick Low-Income Seniors' Benefit	\$33.33
Newfoundland and Labrador*	Newfoundland and Labrador Seniors' Benefit	\$109.42 maximum
Northwest Territories	NWT Senior Citizen Supplementary Benefit	\$196.00
Nova Scotia*	Seniors Provincial Income Tax Refund	\$833.33 maximum
Nunavut	Senior Citizen Supplementary Benefit	\$200.00
Ontario	Ontario Guaranteed Annual Income System	\$83.00 maximum
Saskatchewan	Seniors Income Plan	\$270.00 maximum
Yukon	Yukon Seniors Income Supplement	\$253.25 maximum
British Columbia	B.C. Senior's Supplement	\$49.30 maximum

Notes: * Amounts are calculated to reflect the amount of each benefit per month.

Quebec and Prince Edward Island do not have a senior's supplement program like other provinces.

Source: (79)

Canada Pension Plan

The Canada Pension Plan (CPP) is the other major federal retirement income available to seniors. It is a contributory, earnings-related federal pension program. To qualify for the maximum CPP benefit, two criteria must be met:

1. The individual must have contributed into CPP for at least 39 years, which is 83% of the period between the ages of 18 and 65; and
2. The individual must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of the years of employment in which they contributed into CPP. The YMPE for 2020 is \$58,700.

The current maximum CPP benefit is \$1,175.83 per month, a 1.8% increase over 2019. The current average monthly payment amount for new beneficiaries was \$701.41. In B.C., in March 2020, there were 966,069 retirement benefits paid; this reflects the number of people that receive retirement benefits and includes people retiring before age 65.

Individuals may choose to continue contributing into CPP up to the age of 70 if the maximum YMPE has not been met for the full 39 years to increase their post-retirement benefits. CPP benefits can also be deferred up to age 70. For each month of deferral, the payment increases between 0.5% and 0.7% to a maximum of 42% after 5 years.

Source: (80) (81) (82) (83)

Tax Credits

There are several provincial and federal government tax deductions and credits that help seniors in B.C. Tax deductions reduce the amount of income that is subject to income tax. Tax credits reduce the actual amount of tax owing. The following table lists federal and provincial tax credits that may apply to seniors.

Tax Credits Available to Seniors, 2019

Tax Credits Directed at Seniors	Other Tax Credits that May Benefit Seniors
Federal Credits	
• Pension Income Amount	• Disability Amount
• Age Amount	• Medical Expenses
• Home Accessibility Tax Credit (HATC)	• Canada Caregiver Amount
• Pension Income Splitting	
B.C. Credits	
• Home Renovation Tax Credit for Seniors and Persons with Disabilities	• Eligible Dependent
• Age Amount	• B.C. Caregiver Credit
• Pension Credit	• Medical Expense Credit
• Charitable Gifts	• Credit for Mental or Physical Impairment

Federal tax credits, such as the Age Amount, Disability Amount, Canada Caregiver Amount, and Medical Expenses, are indexed to inflation using the Canadian CPI; indexation rates were 1.5% in 2018, 2.2% in 2019 and 1.9% in 2020.

The B.C. tax credits listed above, except the Home Renovation Tax Credit and the Pension Credit, are indexed each year by the B.C. CPI; indexation rates were 2.0% in 2018, 2.6% in 2019 and 2.5% in 2020. The Home Renovation Tax Credit is a refundable tax credit, which means if the credit is higher than the taxes owed, the difference is received as a refund.

Sources: (84) (85) (86) (87)

Premium Assistance Programs

Medical Services Plan

Starting January 1, 2020, regular MSP premiums were removed for B.C. residents. However, to receive supplementary benefits, individuals must still qualify for Regular Premium Assistance. The annual adjusted net income for supplementary benefits will remain at \$42,000 or less. MSP will contribute \$23 per visit for a combined limit of 10 visits per calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. In addition, MSP covers one full eye exam per year by an optometrist for all seniors. Optometrists are permitted to charge patients over and above what is payable by the Medical Services Plan for this service.

Source: (88) (89)

Fair PharmaCare

B.C. provides universal drug coverage under its Fair PharmaCare program, which ensures B.C. residents do not pay more than approximately 4% of their net income on eligible drug costs. Families with at least one spouse born in 1939 or earlier do not pay more than approximately 3%. Assistance levels are income-adjusted and set out deductibles, the maximum a family will pay in one year, and the portion that PharmaCare will pay. Fair PharmaCare rates did not change in 2020.

Fair PharmaCare Assistance Levels, 2020

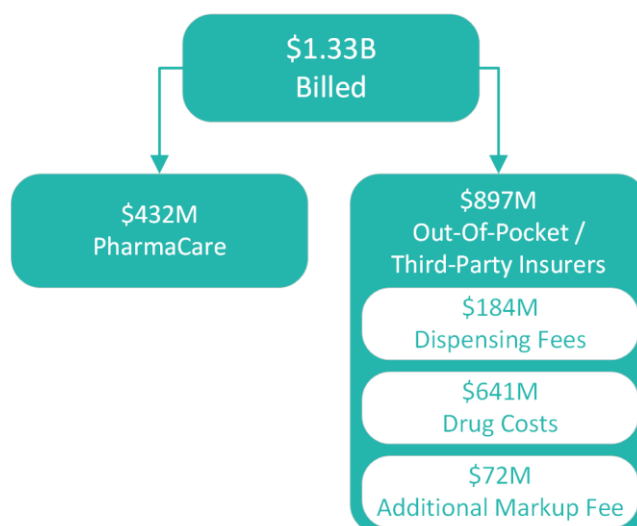
Annual Household Income (from latest notice of assessment on Jan 1)	\$0 to \$14,000	0% Deductible 0% Co-payment	0% Deductible 0% Co-payment	\$0 to \$13,750
	\$14,000 to \$33,000	0% Deductible 25% Co-payment to Maximum 1.25%	0% Deductible 30% Co-payment to Maximum 1-3%	\$13,750 to \$30,000
	\$33,000 to \$50,000	1% Deductible 25% Co-payment to Maximum 2%	2-3% Deductible 30% Co-payment to Maximum 3-4%	\$30,000 to \$45,000
	>\$50,000	2% Deductible 25% Co-payment to Maximum 3%	3% Deductible 30% Co-payment to Maximum 4%	>\$45,000
		Born ≤1939 Enhanced Coverage	Born ≥1940 Regular Coverage	

Note: Deductible and Family Maximum percentages are approximate

Source: (90)

Families pay 100% of the costs of prescriptions until reaching the deductible, after which PharmaCare will pay a percentage of prescription costs, based on the co-payment, until the family maximum is met; PharmaCare will pay 100% of eligible prescription costs for the rest of the year.

Overall in 2019/20, B.C.'s expenditures on seniors' prescription medications or supplies was \$1.33 billion. PharmaCare paid \$432 million of that and \$897 million was paid by seniors out-of-pocket or by their third-party insurers; \$184 million dispensing fees, \$641 million drug costs and \$72 million additional markup charged by pharmacies.



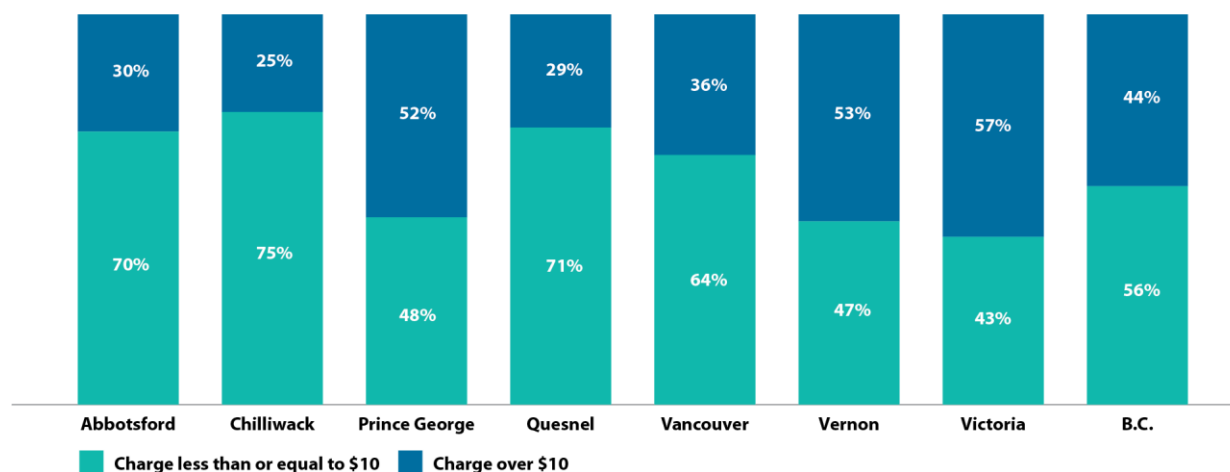
Source: (91)

Dispensing Fees

Pharmacies charge a dispensing fee for every prescription. PharmaCare will reimburse a maximum \$10 dispensing fee. If the customer has reached their Fair PharmaCare family maximum for the year, or otherwise has their prescription fully paid by PharmaCare, the pharmacy cannot charge the patient any additional cost for the dispensing fee. Otherwise the pharmacy may charge the customer the difference if their dispensing fee is above \$10.00. A patient's medications can be dispensed in blister packs. These tend to include smaller quantities and incur additional dispensing fees. PharmaCare will reimburse the pharmacy up to a maximum number of dispensing fees per customer based on their supply and the frequency of dispensing. Once the maximum is reached, it is at the pharmacy's discretion whether to charge an additional fee for blister pack medications.

In 2019/20, 44% of pharmacies in B.C. charged a dispensing fee over \$10. Over 9 million prescriptions were processed with a dispensing fee of over \$10 for over half a million (501,567) seniors. The table below shows data for select cities in B.C. for comparative purposes. A greater proportion of pharmacies in Victoria (57%) and Vernon (53%) charged a dispensing fee over \$10, whereas Chilliwack (25%) has the lowest proportion of pharmacies charging over \$10 for a dispensing fee.

Proportion of Pharmacies Charging Over or Under \$10 Dispensing Fee for Select Communities in B.C., 2019/2020



Notes: A pharmacy cannot charge more than the maximum dispensing fee if the individual is receiving full (100%) PharmaCare coverage and the drug or product is eligible for full PharmaCare reimbursement.

A pharmacy is considered charging over \$10 dispensing fee if they charge over \$10 dispensing fee for most commonly dispensed prescription medications.

Source: (91)

Elder Abuse

In a 2017 study, the World Health Organization found that approximately 1 in 6 people aged 60 years or older experienced some form of abuse in community settings and this is predicted to increase as countries experience rapidly aging populations. They also found that only 1 in 24 cases of elder abuse is reported. It is difficult to establish the number of seniors in B.C. who experience abuse, neglect, or self-neglect as there is no central registry of reported incidents, and many seniors and/or families turn to multiple organizations to seek help. This can include community resources such as Community Response Networks to find contact information for organizations that may be able to help and helplines where the caller can obtain information about programs and agencies designed to provide support. Provincial health authorities and Community Living BC have the authority and responsibility to investigate and act on reports of abuse, neglect and self-neglect of adults who are unable to seek assistance on their own due to conditions that affect their ability to make decisions. The Public Guardian and Trustee can act on behalf of these individuals to manage financial and legal affairs. Finally, cases of abuse can be reported to law enforcement when a crime has been committed. Many of these organizations work together to support these vulnerable adults.

Source: (92)

Elder abuse can include physical, psychological, or financial abuse. According to the *Adult Guardianship Act*, the definitions of abuse and neglect are as follows:

Abuse means the deliberate mistreatment of an adult that causes the adult

- physical, mental or emotional harm, or
- damage or loss in respect of the adult's financial affairs.

Neglect means any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time, the adult serious physical, mental or emotional harm or substantial damage or loss in respect of the adult's financial affairs and includes self-neglect.

Self-neglect means any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical or mental harm or substantial damage or loss in respect of the adult's financial affairs, and includes

- living in grossly unsanitary conditions,
- suffering from an untreated illness, disease or injury,
- suffering from malnutrition to such an extent, without intervention the adult's physical or mental health is likely to be severely impaired,
- creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of property, and
- suffering from an illness, disease or injury that results in the adult dealing with his or her financial affairs in a manner that is likely to cause substantial damage or loss in respect of those financial affairs.

Source: (93)

Community Resources

Community Response Networks

A Community Response Network (CRN) is a group of community members who come together to establish a network of Designated Agencies, service providers, and community members to provide help for adults experiencing or at risk of experiencing abuse, neglect, and self-neglect. The BC Association of Community Response Networks (BC ACRN) provides on-going support, including a website to assist communities in their work. It also hosts provincial teleconferences with all CRN members and interested parties to join the conversation about prevention and education activities targeted toward ending abuse, neglect, and self-neglect.

The BC ACRN website lists documents intended to be used like a library of information. It also has an interactive site to find CRN information. In 2019/20, there were over 80 active community response networks servicing 232 communities throughout B.C.; this was 42 more communities compared to 2018/19. Each community has a contact list that provides emergency and non-emergency phone numbers, as well as contact information for adult abuse services. Some examples of services that may be included are health authority contacts, helplines, victim services, transition houses, emergency shelters, outreach and community services, and legal services.

Source: (94)

The community level information can be accessed on the BC ACRN website at:

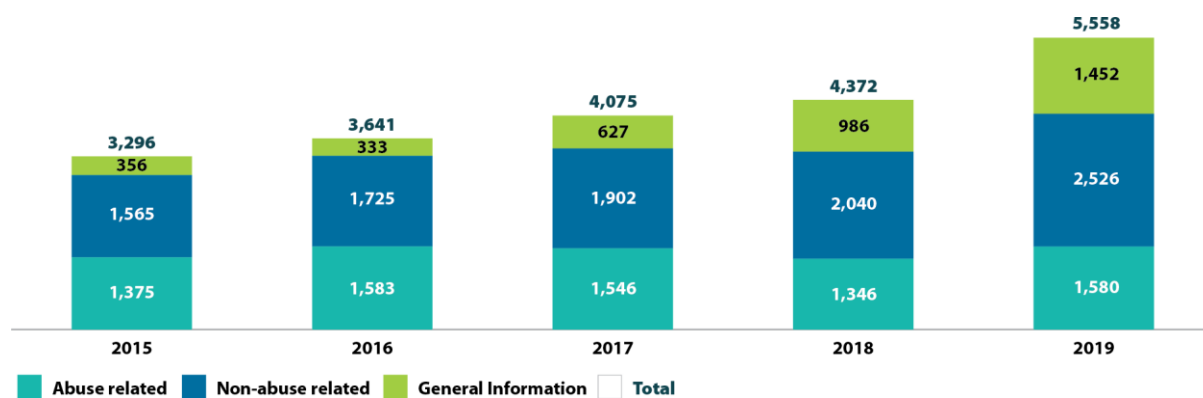
<https://bccrns.ca/search/>.

Seniors Abuse and Information Line

The Seniors Abuse and Information Line (SAIL) is operated by Seniors First BC, a non-profit organization dedicated to protecting the legal rights of older adults, raising public awareness of elder abuse, increasing seniors' access to justice, and providing supportive programs to seniors who have been abused. The SAIL line is a safe place for older adults and those who care about them to talk to someone if they feel they are being abused or mistreated, or to receive information about elder abuse prevention.

The total number of calls received by SAIL continues to increase year over year. In 2019, SAIL received 5,558 calls, an increase of 27% since 2018; 1,580 (28%) were related to abuse, 2,526 (46%) to non-abuse matters, and 1,452 (26%) were for general information. Calls related to abuse increased 17% in 2019.

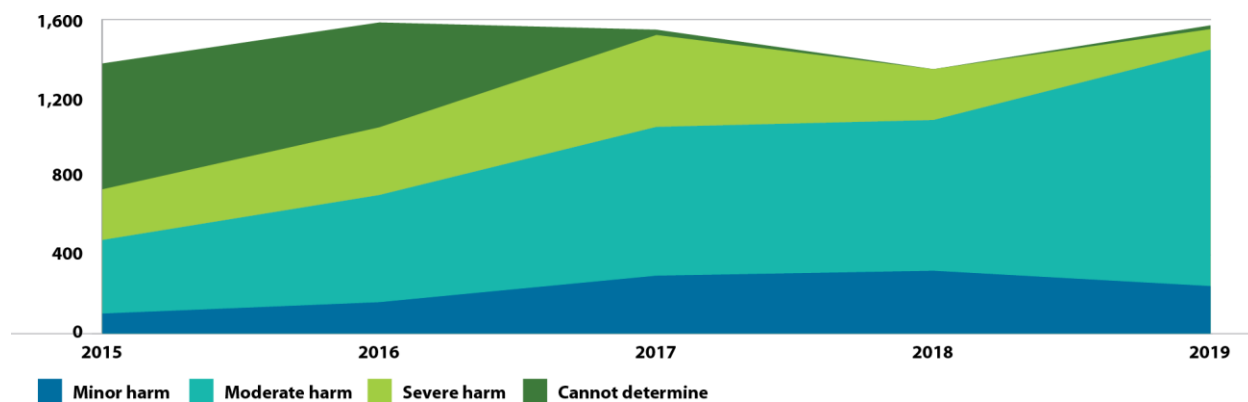
Number of Calls to SAIL, 2015-2019



Source: (95)

Recording of data at call intake improved in 2017; calls where the degree of harm could not be determined was only 2% in 2017 and 1% in 2019 compared to 34% in 2016. In 2019, approximately 83% of calls were assessed as moderate to severe harm, and in 9% of calls the abuse had been occurring longer than five years.

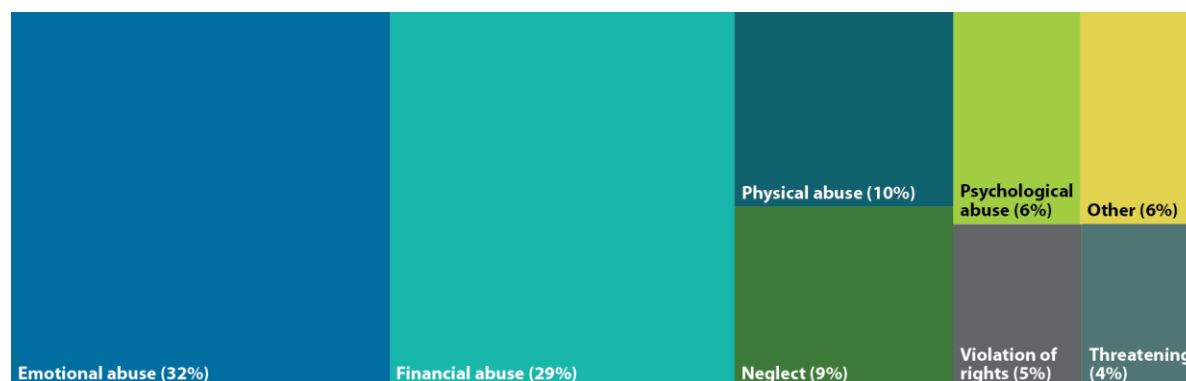
Degree of Harm Reported to SAIL, 2015-2019



Source: (95)

More than one type of harm or abuse may occur at the same time. The percentages below indicate the proportion of time the harm or abuse type is noted, not the number of calls received. Emotional abuse is the most frequently reported type of harm, increasing in 2019 to 32% from 27% in 2018. Financial abuse (29%) and physical abuse (10%) are the second and third most common types of abuse reported. Neglect is also at 9% in 2019, a marginal increase from 8% the year before.

Frequency of the Type of Abuse or Harm Reported to SAIL, 2019



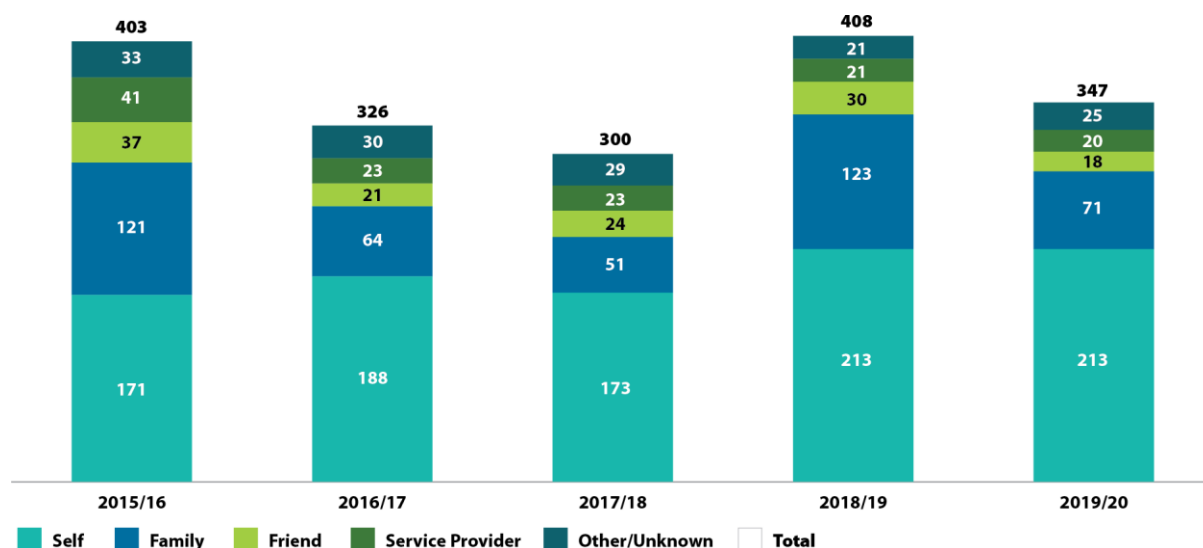
Source: (95)

211 Helpline

211 is a non-profit helpline, operated by bc211 and primarily funded by the United Way, connecting people with information and referrals regarding community, government, and social services in British Columbia. The service is available via web chat across B.C. at www.bc211.ca; 2-1-1 phone and text service is available throughout B.C.

In 2019/20, bc211 received 347 calls about elder abuse; 213 callers were aged 55 or older reporting abuse about themselves, 71 were family members, 18 were friends, 20 were service providers, and the remaining 25 were not categorized. The total number of calls decreased 15% in 2019/20.

Callers to bc211, 2015/16-2019/20



Source: (96)

Callers may report more than one type of abuse. In 2019/20, there were 259 incidents of abuse reported by 213 callers aged 55 or older calling on behalf of themselves. Most of the incidents were domestic violence (30%) and elder abuse (28%). Most callers in this group were female (85%).

Frequency of the Type of Abuse Reported* to bc211, 2019/20



Note: *Based on incidents reported by callers, aged 55 or older, calling on behalf of themselves.

Source: (96)

Abuse Reports to Provincial Agencies

Designated Agencies

Designated Agencies are designated under the *Adult Guardianship Act (AGA)* to investigate and respond to reports of adult abuse and neglect which they receive or become aware of, for adults not able to get assistance because of a restraint, physical disability or condition that impacts their decision making ability. All regional health authorities and Providence Health are included. Community Living BC (CLBC) is also a Designated Agency but their data is not included in this report.

While cases are usually opened as they are received, much of the data is not entered into reporting systems until the case is closed. For this reason, the goal is to report case details for closed cases aged 65 or older. Designated agencies are in the early stages of collecting and reporting data and this is only the second year that these data have been reported in the Monitoring Report. Therefore, data should be interpreted with caution.

Suspected Cases of Abuse, Neglect and Self-Neglect

There were 2,138 suspected cases of abuse, neglect and self-neglect reported to Designated Agencies in 2019; 83% were for seniors aged 65 or older

Cases of Abuse, Neglect, and Self-Neglect, 2018–2019

	2018			2019		
	Open Cases	Closed Cases	Total Cases	Open Cases	Closed Cases	Total Cases
B.C.						
All Ages	128	1,011	1,139	267	1,871	2,138
Ages 65+	92	849	941	222	1,561	1,783

Note: The data reported in 2018 was incomplete and inconsistently reported. Some data quality issues persist in 2019.

Therefore, year to year comparison is not possible.

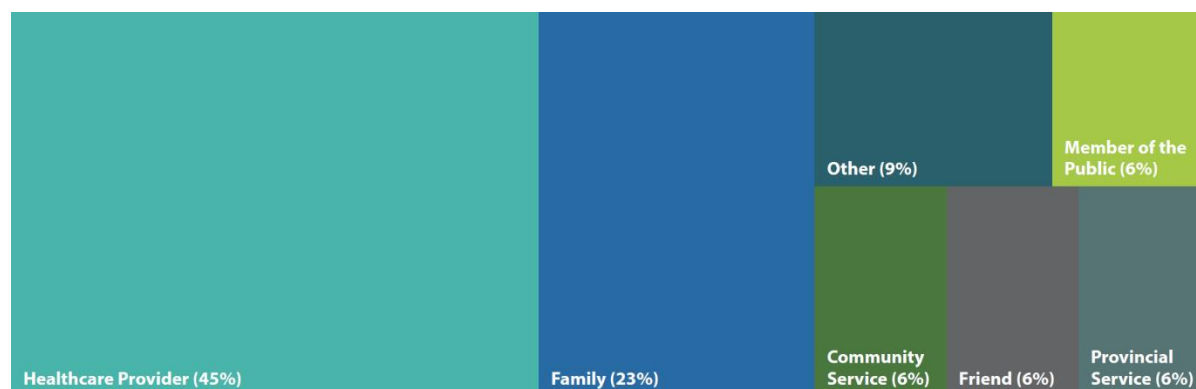
Source: (97)

Closed Cases of Abuse, Neglect and Self-Neglect

This section of the report focusses on closed cases for seniors aged 65 or older. In 2019, these closed cases may or may not be confirmed to be abuse or neglect. Information on confirmed cases is presented in the next section of this report. The gender for this age group was 56% female and 44% male. These seniors lived mostly in the community (81%) and in long-term care facilities (7%).

Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. In 2019, most cases were reported by healthcare providers (45%) or family members (23%).

Relationship of Reporter for Closed Cases Aged 65+



Note: Community Service includes banker or financial advisor, BC Community Response Network, community agency not otherwise listed, fire department, police, help lines, and Victim Link.

Members of the public includes neighbour, landlord or strata, and members of the public not otherwise listed.

Provincial Service includes Health Inspector, Public Guardian and Trustee and other designated agency.

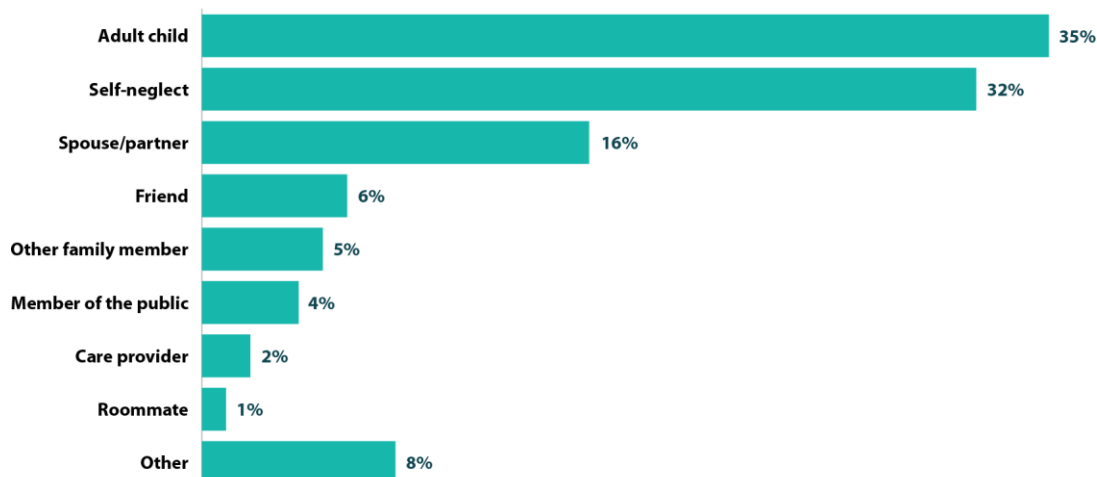
Other includes self-report by affected adult, anonymous reporter or other.

Northern Health did not provide this information.

Source: (97)

Often seniors who are the victim of abuse are in a trusting relationship with the abuser. In 2019, 55% of the cases reported that the suspected abuser was a family member, in most cases an adult child (35%), or a spouse or common-law partner (16%), and in some cases other family members (5%).

Relationship of Suspected Abuser for Closed Cases Aged 65+, 2019



Notes: A member of the public includes neighbour, landlord, and other members of the public.

Other includes power of attorney, not applicable, unknown and other.

Source: (97)

The degree of harm was reported in only 30% of closed cases. In 2019, of these, 6% experienced no harm, 82% experienced minor to moderate harm, and 11% experienced severe harm or even death in a few cases.

Confirmed Cases of Abuse, Neglect and Self-Neglect

There were 740 confirmed cases of abuse, neglect or self-neglect involving seniors reported to Designated Agencies in 2019; this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, 52% were self-neglect, 31% were abuse, and 17% were neglect.

In 63% of cases, the senior lacked decision-making capacity. The primary reasons for this were dementia or cognitive impairment (40%) and frailty or injury due to advanced age, illness or condition (11%). The reason was not reported in 31% of cases.

There can be multiple types of abuse or neglect reported for one confirmed case. In 2019, the most common types reported were as follows:

- Self-neglect (454 cases) - personal hygiene (19%), medication (15%), malnutrition (14%), and unsanitary living conditions (14%)
- Abuse (272 cases) - financial abuse (47%), emotional or psychological abuse (18%), physical abuse (14%) and intimidation or threats (8%)
- Neglect (153 cases) - not receiving adequate personal care (23%), not receiving adequate nutrition (15%), not receiving medical care (12%), living in unsafe conditions (11%), living in unsanitary conditions (11%)

There can be multiple actions taken by an investigator in a designated agency and there can be more than one action for each confirmed case. Most often collateral information was gathered (15%) for cases in 2019.

Actions taken for Confirmed Cases of Abuse, Neglect and Self-Neglect for Ages 65+, 2019



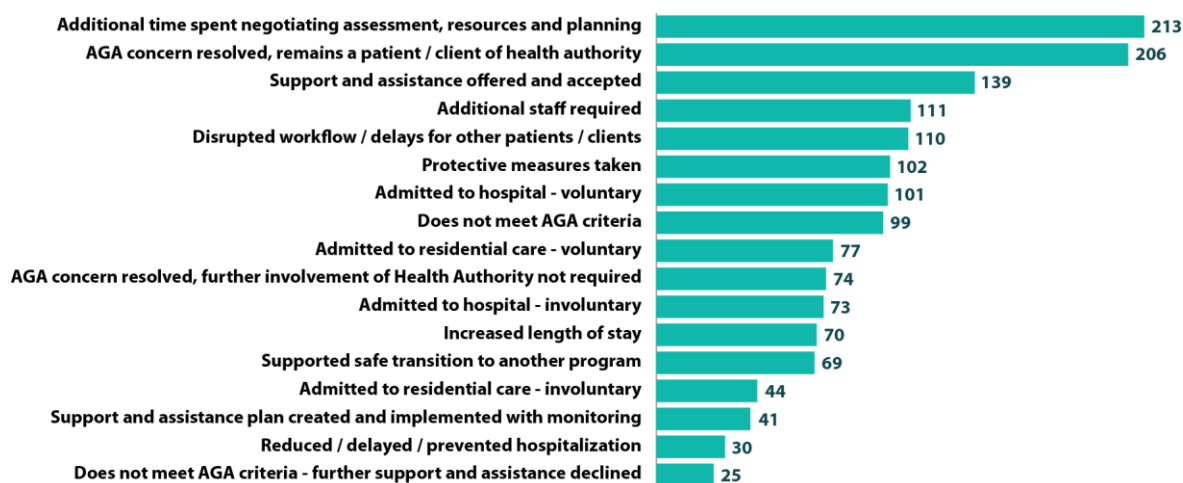
Note: Northern Health did not provide this information.

Source: (97)

There are a variety of tools under the *Adult Guardianship Act (AGA)* that an investigator can employ. Some of the primary tools used in 2019 for cases involving seniors were the authority to collect information and investigate (61%), report to Public Guardian and Trustee (16%), emergency provisions (8%), and support and assistance plans (7%).

There can be a variety of outcomes for each case of abuse or neglect once it is investigated and confirmed. In most cases, the AGA issue is resolved and the individual remains a client of the health authority with additional support and resources provided, protective measures taken or admission to facilities to provide care and treatment.

Outcomes of Confirmed Cases of Abuse, Neglect and Self-Neglect for Ages 65+



Note: Northern Health did not provide this information.

Source: (97)

Public Guardian and Trustee

The Public Guardian and Trustee (PGT) protects the interests of British Columbians by providing a wide range of services including direct financial management and legal decision making services for vulnerable adults. The office acts in several different roles for seniors:

- Committee of Estate (COE) – managing financial and legal affairs;
- Committee of Person (COP) – managing health care and personal care including access and placement interests of adults who require assistance in decision making;
- Temporary Substitute Decision Maker (TSDM) – managing health care decisions only;
- Attorney under an Enduring Power of Attorney;
- Representative under a Representation Agreement;
- Litigation Guardian; and
- Pension Trustee.

A COE and a COP are only considered as a last resort once decision making options such as the Power of Attorney, Representation Agreements, and Pension Trusteeship have been fully explored. In 2019/20, the PGT supported 2,349 COEs and 52 COPs for B.C. seniors. The number of COEs increased in 2018/19 slightly but decreased in 2019/20 by 1%. The number of COPs varied between 45 and 53 in each of the last five years.

Number of COE and COP for Adults Aged 65 or Older, 2015/16-2019/20

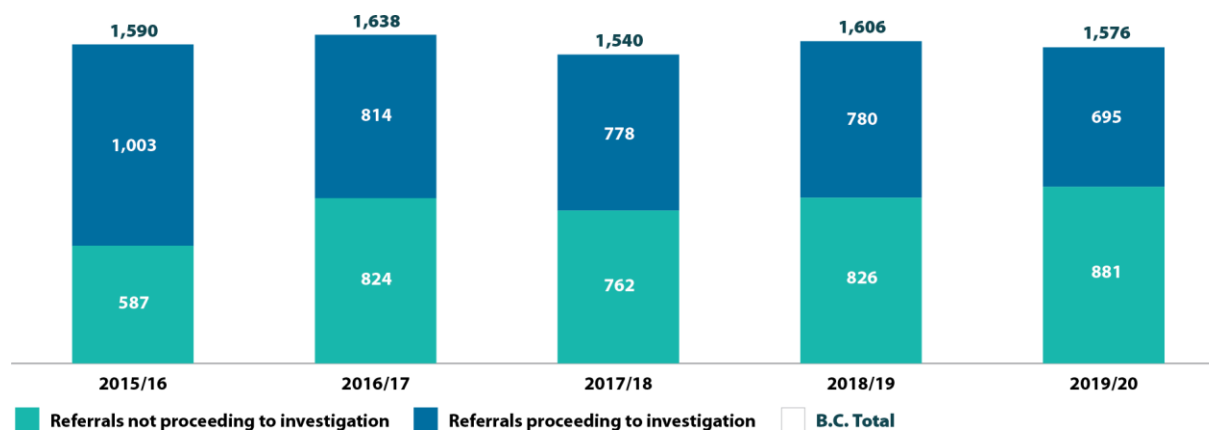
	2015/16	2016/17	2017/18	2018/19	2019/20	% Change in Last Year
Committee of Estate (COE)	2,583	2,481	2,346	2,379	2,349	-1%
Committee of Person (COP)	48	45	49	53	52	-2%

Source: (98)

The PGT also responds to allegations and investigates cases of abuse, neglect, and self-neglect. Referrals screened out did not proceed to investigation for a variety of reasons, but not necessarily because abuse or neglect was not occurring. For example, a referral would not proceed to investigation if a family member willing and able to support the vulnerable adult was identified. Referrals proceed to investigation and are not screened out when they meet legislative criteria.

In 2019/20, the PGT received 1,723 referrals of which 147 (9%) were general inquiries, 881 (51%) did not proceed to investigation, and 695 (40%) proceeded to investigation. Excluding general inquiries, 1,576 referrals were received in 2019/20, a 2% decrease over the previous year.

PGT Referrals Excluding General Inquiries, 2015/16-2019/20

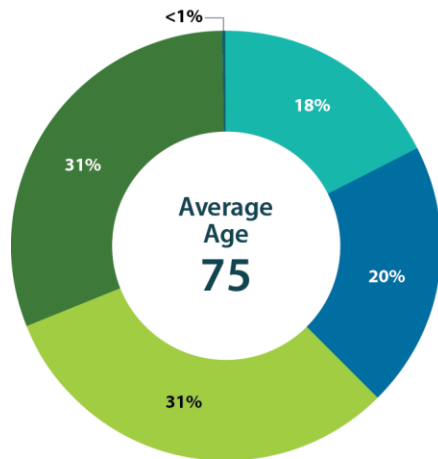


Source: (98)

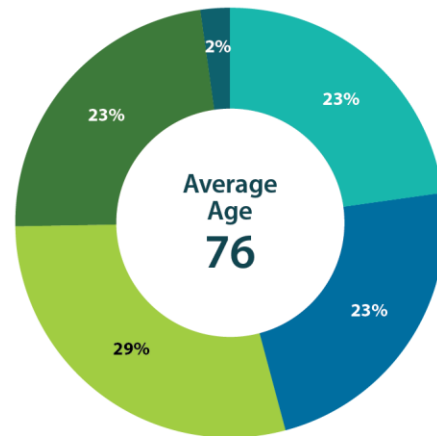
Of the referrals made to the PGT, 82% of those that proceeded to investigation and 75% of those that did not proceed to investigation involved seniors aged 65 or older. For those referrals not proceeding to investigation, the percent aged 65 or older increased from 66% in 2015/16 to 75% in 2019/20 and for those proceeding to investigation, it increased from 78% in 2015/16 to 82% in 2019/20.

Client Age of Referrals, 2019/20

Proceeding to Investigation



Not Proceeding to Investigation



Source: (98)

Abuse Reports to Law Enforcement

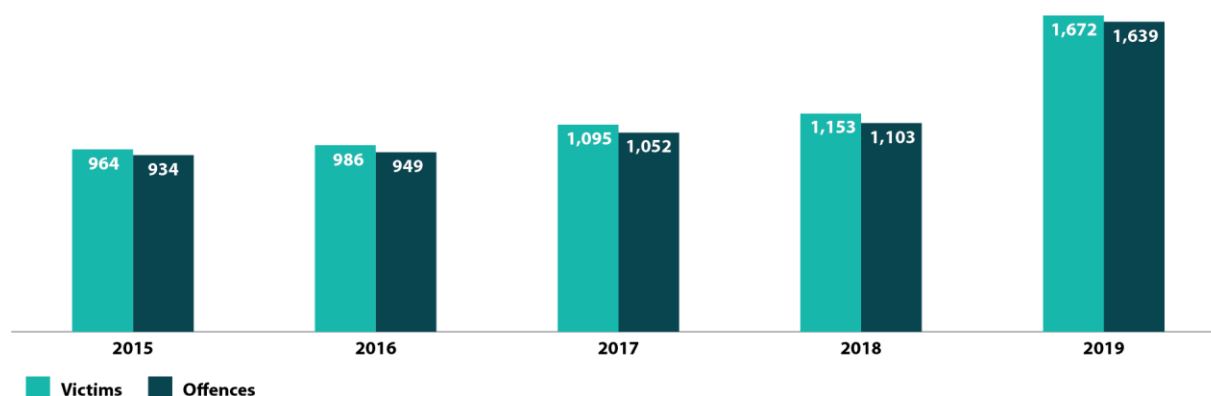
BC Royal Canadian Mounted Police (BC RCMP)

The BC RCMP, or E Division, polices 99% of the geographic area in B.C. where 72% of the population resides. The data presented below is not a representation of all offences but only those that are reported to the RCMP. Cases where the age of the victim is not known are excluded from the data.

Violent Offences

Victims of violent offences against seniors reported to the BC RCMP continue to increase. In 2019, there were 1,672 victims aged 65 or older and 1,639 violent offences against these seniors, an increase of 49% over 2018 (due to changes in reporting the value in 2019 is higher than in past years). Charges have been laid or recommended in 28% of the offences and 42% were not yet cleared at the time of reporting.

Victims of Violent Offences with Victims Aged 65+, 2015-2019

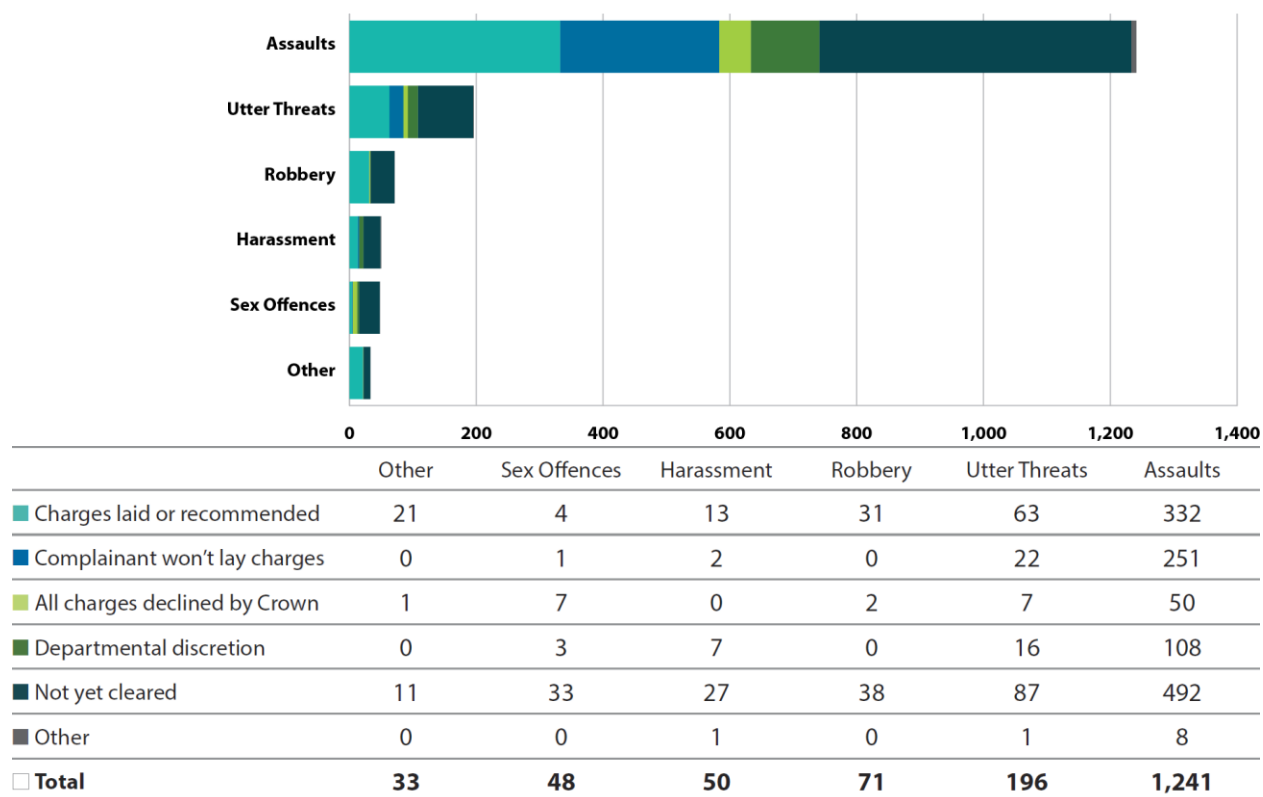


Note: In 2019, Statistics Canada made some changes to the reporting standards for all police reported occurrences. These changes have resulted in an increase in the number of reportable offenses in 2019. Comparisons with earlier years should be made with caution.

Source: (99)

The top five types of violent offences have accounted for more than 98% of violent offences against seniors for the last five years. Charges have been laid or recommended in 28% of assault cases and 42% of cases were not cleared yet at the time of reporting.

Outcomes of Violent Offences with Victims Aged 65+, 2019

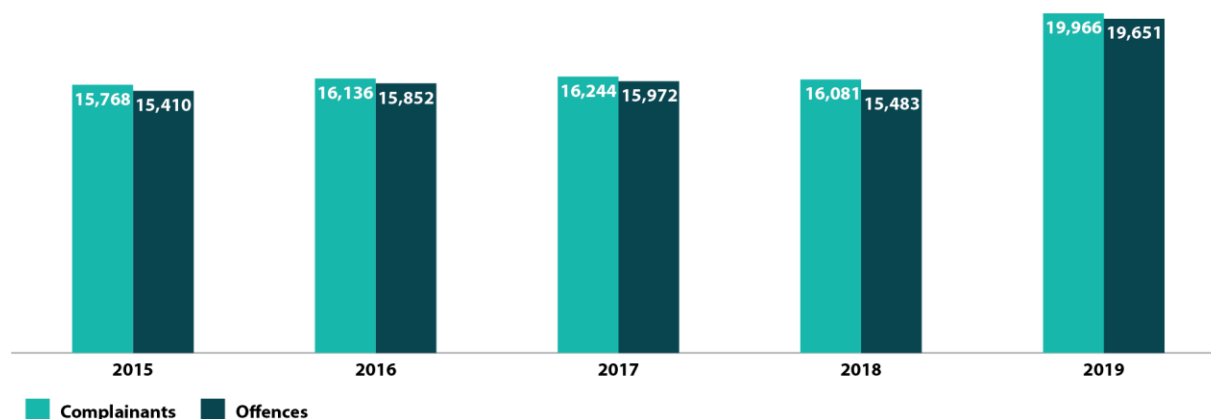


Source: (99)

Property Offences

In 2019, there were over 19,000 seniors that were complainants of a property offence and over 19,000 offences, an increase of 27% from 2018 (due to changes in reporting the value in 2019 is higher than in past years).

Victims of Property Offences with Victims Aged 65+, 2015-2019

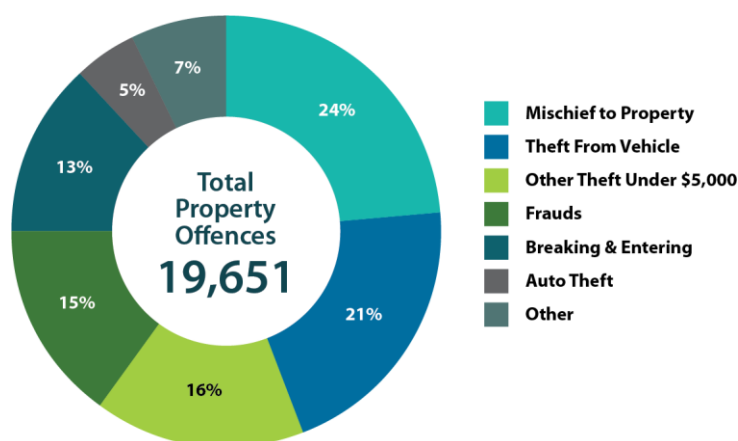


Note: In 2019, Statistics Canada made some changes to the reporting standards for all police reported occurrences. These changes have resulted in an increase in the number of reportable offences in 2019. Comparisons with earlier years should be made with caution.

Source: (99)

The top six types of property offences accounted for more than 93% of property offences against seniors for the last five years. Mischief to property was the most common type of property offence in 2019 followed by theft from a vehicle and theft under \$5,000.

Types of Property Offences with Complainants Aged 65+, 2019



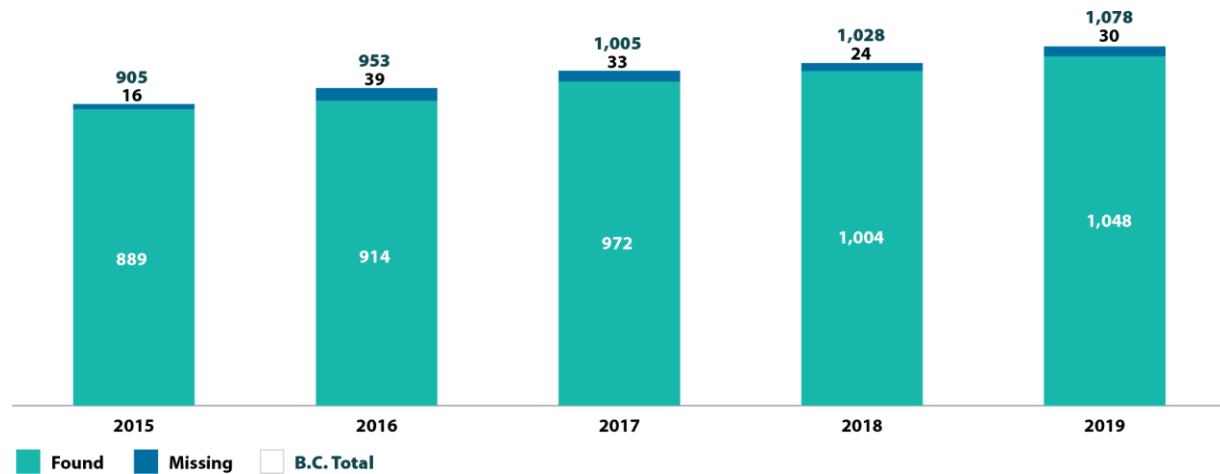
Note: "Breaking & Entering" includes residential, business and other. "Other" includes bike theft, theft from mail, shoplifting, other theft over \$5,000, possession of stolen property, other general occurrence, arson, theft of utilities and mischief to data.

Source: (99)

Missing Persons Cases

There were 1,078 missing persons cases for seniors aged 65 or older, 7% of all missing persons cases, opened with the BC RCMP E Division in 2019. At the time of reporting (August 2020), 30 (3%) seniors were still missing; of those that went missing 65% were male and 35% were female.

Missing Persons for Seniors Aged 65+, 2015-2019



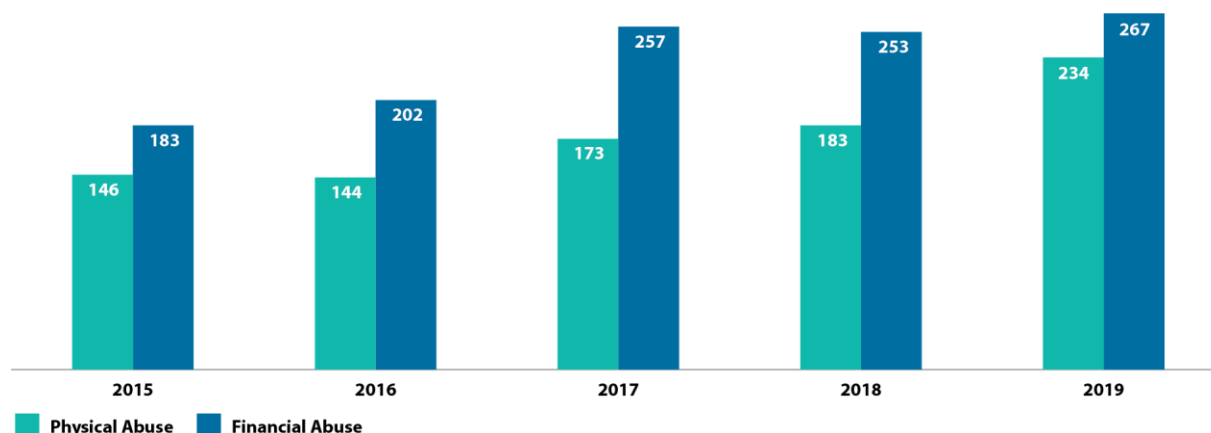
Source: (99)

Vancouver Police Department

The Vancouver Police Department tracks cases of reported physical and financial abuse each year. In 2019, there were 234 cases of physical abuse against seniors, a 28% increase over 2018. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 35% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 90 of these cases.

In 2019, there were 267 cases of financial abuse (mail, fraud, Canada Revenue Agency & lottery scams, etc.) against seniors, a 6% increase over 2018. In most cases the perpetrator was a stranger - very few financial abuse incidents involved family members or caregivers. Charges were laid or recommended in 6% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 18 of these financial abuse cases, a 29% increase from 2018.

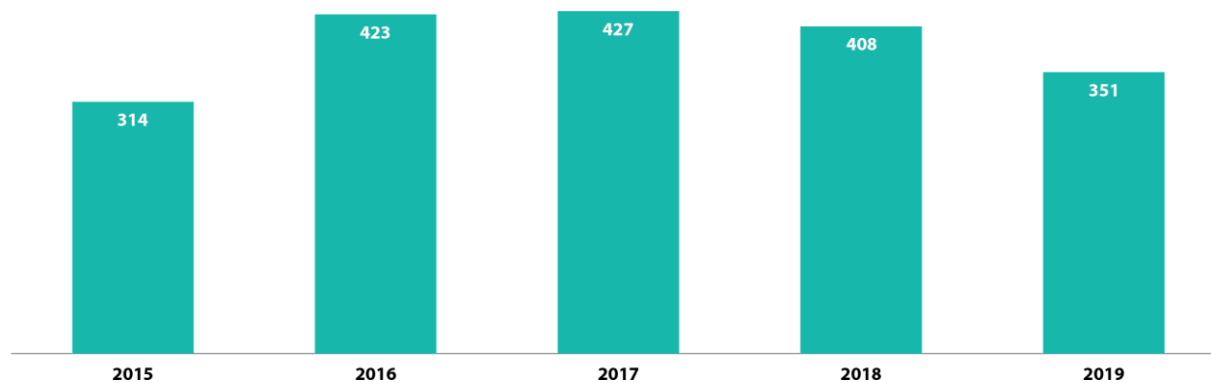
Victims of Abuse Aged 65+, 2015-2019



Source: (100)

In 2019, the Vancouver Police Department's Missing Persons Unit handled 351 missing persons cases involving seniors aged 65 or older. This was a 14% decrease from 2018.

Missing Persons Cases Aged 65+, 2015-2019



Source: (100)

Appendix 1: Table of Acronyms

• ADP	Adult Day Program	• HAFI	Home Adaptations for Independence
• AGA	Adult Guardianship Act	• HEABC	Health Employers Association of British Columbia
• ALC	Alternate Level of Care	• IHA	Interior Health Authority
• ALR	Assisted Living Registrar	• MSP	Medical Services Plan
• BC ACRN	BC Association of Community Response Networks	• NHA	Northern Health Authority
• BCCDC	B.C. Centre of Disease Control	• OAS	Old Age Security
• BCPSLS	BC Patient Safety & Learning System	• OSA	Office of the Seniors Advocate
• BCSLA	BC Seniors Living Association	• OT	Occupational Therapy
• CCALA	Community Care and Assisted Living Act	• PCQO	Patient Care Quality Office
• COE	Committee of Estate	• PCQRB	Patient Care Quality Review Board
• COP	Committee of Person	• PGT	Public Guardian and Trustee
• CPI	Consumer Price Index	• PT	Physiotherapy
• CPP	Canada Pension Plan	• RCMP	Royal Canadian Mounted Police
• CRN	Community Response Network	• SAFER	Shelter Aid for Elderly Renters
• CSIL	Choice in Supports for Independent Living	• SAIL	Seniors Abuse and Information Line
• DMER	Driver Medical Examination Report	• SSH	Seniors' Subsidized Housing
• ERA	Enhanced Road Assessment	• TSDM	Temporary substitute decision maker
• FHA	Fraser Health Authority	• VCHA	Vancouver Coastal Health Authority
• GIS	Guaranteed Income Supplement	• VIHA	Island Health Authority

Appendix 2. Definitions for Population Segments for Chronic Conditions

High Complex Chronic Conditions

- Alzheimer's Disease
- Dementia
- Cystic Fibrosis (PharmaCare Plan D)
- Heart Failure
- Organ Transplant

Medium Complex Chronic Conditions

- Angina
- Chronic Obstructive Pulmonary Disease
- Multiple Sclerosis
- Parkinson's Disease
- Pre-Dialysis Chronic Kidney Disease
- Rheumatoid Arthritis

Low Complex Chronic Conditions

- Asthma
- Mood/Anxiety Disorder (includes depression)
- Diabetes
- Epilepsy
- Hypertension
- Osteoarthritis
- Osteoporosis

Included in the Chronic Disease Registry for These Events/Interventions

- Stroke
- Chronic Kidney Disease on Dialysis
- Coronary Artery Bypass Graft
- Acute Myocardial Infarction (heart attack)
- Percutaneous Transluminal Coronary Angioplasty

Data Sources

1. **BCStats**. PEOPLE 2020. [Online] [Cited: October 2, 2020.] <https://bcstats.shinyapps.io/popProjApp/>.
2. **Ministry of Health**. Health System Matrix. s.l. : Health Sector Information, Analysis and Reporting. [Extracted: September 10, 2020].
3. **Government of Canada**. Flu (influenza): For health professionals. [Online] [Cited: September 10, 2020.] <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/health-professionals.html>.
4. —. Flu (influenza): Get you flu shot. [Online] [Cited: October 26, 2020.] <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/get-your-flu-shot.html>.
5. **Ministry of Health**. Publicly Funded Influenza Vaccines in BC. s.l. : Health Sector Information, Analysis and Reporting. [Report dates: June 17, 2020 and August 26, 2020].
6. —. Home Care Reporting System. s.l. : Health Sector Information, Analysis and Reporting. [Extracted: July 27, 2020].
7. **BC Centre for Disease Control**. Influenza Immunization in Long-Term Care Facilities, 2019/20. s.l. : Communicable Diseases and Immunization Service. [Received: May 21, 2020].
8. **Ministry of Health**. ALC Case Rate, ALC Days Rate and Average Length of ALC Stays. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: September 9, 2020].
9. —. Home Support. [Online] [Cited: October 26, 2020.] <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/home-support>.
10. —. Continuing Care Act: Continuing Care Fees Regulation. [Online] [Cited: July 13, 2020.] https://www.bclaws.ca/civix/document/id/complete/statreg/330_97.
11. —. Home Support Client Co-Payment Amount. s.l. : Health Sector Information, Analysis and Reporting. [email received: 14 October 2020].
12. —. Client Co-payments for Home Support, Assisted Living and Long-Term Care. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: September 29, 2020].
13. —. HCC Annual Client Counts, Service Volumes and Rates. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: October 7, 2020].
14. **Patient Care Quality Office**. Complaints in Home and Community Care and Long-Term Care. [Received: August 31, 2020].

DATA SOURCES

15. **Ministry of Health.** Adult Day Services. [Online] [Cited: September 28, 2020.] <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/adult-day-services>.
16. **Health Authorities.** Home and Community Care Services - ADP, LTC and AL. s.l. : Home and Community Care Program Areas. [Received: May 29, 2020 to June 12, 2020].
17. **Ministry of Health.** Short-Stay Services. [Online] [Cited: October 26, 2020.] <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/short-stay-services?>.
18. —. Report 3 - Detailed Facilities Report - Mar 2020 v3. s.l. : Health Sector Information Analysis and Reporting Division. [Report Date: July 22, 2020].
19. **Government of Canada.** About the New Horizons for Seniors Program. [Online] Employment and Social Development Canada. [Cited: October 26, 2020.] <https://www.canada.ca/en/employment-social-development/programs/new-horizons-seniors.html>.
20. **Service Canada.** New Horizons for Seniors Program Community-Based Grants in BC. [Received: September 30, 2020].
21. **Alzheimer Society of B.C.** First Link Annual Report 2019-20. s.l. : Provincial Programs and Services. [Received: May 15, 2020].
22. **United Way of the Lower Mainland.** Healthy Aging: A Year in Review April 1, 2019 - March 31, 2020 Annual Report. s.l. : Healthy Aging, Population Health. [Received August 10, 2020].
23. **Office of the Seniors Advocate.** CLIFF Tracking. [Extracted: October 16, 2020].
24. **Ministry of Health.** Assisted Living Services. s.l. : Assisted Living Registrar. [Received: August 18, 2020].
25. **Canada Mortgage and Housing Corporation.** Seniors Housing Market - British Columbia. *Housing Market Information Portal*. [Online] [Cited: September 28, 2020.] <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/#Profile/59/2/British%20Columbia>.
26. —. CMHC Rental Market Survey - British Columbia. *Primary Rental Market Statistics*. [Online] [Cited: Sep 28, 2020.] <https://www03.cmhc-schl.gc.ca/hmip-pimh/en/#Profile/59/2/British%20Columbia>.
27. **Ministry of Health.** Care Options and Cost: Assisted Living. [Online] [Cited: May 20, 2020.] <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/assisted-living>.
28. **BC Seniors Living Association.** Final 2017 Residents' Survey Report. [Received: November 8, 2018].
29. **Office of the Seniors Advocate.** Long-Term Care Facilities Quick Facts Directory 2020. [Extracted: October 1, 2020].

30. **Ministry of Health.** Long-Term Care Services. [Online] [Cited: May 20, 2020.] <https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/long-term-care-services>.
31. —. Continuing Care Reporting System. s.l. : Health Sector Information, Analysis and Reporting. [Extracted: December 5, 2020].
32. —. Percentage of Home and Community Care Clients Admitted to a Long-Term Care Facility within 30 Days of Approval for Services. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: October 26, 2020].
33. **Canadian Institute for Health Information.** Quick Stats. *Profile of Residents in Residential and Hospital-Based Continuing Care, 2019-2020*. [Online] [Cited: October 1, 2020.] <https://www.cihi.ca/en/quick-stats>.
34. **Health Authorities.** Complaints, Incidents and Inspections in Long-Term Care. s.l. : Community Care Facilities Licensing Offices. [Received: various dates].
35. **College of Physicians and Surgeons of BC (CPSBC).** Annual Reports. [Online] [Cited: September 29, 2020.] <https://www.cpsbc.ca/about-us/annual-report>.
36. **British Columbia College of Nursing Professionals (BCCNP).** Annual Reports. [Online] [Cited: September 29, 2020.] https://www.bccnp.ca/bccnp/Documents/BCCNP_Annual_Report_2019_with%20financial%20statements.pdf#search=annual%20report.
37. **BC Care Aide and Community Health Worker Registry (CACHWR).** Registered Health Care Workers Report. [Received: February 26, 2020].
38. **College of Physical Therapists of British Columbia (CPTBC).** Number of Active Registrants with CPTBC. [Received: October 20, 2020].
39. **College of Occupational Therapists of British Columbia (COTBC).** Annual Reports. [Online] [Cited: October 20, 2020.] <https://cotbc.org/library/annual-reports/>.
40. **Health Employers Association of British Columbia (HEABC).** Select Occupation Employee Counts and Job Vacancies. [Received: October 23, 2020].
41. **Statistics Canada.** 2016 Census of Population. *Statistics Canada Catalogue no. 98-400-X2016021*. [Online] April 26, 2018. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Index-eng.cfm>.
42. —. 2016 Census of Population. *Statistics Canada Catalogue no. 98-400-X2016214*. [Online] April 26, 2018. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Index-eng.cfm>.

DATA SOURCES

43. **Ministry of Health.** Report 3 - Detailed Facilities Report - Mar 2019. s.l. : Health Sector Information, Analysis and Reporting Division. [Report Date: June 7, 2019].

44. **Statistics Canada.** 2016 Census of Population. *Statistics Canada Catalogue no. 98-400-X2016226*. [Online] April 24, 2018. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Index-eng.cf>.

45. —. 2016 Census of Population (direct).

46. —. 2016 Census of Population. *Statistics Canada Catalogue no. 98-400-X2016230*. [Online] April 26, 2018. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Index-eng.cfm>.

47. **B.C. Real Estate Association.** Average Home Prices by Municipality. [Received: 2 April 2020].

48. **Ministry of Municipal Affairs and Housing.** 704-Taxes and Charges on a Representative House - 2019. *Municipal Tax Rates & Tax Burden*. [Online] [Cited: May 27, 2020.] <https://www2.gov.bc.ca/gov/content/governments/local-governments/facts-framework/statistics/tax-rates-tax-burden>.

49. **BC Hydro.** Fact Sheet: BC Hydro Rates. [Online] [Cited: May 27, 2020.] https://www.bchydro.com/news/press_centre/news_releases/2020/statement-one-per-cent-rate-reduction.html.

50. **Government of British Columbia.** Home Owner Grant for Seniors. [Online] [Cited: May 20, 2020.] <https://www2.gov.bc.ca/gov/content/taxes/property-taxes/annual-property-tax/home-owner-grant/senior/low-income>.

51. **Ministry of Finance.** Property Taxation Branch. [Received: 28 August 2020].

52. **Statistics Canada.** Data Products, 2016 Census. [Online] April 26, 2018. <https://www12.statcan.gc.ca/census-recensement/index-eng.cfm>.

53. **BC Housing.** Shelter Aid For Elderly Renters (SAFER). [Online] [Cited: May 27, 2020.] <https://www.bchousing.org/housing-assistance/rental-assistance/SAFER>.

54. —. Shelter Aid for Elderly Renters (SAFER) and Seniors Subsidized Housing, 2019/20. [Received: 22 June 2020].

55. —. Home Adaptation for Independence (HAFI) - Program Overview. [Online] [Cited: October 16, 2019.] <https://www.bchousing.org/housing-assistance/HAFI/program-overview>.

56. —. Home Adaptations for Independence (HAFI). [Received: 30 October 2020].

57. —. BC Housing. [Received: November 5, 2020].

58. **Insurance Corporation of BC.** Driver Licence Renewals and Surrenders for Drivers Aged 65 and over 2019. [Received 17 May 2020].

59. —. Driver Licensing Fees. [Online] [Cited: October 2, 2020.] <https://www.icbc.com/driver-licensing/visit-dl-office/Pages/Fees.aspx>.
60. **Ministry of Health**. RoadSafetyBC Forms Payment Schedules. [Online] [Cited: May 20, 2020.] <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/payment-schedules/roadsafetybc>.
61. **Doctors of BC**. Revised Fees for Uninsured Services, Effective April 1, 2019. [Online] [Cited: May 20, 2020.] https://www.doctorsofbc.ca/sites/default/files/public_uninsured_services1apr2019.pdf.
62. **RoadSafetyBC**. Driver Fitness Cases. [Received: 2 September 2020].
63. **BC Transit**. BC Transit Transportation Services. [Received: 17 August 2020].
64. **TransLink**. TransLink Transportation Services. [Received: 29 April 2020].
65. **Local Transit System Websites**. [Online] [Cited: July 7, 2020.]
66. **bc211**. bc211: Helping Seniors on the Move. [Online] [Cited: October 6, 2019.] <http://www.bc211.ca/2018/12/bc211-helping-seniors-move/>.
67. **Statistic Canada**. Canadian Community Health Survey: Healthy Aging 2008-2009. Ottawa : s.n.
68. **TransLink**. Mustel Group Omnibus Survey. [Received: March 5, 2020].
69. **Government of British Columbia**. BC Bus Pass for Seniors and Others. [Online] [Cited: October 23, 2020.] <https://www2.gov.bc.ca/gov/content/transportation/passenger-travel/buses-taxis-limos/bus-pass/seniors>.
70. **Ministry of Social Development and Poverty Reduction**. [Received: 5 August 2020].
71. **Passenger Transportation Board**. Taxi Rates. [Online] [Cited: May 20, 2020.] <https://www.ptboard.bc.ca/taxi-rates.htm>.
72. **Office of the Seniors Advocate**. Seniors Transportation: Affordable, Appropriate, and Available. May, 2018.
73. **United Way**. United Way. [Received: 24 September 2020].
74. **Statistics Canada**. Consumer Price Index, annual average, not seasonally adjusted. [Online] [Cited: March 31, 2020.] <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000501&pickMembers%5B0%5D=1.2>.
75. **Government of Canada**. Number of Persons Receiving Old Age Security Benefits, by Province and by Type. [Online] [Cited: October 2, 2020.] <https://open.canada.ca/data/en/dataset/77381606-95c0-411a-a7cd-eba5d038c1c4> (20190731-svpres-oasben.xlsx).

DATA SOURCES

76. —. Canadian Retirement Income Calculator. [Online] [Cited: October 19, 2020.] <https://srv111.services.gc.ca/cpp/index>.
77. —. Old Age Security Payment Amounts. [Online] [Cited: October 2, 2020.] <https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security/payments.html>.
78. **BC Employment and Assistance**. Senior's Supplement Rate Table. [Online] [Cited: October 10, 2019.] <https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/senior-s-supplement-rate-table>.
79. **Provincial and Territorial websites**. [Online] [Cited: July 7, 2020.]
80. **Government of Canada**. Contribution to the Canada Pension Plan. [Online] [Cited: October 14, 2020.] <https://www.canada.ca/en/revenue-agency/services/tax/businesses/topics/payroll/payroll-deductions-contributions/canada-pension-plan-cpp/cpp-contribution-rates-maximums-exemptions.html>.
81. —. Canada Pension Plan: Pensions and benefits payment amounts. [Online] [Cited: October 2, 2020.] <https://www.canada.ca/en/services/benefits/publicpensions/cpp/payment-amounts.html>.
82. —. Canada Pension Plan (CPP) - Number of Benefits, by Place of Residence and Benefit Type. [Online] Employment and Social Development Canada. [Cited: October 14, 2020.] <https://open.canada.ca/data/dataset/1fab2afd-4f3c-4922-a07e-58d7bed9dcfc>.
83. —. Canadian Retirement Income Calculator - Canada Pension Plan. [Online] [Cited: October 16, 2020.] <https://srv111.services.gc.ca/cpp/index>.
84. —. All deductions, credits, and expenses. [Online] [Cited: July 22, 2020.] <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/deductions-credits-expenses.html>.
85. —. Indexation adjustment for personal income tax and benefit amounts. [Online] [Cited: March 31, 2020.] <https://www.canada.ca/en/revenue-agency/services/tax/individuals/frequently-asked-questions-individuals/adjustment-personal-income-tax-benefit-amounts.html>.
86. **Government of British Columbia**. Personal Income Tax Credits. [Online] [Cited: June 22, 2020.] <https://www2.gov.bc.ca/gov/content/taxes/income-taxes/personal/credits>.
87. —. B.C. Basic Personal Income Tax Credit. [Online] [Cited: March 25, 2019.] <https://www2.gov.bc.ca/gov/content/taxes/income-taxes/personal/credits/basic>.
88. **Ministry of Health**. MSP Premium Elimination: Jan. 1, 2020. [Online] Medical Service Plan. [Cited: July 21, 2020.] <https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/msp-premium-elimination-jan-1-2020>.

89. —. Supplementary Benefits. [Online] Medical Services Plan. [Cited: July 21, 2020.]
<https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits/services-covered-by-msp/supplementary-benefits>.
90. —. How your coverage is Calculated. [Online] October 9, 2020.
<https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan/how-your-coverage-is-calculated>.
91. —. PharmaNet. [Extracted: November 3, 2020].
92. **World Health Organization**. Elder Abuse. [Online] [Cited: October 14, 2020.]
<https://www.who.int/news-room/fact-sheets/detail/elder-abuse>.
93. **Government of British Columbia**. BC Laws. *Adult Guardianship Act [RSBC 1996] Chapter 6*. [Online] [Cited: October 14, 2020.]
https://www.bclaws.ca/civix/document/id/complete/statreg/96006_01#part1.
94. **BC Association of Community Response Networks**. 2019/2020 Annual Report. [Received October 23, 2020].
95. **Seniors First BC**. Seniors Abuse and Information Line (SAIL). [Received: 10 March 2020].
96. **bc211**. bc211 Helpline. [Received: 18 August 2020].
97. **Provincial Health Services Authority**. Designated Agency Reports. [Received: 28 - 31 July 2020].
98. **Public Guardian and Trustee**. 2019/20 Referral Summary: Assessment and Investigation Services. [Received: 30 September 2020].
99. **BC RCMP**. Violent Offences, Property Offences and Missing Persons. [Received: 30 August 2020].
100. **Vancouver Police Department**. Abuse of Seniors, Vancouver Police Department. [Received: 1 October 2020].

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