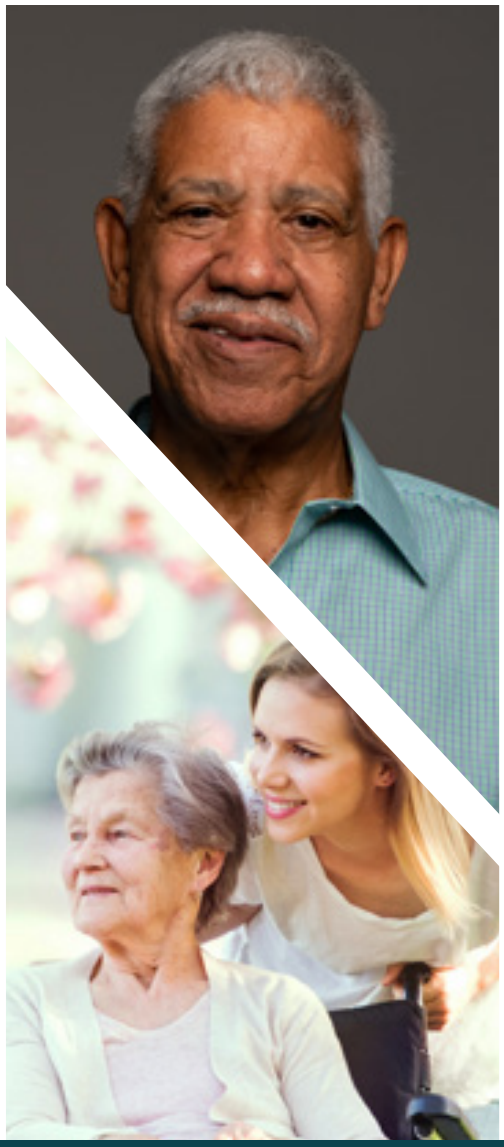
OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA



Monitoring Seniors Services 2021 Report

7th Edition

www.seniorsadvocatebc.ca

MESSAGE FROM THE SENIORS ADVOCATE

FEBRUARY 2022

Overall, B.C. seniors' population continues to grow as forecast with a higher proportion of seniors living in some areas of the province -- such as Vancouver Island and the Okanagan -- than areas in the north or parts of the lower mainland. Most people over age 65 remain in relatively good health, live independently in their own homes, and maintain an active driver's license.

The 2020/21 *Monitoring Seniors Services Report* covers the first full year of the COVID-19 pandemic. The extent of the pandemic's disruption to the lives of seniors is reflected here with many services and supports showing significant increases and decreases over the previous year. While these spikes smoothed out somewhat as we entered our second year of the pandemic, we expect that some of this disruption will continue into next year's report.

As we look more closely at the numbers reflected in the data, we begin to understand the magnitude of the impact of the pandemic on individuals and see that some programs and services were more significantly affected than others.

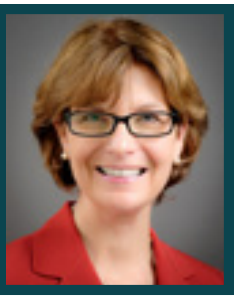
The drastic reductions in adult day programs and HandyDART rides remind us that many seniors were isolated in their homes for long periods of time during the pandemic. The reduction in emergency room visits tells the story of seniors who felt the risk of seeking medical attention was greater than trying to manage the issue at home. The alternative level of care (ALC) patient case counts and length of stay metrics dropped significantly, telling us that when necessary, we can find a way to reduce the number of seniors who are unnecesarily in the hospital.

Despite the challenges of the pandemic, we saw some increases in much needed health care professionals as the number of doctors, nurses and care aides increased. However, we also see an increase in the difficult to fill vacancy rates (DTFR) for registered nurses, care aides and community health workers – this reminds us there continues to be a health human resource gap.

A notable decrease in regulatory inspections during the first year of the pandemic likely led to significant decreases in reportable incidents and other metrics that measure the safety and quality in long-term care. As we entered our second year of the pandemic and see a return to more routine inspections, we will be monitoring carefully to ensure continued robust oversight of this sector of our health care system. A priority will be the use of antipsychotic medications in long-term care which increased significantly during the first year of the pandemic as residents were heavily restricted in their ability to enjoy regular day-to-day routines, including frequent and long visits with family.

Tangible evidence of the support for seniors from multiple levels of government was seen this past year, including increases in the federal New Horizons grant funding and expansion of the BC Better at Home Program to embrace the Safe Seniors Strong Communities pandemic response initiative. Financial support was improved with an increase in the BC Seniors Supplement, a series of one-time grants to Old Age Security (OAS) and the Guaranteed Income Supplement (GIS), and an overall increase in OAS for those 75 years and older beginning in 2022.

The number of low-income seniors continues to increase as the percentage claiming GIS has grown by 6%. The lowest income seniors — those receiving the provincial seniors supplement — has not grown as



quickly, although it still continues to increase. Medication coverage for low-income seniors continues to be comprehensive, although medications not covered by Fair PharmaCare are a major challenge for low-income seniors. While the rate of inflation in the first year of the pandemic was only 0.7%, we now see a significant increase in the second year (2.8%), putting cost pressures on low-income seniors.

Housing costs continue to be a challenge. The gap between incomes and affordable rents is growing with the average subsidy provided decreasing in 2021. While government limits on rent increases brought some relief to those seniors who are stable long-term renters, seniors who find themselves seeking new rental accommodation continue to have difficulty, with the second year of the pandemic bringing significant increases in rent and housing prices that are not reflected in the 2020/21 data. While property tax deferral remains a popular option for some seniors, this report notes a decrease in the number of first-time users of the program.

The percentage of drivers aged 80 and over continues to grow. In part, this reflects the growing trend of better health as we age, however, the increase in the first year of the pandemic may also reflect extensions that were granted to the requirement for completion of the Drivers Medical Exam and next year's data will provide a clearer picture. Significant reductions seen in public transit ridership, most notably HandyDART, reflect the first year of the pandemic that included several months of heavily restricted activities for many seniors. We hope and expect these numbers to rebound over the next two years.

While British Columbians have stepped up in unprecedented numbers to receive their COVID-19 vaccines, we still have room for significant improvement in vaccinations for the flu, with only about half of the seniors' population receiving their annual flu shot and even fewer in the general population. It is hoped that we can apply our lessons learned from the success of our COVID-19 vaccine regime to influenza vaccinations and protect more seniors in the years ahead.

Determing the level of abuse and neglect of seniors proved to be challenging during the first year of the pandemic. While many reported numbers decreased, this may actually reflect a decrease in reporting brought on by isolation experienced during the pandemic. My Office recently released a report highlighting the challenges in tracking abuse of seniors and we are hopeful there will be improvements in this area.

As always, I would like to express my thanks to the many government ministries and agencies that support our data collection for this report. I would also like to thank the staff at the Office of the Seniors Advocate who make the Monitoring Seniors Services report possible.

Sincerely,

Isobel Mackenzie
Seniors Advocate, Province of British Columbia

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**Full Data Sets/Tables are available in a supplementary document

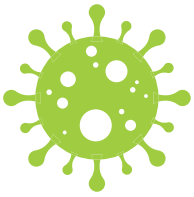
ACKNOWLEDGMENTS & NOTES

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 2020/21, covering the period from April 1, 2020 to March 31, 2021, or for calendar year 2020. In some cases, as noted in the report, other timeframes have been used. Seniors are defined as those aged 65 years and older, unless stated otherwise. Comparative year-over-year data for five years (if available) are provided in a separate supplementary document. Numbers may not exactly match other publications due to ongoing data updates and percentages may not sum to 100% due to rounding.

The COVID-19 pandemic has created disruptions and affected data presented within this report. To easily identify where impacts have been seen, we have applied the following icon throughout this document:



OVERVIEW

The **2021 Monitoring Seniors Services Report** highlights the performance and trends of a wide range of support and services for B.C. seniors and their families. Through comprehensive year-over-year comparisons, we can see improvement and gaps in the areas of health care, community supports, housing, transportation, income support and the safety and protection of seniors.

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. The gateway to the health care system is through the family physician.

COMMUNITY SUPPORTS

A variety of personal support services are available to seniors to help them maintain healthy, independent and dignified lives designed to complement government operated programs. Programs are also available to provide information and support to seniors living with chronic and degenerative conditions.

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. Many seniors are homeowners while others rent. Financial and supportive housing programs are available to help both homeowners and renters.

TRANSPORTATION

Many of B.C. seniors are active drivers. For those who prefer to take public transportation or have had to give up their driver's license, many other options are available such as buses or HandyDART, often with reduced rates for seniors.

INCOME SUPPORTS

Both the federal and provincial governments provide income support programs for seniors such as the Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS) and the B.C. Senior's Supplement. There are also federal and provincial tax credits and provincial health insurance plans that benefit seniors.

SAFETY AND PROTECTION

Older people are often afraid to report cases of abuse and neglect. Many organizations provide information and resources for seniors and their families who are seeking help. Organizations such as the police, provincial health authorities and the Public Guardian and Trustee work together to reduce the risk of abuse and criminal offences against seniors.

2021 HIGHLIGHTS

HEALTH CARE HIGHLIGHTS

- 19% of seniors aged 65 or older are living with high complexity chronic conditions, and 6% are diagnosed with dementia. This has remained relatively stable over the last five years.
- 44% of seniors received the publicly funded flu vaccine at a pharmacy with uptake increasing by 8%; 10% received the vaccine in their physician's office.
- 89% of all seniors living in the community were fully vaccinated for COVID-19 (as of December 31, 2021).
- 28% of emergency department visits and 45% of hospitalizations were for seniors, decreasing 9% and 7% respectively.
- Alternate level of care (ALC) days decreased by 28% and the average length of stay in ALC decreased across all health authorities except NHA.
- Both home support clients and care hours decreased by 3%, although Northern Health reported 19% more clients and 14% more care hours.
- Professional home care clients increased by 3% and professional home care visits increased 8%.
- Home care complaints increased by 2%.
- Respite beds decreased by 2%.
- Subsidized registered assisted living units increased by 2% while clients living in those units decreased by 4%. The waitlist for subsidized assisted living decreased by 23%.
- Reportable incidents in registered assisted living increased by 93% to 3,451; 42% of these were falls and 41% were unexpected illness.
- The number of publicly funded beds in long-term care (LTC) remained relatively unchanged, increasing only 3% between 2017 and 2021 while the population aged 85 or older grew 13%.
- 77% of LTC residents live in single occupancy rooms.
- Clients in LTC decreased by 7% and bed days decreased by 6%.
- The LTC waitlist increased by 9%.
- Residents in an interim care home waiting for their preferred care home decreased by 37%.
- The proportion of residents taking antipsychotic medications without a diagnosis of psychosis increased by 7%.
- Reportable incidents in LTC, decreased by 24% to 13,671.
- The Patient Care Quality Office received 75% more long-term care complaints and licensing offices received 7% fewer.
- Active registered health care employees increased, but job vacancies also increased for all reported occupations except physiotherapists and occupational therapists.

COMMUNITY SUPPORT HIGHLIGHTS

- The New Horizons for Seniors Program approved 436 new community-based projects in B.C. with federal funding of $8.3 million. This is a 58% increase in funding over 2019/20.
- First Link® dementia support served just over 11,000 clients, of which 4,400 were new clients. There were 16% fewer clients but 24% more client contacts.
- Safe Seniors, Strong Communities served close to 26,000 seniors who received more than 860,000 services. More than 13,000 volunteers provided services to support seniors during the COVID-19 pandemic.

HOUSING HIGHLIGHTS

- 94% of seniors live independently in private dwellings and 6% of seniors live in assisted living or long-term care.
- New users of the Property Tax Deferment program decreased by 15%. The average home owner deferred $4,297 in 2020/21 and has a cumulative amount of $20,621.

- Shelter Aid for Elderly Renters (SAFER) recipients (25,199) increased by 1%, while the target population aged 60 or older grew by just over 3%. The average subsidy provided decreased by 4% to $199 per month and has not kept pace with the 3% increase in rental rates in B.C.
- Seniors' subsidized housing units increased by 1%. Applicants that were housed (714) increased by 10%, applicants still waiting (8,706) increased 8% and the median wait time (2 years) increased 19% from the previous year.

TRANSPORTATION HIGHLIGHTS

- 80% (790,000) of seniors maintained an active driver's licence, a 6% increase from last year and slightly higher than the senior population growth (4%).
- 69,930 driver fitness cases were opened for those aged 80 or older, where 2,556 (4%) were referred for an Enhanced Road Assessment (ERA).
- 2% fewer seniors received the annual BC Bus Pass.
- Active HandyDART clients (35,382) declined 23%, 25% fewer with TransLink and 21% fewer with BC Transit.
- HandyDART ride requests (986,843) decreased 57%.

INCOME SUPPORTS HIGHLIGHTS

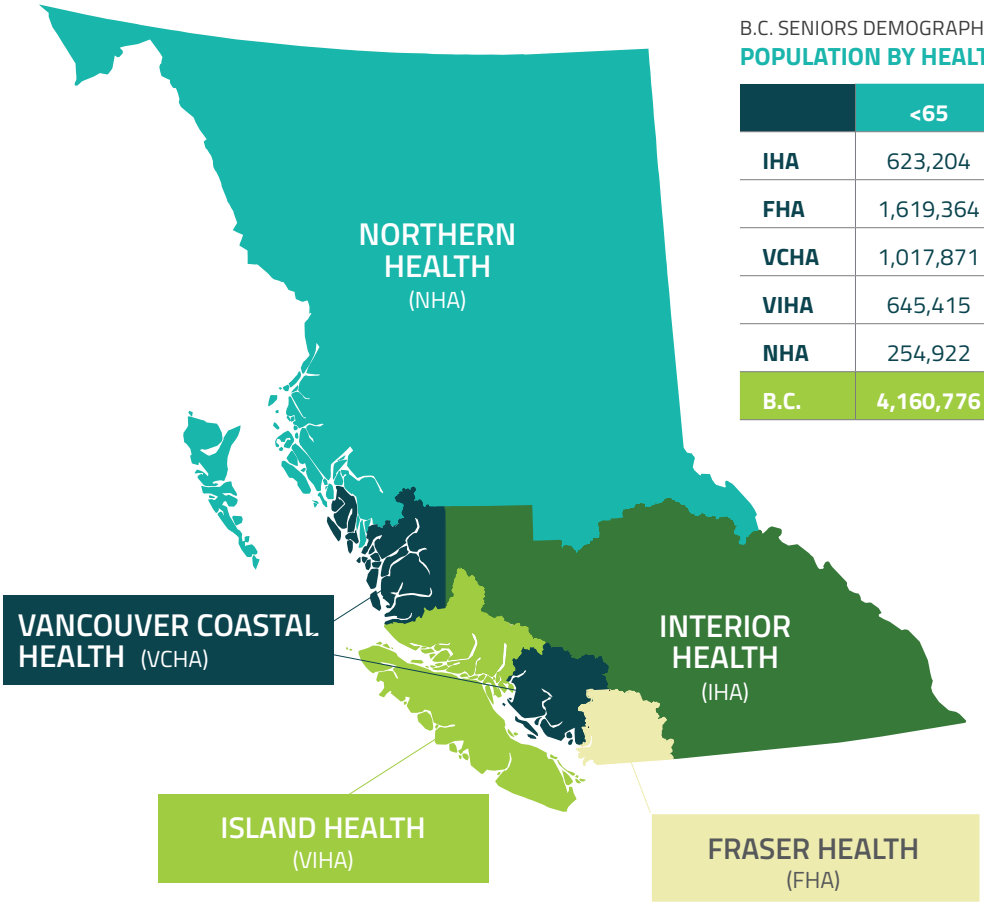
- Low income single seniors in B.C. could receive up to $1,683.38 per month in federal and provincial income supports, almost 7% more than the previous year.
- The current maximum Canada Pension Plan (CPP) benefit is $1,203.75 per month, an increase of 2% from last year. The average senior received $714.21 per month.
- $1.4 billion was spent on prescription medications for seniors. PharmaCare covered $448 million and the remaining $950 million was paid for out-of-pocket by seniors or by their third-party insurers.

SAFETY AND PROTECTION HIGHLIGHTS

- Overall, calls to the Seniors Abuse and Information Line (4,891) decreased by 12% from last year but calls related to abuse increased by 5%.
- 2,082 suspected cases of abuse and neglect were reported to Designated Agencies; 74% were for seniors aged 65 or older.
- Referrals to the Public Guardian and Trustee (1,457) decreased by 8% and the number involving seniors (1,106) decreased 10% from the previous year.
- Victims of violence and property offences against seniors reported to the RCMP decreased by less than 1% and 10% respectively.
- Cases of physical and financial abuse against seniors reported to the Vancouver Police Department increased 15% and 13% respectively from last year.
- Missing seniors reported to the RCMP (991) and the Vancouver Police Department (280) decreased by 8% and 20% respectively from last year.

B.C. Demographics

In 2020, the population of B.C. was 5,147,712, a 1% increase from the previous year. The number of seniors aged 65 or older (986,936) grew by 4% and those aged 85 or older (121,123) grew by almost 3%. Over the past ten years the seniors population grew by 48% while the overall population grew by 15%. The largest proportion of seniors live in the Vancouver Island Health and Interior Health regions.



B.C. SENIORS DEMOGRAPHICS

POPULATION BY HEALTH AUTHORITY AND AGE GROUP, 2020

	<65	65+	ALL AGES	% 65+
IHA	623,204	193,897	817,101	24%
FHA	1,619,364	316,131	1,935,495	16%
VCHA	1,017,871	219,794	1,237,665	18%
VIHA	645,415	211,904	857,319	25%
NHA	254,922	45,210	300,132	15%
B.C.	**4,160,776**	**986,936**	**5,147,712**	**19%**

SOURCE(S): 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. As seen in the table below, in 2019/20: 13% of seniors did not use the health care system; 29% had low complexity chronic conditions; 29% had medium complexity chronic conditions; and, 19% had high complexity chronic conditions. Only 6% of seniors were diagnosed with dementia. All percentages remained essentially the same between 2015/16 and 2019/20.

LIVING WITH ILLNESS

LIVING WITH ILLNESS, 2019/20

	<65	65+	ALL AGES
DEMENTIA			
PERCENTAGE OF POPULATION DIAGNOSED WITH DEMENTIA	<1%	6%	1%
POPULATION SEGMENTS			
NON-USERS OF HEALTH CARE AND HEALTHY POPULATION	60%	13%	51%
LOW COMPLEXITY CHRONIC CONDITIONS	24%	29%	25%
MEDIUM COMPLEXITY CHRONIC CONDITIONS	5%	29%	9%
HIGH COMPLEXITY CHRONIC CONDITIONS	1%	19%	5%
FRAIL IN RESIDENTIAL CARE AND END OF LIFE	0%	4%	1%
OTHER	9%	6%	9%

NOTE(S): 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 abuse, 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.

SOURCE(S): 1,2

IMMUNIZATION

INFLUENZA IMMUNIZATION

Influenza and pneumonia are ranked among the top 10 leading causes of death. Globally, an estimated one billion cases of influenza occur every year. In Canada, an estimated 12,200 hospitalizations and 3,500 deaths are caused by influenza each year. Residents in LTC facilities are at great 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. Vaccination of vulnerable individuals and those close to them is one way to increase protection. In LTC, 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 (clinic data is not readily available).

SOURCE(S): 3

The Public Health Agency of Canada recommends vaccination against influenza for everyone over the age of six months including those who are healthy, but particularly people who are at higher risk of complications such as seniors. However, 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 important roles in preventing the spread of infectious diseases such as influenza.

INFLUENZA IMMUNIZATION IN THE COMMUNITY

Pharmacies across B.C. dispensed 1,067,610 publicly funded vaccinations, with 41% of these going to seniors. Uptake of vaccination among the seniors population has increased in all health authorities over the last several years, with 44% of all seniors getting their flu vaccine at a pharmacy in 2020/21 compared to 33% in 2017/18.

SOURCE(S): 4

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHARMACIES, 2020/21

	<65	65+	ALL AGES
IHA	16%	53%	25%
FHA	15%	43%	20%
VCHA	17%	36%	20%
VIHA	15%	47%	23%
NHA	9%	35%	12%
B.C.	15%	44%	21%

NOTE(S): Years are defined as July 1 to June 30, which covers flu season each year. Excludes vaccinations that were privately paid for. Health authority rates are estimates as individuals may or may not obtain flu vaccines at pharmacies within the health authority where they live.

SOURCE(S): 4

INFLUENZA IMMUNIZATION IN PHYSICIAN OFFICES

About 10% of seniors received their flu vaccine at a physician's office. These offices administered 258,397 publicly funded flu vaccinations with about 38% of them administered to seniors. Change in uptake cannot be compared to previous years due to a change in how physicians claim for this procedure starting in 2020/21.

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHYSICIAN OFFICES, 2020/21

	<65	65+	ALL AGES
IHA	2%	5%	3%
FHA	4%	11%	5%
VCHA	6%	16%	8%
VIHA	2%	8%	4%
NHA	1%	5%	1%
B.C.	4%	10%	5%

NOTE(S): In 2020/21 new fee items were introduced as an incentive to increase vaccination rates in B.C. Physicians can now claim influenza vaccinations using these new fee item codes. In prior years, vaccination performed in physicians' offices were only claimed if they were stand alone procedures. If patients attended the office for any other reason and also received the influenza vaccine, the physician could not claim the vaccination as an additional fee item. Therefore, data prior to 2020/21 is incomplete and cannot be reported from the Medical Services Plan database.

SOURCE(S): 5

INFLUENZA IMMUNIZATION IN HOME CARE & LONG-TERM CARE

Influenza immunization is lower for home care clients than in LTC. The percent of home care clients vaccinated against influenza declined between 2016/17 (65%) and 2018/19 (57%) but has increased since then to 67%.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE FOR HOME CARE CLIENTS, 2020/21

	CLIENTS
IHA	65%
FHA	73%
VCHA	59%
VIHA	68%
NHA	57%
UNKNOWN	60%
B.C.	67%

NOTE(S): Each year of reporting represents home care clients who have been vaccinated within the last two years. NHA data may be incomplete and may be undercounted.

SOURCE(S): 6

BC Centre for Disease Control (BCCDC) data shows that 4% more LTC residents (89%) and 6% fewer staff (63%) received their flu vaccine. Resident vaccination rates changed little between 2016/17 and 2019/20. Staff vaccinations rates have been declining since 2017/18.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE IN LONG-TERM CARE, 2020/21

	RESIDENTS	STAFF
IHA	85%	58%
FHA	90%	69%
VCHA	92%	64%
VIHA	89%	63%
NHA	87%	52%
B.C.	89%	63%

SOURCE(S): 7

COVID-19 IMMUNIZATION

COVID-19 is an infection of the airways and lungs caused by the SARS-CoV-2 coronavirus. While some people with COVID-19 may have no symptoms or only mild symptoms, others can require hospitalization and for seniors it may be fatal. Serious illness is more common in those who are older and those with certain chronic health conditions such as diabetes, heart disease, or lung disease. COVID-19 vaccines protect against infection. B.C. began the COVID-19 vaccination program in December 2020, prioritizing the most vulnerable populations including residents and staff in long-term care and seniors aged 80 and older in the community.

COVID-19 IMMUNIZATION IN THE COMMUNITY

As of December 31, 2021, approximately 89% of seniors living in the community were fully vaccinated.

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE IN THE COMMUNITY, DECEMBER 31, 2021

	5-64	65+	ALL AGES
IHA	68%	88%	73%
FHA	75%	88%	78%
VCHA	79%	87%	80%
VIHA	75%	92%	80%
NHA	63%	86%	67%
B.C.	74%	89%	77%

SOURCE(S): 8, 95

COVID-19 IMMUNIZATION IN LONG-TERM CARE

As of November 4, 2021, 96% of residents in publicly funded LTC facilities were fully vaccinated. A resident may not be vaccinated for a variety of reasons including certain pre-existing health conditions.

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE IN LONG-TERM CARE, AS OF NOVEMBER 4, 2021

	RESIDENTS
IHA	94%
FHA	96%
VCHA	96%
VIHA	96%
NHA	94%
B.C.	96%

SOURCE(S): 9

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.

About 28% of emergency visits and 45% of hospitalizations across B.C. were for seniors. Overall, emergency visits decreased 15% and hospitalizations decreased 6% from the previous year.

HOSPITAL CARE

HOSPITAL CARE IN B.C., 2020/21

	<65	65+	ALL AGES
HOSPITALIZATIONS	483,540	396,152	879,692
INPATIENT	247,713	184,672	432,385
DAY SURGERY	235,827	211,480	447,307
INPATIENT AVERAGE LENGTH OF STAY (DAYS)	4.7	7.8	6.0
EMERGENCY DEPARTMENT VISITS	1,365,214	529,049	1,894,263

SOURCE(S): 10, 11, 12

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 LTC 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 the hospital.

ALC patients decreased by 13% to 19,180; of these, 82% were seniors. About 9% of inpatient cases among seniors were designated as ALC; this proportion has been relatively consistent over the last five years.

HOSPITAL CARE

ALC CASES BY AGE GROUP, 2020/21

	<65	65+	ALL AGES
INPATIENT CASES	213,533	177,364	390,897
ALC CASES	3,473	15,707	19,180
% ALC CASES	1.6%	8.9%	4.9%

SOURCE(S): 13

Hospital inpatient days designated as ALC decreased 28%; 82% of these days were for seniors. A significant reason for the decrease in ALC was the effort made at the beginning of the COVID-19 pandemic to prepare acute care for an anticipated surge of COVID-19 patients by discharging as many ALC patients as possible. The case distribution was fairly consistent across health authorities except in Vancouver Coastal Health where only 72% of ALC days were for seniors.

HOSPITAL CARE

ALC DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2020/21

	<65	65+	ALL AGES
IHA	13,182	56,210	69,392
FHA	21,634	96,929	118,563
VCHA	14,092	35,475	49,567
VIHA	10,459	72,221	82,680
NHA	5,425	35,498	40,923
B.C.	**64,980**	**296,333**	**361,313**

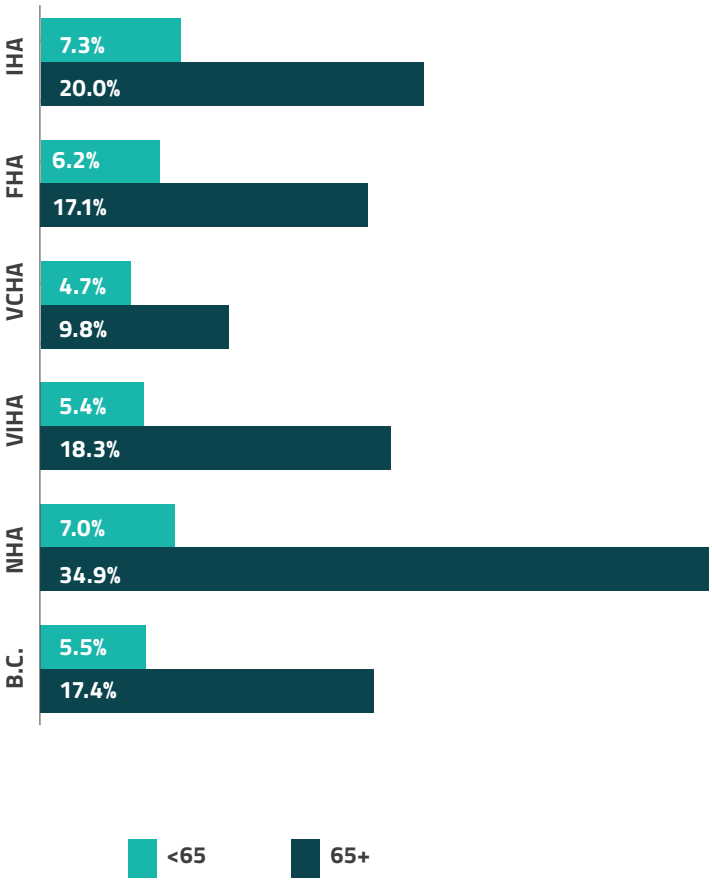
SOURCE(S): 13

ALC days as a percent of total inpatient days was 13% overall and 17% among seniors, lower than all of the previous four years. This is the lowest level of ALC days in the past five years.

The average length of stay in ALC was 19 days for seniors. This was 18% less than the previous year and the shortest average length of stay in five years. This number varied significantly between health authorities, a pattern that has been observed in past years.

HOSPITAL CARE

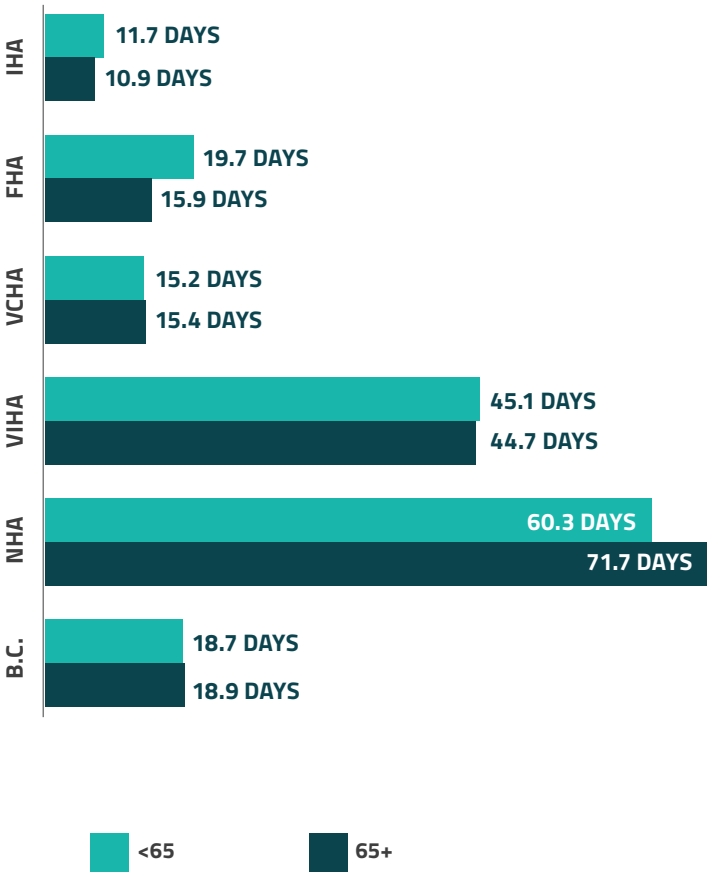
ALC DAYS AS A PERCENT OF TOTAL INPATIENT DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2020/21



SOURCE(S): 13

HOSPITAL CARE

AVERAGE LENGTH OF STAY IN ALC (DAYS) BY HEALTH AUTHORITY AND AGE GROUP, 2020/21



SOURCE(S): 13

HOME AND COMMUNITY CARE

Publicly subsidized home and community care services provide a range of health care and support services for people who have acute, chronic, palliative or rehabilitative health-care needs. Services include home support, professional home care services, adult day programs, respite care, assisted living and LTC. Clients may receive services in more than one health authority throughout the fiscal year. In this section of the report, client counts are unique at the health authority level but B.C. values are the sum of health authority counts and are, therefore, not unique at the provincial level.

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 referred to as the activities of daily living, but does not include assistance with activities such as grocery shopping, banking, driving to appointments, or other activities of independent living. Clients are assessed to determine their qualification for services and hours. Home support is provided on a long-term basis for clients with ongoing needs or 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(S): 14

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:

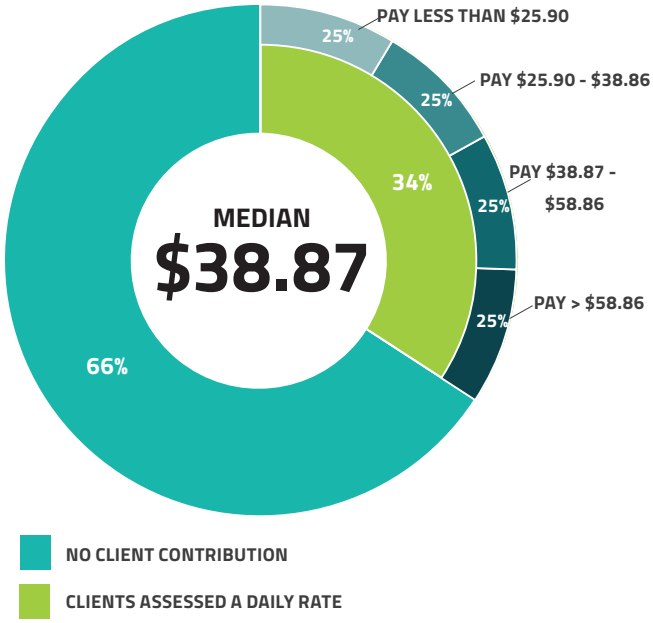
- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the *Old Age Act* (Canada)
- Income assistance under the *B.C. Employment and Assistance Act*
- Disability assistance under the *B.C. Employment and Assistance for Persons with Disabilities Act*, or
- War Veterans Allowance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

SOURCE(S): 15

About 66% of long-term home support clients, including those under the CSIL program, had their client contribution waived and 34% were assessed a daily rate. The median assessed daily rate increased 5% from the previous year.

HOME CARE

ASSESSED CLIENT CONTRIBUTIONS PER DAY FOR HOME SUPPORT, 2021



NOTE(S): Includes long-term home support and CSIL

SOURCE(S): 16

HOME SUPPORT CLIENTS AND HOURS

More than 47,000 clients received 12 million hours of publicly subsidized home support services, averaging 255 hours of service per client throughout the year. The number of clients and hours decreased 3% over the previous year, while the target population of seniors aged 80 or older grew by more than 3%. The average hours per client remained stable, although they varied among health authorities.

HOME CARE

HOME SUPPORT CLIENTS AND HOURS, 2020/21

	CLIENTS	HOURS	AVERAGE HOURS PER CLIENT
IHA	9,191	2,049,591	223
FHA	14,985	3,844,373	257
VCHA	10,398	2,920,508	281
VIHA	9,665	2,799,806	290
NHA	3,203	468,647	146
B.C.	47,442	12,082,925	255

NOTE(S): Includes long-term, short-term and CSIL clients. Clients may received services in more than one health authority. Clients counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts.

SOURCE(S): 17

Of all home support hours, 68% were delivered under long-term support, 10% were short-term service and 22% were provided under the CSIL program. The number of clients in each type of service decreased but the average hours of care provided increased 1% in long-term and 8% in short-term home support over the previous year. Average hours of care decreased 1% in CSIL.

HOME CARE

HOME SUPPORT BY SERVICE TYPE, 2020/21

	LONG-TERM	SHORT-TERM	CSIL
NUMBER OF CLIENTS	31,208	22,069	929
NUMBER OF HOURS	8,209,928	1,221,744	2,651,253
AVERAGE HOURS PER CLIENT	263	55	2,854

NOTE(S): Clients may receive more than one type of service. Client counts are unique within each service type.

SOURCE(S): 17

PROFESSIONAL HOME CARE

Professional services are also part of the Home and Community Care program and include nursing, physical therapy (PT), occupational therapy (OT), nutritional support and social work services provided by registered professionals. These services are generally provided on a short-term basis 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 AND VISITS

The number of clients receiving professional home care services increased 3% from the previous year. The number of visits increased 8%, with an average of 13 visits per client (up 5%). Professional visits increased across all health authorities.

HOME CARE

PROFESSIONAL HOME CARE CLIENTS AND VISITS, 2020/21

	CLIENTS	VISITS	AVERAGE VISITS PER CLIENT
IHA	30,408	370,910	12
FHA	34,915	438,697	13
VCHA	24,996	345,096	14
VIHA	28,728	462,773	16
NHA	13,754	101,188	7
B.C.	132,801	1,718,664	13

NOTE(S): Includes case management, community nursing services, community rehab services and clinical social work 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. Data is not available for NHA in 2016/17 and six sites in NHA did not report in all other years. SOURCE(S): 17

HOME CARE COMPLAINTS

Clients are encouraged to try to resolve issues immediately by speaking with the person who provided the care or their case manager. 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.

PCQO data does not separate complaints received for home support and professional services but includes all complaints from the home care sector.

The PCQO received a total of 711 complaints in all health authorities, only two of which were reviewed by the Patient Care Quality Review Board. The number of complaints ranged from 25 in Northern Health to 355 in Fraser Health. While the reasons for complaints cover a broad range of concerns, 85% were about:

- Care (25%) – primarily delayed or disruptive care or service, or inappropriate type or level of care
- Accessibility (22%) – primarily care program or service denied, or not available
- Communication (16%) – primarily inadequate or incorrect information, or relatives or carers not informed
- Attitude and conduct (11%) – primarily uncaring attitude, or inappropriate conduct, and
- Coordination (11%) – primarily lack of caregiver continuity.

SOURCE(S): 96

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAMS

Adult Day Programs (ADPs) 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 LTC facilities, while others operate independently. The number of days that each client attends depends on the type of ADP in which they participate. 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(S): 18

Note that due to the COVID-19 pandemic, 2020/21 ADP data should be interpreted with caution.

Due to the pandemic, the Ministry of Health issued full suspensions of ADPs for much of 2020/21. For the brief periods that select in-person programs were open, clients, families, staff and volunteers were reluctant to return due to low vaccination rates and increasing COVID-19 cases. Staggered re-opening of programs is occurring with approved safety plans in place.

Knowing that ADPs were closed, referrals to programs decreased. However, if clients were referred during this time, they were added to a waitlist. Tracking of waitlists in 2020/21 was a challenge for all health authorities.

During the closures, many programs offered alternate services such as virtual visits, home visits, phone calls, meal deliveries and activity packages enabling health authorities to maintain contact with many of their clients. Client feedback showed that they valued these new options and some health authorities are considering how these alternative services may continue in conjunction with the re-opening of in-person programs.

ADULT DAY PROGRAM CLIENTS AND DAYS

ADPs had 1,015 clients who attended 12,994 program days with an average of 13 days per client. While there had been an increasing trend in the use of ADPs since 2017/18, the COVID-19 pandemic caused program cancellations and closures resulting in an 87% decrease in clients and a 96% decrease in the number of program days. The average days per client decreased by 67% from the previous year.

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAMS CLIENTS AND DAYS, 2020/21

	CLIENTS	PROGRAM DAYS	AVERAGE DAYS PER CLIENT
IHA	356	2,398	7
FHA	48	110	2
VCHA	27	269	10
VIHA	554	9,933	18
NHA	30	284	9
B.C.	**1,015**	**12,994**	**13**

NOTE(S): 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(S): 17

WAITLIST FOR ADULT DAY PROGRAMS

Tracking the waitlist was a challenge for all health authorities as most in-person programs were closed and health authorities were trying to find other ways to maintain contact with their clients. However, the data received showed 217 clients on the waitlist in Interior Health, 553 in Fraser Health, 292 in Vancouver Island Health and 20 in Northern Health. Waitlist data was not received from Vancouver Coastal Health.

ADULT DAY PROGRAMS AND RESPITE CARE

WAITLIST FOR ADULT DAY CARE PROGRAMS, MARCH 31, 2021

	ADPS	CLIENTS WAITING	AVERAGE WAIT TIME
IHA	29	217	259
FHA	18	553	n/a
VCHA	19	n/a	n/a
VIHA	31	20	n/a
NHA	5	13	97
B.C.	**102**	**n/a**	**n/a**

NOTE(S): Although NHA has 14 ADPS, wait times data was only received for 3 programs in 2019/20. The B.C. average wait time is a calculated weighted average.

SOURCE(S): 19

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 LTC facility, hospice or other community care setting. To qualify, a client must meet eligibility criteria for home and community care, be assessed as requiring short-term care services and agree to pay the applicable daily rate.

SOURCE(S): 20

On March 31, 2021, there were 242 respite care beds across the province ranging from 29 beds in Northern Health to 61 beds in Fraser Health. The number of respite beds decreased in Fraser Health (3%) and Northern Health (17%).

SOURCE(S): 21

ASSISTED LIVING

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. Services include housing, hospitality services and personal care services. Housing can range from one room to fully self-contained apartments. Hospitality services include two meals per day, access to basic social activities, laundry and a 24-hour emergency response system. Personal care services may include assistance with bathing, grooming, dressing and mobility, or any other tasks delegated by a health care professional. Registered assisted living is regulated under the *Community Care and Assisted Living Act* (CCALA) and the Assisted Living Regulation.

SOURCE(S): 22

In B.C., three versions of assisted living exist: subsidized registered, private registered, and private non-registered (sometimes referred to as seniors independent living).

ASSISTED LIVING

ASSISTED LIVING RESIDENCES AND UNITS, MARCH 31, 2021

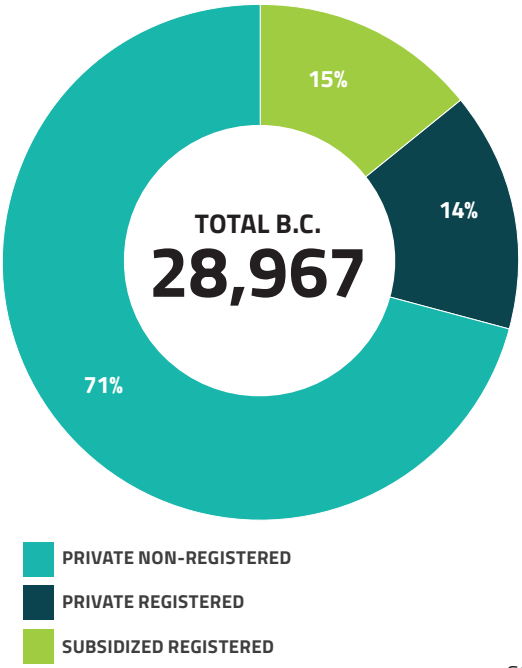
	RESIDENCES	SUBSIDIZED UNITS	PRIVATE UNITS
SUBSIDIZED REGISTERED	136	4,347	1,319
PRIVATE REGISTERED	69	n/a	2,645
PRIVATE NON-REGISTERED	n/a	n/a	20,656

SOURCE(S): 23, 24

Over the past five years the number of public and private registered assisted living units have seen a downward trend. While there has been an uptick in the available number of units this year, there are still fewer than there were five years ago. In contrast, private non-registered units have seen an upward trend over the last five years.

ASSISTED LIVING

ASSISTED LIVING UNITS, 2021



SOURCE(S): 23, 24

The vacancy rate for standard spaces in private non-registered assisted living has increased from 3% in 2018 to almost 13% in 2021. These vacancy rates were higher than the province's vacancy rates for a one-bedroom apartment which ranged from 1.1% in 2017 to 2.3% in 2020.

SOURCE(S): 24,25

COST OF SUBSIDIZED 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 2021, the minimum monthly cost for a single client is $1,060.30 per month and $1,615.00 per month per couple. Both increased 2% from the previous year. As of March 31, 2021, there were 51 clients across the province paying the maximum amount. This was a 40% decrease from the previous year.

ASSISTED LIVING

MONTHLY RATES FOR CLIENT CONTRIBUTIONS IN SUBSIDIZED ASSISTED LIVING, 2021

	COST PER PERSON
MINIMUM - SINGLES	$1,060.30
MINIMUM - COUPLES SHARING A ROOM	$807.50
MAXIMUM *	n/a

NOTE(S): *The maximum rate is a combination of the market rate for housing and hospitality services within the community and the actual costs of personal care services. This rate is determined by each care home.

SOURCE(S): 19, 22

The average client contribution for subsidized assisted living decreased less than 1% from the previous year. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average although it, too, has increased every year over the last five years including an increase of just over 1% over the previous year.

ASSISTED LIVING

CLIENT CONTRIBUTIONS IN SUBSIDIZED ASSISTED LIVING, 2021

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	$1,357.73	$1,220.97	13
FHA	$1,499.90	$1,289.57	2
VCHA	$1,371.52	$1,195.04	18
VIHA	$1,423.25	$1,270.32	13
NHA	$1,542.20	$1,314.89	5
B.C.	**$1,431.82**	**$1,252.18**	**51**

NOTE(S): *The maximum client contribution rate is determined by individual service providers and are not available from the Ministry of Health. The table shows the number of clients assessed at the maximum rate who are not included in the average and median calculations resulting in possible underestimation of these values.

SOURCE(S): 16, 19

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, given the circumstance of the COVID-19 pandemic, this survey has not been conducted in a few years. 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 care) 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%.

ASSISTED LIVING

MEDIAN RENTAL RATES FOR PRIVATE REGISTERED ASSISTED LIVING, 2017

	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(S): *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(S): 26

The cost of private non-registered assisted living is increasing with 80% of seniors paying more than $2,500 per month in 2021. The proportion of units costing more than $2,500 increased from 65% in 2017 to 80% in 2021. The number of units costing less than $2,500 has steadily decreased from 35% in 2017 to 20% in 2021 and only 5% of units now cost less than $1,500.

SOURCE(S): (24)

SUBSIDIZED ASSISTED LIVING CLIENTS AND HOURS

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 2020/21, there were 5,150 clients in assisted living, a 4% decrease over the previous year. There were fewer subsidized assisted living clients in all health authorities with the number of clients declining each year over the last five years.

The number of personal care hours provided in assisted living increased less than 1% from the previous year. All health authorities provided more care hours per client except Vancouver Coastal where the hours decreased by 5%.

ASSISTED LIVING

SUBSIDIZED ASSISTED LIVING CLIENTS AND CARE HOURS, 2020/21

	CLIENTS	TOTAL CARE HOURS	AVERAGE HOURS PER CLIENT
IHA	1,147	373,614	326
FHA	1,617	602,076	372
VCHA	950	172,061	181
VIHA	1,116	444,338	398
NHA	320	110,500	345
B.C.	**5,150**	**1,702,589**	**331**

NOTE(S): 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(S): 17

WAITLIST FOR SUBSIDIZED ASSISTED LIVING

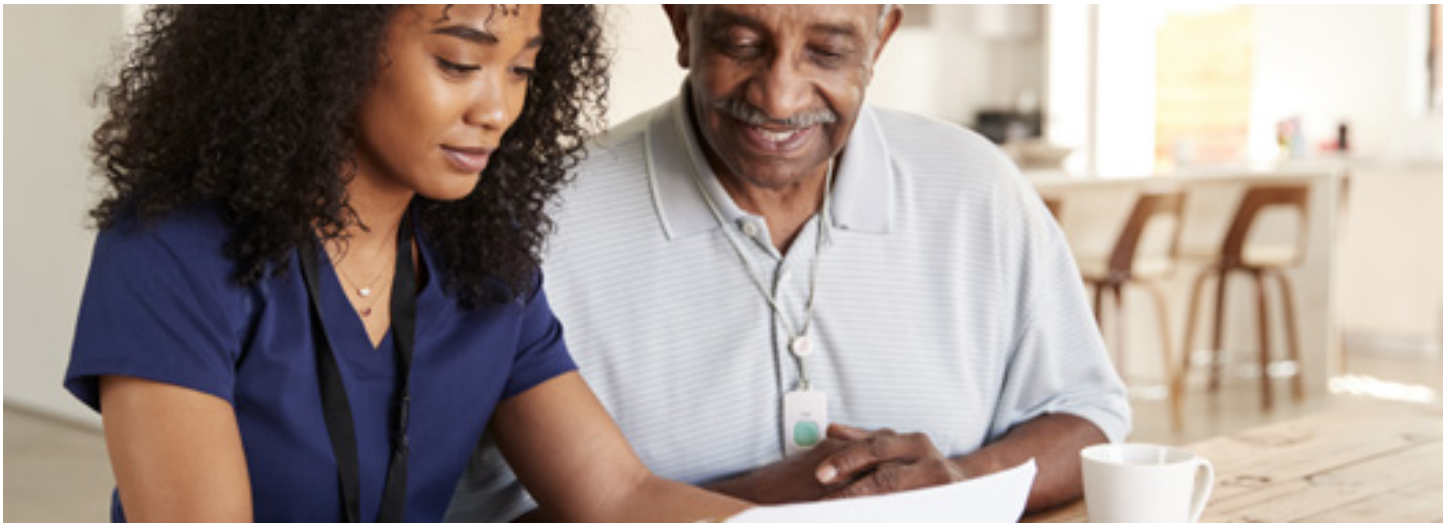
In Fraser Health, Interior Health and Vancouver Coastal Health, waitlists for subsidized assisted living are managed centrally, but clients may choose the residence to which they wish to apply.

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.

On March 31, 2021, 707 individuals were waiting for subsidized registered assisted living. While the number of people on the waitlist had been increasing since 2017, this year there was a decrease of 23%. The largest decreases were in Vancouver Island Health (51%) and Fraser Health (51%). The waitlist in Northern Health has been growing each year since 2017 and continued to grow by 5% in 2021.

SOURCE(S): 19

The COVID-19 pandemic has had tremendous impact on assisted living services provided to seniors across the province. Due to concerns about increased risk of COVID-19 infections, clients have delayed going on waitlists or being admitted, opting instead to stay at home with family care or home support. Waitlists are being maintained so that services can be re-offered as suites become available. However, occupancy rates have been declining throughout the pandemic. Health authorities have developed processes to support operators' responses to the Public Health Officer's orders and coordinated efforts to assess risk of outbreaks and prevention and response to outbreaks across all care homes in B.C.

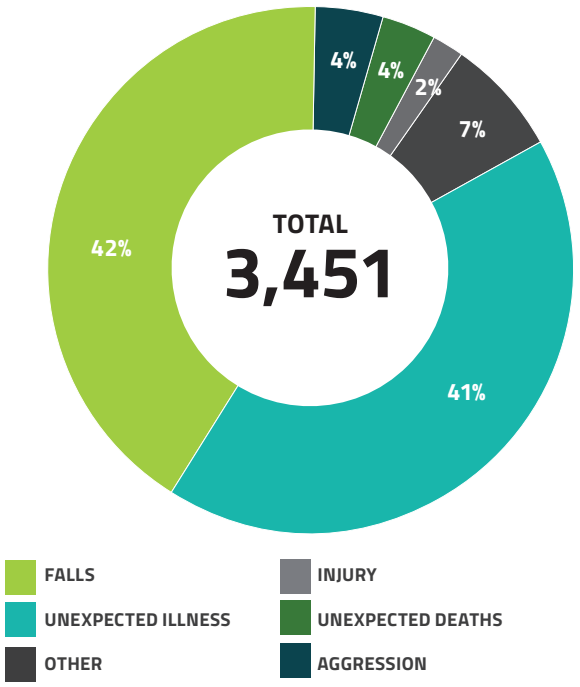


REPORTABLE INCIDENTS - REGISTERED ASSISTED LIVING

All registered assisted living residences are required to report serious incidents to the Assisted Living Registrar (ALR), where the health or safety of a resident may have been at risk. Due to changes in reporting requirements, reporting of incidents increased dramatically over the last few years, with 3,451 incidents reported in 2020/21 compared to 522 in 2016/17. Falls (42%), unexpected illness (41%), aggression (4%), unexpected death (4%) and injury (2%) made up 93% of all reported incidents.

ASSISTED LIVING

REPORTABLE INCIDENTS IN REGISTERED ASSISTED LIVING, 2020/21



SOURCE(S): 27

The year-over-year rate of reported falls in registered assisted living was up 29%, continuing the increasing trend. Interior Health and Northern Health reported the highest rates at 23 falls per 100 units.

ASSISTED LIVING

FALLS IN REGISTERED ASSISTED LIVING, 2020/21

	TOTAL FALLS	FALLS PER 100 UNITS
IHA	465	23
FHA	374	14
VCHA	178	12
VIHA	368	21
NHA	71	23
B.C.	1,456	18

SOURCE(S): 27

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, however, track the number of complaints that have subsequently been substantiated. In 2020/21, the ALR received 56 complaints, 2% less than the previous year. The complaints raised 184 issues, with the most frequently cited challenges pertaining to resident abuse, neglect and self-neglect, meal service, environment, staff qualifications and ongoing training, staffing levels, and delivery of medication.

SOURCE(S): 28

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 18 to 76 in a year. In 2020/21, the ALR conducted 69 site inspections for the following reasons:

- complaints and complaint follow-up (20)
- routine site inspections and visits (17)
- education (16)
- possible unregistered residence (9)
- registration and registration follow-up (4), and
- other reasons (3).

SOURCE(S): 23

LONG-TERM CARE

LTC homes offer seniors 24-hour professional supervision and care in a safe and secure environment. The data presented in this section cover LTC homes 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 subsidized long-term care.

SOURCE(S): 1, 29

LONG-TERM CARE BEDS AND ROOM CONFIGURATION

As of March 31, 2021, there were 27,931 publicly funded and 1,499 private pay beds totalling 29,430 long-term care beds at publicly subsidized facilities for B.C. seniors. Of the publicly funded beds, 32% were in health authority operated facilities and 68% were in contracted facilities. This is approximately 68 beds per 1,000 population aged 75 or older and 230 beds per 1,000 population aged 85 or older. From 2017 to 2021, the number of publicly funded beds increased 3% while the seniors population aged 85 or older grew 13%.

SOURCE(S): 1, 29

The OSA collects information from LTC operators on room configuration. Under *CCALA*, residents are required to be housed in single occupancy rooms, but some facilities were built under older standards and may have rooms that house two or more residents. The room configuration within facilities remained relatively consistent in 2021 compared to the previous year.

LONG-TERM CARE

ROOM AND BED CONFIGURATION IN LONG-TERM CARE, MARCH 31, 2021

	ROOMS	BEDS
SINGLE OCCUPANCY ROOMS	90%	77%
DOUBLE OCCUPANCY ROOMS	7%	12%
MULTI-PERSON ROOMS	3%	11%

SOURCE(S): 29

COST OF LONG-TERM CARE

Residents in LTC pay a monthly fee of up to 80% of net income that is subject to a minimum and maximum rate, ensuring that a 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 monthly rate reduction.

LONG-TERM CARE

MONTHLY RATES FOR CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2021

	COST PER PERSON
MINIMUM - SINGLES	$1,204.90
MINIMUM - COUPLES SHARING A ROOM	$840.16
MAXIMUM	$3,448.00

SOURCE(S): 30

On March 31, 2021, 8% of clients in publicly subsidized beds were paying the maximum annual rate for long-term care in B.C.

SOURCE(S): 19, 29

Average client assessed rates decreased 2% from the previous year. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average. In 2021 the median assessed rate increased 1% over the previous year and 5% over 2017.

LONG-TERM CARE

CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2021

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	$1,849.81	$1,556.4	377
FHA	$1,844.01	$1,545.73	585
VCHA	$1,810.93	$1,409.66	608
VIHA	$1,950.69	$1,647.33	530
NHA	$1,792.17	$1,494.17	107
B.C.	**$1,856.55**	**$1,536.13**	**2,207**

SOURCE(S): 16

LONG-TERM CARE CLIENTS AND DAYS

Taking into account bed turnover, the number of seniors living in LTC homes (38,989) decreased 7% from the previous year; of these, 8,565 were new admissions. The total number of clients has remained relatively constant in the previous four years at just under 42,000 clients.

LTC days are generally defined as occupied bed days. Any days where a client is hospitalized but not discharged from LTC are included in the length of stay. The number of LTC days decreased by 6% after remaining relatively constant in the previous four years at approximately 10 million care days.

Overall, the average length of stay in publicly subsidized beds was 900 days. However, the median length of stay is a better measure than the average as it is less prone to skewing by a few individuals whose length of stay is very long. The median length of stay in LTC for all clients discharged from publicly subsidized beds during the year was 555 days, a 14% increase over the previous year.

LONG-TERM CARE

LONG-TERM CARE DAYS AND LENGTH OF STAY, 2020/21

	CLIENTS	DAYS	MEDIAN LENGTH OF STAY
IHA	10,109	2,117,473	448
FHA	11,847	2,993,442	597
VCHA	8,187	1,999,792	702
VIHA	7,311	1,925,973	471
NHA	1,535	398,097	779
B.C.	**38,989**	**9,434,777**	**555**

NOTE(S): 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. Median length of stay is based on facilities included in the OSA Long-Term Care Directory.

SOURCE(S): 17. 29

WAITLIST FOR LONG-TERM CARE

Once assessed for placement, people may wait in hospital or in their own homes for admission into a LTC facility. On March 31, 2021, there were 2,454 clients waiting to be admitted to LTC, a 9% increase over the previous year. The average wait time was 178 days, with a range among health authorities; this is a 33% increase over the average wait time in the previous year.

LONG-TERM CARE

WAIT TIMES (DAYS) FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2021

	AVERAGE	MEDIAN	MAXIMUM
IHA	141	79	876
FHA	190	144	809
VCHA	63	33	394
VIHA	140	98	879
NHA	344	281	1,665
B.C.	**178**	**n/a**	**1,665**

NOTE(S): The B.C. average wait time is a calculated weighted average.

SOURCE(S): 19

The COVID-19 pandemic has also had a tremendous impact on long-term care services provided to seniors across the province.

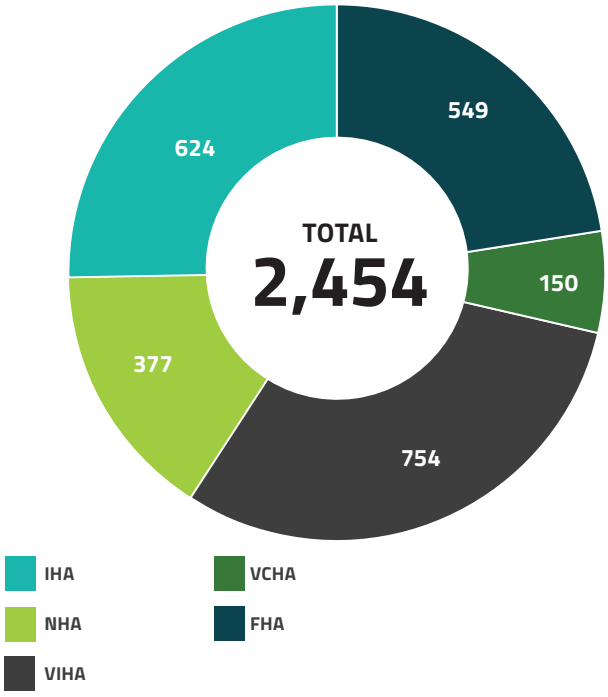
For example, in order to accommodate the 14 days isolation requirement, sites with shared rooms had to house only a single resident in those rooms reducing the number of long-term care beds in those facilities. Wait time for admission to long-term care increased due to new infection control measures, but clients were also reluctant to be admitted due to the increased risk of COVID-19 infection. Interfacility transfers were suspended for some time affecting the wait times from interim to preferred care homes.

With the closure of adult day programs, an increase of clients with intolerable risk was noted in the community, adding to the volume of clients prioritized for admission to long-term care.

Health authorities have developed processes to support operators to ensure the safety of clients by expanding infection prevention and control measures, increasing the workforce, developing virtual care and education platforms, putting emergency response teams in place, expanding palliative care resources and enhancing communication with residents and families to ensure consistent messaging.

LONG-TERM CARE

NUMBER OF CLIENTS WAITING FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2021



SOURCE(S): 19

In 2020/21, there were 8,565 admissions into LTC; 4,174 were admitted from the community, 4,368 were admitted from hospital and the location was unknown in 23 cases. Wait times varied, depending on whether the client was coming from community, hospital or from hospital while previously having waited in community.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO LONG-TERM CARE HOME, 2020/21 Q4

	FROM COMMUNITY	FROM HOSPITAL (NOT PREVIOUSLY WAITING IN COMMUNITY)	FROM HOSPITAL (PREVIOUSLY WAITING IN COMMUNITY)
IHA	91	19	118
FHA	75	10	94
VCHA	28	14	31
VIHA	159	72	145
NHA	174	176	n/a
B.C.	96	27	104

NOTE(S): This is a new indicator introduced following the changes to the *Home and Community Care Policy* relating to long-term care access in 2019. Data was reported on a quarterly basis rather than annually. *FHA cannot confirm if clients admitted into LTC from outside the FHA were admitted from a community or a hospital. As a result, the sum of FHA clients admitted from community and hospital will not match total admissions.

SOURCE(S): 31

PREFERRED BED ACCESS

In July 2019, the Home and Community Care policy changed the bed access policy. While beds are allocated based on need and risk, clients can identify up to three facilities where they would prefer to be admitted. While they will be offered the first available bed, clients can choose to accept this bed without losing their place on the waitlist for their preferred care home or they can choose to wait for their preferred care home without penalty.

In addition to clients waiting for placement into LTC, there were clients in an interim care home waiting for transfer to their preferred care home. Fraser Health did not report this data but in the other health authorities, on March 31, 2021, there were 1,959 clients in an interim care home waiting for transfer to their preferred care home with a median wait time ranging from 278 days in Interior Health to 931 days in Vancouver Island Health.

SOURCE(S): 19

For those clients already admitted to their preferred care home, wait times varied across all health authorities.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO PREFERRED LONG-TERM CARE HOME, 2020/21 Q4

	FROM COMMUNITY	FROM INTERIM CARE HOME
IHA	101	202
FHA	87	160
VCHA	28	300
VIHA	191	127
NHA	189	32
B.C.	107	171

NOTE(S): This is a new indicator introduced following the changes to the Home and Community Care Policy relating to long-term care access in 2019. Data was reported on a quarterly basis rather than annually.

SOURCE(S): 31

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE

Antipsychotic medications were administered to 33% of LTC residents, an 8% increase over the previous year. This rate of antipsychotic use is the highest in five years, and represents a 13% increase over the rate in

2016/17. Another measure of antipsychotic usage is the proportion of residents prescribed an antipsychotic without a diagnosis of psychosis. This measure excludes residents with symptoms that may be treated with antipsychotics, such as hallucinations or delusions. Antipsychotic medications were administered to 27% of residents who did not have a diagnosis of psychosis, a 7% increase over the previous year, and a 2% increase over the rate in 2016/17.

LONG-TERM CARE

PERCENT OF RESIDENTS IN LONG-TERM CARE TAKING ANTIPSYCHOTICS, 2020/21

	IN B.C.	IN CANADA
WITHOUT A DIAGNOSIS OF PSYCHOSIS	27%	21%
WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	33%	29%

NOTE(S): 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 the Continuing Care Reporting System (CCRS).

SOURCE(S): 32

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 perform any necessary inspection or follow-up. (Note: Reportable incidents are not available for Vancouver Island facilities licensed under the *Hospital Act*. These facilities reported 52 adverse events, but these are not comparable to reportable incidents outlined in the Residential Care Regulations.)

Health authority licensing offices received 13,565 incident reports with 13,671 incident types (an incident may have more than one type reported). This represents a 24% decrease from the previous year. Just over 72% of reportable incidents related to expected deaths and unexpected illness. Falls with injury (12%) continued to be the next most commonly reported type, followed by aggressive behaviour (7%), disease outbreaks (2%) and other injuries (2%). While Interior Health did not report the outcome of missing or wandering persons, in the remaining health authorities, 86% were found unharmed, 6% required medical attention, and 8% had no recorded

outcome information. There were no reported deaths of missing or wandering seniors.

The 1,610 reported falls with injury equates to 5.8 falls per 100 beds in B.C., a 35% decrease from the previous year. The falls rate was highest in Vancouver Island Health (7.6) and lowest in Interior Health (4.9). The fall rates dropped substantially in all health authorities except Northern Health where it increased by 25%.

LONG-TERM CARE

INCIDENTS AND FALLS WITH INJURY PER 100 BEDS, 2020/21

	REPORTABLE INCIDENTS	FALLS WITH INJURY
IHA	40.5	4.9
FHA	50.5	5.8
VCHA	49.9	5.7
VIHA	59.6	7.6
NHA	40.6	5.5
B.C.	**49.0**	**5.8**

NOTE(S): Data is not available for *Hospital Act* facilities in Vancouver Island Health and therefore only includes facilities licensed under the *Community Care and Assisted Living Act* (CCALA).

SOURCE(S): 29

COMPLAINTS IN LONG-TERM CARE

All clients are encouraged to try to resolve issues related to care and services received in LTC facilities by speaking with the person who provided the care or the relevant manager. 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 and work with a client to identify a reasonable resolution. 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.

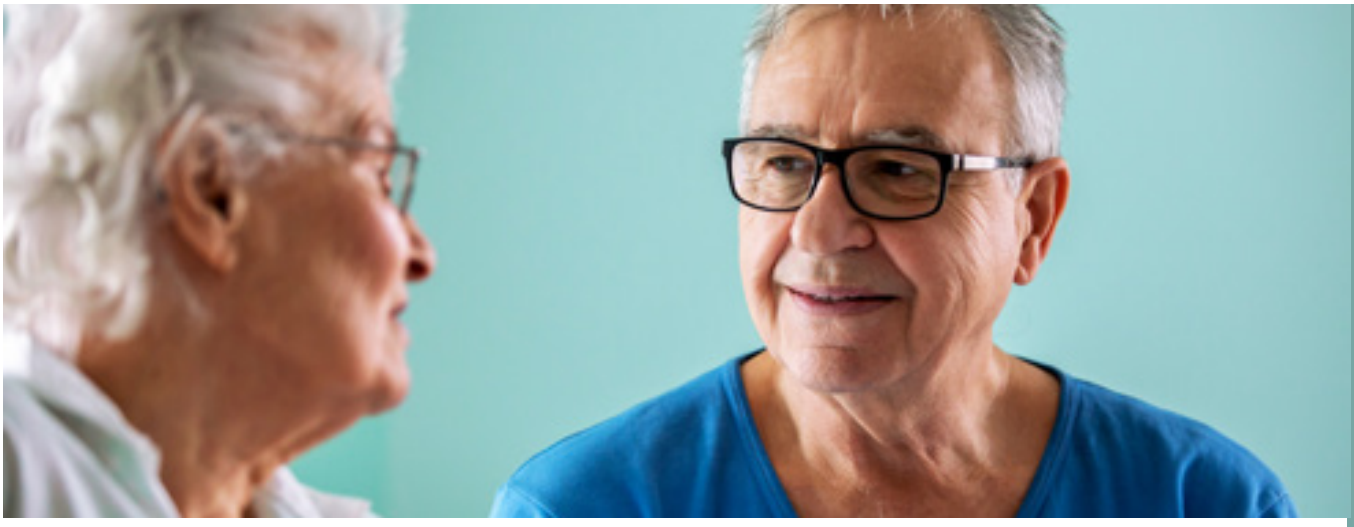
The PCQO received a total of 1,312 complaints in all health authorities, of which six were reviewed by the PCQRB. While the number of complaints received increased for all health authorities except Interior Health, they more than doubled in Vancouver Island Health (527) and Fraser Health (389) over the previous year.

While the reasons for complaints cover a broad range of concerns, 81% were about:

- accessibility (31%) – e.g., visiting hours issues, or programs services denied, delayed or not available
- care (22%) – e.g., inappropriate type of care, or delayed or disruptive care
- administrative fairness (16%) – primarily policy or procedure interpreted or applied unfairly
- communication (8%) – e.g., relatives/carers not informed or inadequate/incorrect information
- accommodation (4%) – primarily dissatisfied with placement or preferred accommodation not available

SOURCE(S): 96

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 identify any resulting licensing violations. Facilities in Interior and Northern Health authorities licensed under the *Hospital Act* do not track this information.



Reporting facilities received 538 complaints, of which 162 were substantiated resulting in some type of licensing infraction. Overall, complaints decreased by 7% compared to the previous year and substantiated complaints decreased by 23%. Vancouver Island Health continues to have the highest number of complaints and substantiated complaints, increasing 10% and 4% respectively. The substantiated complaints per 1,000 beds continue to be above the provincial average (5.5) in Vancouver Island Health (17.7) and Northern Health (8.4).

LONG-TERM CARE

COMPLAINTS IN LONG-TERM CARE, 2020/21

	COMPLAINTS RECEIVED	SUBSTANTIATED COMPLAINTS	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS
IHA	81	14*	2.8*
FHA	111	20	2.1
VCHA	52	19	2.8
VIHA	270	102	17.7
NHA	24	7	8.4
B.C.	**538**	**162**	**5.5**

NOTE(S): *IHA and NHA complaints are only available for facilities licensed under the *CCALA*.

SOURCE(S): 29

While licensing officers were still responding to urgent issues such as high priority incidents and complaints, follow-up responses and routine inspections were not being conducted in early 2020/21 due to the COVID-19 pandemic. Some licensing officers were re-deployed to contact tracing and inspections were focussed on infection control issues and compliance with the Medical Health Officer's orders. Numerous regulations could not be assessed due to the restricted circumstances in long-term care homes.

SITE INSPECTIONS FOR LONG-TERM CARE FACILITIES

LTC 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, another agency or if clients pay privately. The Health Authority Community Care Facility Licensing offices issue licences and conduct regular inspections to make sure facilities are providing safe care to residents. Inspections should be conducted on a regular basis but there is no mandatory frequency. Additional inspections may be required when complaints are received. At least one inspection was conducted in 73% of LTC homes during the fiscal year. There were 746 inspections conducted with 819 licensing infractions found. Due to variation in the number and size of care homes across health authorities, it is more meaningful to compare infraction rates per 1,000 beds. Northern Health and Interior Health continued to have the highest infraction rates. Most of the infractions found related to records and reporting (23%), care and supervision (17%), the physical environment (15%) and staffing (16%).

LONG-TERM CARE

INSPECTIONS AND INFRACTIONS IN LONG-TERM CARE, 2020/21

	PERCENT OF FACILITIES INSPECTED	LICENSING INFRACTIONS PER 1,000 BEDS
IHA	42%	36.9
FHA	86%	20.6
VCHA	95%	14.9
VIHA	67%	30.8
NHA	96%	99.9
B.C.	**73.1%**	**27.8**

SOURCE(S): 29

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.

The COVID-19 pandemic severely impacted the work force in the health care system. Not only did staff experience illness and burnout from the stress of managing the additional workload, but there were issues with evaluating newly graduating students. For example, plans to administer the national examination for physical therapists were cancelled and the College of Physical Therapists of British Columbia is working with the Ministry of Health to find a risk-based solution to assess students.

The Provincial Health Officer initiated emergency registrations in response to the COVID-19 pandemic. For example, the College of Physicians and Surgeons managed to register 85 additional physicians that had recently retired, came from other jurisdictions or were eligible to transfer from educational classes.

ACTIVE REGISTRANTS

The number of active registrants increased over the previous year for all professions listed in the table below except physiotherapists which decreased by almost 6%. Nurse practitioners increased 20% and care aides and community health workers by 7%.

HEALTH HUMAN RESOURCES

NUMBER OF ACTIVE REGISTRANTS IN SELECT HEALTH CARE OCCUPATIONS, 2020/21

	NUMBER OF ACTIVE REGISTRANTS
PHYSICIANS	13,770
GENERAL/FAMILY PRACTITIONERS	6,943
SPECIALISTS	6,752
NURSES	54,363
REGISTERED NURSES	39,843
NURSE PRACTITIONERS	673
LICENSED PRACTICAL NURSES	13,847
CARE AIDES & COMMUNITY HEALTH WORKERS	38,612
PHYSIOTHERAPISTS	4,008
OCCUPATIONAL THERAPISTS	2,754

SOURCE(S): 33, 34, 35, 36, 37

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 LTC sector. Therefore, data related to care aides may not be representative of the entire LTC sector.

For those organizations that reported to HEABC, employees increased over the previous year:

- Registered nurses increased 4%
- Nurse practitioners increased 15%
- Licensed practical nurses increased 6%
- Care aides increased 3%
- Community health workers increased 14%
- Physiotherapists increased 3%, and
- Occupational therapists increased 2%.

The average age of employees and the years of seniority did not change substantially between 2016 and 2020. In 2020, the average age of employees ranged between 41 and 46 across all of the listed professions. Nurse practitioners had an average of six years of seniority; licensed practical nurses, care aides and community health workers had an average of seven years; and registered nurses, physiotherapists and occupational therapists had an average of nine years.

SOURCE(S): 38

JOB VACANCIES

A job vacancy is defined as a regular status job opening reported by the health authority. In 2020, licensed practical nurses and care aides had the lowest job vacancy rates at facilities reporting to HEABC at approximately 3% each; nurse practitioners and physiotherapists had the highest job vacancy rates at 14% and 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 and licensed practical nurses had the lowest DTFV rates and nurse practitioners and physiotherapists continued to have 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 DTFV rate were on an increasing trend since 2017 across all the listed professions, but in 2020 rates for nurse practitioners (DTFVs only), physiotherapists and occupational therapists decreased.

HEALTH HUMAN RESOURCES

JOB VACANCY RATES, 2020

	AVERAGE QUARTERLY DTFV	VACANCY RATE (DTFV)	VACANCY RATE (ALL)
REGISTERED NURSES	492	1.6%	4.7%
NURSE PRACTITIONERS	34	6.9%	13.7%
LICENSED PRACTICAL NURSES	29	0.5%	2.5%
CARE AIDES	27	0.4%	2.8%
COMMUNITY HEALTH WORKERS	63	1.3%	3.7%
PHYSIOTHERAPISTS	32	2.5%	5.9%
OCCUPATIONAL THERAPISTS	24	1.3%	1.9%

SOURCE(S): 38

Community Supports

A variety of community and personal support services are available to seniors to help maintain healthy, independent and dignified lives and to support seniors living with chronic and degenerative conditions.

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 or by municipal or regional governments. Many seniors centres charge an annual membership fee (usually less than $100) that allows 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 seniors' 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(S): 39

In 2020/21, there were 436 approved community-based projects in B.C. with federal funding of almost $8.3 million. This is a 58% increase in funding from the previous year. The projects are based in 42 communities across the province and cover a wide variety of social and educational opportunities for seniors. There was one new approved pan-Canadian agreement for $500,000 and three ongoing pan-Canadian contribution agreements for $7.5 million.

SOURCE(S): 40

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 and their families to supports from the time of diagnosis and throughout the progression of the disease. While the number of clients decreased by almost 16%, the number of client contacts increased by 24%.

PERSONAL SUPPORT PROGRAMS
FIRST LINK® PROGRAM, 2020/21

	NUMBER
TOTAL UNIQUE CLIENTS	11,468
NEW CLIENTS	4,433
FORMAL REFERRAL	2,139
SELF-DIRECTED CONTACTS	2,294
CLIENT CONTACTS	42,769
COMMUNITIES SERVED	410

NOTE(S): Total number of unique clients served is likely larger than the number reported; some client contact is anonymous. 2020/21: Self-directed contacts have been more significantly affected by COVID-19 than formal referrals because in-person programming where registration occurs was suspended.

SOURCE(S): 41

OFFICE OF THE SENIORS ADVOCATE COVID-19 ENGAGEMENT

Towards the end of fiscal year 2019/20, public concerns about the COVID-19 pandemic started coming into the OSA. March 2020 saw a 40% increase in contacts over the monthly average for the full fiscal year. In 2020/21, the OSA received 2,568 calls and emails related to the pandemic. These calls were about: health care (69%); community supports (7%); housing (5%); income supports (18%); and transportation (1%).

SAFE SENIORS, STRONG COMMUNITIES

In response to the COVID-19 pandemic the government expanded the Better at Home program to include a new program called Safe Seniors, Strong Communities with volunteers to bring groceries, medications, and prepared meals to seniors, and who also provided a friendly phone call or virtual visit.

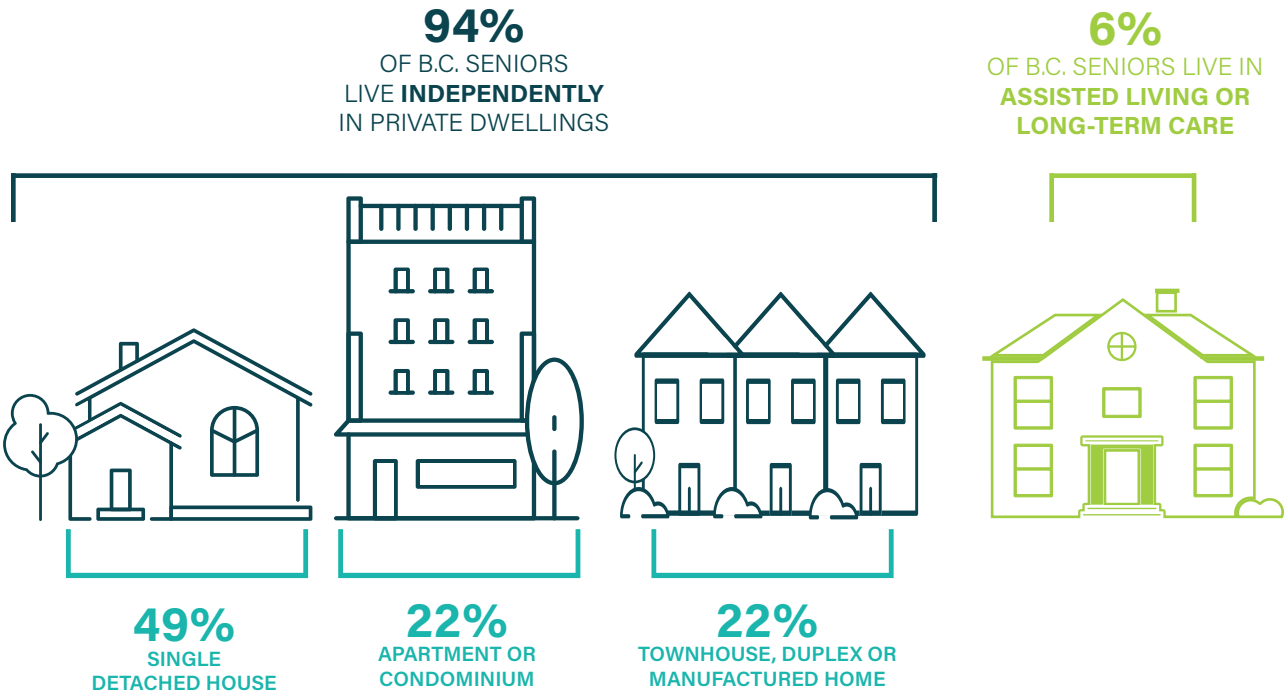
BETTER AT HOME

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 2020/21, this program was expanded to include the new Safe Seniors, Strong Communities initiative developed in response to the COVID-19 pandemic. Within both programs combined, more than 13,000 volunteers provided 863,651 services to 25,856 seniors.

SOURCE(S): 42, 43

Housing

Across B.C., housing options range from detached homes, where seniors live independently, to long-term care, where they receive 24-hour care. The proportion of those living independently (in houses, apartments and other similar structures) has remained high over the past decade, representing more than 90% of B.C.'s seniors population. Approximately three-quarters of seniors who are 85+ years old continue to live independently in their own houses, condos, and apartments.



SOURCE(S): 23, 24, 29, 44, 45, 46

HOMEOWNERS

The 2016 Canadian Census found that 81% of households maintained by seniors are owned, and 73% have no mortgage. However, 17% of senior, owner occupied, households have a total household income below $30,000.

SOURCE(S): 47, 48, 49

HOME OWNERSHIP COSTS

In 2020, average home prices in B.C. varied widely from under $300,000 to just over $1.3 million, depending on location. Across the province, home prices have increased dramatically over the past 10 years. Compared to just one year ago, the average home price in B.C. increased 12% from $700,376 in 2019 to $781,572 in 2020.

Increasing home prices and assessments do not always lead to increases in property taxes. In 2021, despite rising home prices, average estimated property taxes and municipal charges decreased by 1%. BC Hydro rates for electricity, however, increased by 1%.

SOURCE(S): 50, 51, 52

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 up to $1.625 million, the maximum grant for seniors is $845 in urban areas; homeowners may be eligible for an additional $200 if they live in a northern or rural area. In 2020, for homes valued above $1.625 million, the additional homeowner grant was reduced incrementally ($5 decrease for each $1,000 of assessed value) as the assessed home value rose until the value of the grant was $0. 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, such as road maintenance and police protection.

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(S): 53

In 2020, there were 439,755 Seniors' Home Owner 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.

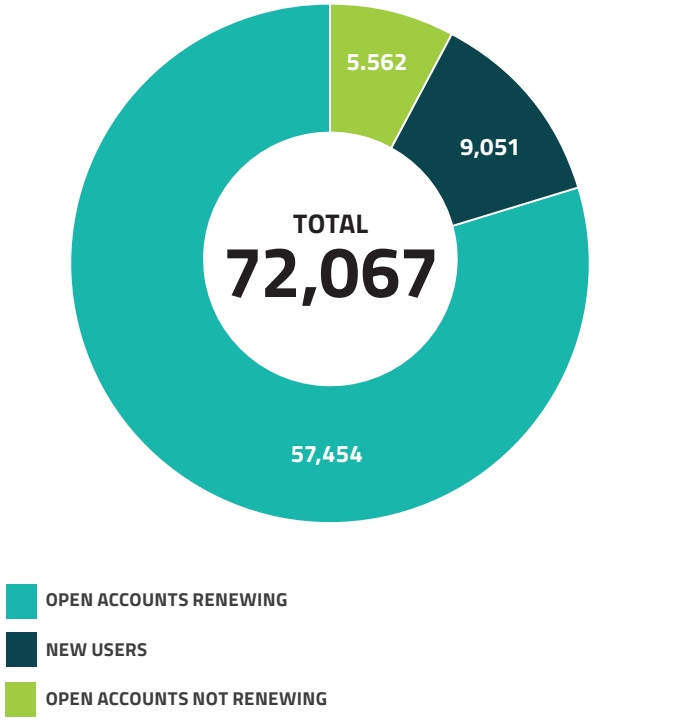
SOURCE(S): 54

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 (non-compounding) charge that accrues until the account is paid in full when the home owner passes away or sells the property. While the value of deferred taxes under the program is growing each year, there were 15% fewer new users and 5% more homeowners continuing deferment compared to the previous year. Compared to five years ago, 52% more homeowners were deferring their property taxes.

HOMEOWNERS

NUMBER OF PROPERTY TAX DEFERMENT USERS, 2020/21



SOURCE(S): 54

The total amount of property tax dollars deferred in 2020/21 was almost $286 million, less than a 1% increase over the previous year but 77% more than 2016/17. Of this amount, approximately $34 million was newly deferred.

The median assessed value of homes in B.C. for which property taxes were deferred in 2020/21 under the regular program was $955,000, down 6.6% from the previous year. The median decreased 11.1% in both Vancouver and the Lower Mainland and decreased 2.2% in the Capital Regional District.

The interest rate was 1.95% between April and September 2020, before being decreased to 0.45% for October 2020 to March 2021, for an effective rate of 1.2%. The annual interest accrued in 2020/21 on the average amount of deferred taxes in B.C. ($4,297) was $51.56, a 39% decrease over the previous year. The average homeowner using this program has deferred a cumulative amount of $20,621 in property taxes.

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 slight increase in repayments and, in 2020/21, there was a 55% increase in the value of repayments to the province.

This program began in 1974 and, as of March 31, 2021, the total cumulative amount of property tax deferred was more than $1.67 billion, a 21% increase over March 2020.

SOURCE(S): 54

RENTING

The distribution of households maintained by seniors who are renters varies greatly across B.C. For example, the 2016 Canadian Census showed that the proportion of senior households that rent is highest in larger urban centres, such as Vancouver (23%) or Victoria (22%), compared to smaller centres, such as Parksville (11%) or Kamloops (14%).

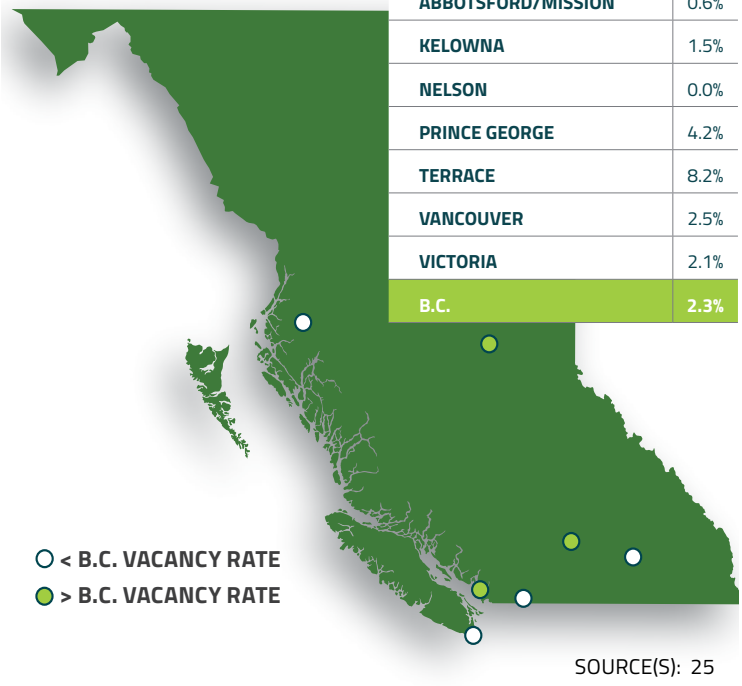
In aggregate, across the province, 19% of senior households rent. In addition, there is a wide range in the average costs of renting. In 2020, the average cost of a one-bedroom apartment in Prince George was $770, compared to $1,415 in Vancouver.

Vacancy rates for all bedroom types have increased slightly since 2016. Vacancy rates vary throughout the province; for example, the overall vacancy rate was 0% in Nelson and 8% in Terrace in 2020. The vacancy rate for one-bedroom apartments in B.C. increased one percentage point to 2.3% in 2020.

SENIORS RENTING IN B.C.

VACANCY RATES (1 BEDROOM), OCTOBER, 2020

COMMUNITY	2020
ABBOTSFORD/MISSION	0.6%
KELOWNA	1.5%
NELSON	0.0%
PRINCE GEORGE	4.2%
TERRACE	8.2%
VANCOUVER	2.5%
VICTORIA	2.1%
B.C.	2.3%

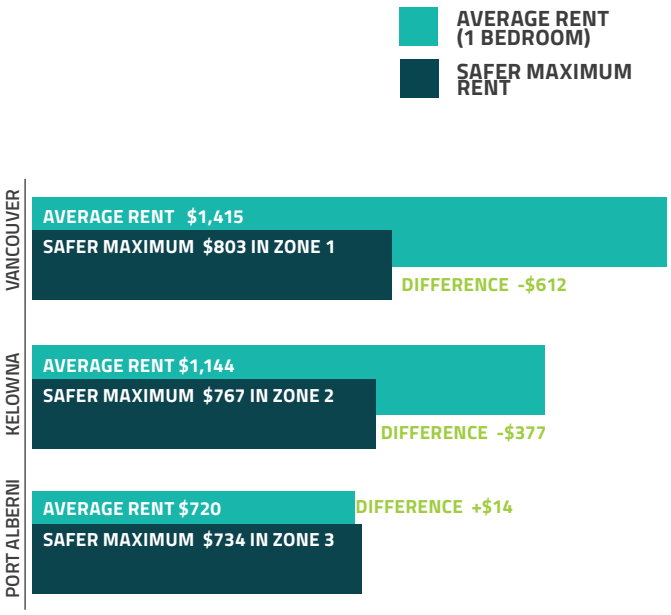


SOURCE(S): 25

The average rent for a one-bedroom apartment in B.C. increased between 2% and 7% between 2016 and 2020, but the rent ceiling used in the calculation of SAFER subsidies has not kept pace. During this period, there have been two increases to the SAFER rent ceilings – in 2014 and in 2018. In 2020, the rent ceiling used to calculate a SAFER subsidy for singles did not change, but the average rent for a one-bedroom apartment in B.C. increased by up to 6% depending upon the geographic region, causing the maximum rents used to calculate SAFER subsidies to remain behind current rents.

SENIORS RENTING IN B.C.

AVERAGE RENT VERSUS SAFER MAXIMUM RENT, 2020



SOURCE(S): 25, 57

SHELTER AID FOR ELDERLY RENTERS (SAFER)

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 2020, the maximum qualifying annual income for single renters in Metro Vancouver was $30,600 ($29,352 in the rest of the province). In 2021, for the first time ever, SAFER spent $2 million less in subsidies than in the previous year. BC Housing is conducting a review to understand why.

SOURCE(S): 56

There were 25,199 SAFER recipients, 1% more than the previous year: 94% were single seniors with an average income of $1,675 per month. The average rent paid by SAFER recipients increased 2% from last year, while the average rent subsidy decreased 4%. The average subsidy provided decreased by 4% to $199 per month and has not kept pace with the increase in rental rates in B.C.

Although the number of SAFER recipients increased in each of the last five years, there may still be eligible seniors who are not taking advantage of this subsidy. As found in the 2016 Canadian Census, B.C. had more than 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. First-time SAFER recipients ranged between 16% and 20% in each of the last five years, indicating there might still be additional seniors who could benefit from this subsidy.

SOURCE(S): 56

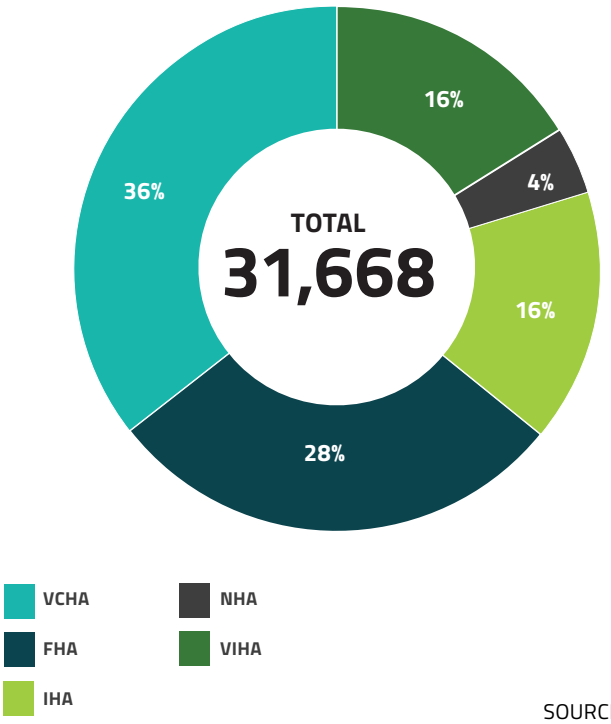
SENIORS' SUBSIDIZED HOUSING

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. has increased for the second year in a row, with a 1% increase in the last year but was still 1% fewer than five years ago.

SENIORS RENTING IN B.C.

SENIORS' SUBSIDIZED HOUSING UNITS BY AREA, 2020/21



SOURCE(S): 56

While the number of SSH units has decreased since 2016/17, the number of applications for SSH has risen consistently. In 2020/21, 714 applicants received an SSH unit through The Housing Registry, just 8% of total

applicants. As of March 31, 2021, there were 8,706 applicants waiting which is an 8% increase over last year and a 45% increase from five years ago. The median wait time was two years, which is an increase of 19% from the previous year. Wait times continue to be longest in Vancouver Coastal Health (2.5 years) and shortest in Interior Health (1.4 years) and Northern Health (1.6 years). All regions of B.C. have a median wait time in excess of one year.

SOURCE(S): 56

HOME ADAPTATIONS FOR INDEPENDENCE

The Home Adaptations for Independence program, delivered by BC Housing since 2011, was closed in March 2020. The budget allocation doubled to $10 million in the last year of operation.

In the spring of 2021, BC Housing introduced a new program called the B.C. Rebate for Accessible Home Adaptations (BC RAHA). Applications were accepted in April 2021. Next year's Monitoring Seniors Services report will contain statistics on the first year of this new program.

BC RAHA is a program to provide financial assistance to low or moderate income households that need to pay for home adaptations to enable them to continue living independently at home. The program is intended to offset costs but does not necessarily cover the full cost of the work. Eligibility criteria for the 2021 application cycle include:

- A member of the household has a permanent disability or loss of ability
- Adaptations must be directly related to this loss of ability (may need assessment from an occupational or physical therapist)
- The member(s) of the household who require the adaptation must meet Canadian residency requirements and the household is their principal residence
- The household's combined income must be $117,080 or below
- Excluding the value of the home and RRSP/RRIFs, total household assets must be below $100,000
- The BC Assessment value of the home must be below the Home Value Limits published by BC Housing; these values vary by region and are set such that 60% of homes in the region are valued at less than the limit.

A set schedule of rebates for specific adaptations is published by BC Housing. The lifetime maximum funding from the program is $17,500. Any work undertaken prior to approval for funding from BC Housing is not eligible for a rebate. Renters may be eligible to access the program through a joint application with their landlord to undertake the necessary home adaptations.

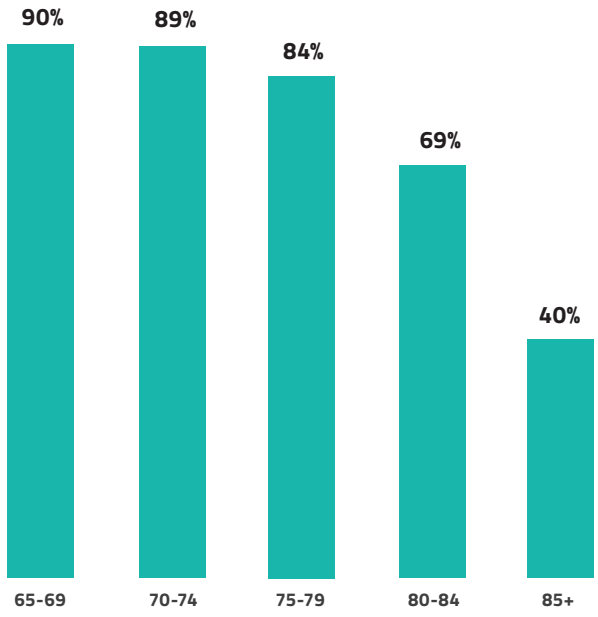
SOURCE(S): 58

Transportation

Active living and healthy aging often depend on reliable transportation options. Many B.C. seniors are active drivers. For seniors who become less mobile, there are a number of transportation programs available, including public transit, HandyDART and taxi fare savers with reduced rates for seniors. These options allow seniors to get to the grocery store, to visit family and friends and to attend to their personal affairs.

ACTIVE DRIVERS

PERCENT OF POPULATION WITH AN ACTIVE DRIVER'S LICENSE BY AGE GROUP, 2020



SOURCE(S): 59

ACTIVE DRIVERS

Most B.C. seniors (80%) still hold an active driver's licence. Within the combined age group 65 to 74, 89% still hold an active driver's licence, but at 75 more seniors begin to relinquish their licence.

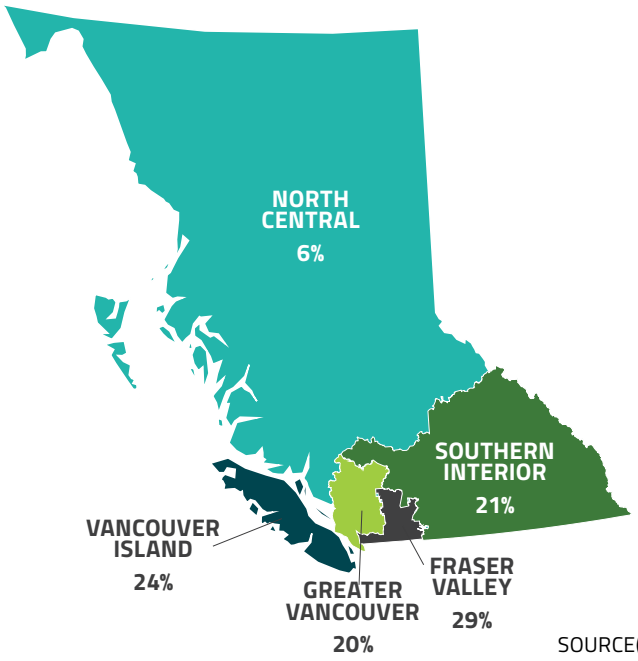
The number of seniors with active driver's licences (790,000) increased 6% from the previous year and 21% from five years ago. The senior population grew 4% and 17% over these same time periods. In the last year, the greatest increase in active drivers was observed in the 85 or older age group, going up 13%. More than half of all seniors maintaining an active driver's licence live in the Fraser Valley (29%) and on Vancouver Island (24%).

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay $17 for renewals. In 2020, 157,467 seniors renewed their licence while 8,703 surrendered their licence. Renewals increased by 14% and surrenders decreased by 35% from the previous year.

SOURCE(S): 59,60

ACTIVE DRIVERS

ACTIVE DRIVER'S LICENSES BY GEOGRAPHIC REGION, 2020



SOURCE(S): 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 MSP for DMERs required for drivers with known or suspected medical conditions. While the Doctors of BC 2020 fee schedule for uninsured services suggested that physicians charge $214 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(S): 61, 62

To respond to impacts on the medical community during the COVID-19 pandemic, RoadSafetyBC has paused issuing age-based DMERs since December 2020. As of February 2022, these requirements have not been reactivated.

In 2020, RoadSafetyBC opened approximately 161,380 driver fitness cases; 43% of these cases were aged 80 or older, a 1% increase from the previous year. Approximately 4% of the cases for those aged 80 or older were subsequently referred for an ERA. Outcomes for driver fitness cases in 2020 are outlined in the following table.

ACTIVE DRIVERS

ROADSAFETYBC DRIVER FITNESS CASE DECISIONS, 2020

	<80	80+	ALL AGES
CASES OPENED	91,450	69,930	161,380
REFERRED FOR ENHANCED ROAD ASSESSMENT (ERA)	645	2,556	3,201
CASE DECISIONS			
ULTIMATELY FOUND FIT TO DRIVE	72,850	53,300	126,150
THAT DID NOT RESPOND / CANCELLED LICENSE	2,360	3,200	5,560
VOLUNTARILY SURRENDERED LICENCE	100	350	450
FOUND MEDICALLY UNFIT TO DRIVE	1,140	1,450	2,590
CASES REMAINING OPEN	14,900	11,300	26,200
DRIVERS DECEASED	100	350	450

SOURCE(S): 63

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. The rest of B.C., currently has 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 of consistency of service.

PUBLIC TRANSPORTATION

PUBLIC TRANSPORTATION AVAILABILITY, 2021

	BC TRANSIT	TRANSLINK
HANDYDART SYSTEMS	26	1
OFFERING SERVICES 7 DAYS A WEEK	4	1
OFFERING EVENING SERVICES (PAST 6PM)	6	1
FIXED-ROUTE TRANSIT SYSTEMS	25	1
OFFERING SERVICES 7 DAYS A WEEK	20	1
OFFERING EVENING SERVICES (PAST 6PM)	25	1
FLEXIBLE/PARATRANSIT SYSTEMS	32	0

SOURCE(S): 64,65

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.

PUBLIC TRANSPORTATION

SENIOR ONE-WAY FARES IN SELECT MUNICIPALITIES, 2021

	CONVENTIONAL	HANDYDART
VANCOUVER	$2.00-$4.05	$3.05
VICTORIA	$2.50	$2.50
QUESNEL	$1.50	$3.00 - $9.00
WEST KOOTENAY	$2.25	$1.25 - $2.50
CHILLIWACK	$1.75	$2.00 - $2.75

SOURCE(S): 66

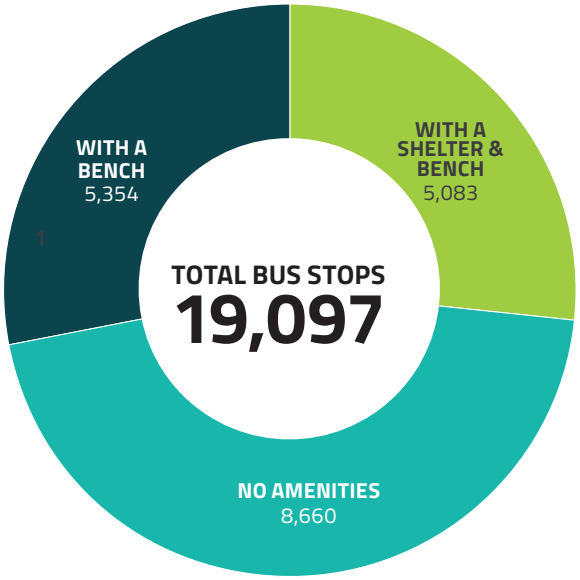
PUBLIC TRANSIT

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(S): 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.

PUBLIC TRANSPORTATION
BUS STOP AMENITIES, 2021



SOURCE(S): 64, 65

TransLink and BC Transit enhanced their cleaning and disinfecting protocols soon after the pandemic was declared. Vinyl barriers were installed to provide a barrier between transit operators and passengers and additional cleaning and sanitizing tasks were performed. Masks/face coverings became mandatory for passengers who were able to wear them. TransLink has seen a negligible amount of ride denials, as well as a well improved on-time performance due to the low demand.

- Receiving OAS and GIS
- Receiving the federal spousal Allowance, or
- Receiving the federal Allowance for the Survivor.

SOURCE(S): 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 2020, 64,343 seniors received a bus pass which is a decrease of 2% from 2019; 42,610 persons with disabilities received a BC Bus Pass, a 4% rise from 2019.

SOURCE(S): 70

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. To be eligible, seniors must meet one of the following criteria:

- 60 years or older and the spouse of someone with a 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

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.

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 when clients have a temporary ailment, or conditional basis when certain conditions apply (e.g., only when there is snow or ice).

HANDYDART CLIENTS

The number of active HandyDART clients across the province decreased 23% from 46,019 on March 31, 2020 to 35,382 on March 31, 2021. The number of active clients with TransLink went up 2% in 2020 followed by a 25% dip in 2021, while the number of active clients with BC Transit declined 1% and 21% over this same period. Approximately 72% of TransLink active clients are aged 65 or older but the age distribution is not available from BC Transit.

The number of new clients registered for HandyDART service decreased 51% from the previous year. It was a similar story for TransLink and BC Transit which saw new clients decline by 46% and 58% respectively. Approximately 73% of new TransLink clients were aged 65 or older (age distribution is not available from BC Transit).

PUBLIC TRANSPORTATION

HANDYDART CLIENTS, 2020/21

	TRANSLINK	BC TRANSIT	TOTAL
ACTIVE	19,855	15,527	35,382
NEW	4,792	2,666	7,458

SOURCE(S): 64, 65

HANDYDART RIDE REQUESTS

TransLink received almost 631,000 ride requests and BC Transit received almost 356,000. TransLink had almost 2% unfilled ride requests and BC Transit had less than 1%. Unfilled ride requests are those where the rides were denied, refused or became unaccommodated standby rides. Overall, HandyDART ride requests decreased 57% in 2020; TransLink had a 55% decrease while BC Transit had a 60% decrease. Unfilled rides dropped 49% with TransLink and 87% with BC Transit.

In addition to regular ride requests, same day or standby ride requests may be accommodated if they 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 2020, TransLink fulfilled approximately 64% of standby ride requests. Over the past five years, this increased from 43%. 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 by TransLink has increased over the last three years from 87% in 2018 to 93% in 2020. BC Transit does not report data for on-time ride delivery.

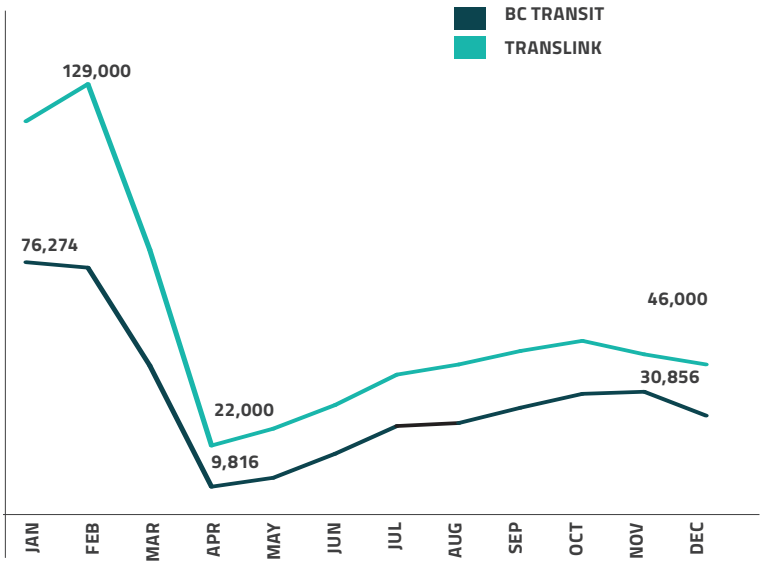
SOURCE(S): 65

RIDERSHIP

Due to the impact of COVID-19, the number of both TransLink and BC Transit HandyDART riders plummeted in April 2020. Although the number rebounded afterwards and was slowly picking up through the rest of the year, the ridership still remained just above half of the pre-pandemic level. Several factors contributed to this reduced ridership including limited capacities in order to enable physical distancing and drastically decreased demand for trips.

PUBLIC TRANSPORTATION

MONTHLY HANDYDART RIDERSHIP, 2020



SOURCE(S): 64, 65

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 2020, TransLink received 1,247 complaints; 27% were service complaints and 73% were operator-related complaints. Of the total complaints, 97% were resolved within five days and 15 were escalated for resolution. Three complaints were made to regional transit companies servicing BC Transit routes and all three required escalation to BC Transit.

SOURCE(S): 64, 65

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.

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 to $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.

TransLink HandyDART clients purchased $966,675 in taxi vouchers. The average amount spent per HandyDART client was $48.69, 22% less than the previous year. However, only 13% of TransLink HandyDART clients actually purchased vouchers. Voucher requests went down by 41%.

SOURCE(S): 65

BC Transit HandyDART clients purchased just over $1 million in taxi vouchers. The average amount spent per HandyDART client was $67.30, a 34% drop from the previous year. The percent of BC Transit HandyDART clients purchasing taxi vouchers is unknown. Voucher requests decreased 48%.

SOURCE(S): 64

Income Supports

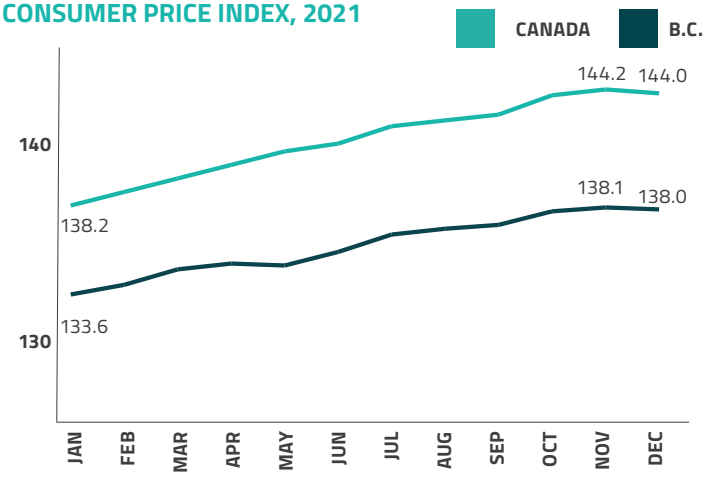
Income security is critical for seniors who want to continue to live a healthy and active lifestyle as they age. The provincial and federal governments provide a range of financial programs, such as OAS, CPP, GIS and BC Senior's Supplement, to help seniors. There are also provincial and federal tax credits and provincial health insurance plans that benefit seniors.

COST OF LIVING

Changes in the cost of living can be estimated with the 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. The CPI is used in determining the maximum allowable rent increase and setting annual increases in income supports, such as OAS, GIS, and CPP. In 2021, compared to the previous year, the annual CPI for B.C. rose 2.8% compared to 3.4% across Canada. Since 2017, the CPI has risen 8.9% in B.C. and 8.6% in Canada.

COST OF LIVING

CONSUMER PRICE INDEX, 2021



SOURCE(S): 71

FEDERAL AND PROVINCIAL INCOME SUPPORTS

OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT AND B.C. SENIOR'S SUPPLEMENT

OAS 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 payment as of October 2021 is $635.26 per month, a 3.4% increase over the same time last year. OAS is indexed quarterly based on the change in the CPI from the previous quarter but payments are not reduced if the average CPI decreases. OAS can be deferred up to age 70 to increase the benefit amount. Each month of deferral increases the payment by 0.6%, up to a maximum of 36% after 5 years. In March 2021, 924,000 seniors in B.C. received OAS.

SOURCE(S): 72, 73

GIS is a monthly non-taxable benefit paid to OAS pension recipients who have a low income and are living in Canada. A single senior whose annual income (excluding OAS) is below $19,248 is eligible to receive some amount of GIS. The maximum amount as of October 2021 is $948.82, a 3.4% increase over the same time last year.

In March 2021, 292,000 seniors in B.C. received GIS, a 6.4% increase. If OAS is deferred, an individual is not eligible for GIS during the deferment.

SOURCE(S): 72, 73

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 to single seniors is $99.30, which is the first increase in the amount since 1987. Single seniors whose annual income, including OAS and GIS, is less than $22,188.96 will receive the B.C. Senior's Supplement. In December 2020, approximately 68,000 seniors received the B.C. Senior's Supplement, a 4% increase over the previous year.

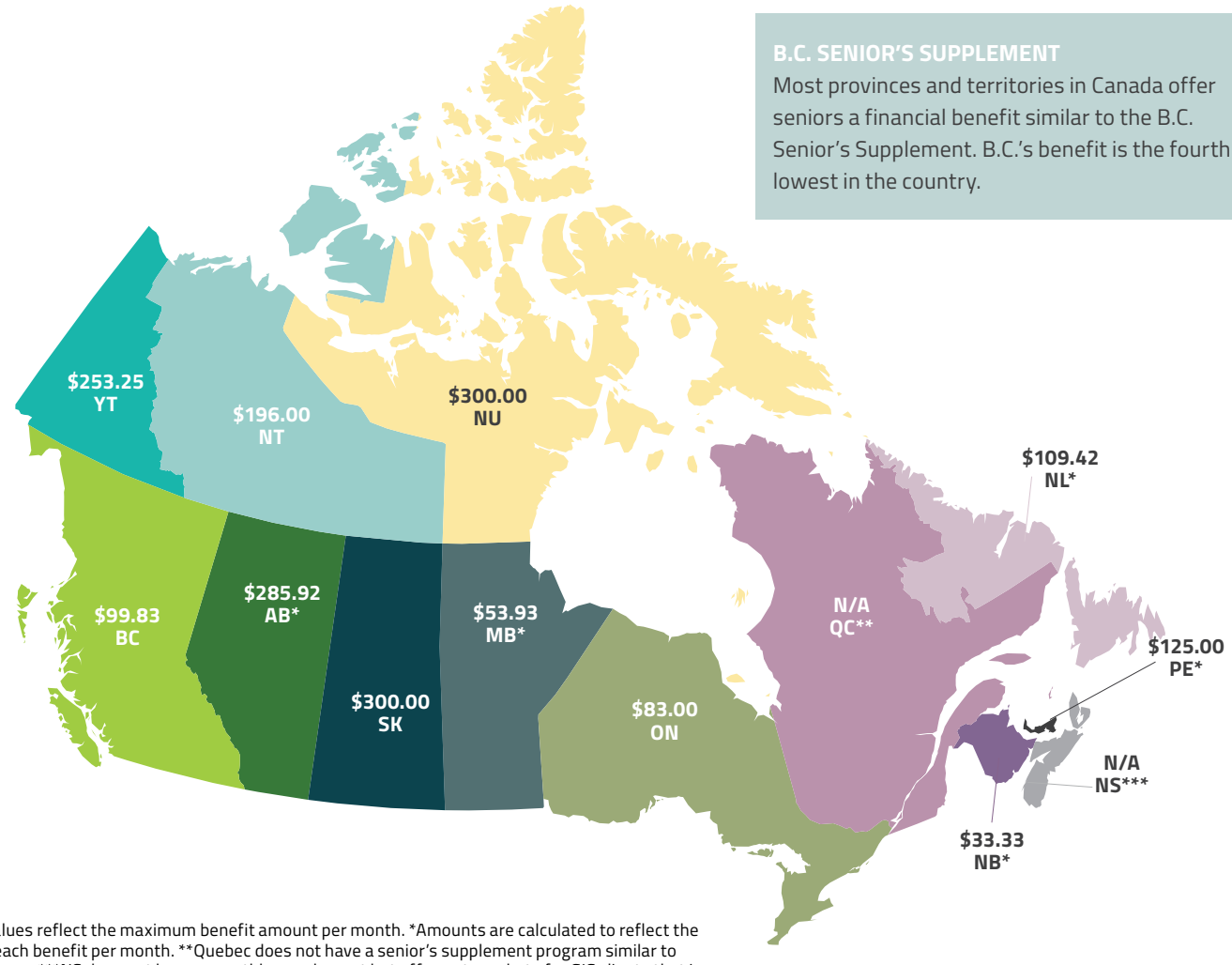
SOURCE(S): 73, 74

In April 2021, the B.C. Senior's Supplement was increased for the first time since 1987, from $49.30 up to $99.30 per month.
In addition, during the months of April through December 2020, the B.C. Senior's Supplement was temporarily raised to $300 per month as an income support to help offset the increased cost of essential goods during the COVID-19 pandemic. For the months of January to March 2021, the temporary amount was reduced to $150 per month, before being transitioned to the current, permanent, amount of $99.30.

FEDERAL AND PROVINCIAL INCOME SUPPORTS

MONTHLY SUPPLEMENTS FOR SINGLE SENIORS, 2021

B.C. SENIOR'S SUPPLEMENT
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 fourth lowest in the country.



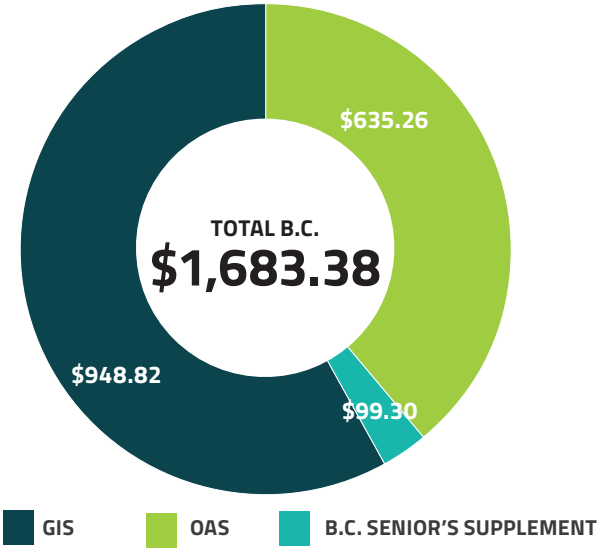
NOTE(S): Values reflect the maximum benefit amount per month. *Amounts are calculated to reflect the amount of each benefit per month. **Quebec does not have a senior's supplement program similar to other provinces. ***NS does not have a monthly supplement but offers a tax rebate for GIS clients that is dependent on the amount of tax paid.

SOURCE(S): 75

Between October and December 2021, low income single seniors in B.C. could receive up to $1,683.38 per month in federal and provincial income supports, an increase of almost 7% over the same time last year.

FEDERAL AND PROVINCIAL INCOME SUPPORTS

INCOME SUPPLEMENTS FOR SINGLE LOW INCOME SENIORS, 2020



SOURCE(S): 73

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:

- An 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
- An 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 2021 is $61,600.

The maximum CPP benefit in 2021 was $1,203.75 per month, a 2% increase from the previous year. The average monthly payment amount for new beneficiaries was $714.21.

In March 2021, 997,000 people in B.C. received CPP; this includes people who retired and opted to receive CPP before age 65.

Individuals may choose to continue contributing into CPP up to age 70 if the maximum YMPE has not been met for the full 39 years in order to increase their post-retirement benefits.

CPP benefits can also be deferred up to age 70. For each month of deferral, the payment increases by 0.7%, up to a maximum of 42% after 5 years.

SOURCE(S): 76, 77, 78

TAX CREDITS

Several provincial and federal government tax deductions and credits are available to 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.

FEDERAL AND PROVINCIAL INCOME SUPPORTS

TAX CREDITS AVAILABLE TO SENIORS, 2021

B.C. CREDITS	FEDERAL CREDITS
TAX CREDITS DIRECTED AT SENIORS	
BC HOME RENOVATION TAX CREDIT FOR SENIORS AND PERSONS WITH DISABILITIES	PENSION INCOME AMOUNT
AGE AMOUNT*	AGE AMOUNT*
PENSION CREDIT	HOME ACCESSIBILITY TAX CREDIT (HATC)
CHARITABLE GIFTS*	PENSION INCOME SPLITTING
OTHER TAX CREDITS THAT MAY BENEFIT SENIORS	
ELIGIBLE DEPENDENT*	DISABILITY AMOUNT*
B.C. CAREGIVER CREDIT*	MEDICAL EXPENSES*
MEDICAL EXPENSE CREDIT*	CANADA CAREGIVER AMOUNT*
CREDIT FOR MENTAL OR PHYSICAL IMPAIRMENT*	

NOTE(S): *These tax credits are indexed to the B.C. and Canada CPI for the 12-month period ending September 30 of the previous year..

Most of the B.C. tax credits listed above are indexed each year to the B.C. CPI. The provincial indexation rate was 1.1% in 2021. The Home Renovation Tax Credit is a refundable tax credit; if the credit is higher than the taxes owed, the difference is received as a refund.

Several of the federal tax credits listed above are indexed each year to the Canadian CPI. The federal indexation rate was 1.0% in 2021.

SOURCE(S): 79, 80, 81, 82

PREMIUM ASSISTANCE PROGRAMS

MEDICAL SERVICES PLAN

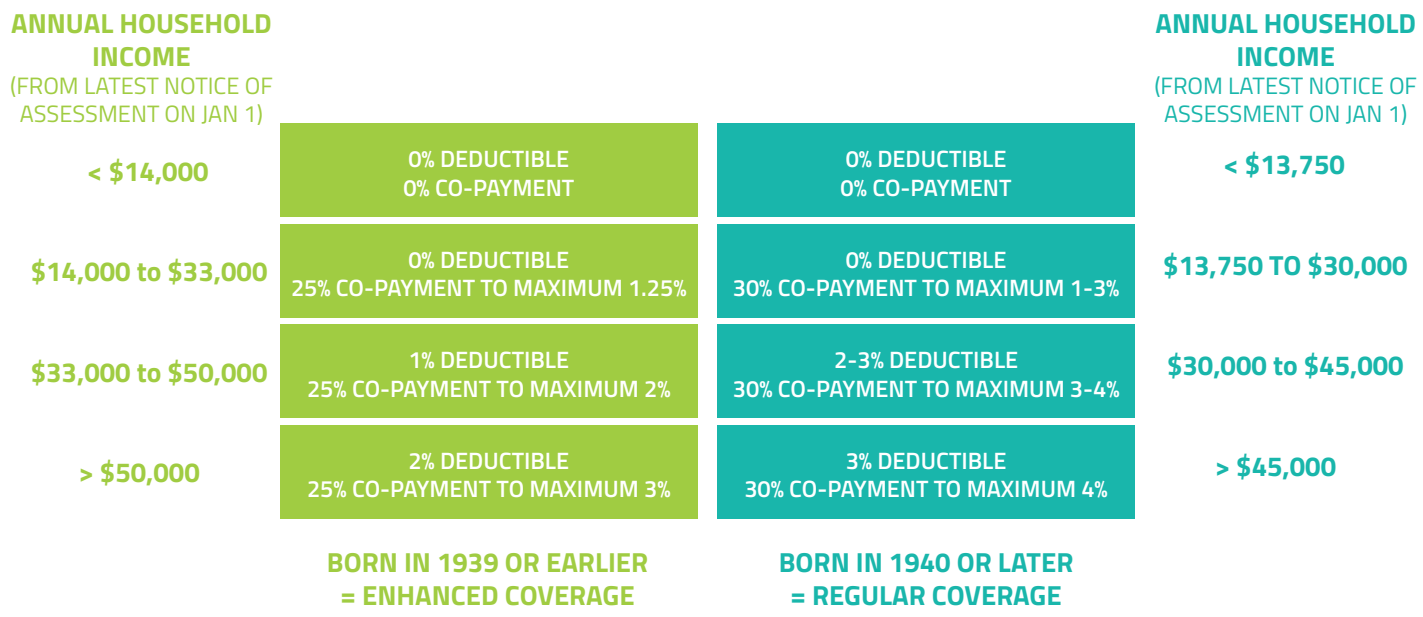
Starting on January 1, 2020, regular MSP premiums were removed for B.C. residents and replaced with the Health Employer Tax. Previously, the Premium Assistance program for people with low to moderate incomes helped subsidize the cost of MSP premiums. Recipients of Premium Assistance were also entitled to some supplementary benefits. Despite the removal of MSP premiums, these supplementary benefits remain with the same income qualification thresholds.

For 2021, the annual adjusted net income for supplementary benefits is $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(S): 83

PREMIUM ASSISTANCE PROGRAMS

FAIR PHARMACARE ASSISTANCE LEVELS, 2020



NOTE(S): Deductible and Family Maximum percentages are approximate.

SOURCE(S): 84

FAIR PHARMACARE

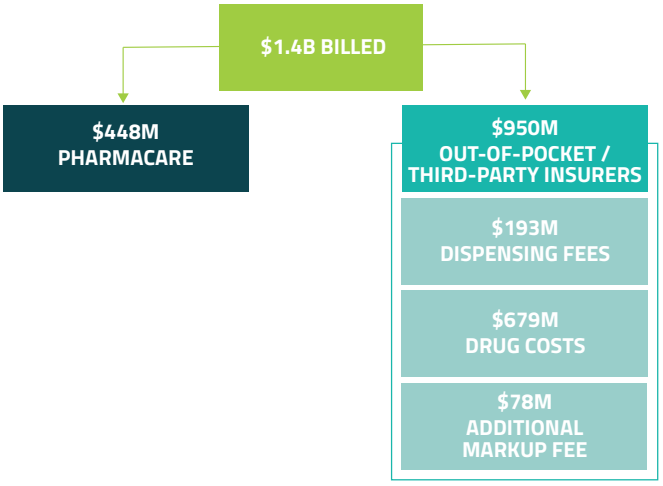
B.C. provides universal drug coverage under its Fair PharmaCare program, which ensures B.C. residents do not pay more than about 4% of their net household income for eligible drug costs. Families with at least one spouse born in 1939 or earlier do not pay more than about 3%. Assistance levels are proportionate to income. Fair PharmaCare rates did not change in 2020.

Fair PharmaCare has three components: a deductible, a family maximum and a co-payment. The table on the previous page shows the various thresholds. Until the deductible is met, families pay 100% of the costs of prescriptions. After the annual deductible is met, families pay the co-payment portion and PharmaCare covers the rest. After the family maximum is met, PharmaCare will cover 100% of prescription costs for the rest of the year.

Overall in 2020/21, B.C. seniors spent $1.4 billion on prescription medications or supplies, of which PharmaCare covered $448 million (32%), with the remainder paid for by seniors or covered by third-party insurers.

PREMIUM ASSISTANCE PROGRAMS

EXPENDITURES FOR PRESCRIPTION MEDICATIONS, 2020/21



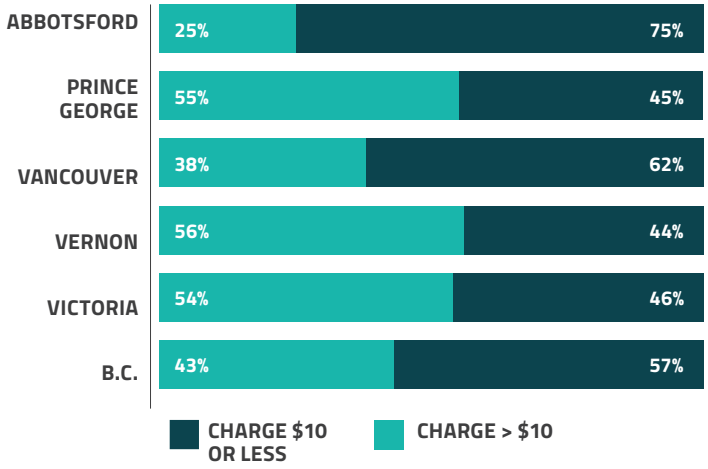
SOURCE(S): 85

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 2020/21, 43% of pharmacies in B.C. charged a dispensing fee over $10. Almost 10 million prescriptions were processed with a dispensing fee of more than $10 for approximately 560,000 seniors. The following table shows data for select cities in B.C. for comparative purposes.

PREMIUM ASSISTANCE PROGRAMS

PROPORTION OF PHARMACIES CHARGING UP TO $10 AND OVER $10 DISPENSING FEE FOR SELECTED COMMUNITIES IN B.C., 2020/21



NOTE(S): 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 prescribed medications.

SOURCE(S): 85

Safety and Protection

A 2017 World Health Organization study estimated that one in six seniors over age 60 will experience some type of abuse and neglect. Older people are often afraid to report cases of abuse and neglect. Many organizations provide information and resources for seniors and/or families who are seeking help, and organizations such as the police, provincial health authorities and the Public Guardian and Trustee all work together to protect vulnerable seniors and reduce the risk of abuse, neglect and criminal offences against seniors.

SOURCE(S): 86

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, or self-neglect. The BC Association of Community Response Networks (BC ACRN) provides small project funding, resources, training, and on-going support to assist CRNs in their work. It also hosts provincial learning events about prevention and education activities targeted toward ending abuse, neglect, and self-neglect.

In 2020/21, 81 active community response networks serviced 233 communities throughout the province. Each community has a contact list that provides emergency and non-emergency phone numbers, and contact information for adult abuse services. Examples include health authority contacts, helplines, victim services, transition houses, emergency shelters, outreach and community services, and legal services.

SOURCE(S): 87

SENIORS' ABUSE AND NEGLECT

SENIORS' ABUSE: any action by someone in a relationship of trust, such as a family member (adult child or spouse), friend or caregiver, that results in harm to a senior. Common types of seniors' abuse include physical, emotional/psychological, sexual, financial, neglect and self-neglect. A senior may experience more than one type of abuse.

NEGLECT: Failure to provide necessary care, assistance or attention that causes serious physical, mental or emotional harm, or damage to or loss of assets.

SELF-NEGLECT: Any failure to care for one's self that causes serious physical or mental harm, or damage to or loss of assets.

SENIORS ABUSE AND INFORMATION LINE (SAIL)

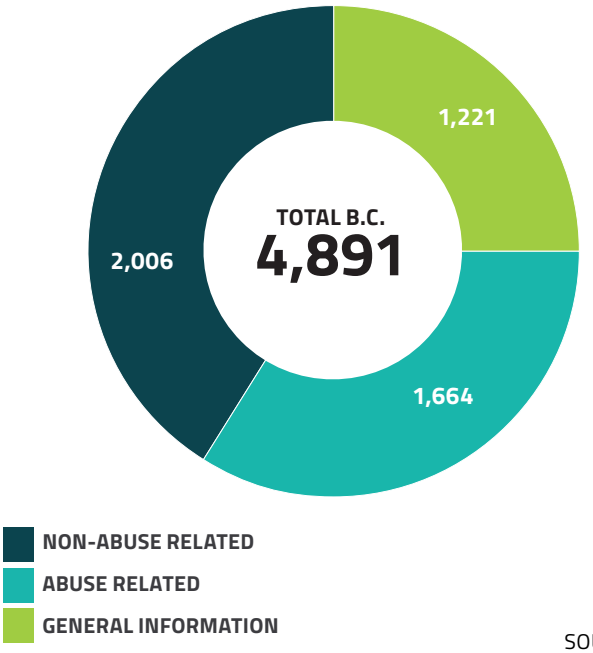
SAIL is operated by Seniors First BC, a non-profit organization dedicated to protecting the legal rights of older adults, raising public awareness of seniors' abuse, increasing seniors' access to justice, and providing

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 seniors' abuse prevention.

From 2016 to 2019, the number of calls received by SAIL increased year over year. In 2020, SAIL received 4,891 calls, down 12% from the previous year. Of the calls received, 34% were abuse related, 41% non-abuse matters, and 25% for general information. Abuse related calls increased 5% over the previous year.

COMMUNITY RESOURCES

CALLS TO SAIL, 2020



SOURCE(S): 88

Recording of data at call intake has improved since 2017. However, in 2020, calls where the degree of harm could not be determined was 9% compared to 1% the previous year. In 2020, approximately 79% of calls were assessed as moderate to severe harm; in 11% of calls the abuse had been occurring for longer than five years.

A senior may experience more than one type of harm or abuse, meaning that a call may have more than one type of harm or abuse reported. The percentages below indicate the frequency of the type of harm or abuse reported, not the number of calls received. Emotional abuse is the most frequently reported type of harm, increasing in 2020 to 35% from 32% in 2019. Financial abuse (24%) and psychological abuse (14%) are the second and third most common types of abuse reported. Neglect was at 8% in 2020, decreasing marginally from 9% the year before.

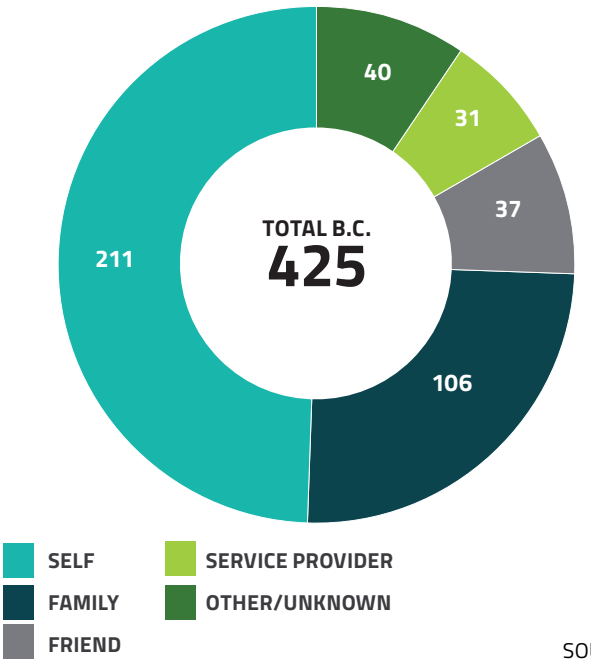
SOURCE(S): 88

bc211 HELPLINE

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

In 2020/21, bc211 received 425 calls about seniors' abuse, a 23% increase from the previous year.

COMMUNITY SUPPORTS
CALLS TO bc211, 2020/21



SOURCE(S): 89

Callers may report more than one type of abuse. In 2020/21, there were 438 incidents of abuse reported by 211 callers aged 55 or older calling on behalf of themselves. Most of the incidents were elder abuse (28%) and domestic violence (21%). Most callers were female (76%).

SOURCE(S): (89)

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 that 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. Designated Agencies in B.C. are the five regionalhealth authorities, Providence Health and Community Living BC (CLBC).

While cases are usually opened as they are received, much of the data is not entered into reporting systems until a case is closed. For this reason, the goal is to report case details for closed cases of those aged 65 or older. Because designated agencies only began collecting and reporting data in 2018 data should be interpreted with caution. Data quality has been improving every year.

SUSPECTED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

Designated agencies received 2,082 suspected cases of abuse, neglect and self-neglect in 2020; 74% were for seniors aged 65 or older.

PROVINCIAL AGENCIES
CASES OF ABUSE, NEGLECT AND SELF-NEGLECT, 2020

	<65	65+	ALL AGES
OPEN	128	235	363
CLOSED	411	1,298	1,709
CONFIRMED	206	688	894
UNKNOWN	10	0	10
TOTAL B.C.	549	1,533	2,082

SOURCE(S): 90

CLOSED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

This section of the report focusses on closed cases of abuse, neglect and self-neglect for seniors aged 65 or older. 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.

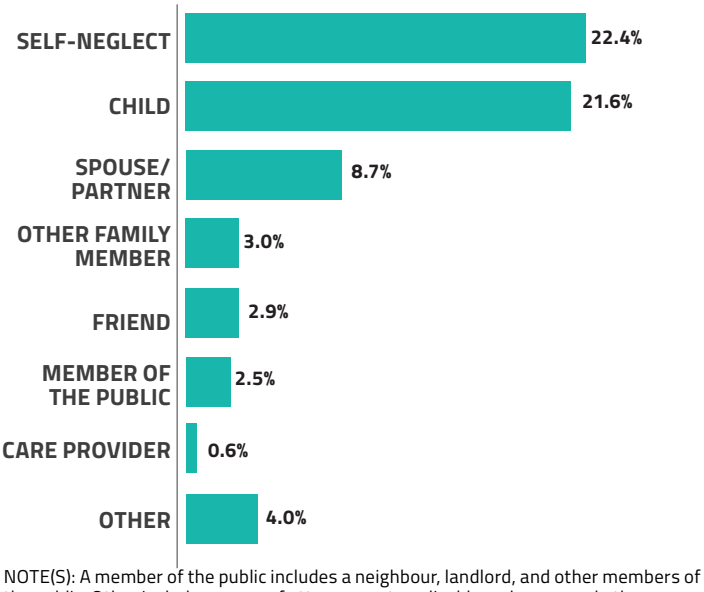
Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. In 2020, most cases were reported by healthcare providers (32%) or family members (12%).

Often seniors who are the victim of abuse are in a trusting relationship with the abuser. In 2020, 33% of the cases reported that the suspected abuser was a family member, in most cases an adult child (22%), or a spouse or common-law partner (9%), and in some cases other family members (3%).

SOURCE(S): 90

PROVINCIAL AGENCIES

RELATIONSHIP OF SUSPECTED ABUSER FOR CLOSED CASES AGED 65+, 2020



NOTE(S): A member of the public includes a neighbour, landlord, and other members of the public. Other includes power of attorney, not applicable, unknown and other.

SOURCE(S): 90

CONFIRMED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

Designated Agencies reported 688 confirmed cases of abuse, neglect or self-neglect involving seniors in 2020; this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, 64% were self-neglect, 34% were abuse, and 22% were neglect. In 47% of cases, the senior lacked decision-making capacity. The primary reasons for this were dementia or cognitive impairment (45%) and frailty or injury due to advanced age, illness or condition (16%). The reason was not reported in 20% of cases.

Multiple types of abuse or neglect can be reported for one confirmed case. In 2020, the most common types reported were:

- Self-neglect (440 cases) - personal hygiene (44%), malnutrition (33%), medication (31%), and unsanitary living conditions (31%)
- Abuse (237 cases) - financial abuse (52%), emotional or psychological abuse (26%), physical abuse (21%) and intimidation or threats (12%)
- Neglect (149 cases) - not receiving adequate personal care (38%), not receiving adequate nutrition (26%), not receiving medical care (26%), living in unsafe conditions (21%) and living in unsanitary conditions (19%)

Multiple actions can be taken by an investigator in a Designated Agency and more than one action can be taken for each confirmed case. Most often collateral information was gathered (92%) for cases; the most responsible physician was advised of the situation in 61% of cases in 2020.

An investigator can employ a variety of tools under the *Adult Guardianship Act* (AGA). Some of the primary tools used for cases involving seniors were the authority to collect information and investigate (54%), report to Public Guardian and Trustee (11%), support and assistance plans (8%) and emergency provisions (7%).

Once a case is investigated and confirmed, it can result in a variety of outcomes. 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 a facility to provide care and treatment.

SOURCE(S): 90

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 Power of Attorney, Representation Agreements, and Pension Trusteeship have been fully explored.

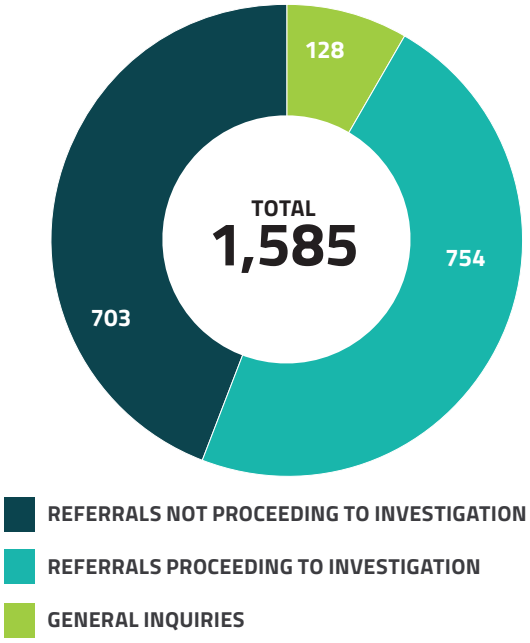
The PGT supported 2,284 COEs and 56 COPs for B.C. seniors. The number of COEs has continued to decrease since 2018/19, with a 3% decrease in 2020/21 from the previous year. The number of COPs varied between 45 and 56 in each of the last five years.

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.

The PGT received 1,585 referrals and general inquiries, an 8% decrease over the previous year.

PROVINCIAL AGENCIES

PGT REFERRALS AND GENERAL INQUIRIES, 2020/21

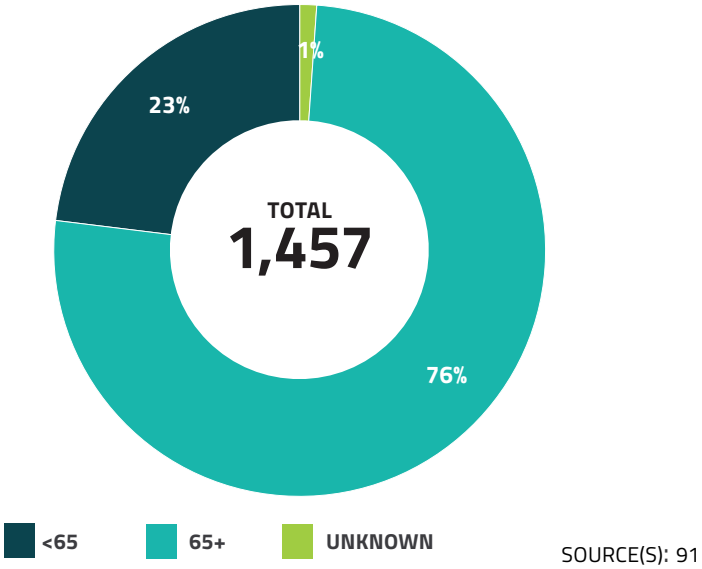


SOURCE(S): 91

The total number of referrals (1,457) decreased 8% over the previous year and the number involving seniors (1,106) decreased 10%. The proportion of referrals involving seniors that proceeded to investigation increased from 46% in 2019/20 to 53% in 2020/21.

PROVINCIAL AGENCIES

PGT REFERRALS BY CLIENT AGE, 2020/21



SOURCE(S): 91

LAW ENFORCEMENT

BC ROYAL CANADIAN MOUNTED POLICE (BC RCMP)

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

VIOLENT AND PROPERTY OFFENCES

Victims of violent offences against seniors reported to the BC RCMP continue to increase. In 2020, there were 1,668 victims of violent offences aged 65 or older and 1,627 violent offences against these seniors, a 69% and 71% increase since 2016 respectively. Charges have been laid or recommended in 27% of the offences and 43% were not yet cleared at the time of reporting.

LAW ENFORCEMEMT

VIOLENT AND PROPERTY OFFENCES, 2020

	VICTIMS / COMPLAINANTS	OFFENCES
VIOLENT OFFENCES	1,668	1,627
PROPERTY OFFENCES	17,894	17,640
TOTAL B.C.	19,562	19,267

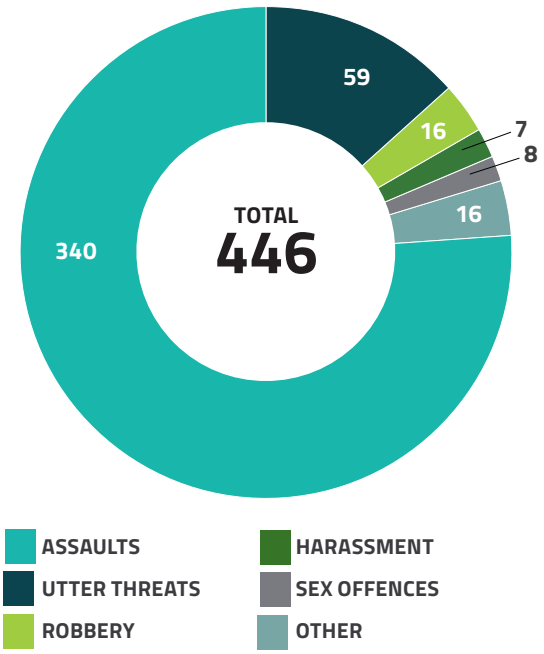
NOTE(S): The data reported in 2019 was incomplete and inconsistently reported. In 2019, Statistics Canada made some changes to the reporting standards for all police reported occurences. These changes have resulted in an increase number of reportable offences in 2019. Comparisions with earlier years should be made with caution.

SOURCE(S): 92

The top five types of violent offences have accounted for more than 97% of violent offences against seniors for the last five years. Assaults account for 78% of all violent offences in 2020.

LAW ENFORCEMENT

CHARGES LAID, TYPES OF VIOLENT OFFENCES WITH VICTIMS AGED 65+, 2020



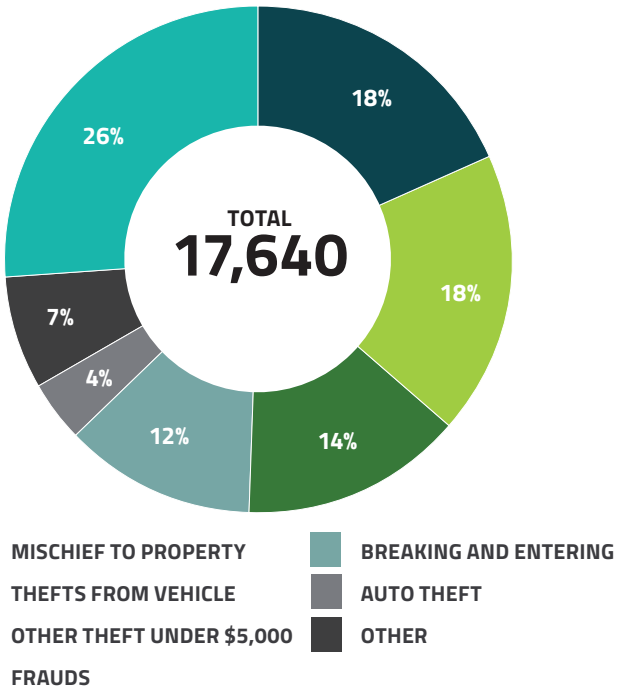
SOURCE(S): 92

In 2020, almost 18,000 seniors were complainants of a property offence and more than 17,000 offences, a decrease of 10% from 2019 (due to changes in reporting, the value in 2019 is higher than in past years).

The top six types of property offences accounted for more than 84% of property offences against seniors for each of the last five years. Mischief to property was the most common type of property offence in 2020 followed by theft from a vehicle and theft under $5,000.

LAW ENFORCEMENT

TYPES OF PROPERTY OFFENCES WITH COMPLAINANTS AGED 65+, 2020



NOTE(S): "Breaking & Entering" includes residential, business, and other. "Other" includes bike theft, theft from a mall, shoplifting, other theft over $5,000, possession of stolen property, other general occurence, arson, theft of utilities, and mischief to data.

SOURCE(S): 92

MISSING PERSONS CASES

BC RCMP E Division opened 991 missing persons cases for seniors aged 65 or older, representing 7% of the Division's missing persons cases. At the time of reporting (August 2021), 21 (2%) seniors were still missing; of those who went missing 64% were male and 36% were female.

SOURCE(S): 92

VANCOUVER POLICE DEPARTMENT

The Vancouver Police Department (VPD) tracks cases of reported physical and financial abuse each year. In 2020, cases of physical abuse against seniors increased 15% from 2019. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 27% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 81 of these cases.

Cases of financial abuse (mail, fraud, Canada Revenue Agency and lottery scams etc.) against seniors, increased 13% from the previous year. In most cases, the perpetrator was a stranger - very few financial abuse incidents involved family members or caregivers. Charges were laid or recommended in 3% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 26 of these financial abuse cases, a 44% increase from 2019.

LAW ENFORCEMEMT

VICTIMS OF PHYSICAL AND FINANCIAL ABUSE AGED 65+, 2020

	VICTIMS
PHYSICAL ABUSE	269
FINANCIAL ABUSE	301
TOTAL	570

SOURCE(S): (93)

In 2020, the Vancouver Police Department's Missing Persons Unit handled 280 missing persons cases involving seniors aged 65 or older, a 20% decrease from 2019.

SOURCE(S): (93)

INVOLUNTARY HOSPITALIZATIONS

The *Mental Health Act* (the Act) outlines the legislative requirements for involuntary care for individuals with mental disorders and those facilities in B.C. that have been designated to provide this level of care. The main purpose of the Act is to provide authority criteria and procedures for invoking involuntary status for an acute care patient and treatment of mental illness, while safeguarding individuals' rights.

A patient can only be designated with involuntary status under the Act if the following criteria are met:

- suffer from a mental disorder that seriously impairs their ability to react appropriately to their environment, or to associate with others,
- require psychiatric treatment in or through a designated facility,
- require care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration, or for their own protection or the protection of others, or
- are not suitable as a voluntary patient.

Of the 27,662 cases of patients designated with involuntary status under the *Mental Health Act* while in acute care, 3,032 (11%) were aged 65 or older. In most cases, the diagnosed mental health condition was coded by the acute care facility as being the most responsible diagnosis that resulted in the designation of involuntary status. However, in approximately 2,200 cases, the mental health condition was not coded as being the main diagnosis. Seniors with involuntary status had a much longer average length of stay than non-seniors.

INVOLUNTARY HOSPITALIZATIONS

INVOLUNTARY MENTAL HEALTH HOSPITALIZATIONS, 2020/21

	<65	65+	ALL AGES
CASES			
MAIN DIAGNOSIS	23,067	2,346	25,413
OTHER DIAGNOSIS	1,563	686	2,249
TOTAL	24,630	3,032	27,662
AVERAGE LENGTH OF STAY (DAYS)			
MAIN DIAGNOSIS	11.8	31.3	13.6
OTHER DIAGNOSIS	11.3	37.6	19.3

SOURCE(S): 94

APPENDIX 1 - ACRONYMS

ACRONYM	NAME
ADP	Adult Day Program
AGA	Adult Guardianship Act
ALC	Alternate Level of Care
ALR	Assisted Living Registrar
BC ACRN	BC Association of Community Response Networks
BCCDC	B.C. Centre for Disease Control
BCPSLS	BC Patient Safety & Learning System
BCSLA	BC Seniors Living Association
CCALA	Community Care and Assisted Living Act
COE	Committee of Estate
COP	Committee of Person
CPI	Consumer Price Index
CPP	Canada Pension Plan
CRN	Community Response Network
CSIL	Choice in Supports for Independent Living
DMER	Driver Medical Examination Report
ERA	Enhanced Road Test
FHA	Fraser Health Authority
GIS	Guaranteed Income Supplement
HAFI	Home Adaptations for Independence

ACRONYM	NAME
HEABC	Health Employers Association of British Columbia
IHA	Interior Health Authority
MSP	Medical Services Plan
NHA	Northern Health Authority
OAS	Old Age Security
OSA	Office of the Seniors Advocate
OT	Occupational Therapy
PCQO	Patient Care Quality Office
PCQRB	Patient Care Quality Review Board
PGT	Public Guardian and Trustee
PT	Physiotherapy
BC RAHA	British Columbia Rebate for Accessible Home Adaptations
RCMP	Royal Canadian Mounted Police
SAFER	Shelter Aid for Elderly Renters
SAIL	Seniors Abuse and Information Line
SSH	Seniors Subsidized Housing
TSDM	Temporary Substitute Decision Maker
VCHA	Vancouver Coastal Health Authority
VIHA	Vancouver Island Health Authority

APPENDIX 2 - DEFINITIONS

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	PHEUMATOID ARTHRITIS
LOW COMPLEX CHRONIC CONDITIONS	
ASTHMA	MOOD/ANXIETY DISORDER (INCLUDES DEPRESSION)
DIABETES	EPILEPSY
HYPERTENSION	OSTEOARTHITIS
OSTEOPOROSIS	
OTHER EVENTS / INTERVENTIONS INCLUDED IN THE CHRONIC DISEASE REGISTRY	
STROKE	CHRONIC KIDNEY DISEASE ON DIALYSIS
CORONARY ARTERY BYPASS GRAFT	ACUTE MYOCARDIAL INFRACTION (HEART ATTACK)
PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	

AN OVERVIEW OF ELDER ABUSE AS DEFINED IN THE *ADULT GUARDIANSHIP ACT*

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.

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