OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Monitoring Seniors Services 2022 Report

8th Edition

www.seniorsadvocatebc.ca

MESSAGE FROM THE SENIORS ADVOCATE

DECEMBER 2022

The annual Monitoring Seniors Services report provides an opportunity to review the performance of a broad range of services across health care, housing, transportation, income supports and community services. While we compare results to the previous year, the five-year trend pattern is more informative in telling us where we are improving and where changes need to be made. I encourage readers to review the attached data tables detailing program performance over the past five years.

Overall, B.C. is continuing to see the population of seniors increase both in numbers and as a proportion of the population over the past five years. Almost 60% of seniors are age 65-74, 30% are 75-84, and 12% are 85+. We have seen increases to both the number of seniors 65-74 and their proportion of the overall population. For seniors 85+, their numbers have increased 10% but their proportion of the overall population has remained stable over the past five years at 2%.

Life expectancy at age 65 in B.C. continues to be the highest in the country and has held relatively stable over the past five years with a slight decrease in the rate of death per 1,000 of population. The top five causes of death for people 65 and over have remained the same over the past five years: cancer, heart disease, cerebrovascular diseases (stroke), chronic lower respiratory diseases and diabetes mellitus.

When we combine demographic data with health data, they show most people are relatively healthy until well into their 80s. It also tells us the health care system has not yet begun to feel the real impact of the aging "boomer" population which is important to keep in mind as we review the performance of key supports to aging relative to current and projected population growth.

While there have been some areas of progress over the past five years, there continues to be several areas where services for seniors are not keeping up with growing demand.

First, we look at health care. One area of progress is surgical wait times. Over the past five years, there was a 19% increase in the number of the top five surgeries performed on seniors. In addition, the wait times decreased in four out of the five despite an increase in the number of people waiting. The top five surgeries for seniors are: cataract, knee replacement, hernia repair-abdominal, hip replacement and prostate surgery.

We are also seeing a five-year decline in the rate of visits to the emergency department and hospitalizations. This is mostly a function of the growth in younger seniors and a reminder of the pressures still to come.

Home care, in particular home support, continues to struggle with a 5.6% decrease in the client rate per 1,000 of the target population (age 75+) over the past five years. While we have seen a 9.7% increase in the absolute number of clients over the past five years, there has been a concurrent 4.4%

reduction in the average hours of care per person.

As home support continues to decline, we have seen no real increases in assisted living in terms of the subsidized units or hours of care provided. However, we have seen significant increases in the waiting times and waitlist for long-term care. Both the median and average length of stay in long-term care increased over the past five years compounding the issue of accessibility. We also continue to see increasing rates of the use of antipsychotics in long-term care with B.C. consistently above the national average.

Of positive note is the increasing number of long-term care residents who are able to access their preferred facility. Both the number of clients waiting and the average wait times continue to decrease reflecting the policy change in 2019 that gave seniors and their families more flexibility and choice when choosing a care home.

Unfortunately, Adult Day Programs (ADPs), which were beginning to show progress and expand in 2019, have not recovered from their total shut down during the first year of the pandemic. There is a drop of 53% in the number of ADP clients and a further drop of 70% in the number of program days in the last five years.

As we emerge from the pandemic, we are reminded of the threat from respiratory illnesses such as influenza and the need to receive our annual flu shot. Overall, we find that less than half of B.C. seniors (43%) received the flu vaccine last year and only 14% of those under 65 received the shot. While low, these numbers represent a 10% increase for seniors and 5% increase for people under 65 over the last five years. Unfortunately, we have seen a consistent decline in influenza immunization of staff working in long-term care over the same time period.

While we continue to experience staffing challenges in all areas of health care, it is important to note that all registered health care occupations have experienced increases over the past five years. The smallest increase was registered nurses with a 5.9% increase. The largest in terms of both percentage increase and numbers of people is care aides and community health workers with a current total of 41,638 active registrants a 33% increase over the last five years.

While health care is very important, appropriate and affordable housing is essential in order for seniors to live independently. Overall, we find that 95% of seniors live independently in their own home - a trend that is remaining relatively stable. In B.C., 80% of seniors own their own home and 32% have some form of mortgage. While the rate of home ownership has remained relatively stable over the past five years, the percentage of senior homeowners with a mortgage is increasing.

Property tax deferral, which is the main provincial government support offered to senior homeowners, has seen an overall increase over the past five years. However, the number of new

users decreased by 49% over this same period. It is estimated that only 14% or less of eligible homeowners use property tax deferral.

Seniors who rent continue to see a decrease in the level of support offered through the Shelter Aid for Elderly Renters (SAFER) program. While the average rent for SAFER recipients has increased 13% over the past five years, the average subsidy has only increased by 2.9% and has decreased consistently over the past three years.

Seniors Subsidized Housing (SSH) has seen an increase of 3.9% in the number of units but a 5.3% decrease of the rate of units per 1,000 of the target population over the past five years. The number of applicants on the waitlist experienced a consistent year-over-year increase for a total increase of 50% in the past five years.

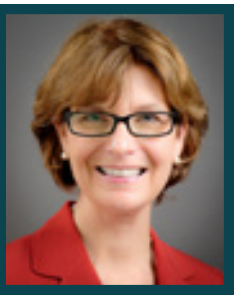
Seniors, like all of us, need reliable transportation. Between 65 and 74 years old, 88% of people in B.C. have an active driver's licence. While the number of licensed drivers will decline over the time, the pattern is showing small increases across all ages in terms of seniors with an active driver's licence over the past five years. Data related to driver assessments for people aged 80 and over is not currently available due to the disruptions imposed by the pandemic. We hope to include this information in our next report.

The HandyDART system, delivered by Translink in the lower mainland and BC Transit in other parts of the province, is showing significant decreases over the past five years, much of which is attributed to the pandemic. Overall, the number of clients is down 7% and the number of rides provided is down 52%. There are similar decreases in the Taxi Saver Program.

The main income supports provided to seniors remain Old Age Security (OAS), Canadian Pension Plan (CPP) and Guaranteed Income Supplement (GIS) - all of which are indexed to inflation. The BC Seniors Supplement, provided to the lowest income seniors, is not indexed to inflation, but was doubled in 2021 to its current level of $99 per month. The rate of seniors receiving these supports has remained relatively constant over the past five years. The GIS, which is provided to low-income seniors and remains a good measure of poverty levels among seniors, remains at 29% of the seniors population (297,172).

Community supports for seniors in B.C. continued to grow last year. The federal New Horizons program has increased its funding by 78% and increased the projects it supports by 60% over the past five years. The First Link program offered by the Alzheimer Society of BC has shown a 22% increase in the number of clients served and achieved a fourfold increase in the number of communities supported over the past five years.

The Better at Home program shows a 10% increase in the number of active clients and 36.5%



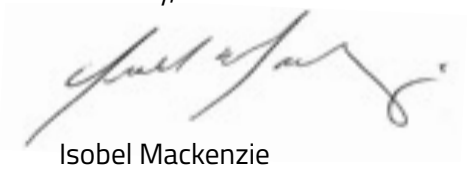
increase in the services provided over the last five years. In the next year, we anticipate a complete merge of Better at Home with the Safe Seniors, Strong Communities program which was established at the beginning of the pandemic to provide basic services to seniors who were sheltering at home.

Unfortunately, the reports from the community agencies that work in adult abuse and neglect show continued increases. Over the past five years, calls to BC211 related to seniors abuse more than doubled, and the calls to designated agencies increased 58%. The RCMP report victims of violence increased 60.5% and complaints of property crime increased 13.2% for people 65+. There is a similar pattern when looking at data from Vancouver Police which is the second largest law enforcement database in B.C. after the R.C.M.P.

In summary, it is clear from the numbers that we need to do more work now to address the problems that will be coming as the bulk of seniors who are currently relatively young and healthy continue to age and the proportion of the population 85+ begins to grow. Whether it is an effective and affordable home support program, the availability of a long-term care bed, the ability to afford to pay rent and buy food, or reducing abuse and neglect, we must continue our focus and efforts to improve. B.C. has demonstrated that it can and does improve when resources and focus are brought to a problem, and we can achieve better outcomes with a plan that is informed and concrete.

On a personal note, this report is a significant undertaking and could not be done without the participation from many government ministries and agencies that work diligently to provide the important data contained within. I'd like to thank our partners as well as the dedicated staff at the Office of the Seniors Advocate who work hard to develop this report each year.

Sincerely,



Isobel Mackenzie
Seniors Advocate, Province of British Columbia

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

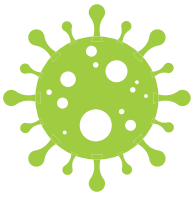
Acknowledgements & Notes

Many people 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 2021/22, covering the period from April 1, 2021 to March 31, 2022, or for calendar year 2021. In some cases, as noted in the report, other time frames have been used. Comparative year-over year data are provided in the Data Tables available in a supplementary document. Numbers may not exactly match other publications 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 significant impacts, we have applied the following icon throughout this document:



2022 Highlights

B.C. DEMOGRAPHICS HIGHLIGHTS

- The seniors population continues to grow and has now surpassed 1 million. In the past five years, the seniors population of BC has grown by 17%. Seniors now represent 20% of the BC population compared to 18% in 2017.
- In the last five years, the number of people 85 years and older has grown 10% but has remained relatively stable as a proportion of the population at 2%. The main growth in the seniors population is in the 65-79 age cohort.
- The percentage of seniors is highest in Vancouver Island Health and lowest in Northern Health, a relatively constant trend over the past five years.
- The life expectancy at 65 years in British Columbia is 21.8 years; 23.3 years for females and 20.4 years for males and has remained relatively stable over the past five years. Health adjusted life expectancy at age 65 has is relatively stable over the past five years at 16.8 years.
- A total of 34,831 people age 65 and older died - a 14.6% increase over five years -although the fatality rate for 65 and older has decreased 1.8% during the same timeframe.
- The top five causes of death for people age 65 and over are cancer (25%), heart disease (17%), cerebrovascular diseases (stroke) (7%), chronic lower respiratory diseases (4%) and diabetes mellitus (4%). The top five causes of death have remained constant over the past five years.

HEALTH CARE HIGHLIGHTS

- 20% of seniors aged 65 and older are living with high complexity chronic conditions, and 5% are diagnosed with dementia. This has remained relatively stable over the last five years.
- The hospitalization rate per 1,000 seniors (65+) has fallen 6% over the last five years.
- Emergency department visits per 1,000 seniors (65+) has fallen 10% over the last five years, although the overall rate of visits to emergency by seniors has increased 5% in the last five years. Rebounding from the first year of the pandemic, there was an 11% increase in emergency visits by seniors last year.
- 81% of alternate level of care (ALC) days were for seniors and this proportion was relatively stable over the past five years, ranging from 80% to 82%. The average length of stay in ALC for seniors increased 1.5% last year but is down 1.4% from 2017/18.
- The top five surgeries for seniors are: cataract, knee replacement, hernia repair-abdominal, hip replacement and prostate surgery. This has remained unchanged.
- Over the last five years, the number of completed surgeries in four of the top five surgeries for seniors increased and the median wait time in four of the top five surgeries for seniors decreased. However, the number of cases waiting for all but cataract surgery increased.
- Over the last five years, the rate of home support clients per 1,000 of target population has decreased 5.6% and the average hours per actual client has decreased 4.4%. The absolute number of long-term home support clients has increased 5.3% in the last five years while the number of CSIL clients fell 1%.
- The number of clients receiving community based professional services (i.e., case management, OT/PT, home care nursing) increased 16.3% over the past five years.
- Home care complaints increased 11% in the past five years.
- There are 243 respite beds in the province. Overall, there were 40 more respite beds compared to March 2018.
- Adult Day Programs (ADP) have not rebounded from their COVID imposed closures. There was a 52.8% reduction in the number of clients and a 70% reduction in the number of program days since 2017/18.

- Over the past five years, subsidized registered assisted living units have increased by 0.1%, the wait list decreased by 2% and the personal care hours assigned to each unit decreased 1.1%
- Over the past year, reportable incidents in registered assisted living increased by 41%; 46% of these were unexpected illness and 40% were falls. The volume of reportable incidents has increased year over year, particularly for falls.
- There are 29,194 publicly funded long-term care (LTC) beds in 294 care homes. Over the past five years, the number of publicly funded sites increased 0.3% and the number beds increased 2.5%. The population 85 and older has grown 10% during this same time period.
- 77% of LTC residents live in single occupancy rooms which is a 5% increase over the past five years.
- In the last five years, both the average and median lengths of stay in LTC have increased by 3.5% and 10% respectively.
- Just over 9,700 seniors were admitted to LTC, 53% from hospital and 47% from the community. Over the past five years, the total number of LTC residents is down 3.4%.
- The LTC waitlist has more than doubled in the past five years and increased by 40% in the last year alone. In B.C., there were 3,430 seniors waiting for a publicly funded LTC bed last year.
- Residents in an interim care home waiting for their preferred care home decreased by 29%, with an average wait time of 256 days compared to 459 days from 2020.
- The proportion of residents taking antipsychotic medications without a diagnosis of psychosis increased by 5% to 27.8%, the highest in the past five years.
- Since 2017/18, the volume of reportable incidents in LTC has increased 9%, primarily in reports of expected deaths (39%) and unexpected illness (29%). In the last year, reportable incidents in LTC increased 40% to 19,056.
- Both the Patient Care Quality and health authority licensing offices received fewer complaints from LTC this year (27% and 24% less respectively); however, since 2017/18, the LTC complaints received by the Patient Care Quality Office and licensing offices increased by 13% and 16% respectively.
- All health care employee registries showed increases this past year. Over the past five years there has been a 13% increase in physicians, 10% increase in nurses, 33% increase in care aides and community health workers; 14% increase in physiotherapists and 18% increase in occupational therapy.
- Over the last five years, the difficult to fill vacancies across all health care occupations increased from 130% to over 1000%.
- 43% of seniors received the publicly funded flu vaccine compared to 33% in 2017/18; 8% received the vaccine in their physician's office compared to 10% last year.
- 84% of all seniors living in the community were fully vaccinated for COVID-19 plus one booster (as of November 28, 2022).

COMMUNITY SUPPORT HIGHLIGHTS

- The New Horizons for Seniors Program approved 398 new community-based projects in B.C. with federal funding of $8.4 million. There was a 9% decrease in approved projects and a 2% increase in funding over 2020/21. Over the past five years, B.C. has received a 60% increase in approved projects and 78% increase in funding.
- First Link® dementia support served almost 13,000 clients, of which 5,600 were new clients. There were 12% more clients and 9% more client contacts. Over the past five years, First Link® has increased the number of clients served by 22% and more than quadrupled the number of communities served.
- The Better at Home program served almost 13,000 clients with 245,000 services, of which 5,400 were

2022 Highlights, continued

new participants. Over the past five years, Better at Home has increased active clients by 10.2 % and the number of services provided by 36.5%.

- Safe Seniors, Strong Communities served over 6,000 seniors who received more than 282,000 services. More than 3,000 volunteers provided services to support seniors during the COVID-19 pandemic.

HOUSING HIGHLIGHTS

- 95% of seniors live independently in private dwellings, while 5% of seniors live in assisted living or long-term care. A higher proportion of seniors live independently compared to five years ago.
- New users of the Property Tax Deferment program decreased over the past five years, falling 23% from last year and 50% from 2017/18. The average home owner deferred $4,494, 5% more than last year and 13% more compared to 2017/18 . The yearly interest rate for deferred property taxes was at the lowest rate (0.45%) in the last five years.
- Shelter Aid for Elderly Renters (SAFER) recipients (23,774) decreased by 6%, while the target population aged 60 or older grew by just over 3%. The average subsidy decreased by 2% to $195 per month while the average monthly rental rate for SAFER recipients increased by 2% to 1,071.
- There are 5.3% fewer units per 1,000 seniors (55+) compared to 2017/18 with an actual increase of 3.9% in the last five years. The number of applicants housed (787) and applicants still waiting (9,614) have steadily increased with a 50% increase in the waiting list over the last five years. The median wait time was the same as the previous year, and has increased 32% over the past 5 years.
- In 2021/22, BC Rebate for Accessible Home Adaptations (RAHA) approved 389 applications with $12,682 of average value of adaptions.

TRANSPORTATION HIGHLIGHTS

- 79% (814,010) of seniors maintained an active driver's licence, a 3% increase from last year and 19% more than five years ago.
- Last year, 10% fewer seniors received the annual BC Bus Pass, that is available to seniors receiving GIS, although numbers were higher prior to 2020.
- Over the past five years, the number of Active HandyDART clients decreased 13.3% for BC Transit and 1.4% for Translink. The rides provided over this same time period decreased, by 60% for BC Transit and 44% for Translink, much of this decrease can be attributed to the pandemic.

INCOME SUPPORTS HIGHLIGHTS

- Overall 93% of B.C. seniors receive Old Age Security, 29% receive the Guaranteed Income Supplement (GIS), over 90% receive CPP and 7% receive the BC Seniors Supplement (BCSS). These percentages have remained relatively stable over the past five years.
- As of January 2022, OAS increased 4% to a maximum of $642.25, GIS increased 4% to $959.26 and the BC Seniors Supplement remained the same amount of $99.30, after doubling in 2021.
- The current maximum Canada Pension Plan (CPP) benefit is $1,253.59 per month with an average of $727.61 per month. The maximum increased by 4% and the average increased by 2% in the last year.
- $1.5 billion was spent on prescription medications for seniors. PharmaCare covered $468 million and the remaining $1 billion (8% increase) was paid for out-of pocket by seniors or by their third-party insurers. The proportion covered by PharmaCare decreased to 31% from 32% in 2019/20 and 2020/21.

SAFETY AND PROTECTION HIGHLIGHTS

- Overall, calls to the Seniors Abuse and Information Line (6,422) increased 31% from last year and calls related to abuse increased by 30%.
- 2,421 suspected cases of abuse and neglect were reported to Designated Agencies; 68% were for seniors aged 65 and older.
- Referrals of suspected cases of abuse, neglect or self neglect to the Public Guardian and Trustee (1,611) increased by 11% and the number involving seniors (1,235) increased 12% from the previous year.
- Victims of violence and property offences against seniors reported to the RCMP increased by over 5% and 3% respectively.
- Cases of physical and financial abuse against seniors reported to the Vancouver Police Department decreased 8% and increased 4% respectively from last year.
- Missing seniors reported to the RCMP (962) and the Vancouver Police Department (292) decreased by 3% and increased 4% respectively from last year.

Overview

The **2022 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 B.C. seniors are active drivers. For people 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

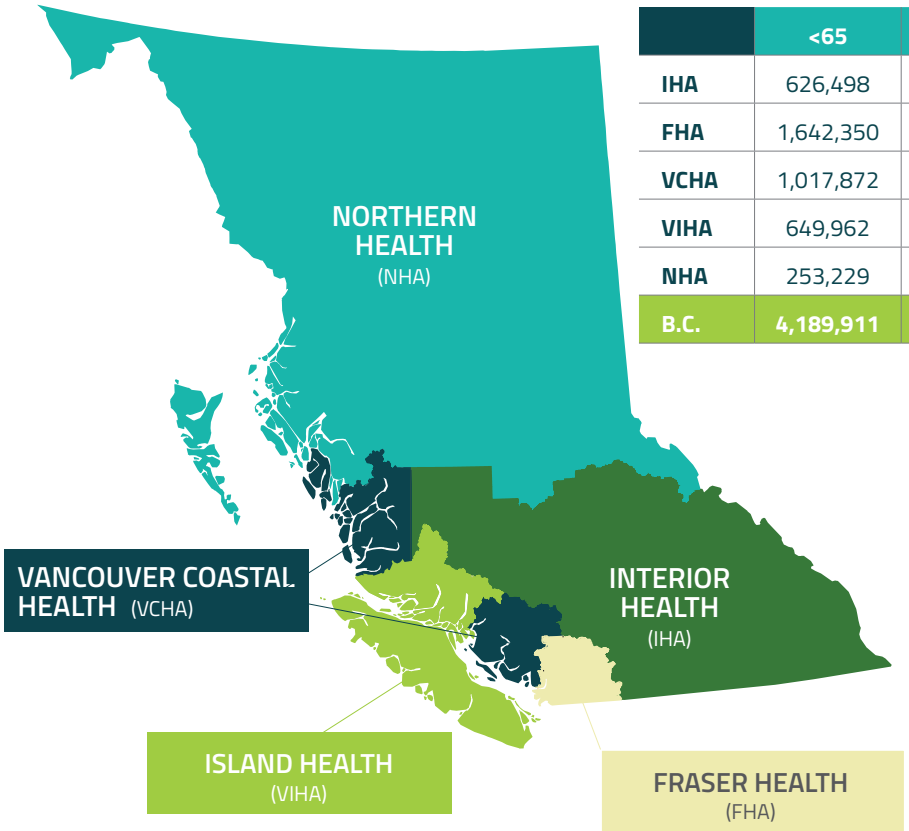
Both the federal and provincial governments provide income support programs for seniors such as the Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS) and the B.C. Seniors Supplement. There are also federal and provincial tax credits and provincial health insurance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

SAFETY AND PROTECTION

Approximately one in six people aged 60 years and older experienced some form of abuse in community settings. This is predicted to increase as countries experience rapidly aging populations. Many seniors and/or families turn to multiple organizations to seek help, which can include Community Response Networks, provincial health authorities, Community Living BC and Public Guardian and Trustee.

B.C. Demographics

In 2021, the population of B.C. was 5,214,805, a 1% increase from the previous year. The number of seniors aged 65 and older (1,024,894) grew by 4% and people aged 85 and older (123,455) grew by almost 2%. Over the past ten years, the seniors population grew by 49% while the overall population grew by 16%. The largest proportion of seniors live in Vancouver Island Health and Interior Health regions.



B.C. SENIORS DEMOGRAPHICS

POPULATION BY HEALTH AUTHORITY AND AGE GROUP, 2021

	<65	65+	ALL AGES	% 65+
IHA	626,498	203,168	829,666	24%
FHA	1,642,350	332,356	1,974,706	17%
VCHA	1,017,872	222,645	1,240,517	18%
VIHA	649,962	218,984	868,946	25%
NHA	253,229	47,741	300,970	16%
B.C.	**4,189,911**	**1,024,894**	**5,214,805**	**20%**

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 people with complex chronic health conditions.

LIVING WITH ILLNESS

Overall, seniors in B.C. are healthy and independent. As seen in the table below, in 2020/21: 13% of seniors did not use the health care system; 29% had low complexity chronic conditions; 28% had medium complexity chronic conditions; and 20% had high complexity chronic conditions. Only 5% of seniors were diagnosed with dementia. All percentages remained essentially the same between 2016/17 and 2020/21.

LIVING WITH ILLNESS

LIVING WITH ILLNESS, 2020/21

	<65	65+	ALL AGES
DEMENTIA			
PERCENTAGE OF POPULATION DIAGNOSED WITH DEMENTIA	0%	5%	1%
POPULATION SEGMENTS			
NON-USERS OF HEALTH CARE AND HEALTHY POPULATION	60%	13%	51%
LOW COMPLEXITY CHRONIC CONDITIONS	25%	29%	25%
MEDIUM COMPLEXITY CHRONIC CONDITIONS	5%	28%	9%
HIGH COMPLEXITY CHRONIC CONDITIONS	1%	20%	5%
FRAIL IN RESIDENTIAL CARE AND END OF LIFE	0%	3%	1%
OTHER	9%	7%	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): 2

IMMUNIZATION

INFLUENZA IMMUNIZATION

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 infection 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.

SOURCE(S): 3

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHARMACIES, 2021/22

	<65	65+	ALL AGES
IHA	14%	52%	23%
FHA	13%	41%	18%
VCHA	17%	35%	20%
VIHA	16%	49%	24%
NHA	7%	30%	11%
B.C.	**14%**	**43%**	**20%**

NOTE(S): 1) 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): 1, 4

INFLUENZA IMMUNIZATION IN THE COMMUNITY

Pharmacies across B.C. dispensed 1,027,231 publicly funded vaccinations, 4% fewer than last year but 29% more compared to 2019/20. Overall, 43% of publicly funded vaccinations were dispensed to seniors last year, relatively similar to past years. Uptake of vaccination among the seniors population has increased in all health authorities over the last several years except for Fraser, Vancouver Coastal and Northern Health in 2021/22.

INFLUENZA IMMUNIZATION IN PHYSICIAN OFFICES

About 8% of seniors received their flu vaccine at a physician's office. These offices administered the publicly funded flu vaccinations to 207,764 people, 42% of whom were seniors. 20% fewer people were vaccinated in a physician's office compared to last year.

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHYSICIAN OFFICES, 2021/22

	<65	65+	ALL AGES
IHA	0.8%	2.7%	1.2%
FHA	3.2%	9.6%	4.3%
VCHA	5.1%	14.9%	6.8%
VIHA	1.7%	6.5%	2.9%
NHA	0.5%	3.3%	1.0%
B.C.	**2.9%**	**8.4%**	**4.0%**

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): 1, 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 increased to 70% compared to 67% last year.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE FOR HOME CARE CLIENTS, 2021/22

	CLIENTS
IHA	71%
FHA	67%
VCHA	67%
VIHA	75%
NHA	67%
B.C.	**70%**

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. Health authority rates are estimates as home care clients may or may not obtain flu vaccines within the health authority where they live.

SOURCE(S): 6

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE IN LONG-TERM CARE, 2021/22

	RESIDENTS	STAFF
IHA	89%	49%
FHA	91%	55%
VCHA	92%	55%
VIHA	92%	58%
NHA	91%	48%
B.C.	**91%**	**54%**

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 LTC and seniors aged 80 and older in the community.

COVID-19 IMMUNIZATION IN THE COMMUNITY

As of November 28, 2022, approximately 84% of seniors living in the community were fully vaccinated with one booster.

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE IN THE COMMUNITY, NOVEMBER 28, 2022

	5-64	65+	ALL AGES
IHA	40%	81%	49%
FHA	48%	83%	52%
VCHA	61%	86%	64%
VIHA	54%	88%	61%
NHA	35%	77%	40%
B.C.	**50%**	**84%**	**55%**

NOTE(S): The vaccinated population is B.C. residents vaccinated with three doses of COVID-19 vaccine as of November 28, 2022 from Provincial Immunization Registry (PIR). The total population estimates are based on Client Roster Census snapshot as of June 2022 with age calculated as of December 31, 2022. The records with invalid or missing PHN, geography, age were excluded from this calculation.

SOURCE(S): 8

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE IN LONG-TERM CARE, AS OF JULY 15, 2022

	RESIDENTS
IHA	91%
FHA	92%
VCHA	95%
VIHA	94%
NHA	87%
B.C.	**93%**

SOURCE(S): 7

COVID-19 IMMUNIZATION IN LONG-TERM CARE

As of July 15, 2022, 93% of residents in publicly funded LTC facilities were fully vaccinated with one booster. A resident may not be vaccinated for a variety of reasons including certain pre-existing health conditions.

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 27% of emergency visits and 46% of hospitalizations across B.C. were for seniors. Overall, emergency visits increased 17% and hospitalizations increased 8% from the previous year. Both the hospitalization and emergency visit rate per 1,000 seniors (65+) increased 7% from last year.

HOSPITAL CARE

HOSPITAL CARE IN B.C., 2021/22

	<65	65+	ALL AGES
HOSPITALIZATIONS	514,878	439,732	954,610
INPATIENT	258,880	193,918	452,798
DAY SURGERY	255,998	245,814	501,812
INPATIENT AVERAGE LENGTH OF STAY (DAYS)	5.0	8.4	6.4
EMERGENCY DEPARTMENT VISITS	1,616,856	583,322	2,200,178

NOTE(S): Hospitalization data includes hospital records coded as acute care, rehab, and day surgery. Data has been adjusted to remove still births, abortions, cadaver donors, and clients without a valid BC personal health number or local health authority. Emergency department visit excluded BC Residents without active MSP coverage during the fiscal year of emergency department visit.

SOURCE(S): 9, 10, 11

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 cases increased by 11% to 21,204; 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, 2021/22

	<65	65+	ALL AGES
INPATIENT CASES	223,693	187,864	411,557
ALC CASES	3,804	17,400	21,204
% ALC CASES	1.7%	9.3%	5.2%

SOURCE(S): 12

Hospital inpatient days designated as ALC increased 14%; 81% of these days were for seniors. All health authorities have over 80% of ALC days for seniors except Vancouver Coastal Health with 74% for seniors. ALC days increased across all health authorities.

HOSPITAL CARE

ALC DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2021/22

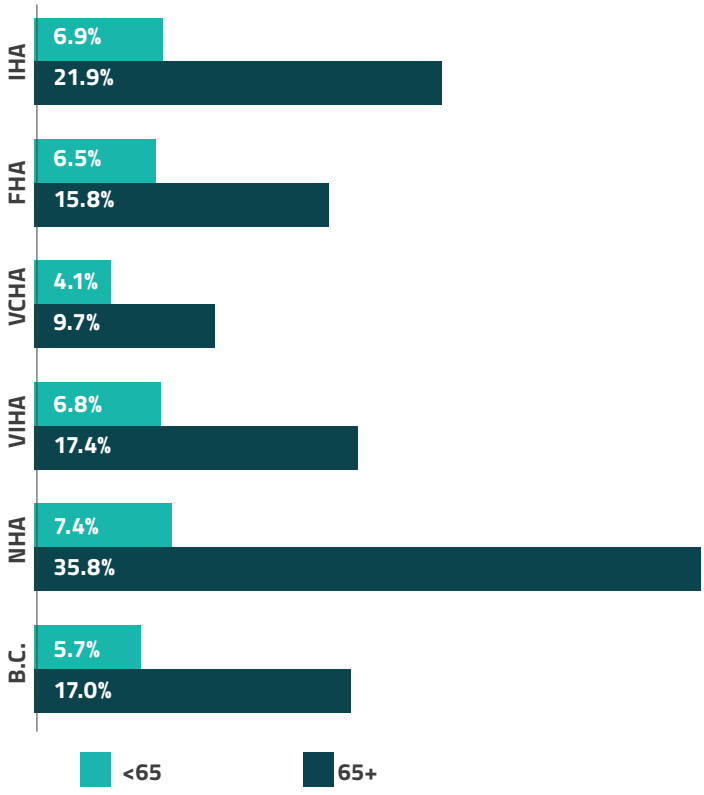
	<65	65+	ALL AGES
IHA	15,447	74,381	89,828
FHA	26,106	101,597	127,703
VCHA	14,478	41,632	56,110
VIHA	15,334	74,936	90,270
NHA	6,362	40,515	46,877
B.C.	**77,730**	**333,061**	**410,791**

SOURCE(S): 12

ALC days as a percent of total inpatient days was 12% overall and 17% among seniors, lower than all of the previous four years.

HOSPITAL CARE

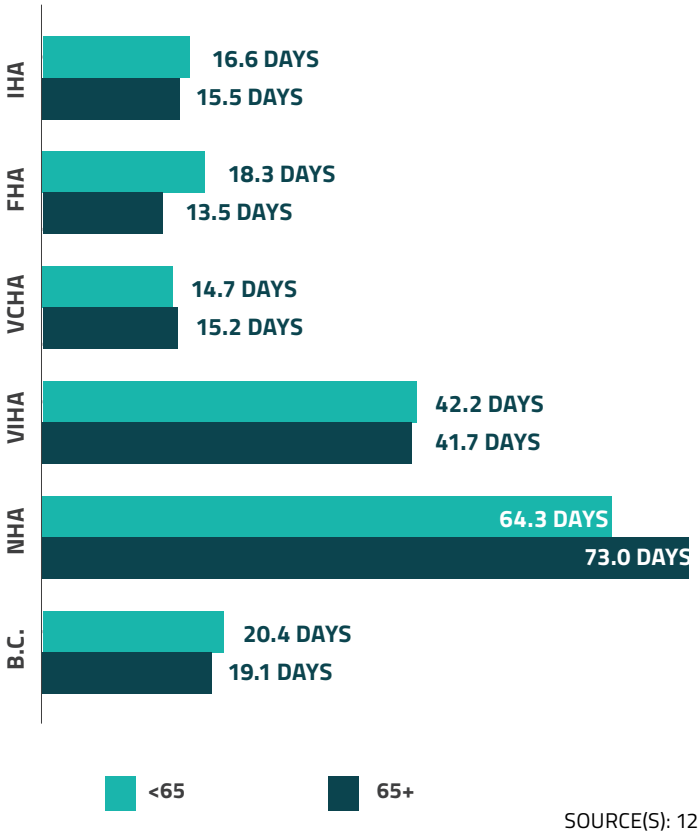
ALC DAYS AS A PERCENT OF TOTAL INPATIENT DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2021/22



SOURCE(S): 12

HOSPITAL CARE

AVERAGE LENGTH OF STAY IN ALC (DAYS) BY HEALTH AUTHORITY AND AGE GROUP, 2021/22



SOURCE(S): 12

The average length of stay in ALC was 19 days for seniors, a 1.5% increase from the previous year. This number varied significantly between health authorities, a pattern that has been observed in past years, with the highest average length of stay in ALC in Northern Health.

SURGICAL WAIT TIME

More than 300,000 surgeries are performed in B.C. each year. Only scheduled surgeries are placed on the waitlist by priority, but emergency or unscheduled procedures never appear on waitlists. The wait for surgery is measured from the time the booking form is received by the health authority and ends when the patient receives the scheduled surgery. This wait time does not include the time a patient waits to see the surgeon.

SOURCE(S): 13

COMPLETED AND WAITING SURGICAL CASES

There were 254,660 completed scheduled surgeries in 2021/22, 18,571 (8%) more surgeries compared to 2020/21. This increase was due to the additional resources that were implemented to help address the backlog of postponed non-urgent surgeries due to the pandemic. Of the completed cases, 124,964 (49%) were for patients 65+ compared to 129,696 (51%) patients under the age of 65 years. For seniors who had surgery, half waited less than 5.9 weeks before receiving surgery, while half waited longer. One in ten seniors waited 28.9 weeks or longer before receiving surgery.

As of March 31, 2022, there were 88,365 patients on the surgical wait list, 5% more than the number waiting in 2020/21. Of those patients, there were 38,936 (44%) patients 65+ on the wait list. Half seniors have waited less than 10.9 weeks, while half have waited longer. One in ten seniors continue to wait 45.9 weeks or more for surgery.

SURGICAL WAIT TIME

SCHEDULED SURGICAL CASES AND WAIT TIME, 2021/22

	<65	65+	ALL AGES
CASES COMPLETED	129,696	124,964	254,660
50 PERCENTILE WATIING TIME	6.0	5.9	5.9
90 PERCENTILE WAITING TIME	28.3	28.9	28.6
CASES WAITING	49,429	38,936	88,365
50 PERCENTILE WAITING TIME	14.3	10.9	12.1
90 PERCENTILE WAITING TIME	52.1	45.9	49.1

SOURCE(S): 14

The top five scheduled surgeries performed for seniors remained stable over the last five years, which are cataract surgery, knee replacement, hernia repair-abdominal, hip replacement and prostate surgery. In 2021/22, there were 61,180 cataract and 4,185 hip replacement surgeries for seniors, a 26% and 4% increase over the previous year. Knee replacement and hernia repair-abdominal decreased by 1% to 5,972 and 4,725 respectively. There were 4,145 prostate surgeries performed for seniors, less than 1% fewer over the previous year.

More cataract surgeries were completed last year and there were 18% fewer patients waiting in 2021/22. However, it is still the longest wait list among all surgeries for seniors. The wait list for other surgeries in the top 5 surgical procedures for seniors increased approximately 20% or more.

SURGICAL WAIT TIME

TOP FIVE SURGICAL PROCEDURES, COMPLETED AND WAITING CASES (65+), 2021/22

	COMPLETED CASES	WAITING CASES (MARCH 31, 2022)
CATARACT SURGERY	61,180	14,974
KNEE REPLACEMENT	5,972	5,675
HERNIA REPAIR - ABDOMINAL	4,725	1,719
HIP REPLACEMENT	4,185	2,752
PROSTATE SURGERY	4,145	1,343

SOURCE(S): 14

SURGICAL WAIT TIME

In the majority of the past five years, seniors had longer median wait times for cataract, knee replacement and hernia repair-abdominal surgeries but shorter median wait times for hip replacement and prostate surgeries than patients below the age of 65. The difference is small, ranging from one to four days in 2021/22.

Half of seniors waited up to 6.6 weeks to complete a cataract surgery and 6.9 weeks to complete a hernia repair-abdominal, 21 (31%) and 7 days (13%) less than the previous year. Half of seniors waited up to 19 weeks for knee replacement and 16.1 weeks for hip replacement, 27 (17%) and 22 (17%) days less than 2020/21. The median wait time for prostate surgery for seniors has been decreasing between 2018/19 and 2020/21 but increased 13% (4 days) from last year. Knee replacement performed for seniors had the longest wait time with 10% of seniors waiting for over 51 weeks (1 year).

Northern Health had the longest median wait time for all top five surgical procedures for seniors (65+) except for hernia repair – abdominal, where Interior Health had the longest median wait time. Island Health had the shortest median wait time for knee replacement, hip replacement and prostate surgery for seniors, while Interior Health had the shortest median wait time for cataract surgery and Fraser Health for hernia repair-abdominal surgery.

On March 16, 2020, all hospitals were directed to only undertake urgent and emergency procedures and postpone all non-urgent scheduled surgeries in response to COVID-19. Hospitals were to review operating-room capacity daily to prioritize urgent and emergency cases.

On May 18, 2020, surgeries that were postponed due to the COVID-19 pandemic are starting back up as part of a massive surgical renewal plan.

On April 22, 2021, nine Lower Mainland hospitals were directed to only conduct urgent and emergency surgeries for a minimum of two weeks in response to the growing number of people with COVID-19 requiring care in hospital and the strain on the capacity.

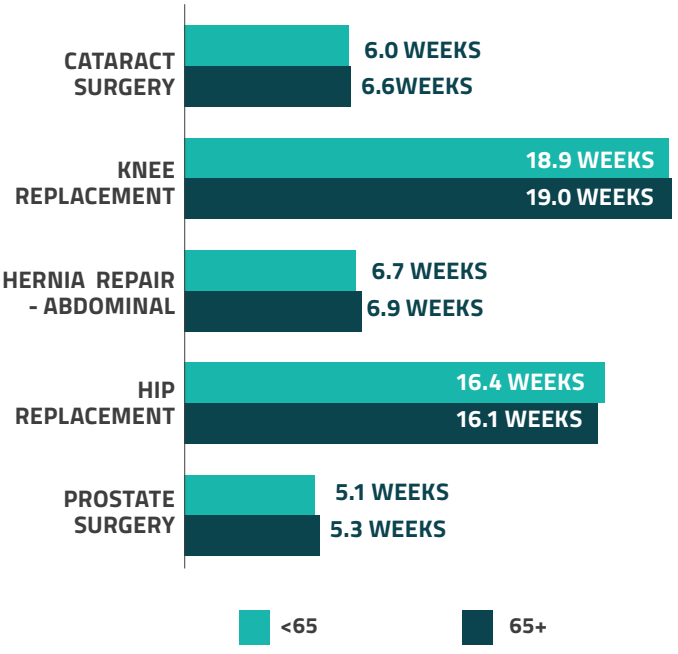
On June 7, 2021, the non-urgent scheduled surgeries resumed in the nine hospitals.

December 20, 2021: Postponing non-urgent scheduled surgeries starting January 4, 2022, to manage pressure on acute care facilities. Urgent and emergency surgeries will continue, and rescheduling will be determined through continuous monitoring of capacity, and COVID-19 impacts throughout January on a regional basis.

SOURCE(S): 15

SURGICAL WAIT TIME

TOP FIVE SURGICAL MEDIAN WAIT TIME FOR COMPLETED CASES, 2021/22



SOURCE(S): 14

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 healthcare 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. It 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 contribution based on income. Clients may also organize their own services through the Choice in Supports for Independent Living (CSIL) program.

SOURCE(S): 16

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, receives one of the following:

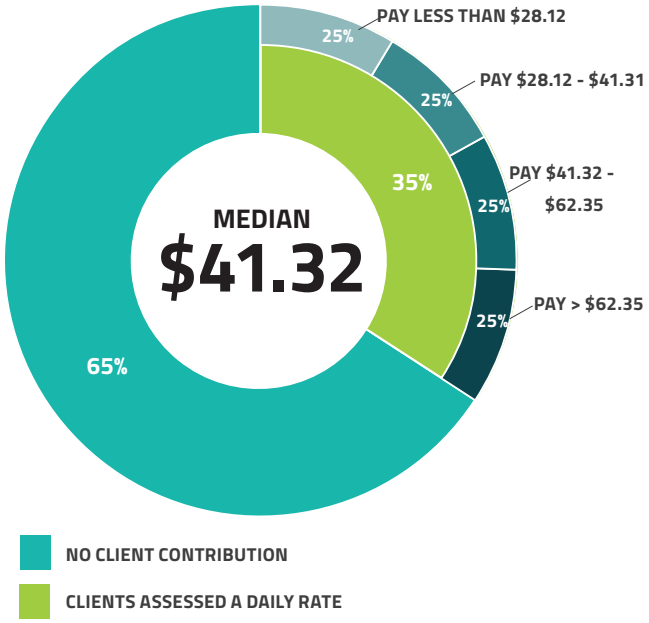
- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the Old Age Act (Canada)
- Income assistance under the B.C. Employment and Assistance Act
- Disability assistance under the B.C. Employment and Assistance for Persons with Disabilities Act, or
- War Veterans Allowance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

SOURCE(S): 17

About 65% of long-term home support clients, including those under the CSIL program, had their client contribution waived and 35% were assessed a daily rate. The median assessed daily rate increased 6% from the previous year, from $38.87 to $41.32.

HOME CARE

ASSESSED CLIENT CONTRIBUTIONS PER DAY FOR HOME SUPPORT, 2021/22



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

SOURCE(S): 18

HOME SUPPORT CLIENTS AND HOURS

More than 50,000 clients (all ages) received nearly 13 million hours of publicly subsidized home support services, with an annual average of 250 hours of service per client. The number of clients and hours increased 7% and 5% respectively over the previous year, while the average hours per client declined 2%. The rate of home support recipients per 1,000 seniors (aged 75 or older) was 119, 3% increase from last year, but still below the rate of 126 per 1,000 seniors in 2017/28.

HOME CARE

HOME SUPPORT CLIENTS AND HOURS, 2021/22

	CLIENTS	HOURS	AVERAGE HOURS PER CLIENT
IHA	9,502	1,918,050	202
FHA	16,248	4,252,426	262
VCHA	11,356	3,139,789	276
VIHA	10,241	2,894,734	283
NHA	3,259	461,896	142
B.C.	**50,606**	**12,666,895**	**250**

NOTE(S): Includes long-term, short-term and CSIL clients. Clients may receive services 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): 19

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. Both the number of clients and the service hours in each type of service increased but the average hours of care provided decreased 2% in long-term home support, 4% in short-term home support and 6% in CSIL over the previous year. Compared to 2017/18, the number of clients, service hours and the average hours per client increased for both long-term and short-term home support but decreased for the CSIL program.

HOME CARE

HOME SUPPORT BY SERVICE TYPE, 2021/22

	LONG-TERM	SHORT-TERM	CSIL
NUMBER OF CLIENTS	33,457	23,364	1,038
NUMBER OF HOURS	8,604,192	1,263,048	2,799,655
AVERAGE HOURS PER CLIENT	257	54	2,697

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

SOURCE(S): 19

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 continued to increase in the past five years, with a 5% increase from the previous year. The number of visits decreased 1%, with an average of 12 visits per client (down 5%). While the number of clients receiving professional home care services increased across all the health authorities, the average number of visit per client decreased across all health authorities.

The number of clients receiving professional home care services in Interior Health has been on a downward trend in the past four years with a small uptick in 2021/22. The number of clients receiving professional home care services in other four health authorities continued to increase over five years except Vancouver Coastal Health having a dip in 2018/19.

HOME CARE

PROFESSIONAL HOME CARE CLIENTS AND VISITS, 2021/22

	CLIENTS	VISITS	AVERAGE VISITS PER CLIENT
IHA	30,828	362,433	12
FHA	36,874	437,095	12
VCHA	26,031	351,964	14
VIHA	31,089	464,330	15
NHA	14,400	96,956	7
B.C.	**139,222**	**1,712,778**	**12**

NOTE(S): Includes case management, community nursing services, community rehab services and clinical social work clients. Clients may receive services 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 six sites in NHA for all years.

SOURCE(S): 19

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 775 complaints in all health authorities, a 9% increase from last year; 11 of which were reviewed by the Patient Care Quality Review Board. The number of complaints ranged from 36 in Northern Health to 360 in Fraser Health and increased among all health authorities except Vancouver Island Health. While the reasons for complaints cover a broad range of concerns, 81% were about:

- Care (31%) – primarily delayed or disruptive care or service, or inappropriate type or level of care,
- Accessibility (18%) – primarily care program or service denied, or not available,
- Attitude and conduct (13%) – primarily uncaring attitude, or inappropriate conduct,
- Communication (11%) – primarily inadequate or incorrect information, or relatives or carers not informed, and
- Coordination (8%) – primarily lack of caregiver continuity.

SOURCE(S): 20

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): 21

Due to the pandemic, the Ministry of Health issued full suspensions of ADPs for much of 2020/21. For the brief periods that selected in-person programs were open, clients, families, staff and volunteers were reluctant to return due to low vaccination rates and increasing COVID-19 cases. 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.

All suspensions have now been lifted and support is being provided for the safe resumption of all adult day programs. Health authorities have resumed day programs for older adults with phased re-opening due to staffing challenges, space challenges and contract negotiations with private providers.

ADULT DAY PROGRAM CLIENTS AND DAYS

ADPs had 2,989 clients who attended 69,912 program days with an average of 23 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 in 2020/21. While ADPs has resumed in 2021/22, it is still far behind the pre-pandemic level. The number of clients was almost triple the number in 2020/21, but still less than half of the number in 2019/20. The program days are only one quarter of the service days in 2019/20. The average days per client is 23, an 83% increase from last year, but still two thirds of the level in 2019/20.

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAMS CLIENTS AND DAYS, 2021/22

	CLIENTS	PROGRAM DAYS	AVERAGE DAYS PER CLIENT
IHA	839	18,003	21
FHA	836	12,249	15
VCHA	98	2,763	28
VIHA	1,216	35,899	30
NHA	n/a	998	n/a
B.C.	**2,989**	**69,912**	**23**

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. NHA: the distinct client count for ADP couldn't be provided in 2021/22 due to some system challenges. VCHA: during the restart of ADP services there was a gap in electronic documentation of ADP utilization in VCH; therefore, the VCH data does not accurately portray the correct number of clients or number of program days. This issue was corrected in August 2022.

SOURCE(S): 19

WAITLIST FOR ADULT DAY PROGRAMS

Tracking the waitlist was still a challenge for all health authorities as most in-person programs were not fully operated and health authorities were trying to find other ways to maintain contact with their clients. However, the data received showed 140 clients on the waitlist in Interior Health, 195 in Fraser Health, 442 in Vancouver Island Health and 11 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, 2022

	ADPS	CLIENTS WAITING	AVERAGE WAIT TIME
IHA	30	140	111
FHA	16	195	91
VCHA	n/a	n/a	n/a
VIHA	30	442	101
NHA	17	11	n/a
B.C.	**n/a**	**n/a**	**n/a**

NOTE(S): VCHA: Wait lists were not centrally maintained during the pandemic due to staff redeployments and service shutdowns. Although NHA has 17 ADPs, wait time data was only received for 9 programs in 2022

SOURCE(S): 22

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): 23

On March 31, 2022, there were 243 respite care beds across the province ranging from 29 beds in Northern Health to 61 beds in Fraser Health. The number of respite beds remained the same for all health authorities except for one additional bed in Interior Health.

SOURCE(S): 24

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 can vary and 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): 25

Assisted living units in B.C. are either publicly subsidized registered units or private-pay registered units. In addition, there are independent living units, which are not subsidized by the government and are not registered with the Assisted Living Registry. Canada Mortgage and Housing Corporation (CMHC) previously collected information about the independent living units through their Seniors' Housing Survey, but this survey was discontinued in 2021.

ASSISTED LIVING

ASSISTED LIVING SITES AND UNITS, MARCH 31, 2022

	SITES	SUBSIDIZED UNITS	PRIVATE UNITS
SUBSIDIZED REGISTERED	136	4,415	1,276
PRIVATE REGISTERED	70	n/a	2,737

SOURCE(S): 26

After declining for three years from 2018 to 2020, the number of registered assisted living units increased in 2021 and 2022. Overall, however, there has been a decrease in the total number of registered units in the last five years.

SOURCE(S): 26

COVID-19 AND ASSISTED LIVING

The COVID-19 pandemic has had tremendous impact on assisted living services provided to seniors across the province. Sites continued measures to protect the safety of people living in seniors' assisted living, including rapid testing for visitors and staff at assisted living sites connected to long-term care homes. Assisted living residences were challenged to fill shifts due to goverment Single Site Order which limited staff to work at one facility. Health authorities continued to host virtual town halls to communicate up-to-date information for site operators and providing access to resources to respond to outbreak management. Easing of visitor restrictions were in place and resuming social and recreational events to support residents' needs and well-being.

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.

SOURCE(S): 25

As of March 31, 2022, there were 43 clients across the province paying the maximum amount. This was a 16% decrease from the previous year.

SOURCE(S): 22

The average client contribution for subsidized assisted living increased almost 3% 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 risen every year over the last five years including an increase of almost 2% over the previous year.

ASSISTED LIVING

CLIENT CONTRIBUTIONS IN SUBSIDIZED ASSISTED LIVING, 2022

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	$1,368.86	$1,243.49	6
FHA	$1,537.16	$1,314.89	10
VCHA	$1,449.08	$1,224.70	15
VIHA	$1,474.02	$1,304.51	8
NHA	$1,496.43	$1,296.28	4
B.C.	**$1,468.43**	**$1,275.22**	**43**

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

SOURCE(S): 18, 22

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 covering both independent living (a seniors-oriented housing that provides hospitality services and an opportunity for social programs in a congregate setting) and private pay assisted living regulated under the CCALA. However, given the circumstance of the COVID-19 pandemic, this survey has not been conducted in a few years. The latest available survey is from 2017.

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): 27

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 2021/22, there were 5,215 clients in assisted living, relatively unchanged from the previous year. The number of clients declined each year between 2017/18 and 2020/21 with a negligible uptick in 2021/22. Among all the health authorities, Vancouver Coastal Health saw the largest decline in the number of clients (4% down) while Fraser Health saw the largest increase (3% up) in 2021/22.

The number of personal care hours provided in assisted living decreased 2% from the previous year. The average care hours per subsidized unit reflects the care hours each client receives in the subsidized units at any given time, irrespective of the turnover rate. The average care hours per subsidized unit decreased across all the health authorities except Vancouver Coastal Health.

ASSISTED LIVING

SUBSIDIZED ASSISTED LIVING UNITS AND CARE HOURS, 2021/22

	UNITS	TOTAL CARE HOURS	AVERAGE HOURS PER SUBSIDIZED UNIT
IHA	945	362,027	383
FHA	1,386	594,046	429
VCHA	841	179,073	213
VIHA	950	430,977	454
NHA	293	110,500	377
B.C.	**4,415**	**1,676,623**	**380**

SOURCE(S): 19

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, 2022, 785 individuals were waiting for subsidized registered assisted living, an 11% increase from the previous year. The largest increases were in Vancouver Island Health (69%), followed by Interior Health (28%) and Fraser Health (25%). The waitlist in Vancouver Coastal Health has been decreasing each year since 2018 with an 8% decrease in 2022. While the

waitlist in Northern Health has been growing each year since 2017, this year there was 3% decrease in 2022.

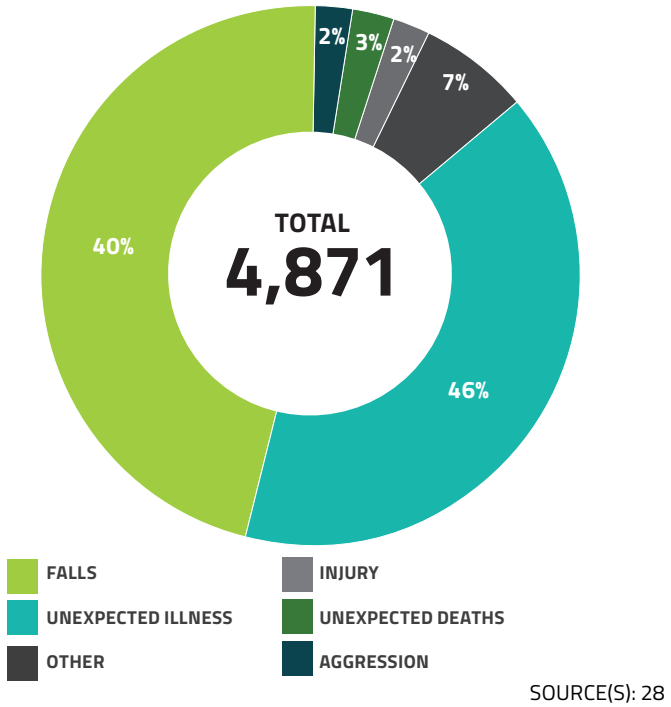
SOURCE(S): 22

REPORTABLE INCIDENTS FOR 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 4,871 incidents reported in 2021/22 compared to 550 in 2017/18. Unexpected illness (46%), falls (40%), unexpected death (3%), aggression (2%), and injury (2%) made up 94% of all reported incidents.

ASSISTED LIVING

REPORTABLE INCIDENTS IN REGISTERED ASSISTED LIVING, 2021/22



SOURCE(S): 28

The year-over-year rate of reported falls in registered assisted living was up 35%, showing a continuing upward trend. All health authorities have seen an increasing rate of falls per 100 units in the past five years except Northern Health where the falls per 100 units decreased 8% to 21 in 2021/22. Interior Health reported the highest rate at 28 falls per 100 units.

ASSISTED LIVING

FALLS IN REGISTERED ASSISTED LIVING, 2021/22

	TOTAL FALLS	FALLS PER 100 UNITS
IHA	576	28
FHA	550	20
VCHA	275	19
VIHA	489	27
NHA	68	21
B.C.	**1,958**	**23**

SOURCE(S): 26, 28

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 2021/22, the ALR received 90 complaints, 61% more than the previous year. The complaints raised 181 issues, with the most frequently cited challenges pertaining to environment, resident abuse, neglect and self-neglect, entry, meal service, personal services plans, exit plans and internal compliant policy. This year, there was a high proportion of complaints unspecified (15%).

SOURCE(S): 29

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 84 in a year. In 2021/22, the ALR conducted 84 site inspections for the following reasons:

- complaints and complaint follow-up (25)
- education (25)
- routine site inspections and visits (15)
- registration and registration follow-up (8)
- possible unregistered residence (6), and
- health and safety issue (5)

SOURCE(S): 26

LONG-TERM CARE

Long-term care 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, 7

LONG-TERM CARE BEDS AND ROOM CONFIGURATION

As of March 31, 2022, there were 27,702 publicly funded and 1,492 private pay beds totaling 29,194 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 236 beds per 1,000 population aged 85 or older. From 2018 to 2022, the number of publicly funded beds increased 2% while the seniors population aged 85 and older grew 10%.

SOURCE(S): 1, 7

The OSA collects information from long-term care operators on room configuration. Under CCALA, residents are required to be housed in single occupancy rooms, but some 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 2022 compared to the previous year.

COVID-19 AND LONG-TERM CARE

The COVID-19 pandemic has had a tremendous impact on long-term care services provided to seniors across the province. In 2021/22, further easing of visitor restrictions were in place, and resuming social and recreational events to support residents' needs and well-being. Health authorities continued to support operators to ensure the safety of residents by continuing infection prevention and control measures, and communicating changes in parameters and processes for declaring outbreaks in care homes. Vaccines continue to play a major role in protecting most residents from severe illness.

In 2021/22, staffing challenges occurred across the province due to implementation of the mandatory vaccination policy and increased staff absences from COVID-19 infections. The Single Site Order continued to be in place, with amendments to allow fully immunized staff to work across designated clusters of sites to address staffing challenges.

LONG-TERM CARE

ROOM AND BED CONFIGURATION IN LONG-TERM CARE, MARCH 31, 2022

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

NOTE(S): This data includes only publicly subsidized care homes that focus on care for seniors which are included in the Long-Term Care Directory. This includes publicly subsidized and private pay long-term care beds, and short-term care beds such as convalescent, end-of-life and respite beds. Care homes that provide specialized care such as acquired brain injury, AIDS or mental health are excluded. SOURCE(S): 7

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, 2022

	COST PER PERSON
MINIMUM - SINGLES	$1,237.20
MINIMUM - COUPLES SHARING A ROOM	$864.76
MAXIMUM	$3,575.50

SOURCE(S): 30

On March 31, 2022, 9% of clients in publicly subsidized beds were paying the maximum annual rate for long-term care in B.C.

SOURCE(S): 7, 22

Average client assessed rates increased 7% 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 2022, the median assessed rate increased 5% over the previous year and 11% over 2018.

LONG-TERM CARE

ASSESSED CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2022

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	$2,009.28	$1,646.46	427
FHA	$1,981.82	$1,613.93	679
VCHA	$1,952.02	$1,487.23	716
VIHA	$2,131.50	$1,755.33	619
NHA	$1,979.15	$1,584.53	59
B.C.	**$2,010.98**	**$1,617.30**	**2,500**

SOURCE(S): 18, 22

LONG-TERM CARE CLIENTS AND DAYS

Taking into account bed turnover, the number of seniors living in LTC homes (40,302) increased 3% from the previous year; of these, 9,738 were new admissions.

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 increased by less than 1% after a 6% decrease in 2020/21.

Overall, the average length of stay in publicly subsidized beds was 851 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 496 days, a 11% decrease over the previous year.

SOURCE(S): 7, 9, 31

LONG-TERM CARE

LONG-TERM CARE DAYS AND LENGTH OF STAY, 2021/22

	CLIENTS	DAYS	MEDIAN LENGTH OF STAY
IHA	10,066	2,074,446	462
FHA	12,297	2,985,768	486
VCHA	8,661	2,275,701	552
VIHA	7,658	1,964,151	469
NHA	1,620	412,191	731
B.C.	40,302	9,712,257	496

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): 7, 19

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, 2022, there were 3,430 clients waiting to be admitted to LTC, a 40% increase over the previous year. The average wait time was 196 days, with a range among health authorities; this is a 10% increase over the average wait time in the previous year.

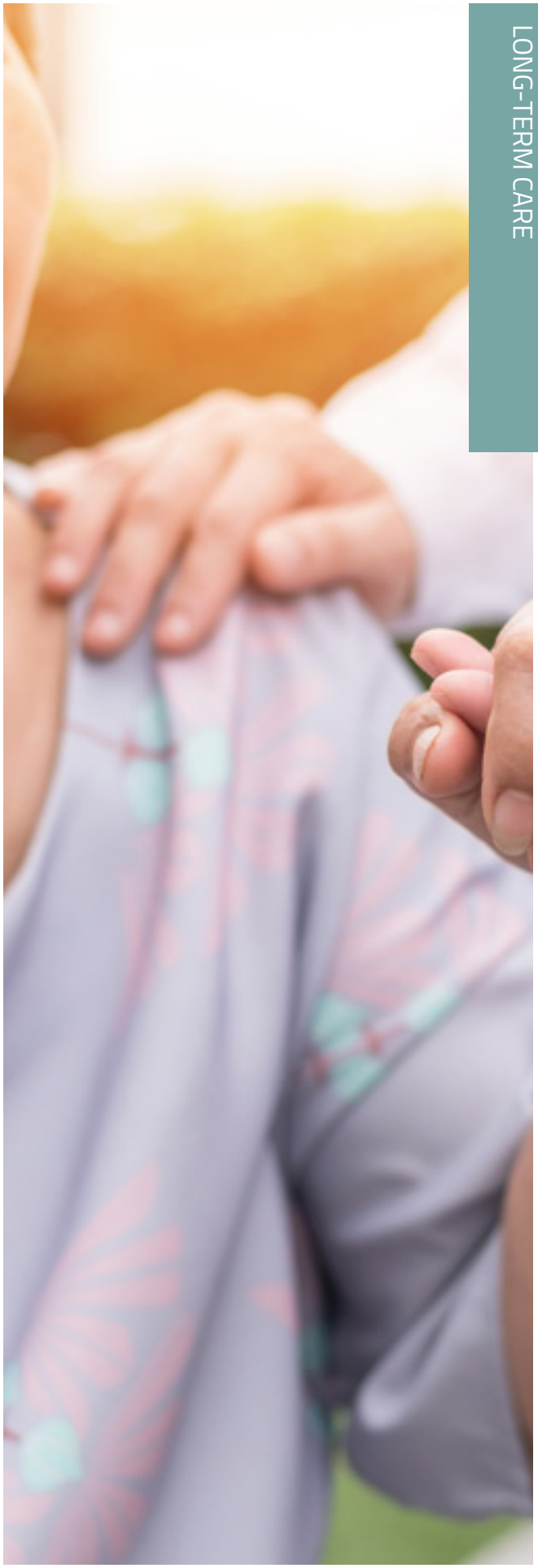
LONG-TERM CARE

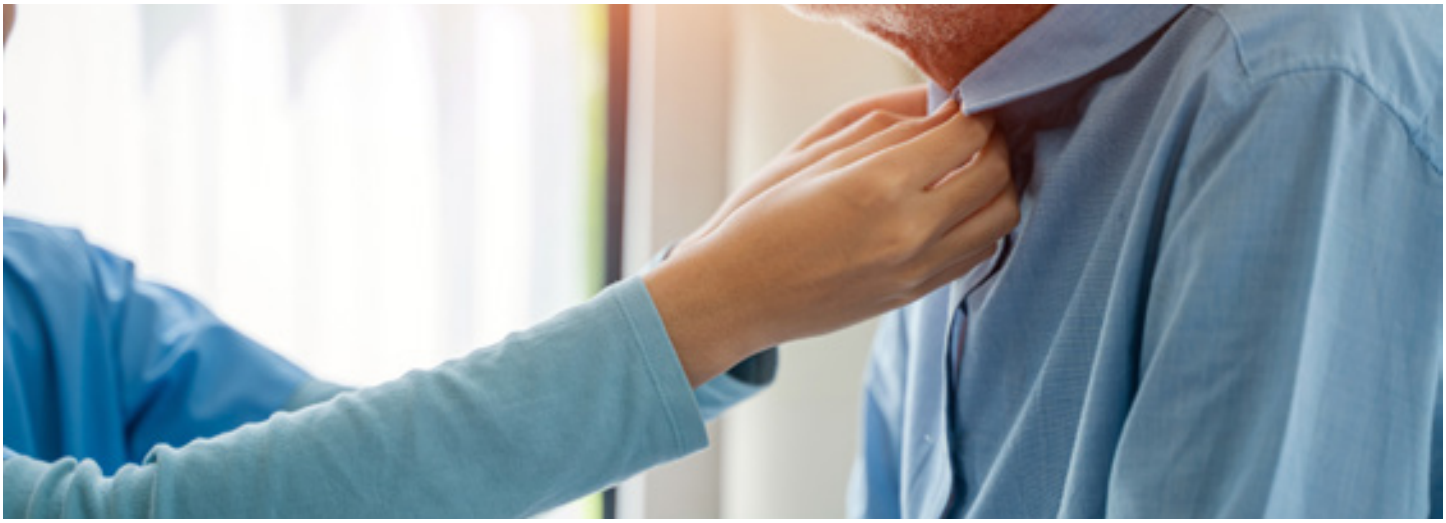
WAIT TIMES (DAYS) FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2022

	AVERAGE	MEDIAN	MAXIMUM
IHA	137	80	1,059
FHA	187	135	1,147
VCHA	67	24	513
VIHA	177	119	1,244
NHA	379	317	1,752
B.C.	196	n/a	1,752

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

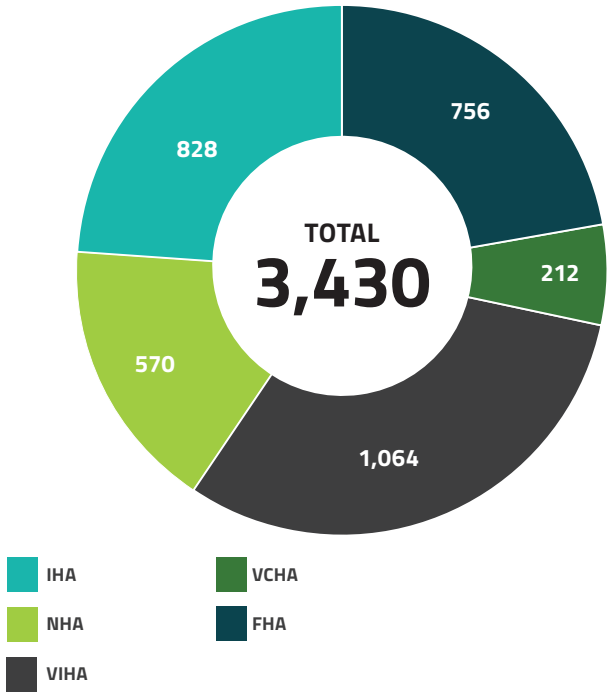
SOURCE(S): 22





LONG-TERM CARE

NUMBER OF CLIENTS WAITING FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2022



SOURCE(S): 22

In 2021/22, there were 9,738 admissions into LTC throughout B.C.; 4,529 were admitted from the community, 5,150 were admitted from hospital. 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, 2021/22 Q4

	FROM COMMUNITY	FROM HOSPITAL (NOT PREVIOUSLY WAITING IN COMMUNITY)	FROM HOSPITAL (PREVIOUSLY WAITING IN COMMUNITY)
IHA	140	28	139
FHA	120	14	127
VCHA	26	16	23
VIHA	138	59	145
NHA	266	197	303
B.C.	115	29	140

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

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. On March 31, 2022, there were 3,469 clients in an interim care home waiting for transfer to their preferred care home with a median wait time ranging from 97 days in Vancouver Island Health to 357 days in Interior Health.

SOURCE(S): 22

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, 2021/22 Q4

	FROM COMMUNITY	FROM INTERIM CARE HOME
IHA	159	185
FHA	167	355
VCHA	22	232
VIHA	167	149
NHA	235	n/a
B.C.	127	261

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 34% of LTC residents, a 3% increase over the previous year. This rate of antipsychotic use is the highest in five years and represents a 14% increase over the rate in 2017/18. 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 28% of residents who did not have a diagnosis of psychosis, a 5% increase over the previous year, and a 10% increase over the rate in 2017/18. Both measures of antipsychotic usage in B.C. are above the national level, 3% and 4% points higher for antipsychotic usage and antipsychotic usage without a diagnosis of psychosis.

LONG-TERM CARE

PERCENT OF RESIDENTS IN LONG-TERM CARE TAKING ANTIPSYCHOTICS, 2021/22

	IN B.C.	IN CANADA
WITHOUT A DIAGNOSIS OF PSYCHOSIS	27.8%	23.9%
WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	34.3%	31.1%

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 LTC 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 21 adverse events, but these are not comparable to reportable incidents outlined in the Residential Care Regulations.)

Health authority licensing offices received 19,056 incident reports. This represents a 41% increase from the previous year. Just about 68% of reportable incidents related to expected deaths and unexpected illness. Falls with injury (13%) continued to be the next most commonly reported type, followed by aggressive behaviour (7%), other injuries (3%) and other service delivery (2%). While Interior Health did not report the outcome of missing or wandering persons, in the remaining health authorities, 94% were found unharmed, 5% required medical attention, and 1% reported deaths.

The 2,527 reported falls with injury equate to 9.2 falls per 100 beds in B.C., a 59% increase from the previous year. The falls rate was highest in Interior Health (13.6) and lowest in Northern Health (6.4). The fall rates increased substantially in all health authorities.

LONG-TERM CARE

INCIDENTS AND FALLS WITH INJURY PER 100 BEDS, 2021/22

	REPORTABLE INCIDENTS	FALLS WITH INJURY
IHA	94.5	13.6
FHA	60.3	7.4
VCHA	63.0	6.8
VIHA	69.0	11.3
NHA	48.1	6.4
B.C.	69.4	9.2

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): 7

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 954 complaints in all health authorities, of which ten were reviewed by the PCQRB. While the number of complaints received decreased for all health authorities except Northern Health, it was just over half in Vancouver Island Health (267) over the previous year.

While the reasons for complaints cover a broad range of concerns, 79% were about:

- care (28%) – e.g., inappropriate type of care, or delayed or disruptive care
- administrative fairness (15%) – primarily policy or procedure interpreted or applied unfairly
- accessibility (12%) – e.g., visiting hours issues, or programs services denied, delayed or not available
- communication (10%) – e.g., relatives/carers not informed or inadequate/incorrect information
- attitude and conduct (8%) – e.g., inappropriate conduct, uncaring attitude, unwelcome physical contact or physical/sexual/verbal abuse.
- accommodation (7%) – primarily dissatisfied with placement or preferred accommodation not available

SOURCE(S): 20

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

COVID-19 IMPACTS ON LICENSING OFFICES

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.

After January 2021, licensing officers were advised to return to routine regulatory work. However, staff illness, working from home, other work time disruptions adding pressure to completing the workload. Community Care Licensing utilized environmental scans and health and safety inspections via phone/internet in order to provide ongoing support to Licensees where onsite inspections were not feasible.

violations. Facilities in Interior and Northern Health authorities licensed under the Hospital Act do not track this information.

Reporting facilities received 408 complaints, of which 146 were substantiated resulting in some type of licensing infraction. Overall, complaints decreased by 24% compared to the previous year and substantiated complaints decreased by 10% for two years in a row. While Vancouver Island Health continued to have the highest number of complaints and substantiated complaints, it decreased 17% and 16% respectively from the previous year. The substantiated complaints per 1,000 beds continue to be above the provincial average (5.3) in Vancouver Island Health (14.9) and Northern Health (9.5).

LONG-TERM CARE

COMPLAINTS IN LONG-TERM CARE RECEIVED BY LICENSING OFFICES, 2021/22

	COMPLAINTS RECEIVED	SUBSTANTIATED COMPLAINTS	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS
IHA*	26	12	2.4
FHA	99	23	2.4
VCHA	45	17	2.5
VIHA	225	86	14.9
NHA**	13	8	9.5
B.C.	**408**	**146**	**5.3**

NOTE(S): *Interior Health: Complaints are only available for facilities licensed under the *CCALA*. **Northern Health: Complaints are only available for facilities licensed under the *CCALA*.

SOURCE(S): 7

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 79% of LTC homes during the fiscal year. There were 756 inspections conducted with 1,478 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 Fraser Health have the highest infraction rates. Most of the infractions found related to care and supervision (18%), the physical environment (17%), records and reporting (17%), and staffing (16%).

LONG-TERM CARE

INSPECTIONS AND INFRACTIONS IN LONG-TERM CARE, 2021/22

	PERCENT OF FACILITIES INSPECTED	LICENSING INFRACTIONS PER 1,000 BEDS
IHA	60.3%	35.7
FHA	100.0%	61.0
VCHA	94.5%	54.6
VIHA	51.7%	36.8
NHA	100.0%	92.5
B.C.	**78.9%**	**50.6**

SOURCE(S): 7

FATALITIES

In B.C., reporting deaths is the responsibility of physicians, nurse practitioners and coroners. Examining fatality data is essential in understanding the characteristics and circumstances of those dying in the province, determine life expectancy and comparing fatality trends overtime. To monitor the health status of the seniors population, fatality data can help us understand questions such as how many seniors are dying and why, how long are seniors living and what are the top causes of death among the seniors population. The BC Vital Statistics Agency (VSA) registers all deaths in the province. If a person dies in B.C., the death must be registered with the VSA. Fatality statistics are presented by calendar year and are provisional, based on available death statistics data from VSA. The BC Coroners Service investigates all unnatural, sudden and unexpected, unexplained or unattended deaths in British Columbia. Due to the backlog of undetermined death cases (including those still under investigation) from the BC Coroners Service, data should be interpreted with caution.

LIFE EXPECTANCY AT 65

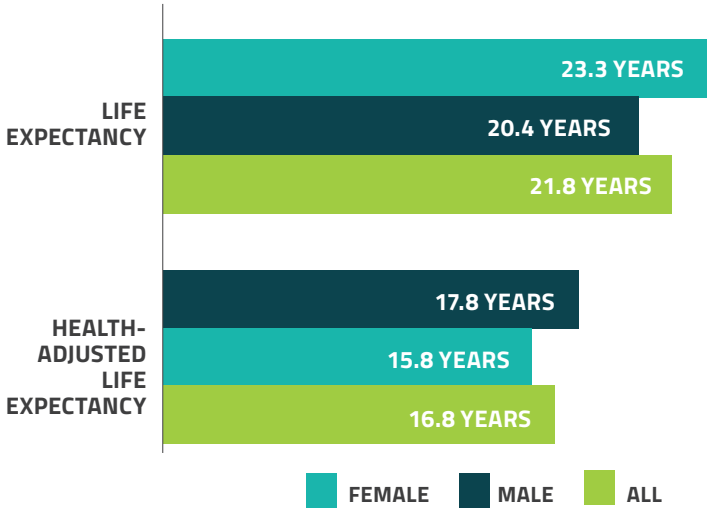
Life expectancy is a measure of a population's ability to live a long life. Life expectancy at 65 is the average number of years that a person could expect to live after age 65. B.C. seniors who are 65 years of age could expect to live an additional 21.8 years, where senior females could expect to live an additional 23.3 years, whereas senior males could expect to live 20.4 years.

Health-adjusted life expectancy (HALE) at 65 is the number of years in full health that a person can expect to live based on current rates of morbidity and mortality. HALE adjusts the life expectancy by the number of years lived in less than perfect health and is more comprehensive than life expectancy by measuring the quality of life as well as length of life.

The HALE for seniors who are 65 years of age is 16.8 years; it is slightly higher for senior females at 17.8 years compared to senior males at 15.8 years.

FATALITIES

LIFE EXPENCTANCY AT 65 & HEALTH ADJUSTED LIFE EXPECTANCY (HALE) AT 65, 2021



SOURCE(S): 33

FATALITY TRENDS

In 2021, about 35,000 seniors died in B.C., 7% more deaths than the previous year. The fatality rate for seniors was 340 deaths per 10,000 seniors, a 3% increase from last year. Vancouver Coastal Health had the lowest fatality rate (298 per 10,000 seniors) while Northern Health had the highest fatality rate (423 per 10,000 seniors).

SOURCE(S): 1, 34

FATALITIES

NUMBER OF DEATHS AND AGE-SPECIFIC FATALITY RATE BY HEALTH AUTHORITY, 65+, 2021

	NUMBER OF DEATHS	AGE-SPECIFIC FATALITY RATE
IHA	7,547	371
FHA	11,060	335
VCHA	6,635	298
VIHA	7,569	346
NHA	2,020	423
B.C.	**34,831**	**340**

NOTE(S): Age-specific mortality rate is expressed per 10,000 of age-specific population.

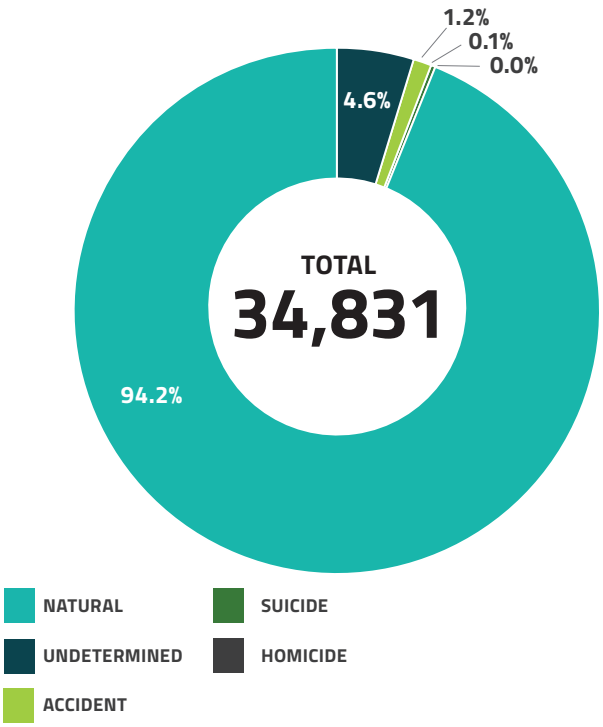
SOURCE(S): 1, 35

MANNER OF DEATH

Most seniors died from natural causes which accounted for more than 90% of seniors' deaths. The number of undetermined deaths of seniors has increased 219% in 2021, more than triple the number in 2020. Data should be interpreted with caution due to the volume of undetermined cases from BC Coroners Service.

FATALITIES

MANNER OF DEATH 65+, 2021



NOTE(S): Undetermined: includes open cases still under investigation by the Coroner; "closed" cases where the Coroner's investigation is complete and the death cannot reasonably be classified as natural, accidental, suicide or homicide due to insufficient evidence or inability to determine; and the unapplicable cases.

SOURCE(S): 34

LEADING CAUSE OF DEATH

The top five leading causes of death for seniors have remained fairly consistent over the last five years. These were cancer, heart disease, cerebrovascular disease (including ischemic and hemorrhagic stroke), chronic lower respiratory diseases (including bronchitis, chronic obstructive pulmonary disease, and asthma), and diabetes mellitus. Data should be interpreted with caution due to the volume of "undetermined" cases from BC Coroners Service.

Cancer (malignant neoplasms) and heart disease were the top two leading causes of death for seniors (65+) in the past five years. In 2021. One in four seniors died from cancer (8,859, 25%) and almost one in five seniors died from heart disease (6,076, 17%). The five leading causes of death accounted for 57% of seniors' deaths.

FATALITIES

TOP FIVE LEADING CAUSE OF DEATH, 65+, 2021

	DEATH COUNT	PROPORTION OF OVERALL DEATHS
CANCER (MALIGNANT NEOPLASMS)	8,859	25%
HEART DISEASES	6,076	17%
CEREBROVASCULAR DISEASES	2,311	7%
CHRONIC LIVER DISEASE AND CIRRHOSIS	1,361	4%
DIABETES MELLITUS	1,339	4%

NOTE(S): All causes are identified according to the World Health Organization's International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) which is a statistical coding system and the accepted international standard for mortality coding. The groups of codes used to define particular topics are noted in the Appendix.

SOURCE(S): 34

Seniors in long-term care had different top five leading causes of death. These were heart disease, cerebrovascular diseases, Alzheimer's disease, cancer and diabetes mellitus. Diabetes was the fifth leading cause of death in 2022; however, influenza and pneumonia were typically in the top five leading causes of death before 2020.

FALL-RELATED DEATHS

Falls are the leading cause of injury among seniors in Canada and can have negative outcomes ranging from various kinds of fractures and head injuries to long-term hospitalization . Fall-related deaths are defined as deaths in which a fall initiated the chain of events that led to the person's death. There were 428 fall-related deaths of seniors (65+) and 285 for older seniors (85+), a 18% and 9% decrease from last year. Fall-related deaths accounted for over 1% of seniors' deaths in 2021.

SOURCE(S): 34,35

FATALITIES

FALL-RELATED DEATHS OF SENIORS, 2021

	65+	85+
NUMBER OF DEATHS	428	285
AGE-SPECIFIC FATALITY RATE	4	23

SOURCE(S): 1, 34

COVID-19 AND FATALITY REPORTING

The COVID-19 pandemic has had tremendous impact on the volume of 'undetermined' cases from BC Coroners Service, which has created a backlog of death reports. Not all deaths result in an investigation, which are mainly completed for deaths that are unnatural, unexpected or unexplained. BC Coroners Service continues to address the backlog by hiring new staff. Data should be interpreted with caution.

HEALTH HUMAN RESOURCES

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

ACTIVE REGISTRANTS

The number of active registrants increased over the previous year for all professions listed in the table below. Nurse practitioners increased the most by 17% , followed by physiotherapists (9%) and care aides and community health workers by 8%.

HEALTH HUMAN RESOURCES

NUMBER OF ACTIVE REGISTRANTS IN SELECT HEALTH CARE OCCUPATIONS, 2021/22

	NUMBER OF ACTIVE REGISTRANTS
PHYSICIANS	14,269
GENERAL/FAMILY PRACTITIONERS	7,229
SPECIALISTS	6,967
NURSES	56,444
REGISTERED NURSES	41,292
NURSE PRACTITIONERS	788
LICENSED PRACTICAL NURSES	14,364
CARE AIDES & COMMUNITY HEALTH WORKERS	41,638
PHYSIOTHERAPISTS	4,372
OCCUPATIONAL THERAPISTS	2,903

SOURCE(S): 36, 37, 38, 39, 40

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 and registered psychiatric nurses increased 5%
- Nurse practitioners increased 3%
- Licensed practical nurses increased 6%
- Care aides increased 3%
- Community health workers decreased 1%
- Physiotherapists decreased 3%, and
- Occupational therapists increased 3%

The average age of employees and the years of seniority have not changed substantially between 2017 and 2021. In 2021, the average age of employees ranged between 41 and 47 across all of the listed professions. Licensed practical nurses and community health workers had an average of six years of seniority; nurse practitioners and care aides had an average of seven years; registered nurses had an average of eight years; and physiotherapists and occupational therapists had an average of nine years.

SOURCE(S): 41

JOB VACANCIES

A job vacancy is defined as a regular status job opening reported by the health authority. In 2021, care aides and community health workers had the lowest job vacancy rates at facilities reporting to HEABC at approximately 4% each; nurse practitioners and physiotherapists had the highest job vacancy rates at 18% and 9%.

Difficult to fill vacancies (DTFV) are defined as job vacancies that have been advertised externally and remain vacant after 90 days of active recruitment. Care aides 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 with a few dips for registered nurses (DTFVs only) in 2018 and nurse practitioners (DTFVs only), physiotherapists and occupational therapists in 2020. In 2021, all the vacancy rates are back to the upward trending path. The biggest change was DTFV rate for nurse practitioners, almost double the rate in last year, increasing from 6.9% to 12.3%.

COVID-19 AND THE HEALTH CARE WORKFORCE

The COVID-19 pandemic had severe impacts on 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 delays in evaluating newly graduating students and divided opinions on providing registrant vaccination status information. The College of Physical Therapists administered an alternative evaluation process with the University of British Columbia to address the delays in licensure, this allowed for 417 interim registrants to become full registrants. The College of Physicians and Surgeons initiated emergency registration four times during the COVID-19 pandemic to temporarily reregister eligible retired physicians and surgeons to assist with B.C. pandemic response. From December 2021 to the end of February 2022, an additional 47 physicians and surgeons re-registered in the emergency class. The BC College of Nurses and Midwives extended temporary emergency registration for nurses and midwives to support the COVID-19 pandemic.

HEALTH HUMAN RESOURCES

JOB VACANCY RATES, 2021

	AVERAGE QUARTERLY DTFV	VACANCY RATE (DTFV)	VACANCY RATE (ALL)
REGISTERED NURSES	898	2.7%	7.4%
NURSE PRACTITIONERS	105	12.3%	17.6%
LICENSED PRACTICAL NURSES	95	1.4%	4.9%
CARE AIDES	54	0.7%	4.1%
COMMUNITY HEALTH WORKERS	91	1.7%	4.2%
PHYSIOTHERAPISTS	61	4.7%	9.4%
OCCUPATIONAL THERAPISTS	30	2.1%	5.9%

NOTE(S): One health authority has been unable to submit DTFV information since the last quarter of 2021. This health authority represented 11% of all DTFV vacancies for 2021 for the end of Q3.

SOURCE(S): 41

Community Supports

A variety of community and personal support services available to seniors to help them 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 elder abuse, including financial abuse,
- support the social participation and inclusion of seniors, or
- provide capital assistance for new and existing community projects and/or programs for seniors.

SOURCE(S): 42

In 2021/22, there were 398 approved community-based projects in B.C. with federal funding of over $8.4 million. This is a 2% 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 approved pan-Canadian agreement for $500,000 covering 2019/20 to 2021/22 and three ongoing pan-Canadian contribution agreements for $7.5 million covering 2019/20 to 2024/25.

SOURCE(S): 43

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. In 2021/22, the service expanded to 413 communities. The number of clients increased by almost 12% and the number of client contacts continued to increase by 9% for the second year in a row.

PERSONAL SUPPORT PROGRAMS
FIRST LINK® PROGRAM, 2021/22

	NUMBER
TOTAL UNIQUE CLIENTS	12,834
NEW CLIENTS	5,567
FORMAL REFERRAL	2,627
SELF-DIRECTED CONTACTS	2,940
CLIENT CONTACTS	46,612
COMMUNITIES SERVED	413

NOTE(S): Total number of unique clients served is likely larger than the number reported because some client contact is anonymous.

SOURCE(S): 44

SAFE SENIORS, STRONG COMMUNITIES

On March 26, 2020, the OSA announced a new program called Safe Seniors, Strong Communities in response to the COVID-19 global pandemic. Safe Seniors, Strong Communities matches seniors who need help with volunteers who can help bring groceries, medications, and prepared meals to seniors, and who can also provide a friendly phone call or virtual visit. The program is funded by the provincial government in partnership with bc211, a province-wide information and referral service, and United Way's Better at Home program. Safe Seniors, Strong Communities is available throughout British Columbia. In 2021/22, the provincial government invested $1.7 million in this program delivered by 106 agencies with 3,308 volunteers providing 282,497 services to 6,063 seniors.

Sources: (45)

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. In 2021/22, there were 2,381 volunteers providing 244,890 services to 12,776 seniors. The most common services provided were light housekeeping (31%), friendly visiting (19%) and meal delivery (16%).

Sources: (45)

OFFICE OF THE SENIORS ADVOCATE COVID-19 ENGAGEMENT

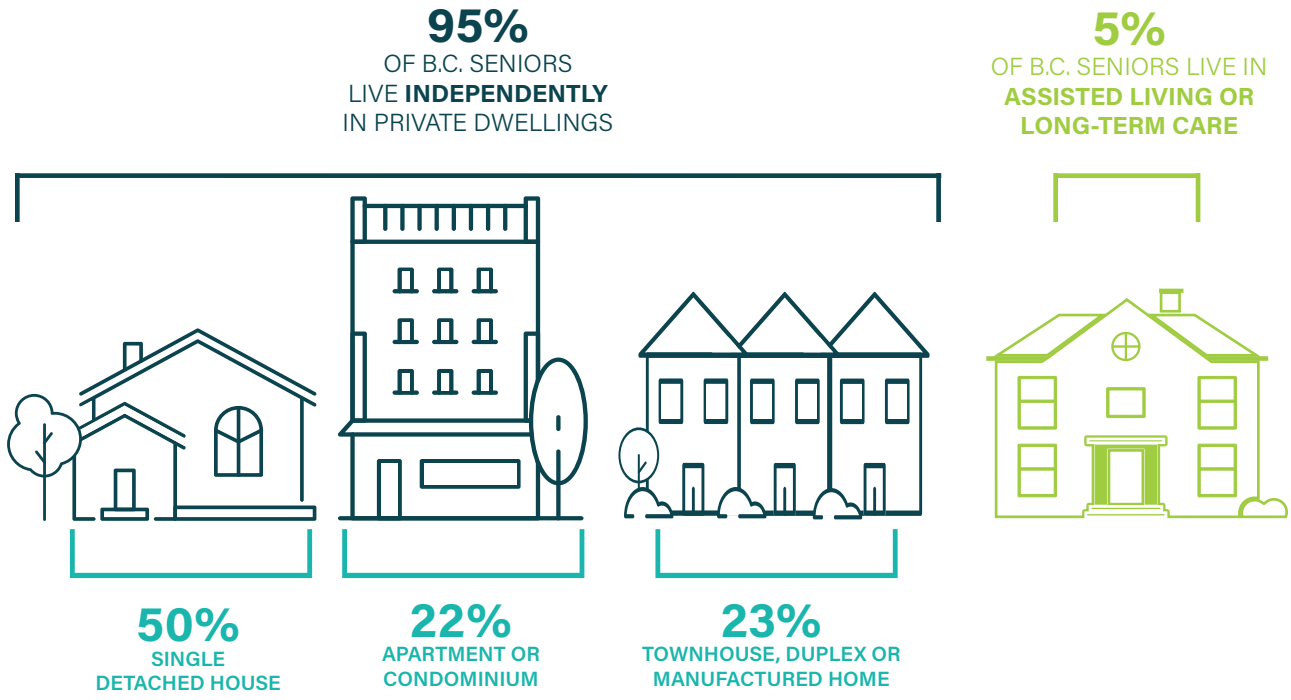
During 2021/22, public concerns about the pandemic to OSA declined . In 2021/22, our office received 873 calls and emails related to the pandemic. These calls were about:

- health care (92%),
- community supports (1%),
- housing (2%),
- income supports (4%), and
- transportation (<1%).

SOURCE(S): 46

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): 47, 48

HOMEOWNERS

According to the 2021 Canadian Census, in B.C. approximately 80% of households maintained by seniors are owned, and 68% of these households have no mortgage. B.C. senior homeowners have a median income of $36,000 and 13% of them spent more than 30% of their income on shelter.

SOURCE(S):49, 50, 51

HOME OWNERSHIP COSTS

In 2021, average home prices in B.C. varied widely from under $300,000 to almost $1.5 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 19% from $781,572 in 2020 to $927,800 in 2021.

In 2022, the average estimated property taxes and municipal charges went up by 7% from 2021 and 20% from 2018. BC Hydro rates for electricity, however, decreased by 1.4%.

SOURCE(S): 52, 53, 54

HOMEOWNER 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 and older, persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued up to $1.975 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 2021, for homes valued above $1.975 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): 55

In 2021, there were 457,960 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. The additional grants are not claimed by seniors who are qualified for senior grants.

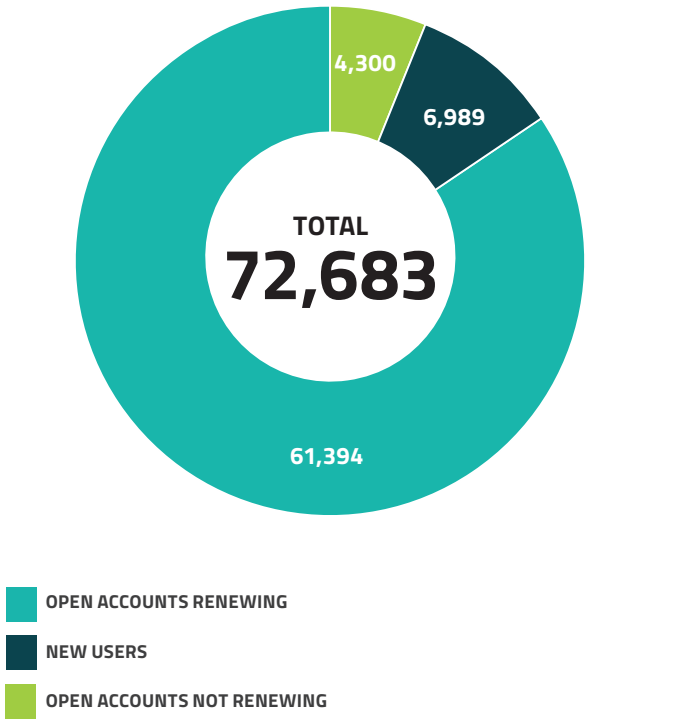
SOURCE(S): 56

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 homeowner passes away or sells the property. While the value of deferred taxes under the program is growing each year, there were 23% fewer new users and 7% more homeowners continuing deferment compared to the previous year. Compared to five years ago, 27% more homeowners were deferring their property taxes.

HOMEOWNERS

NUMBER OF PROPERTY TAX DEFERMENT USERS, 2021/22



SOURCE(S): 56

The total amount of property tax dollars deferred in 2021/22 was over $307 million, an 8% increase over the previous year but 47% more than 2017/18. Of this amount, approximately $27 million (9%) was newly deferred.

The median assessed value of homes in B.C. for which property taxes were deferred in 2021/22 under the regular program was $995,000, up 4.2% from the previous year. The median increased 6.4% in Vancouver, 5.6% in Lower Mainland and 4.4% in Capital Regional District.

The interest rate was 0.45% in 2021/22. The annual interest accrued in 2021/22 on the average amount of deferred taxes in B.C. ($4,494) was $20.22, a 61% decrease over the previous year. The homeowner using this program has deferred an average cumulative amount of $22,452 in property taxes.

The total amount of property tax deferred increased each year and the amount repaid to the province has increased steadily since 2019/20. In 2021/22, the value of repayments increased 24%.

This program began in 1974 and, as of March 31, 2022, the total cumulative amount of property tax deferred was more than $1.98 billion, a 19% increase over March 2021.

SOURCE(S): 56

RENTING

The distribution of households maintained by seniors who are renters varies greatly across B.C. For example, the 2021 Canadian Census showed that the proportion of senior households that rent is highest in larger urban centres, such as Vancouver (33%) or Victoria (42%), compared to smaller centres, such as Terrace (21%) or Kamloops (20%).

SOURCE(S): 57

In aggregate, across the province, 20% of senior households rent. In addition, there is a wide range in the average costs of renting. In 2021, the average cost of a one-bedroom apartment in Port Alberni was $768, compared to $1,434 in Vancouver.

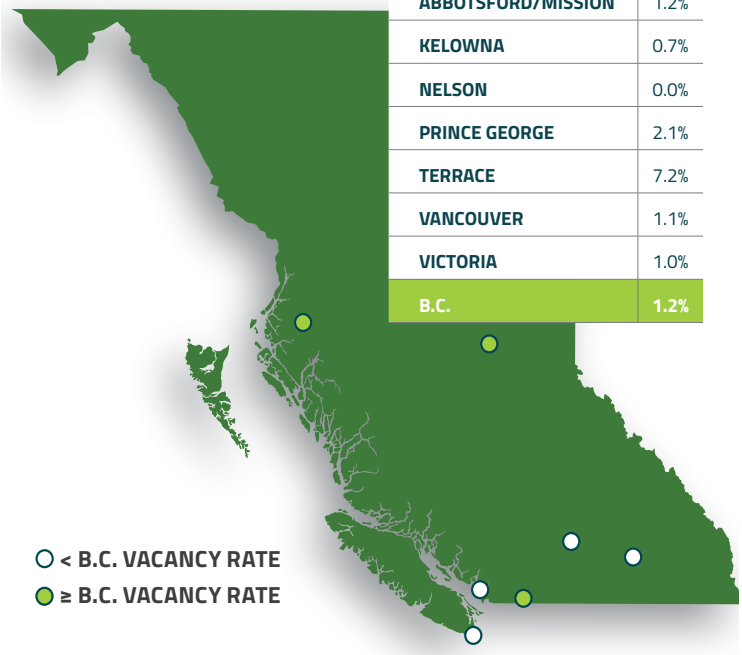
Vacancy rates vary throughout the province. For example, the vacancy rate for one-bedroom apartment was 1% in Victoria and 0.7% in Kelowna in 2021. The vacancy rate for one-bedroom apartments in B.C. decreased more than one percentage point to 1.2% in 2021, similar to the rate in 2017.

SOURCE(S): 49, 58

SENIORS RENTING IN B.C.

VACANCY RATES (1 BEDROOM), OCTOBER, 2021

COMMUNITY	2021
ABBOTSFORD/MISSION	1.2%
KELOWNA	0.7%
NELSON	0.0%
PRINCE GEORGE	2.1%
TERRACE	7.2%
VANCOUVER	1.1%
VICTORIA	1.0%
B.C.	1.2%



SOURCE(S): 58

SHELTER AID FOR ELDERLY RENTERS (SAFER)

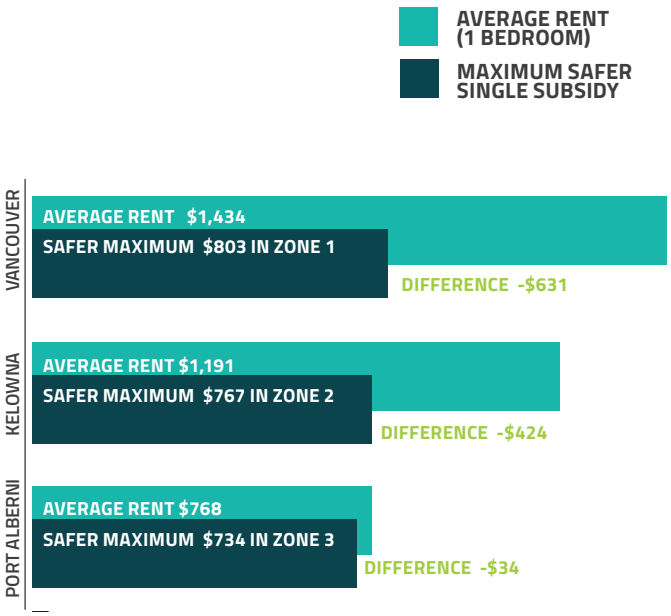
SAFER provides a subsidy directly to B.C. renters aged 60 and older who have a low to moderate income and pay more than 30% of their gross monthly income towards rent. In 2021, the maximum qualifying annual income for single renters in Metro Vancouver was $30,600 ($29,352 in the rest of the province). In 2021/22, BC Housing provided $60 million in subsidies, $3 million less than the previous year. BC Housing is conducting a review of SAFER; findings will inform recommendations for the program moving forward.

SOURCE(S): 59, 60

The average rent for a one-bedroom apartment in B.C. increased between 2% and 7% each year between 2017 and 2021, 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 2021, the rent ceiling used to calculate a SAFER subsidy for singles did not change. However, the average rent for a one-bedroom apartment in B.C. increased by up to 7% 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 MAXIMUM SAFER SUBSIDY, 2021



SOURCE(S): 58, 59

There were 23,774 SAFER recipients, 6% less than the previous year; 95% were single seniors with an average income of $1,709 per month. The average monthly rent paid by SAFER recipients increased 2% from last year, while the average monthly rent subsidy decreased 2% to $195 per month. The SAFER formula does not recognize any rent increases above the maximum SAFER rent ceiling, regardless of how much rent is paid. The rent ceiling is not tied to inflation or to allowable rent increases. Over 70% of SAFER recipients pay rents that are, on average, $293 above the rent ceiling. In addition, the SAFER formula can also reduce the amount of subsidy even though the senior is facing a rent increase because the formula recognizes an income increase but not a rent increase.

Although the number of SAFER recipients increased each year between 2017/18 and 2020/21, there may still be eligible seniors who are not taking advantage of this subsidy. According to the 2021 Canadian Census, B.C. renters aged 65 and older had a median income of less than $26,000 and 44% of them paid more than 30% of their income on shelter, some of whom may qualify for a SAFER subsidy. First-time SAFER recipients ranged between 13% and 19% in each of the last five years, indicating there might still be additional seniors who could benefit from this subsidy.

SOURCE(S): 51, 59

SENIORS' SUBSIDIZED HOUSING

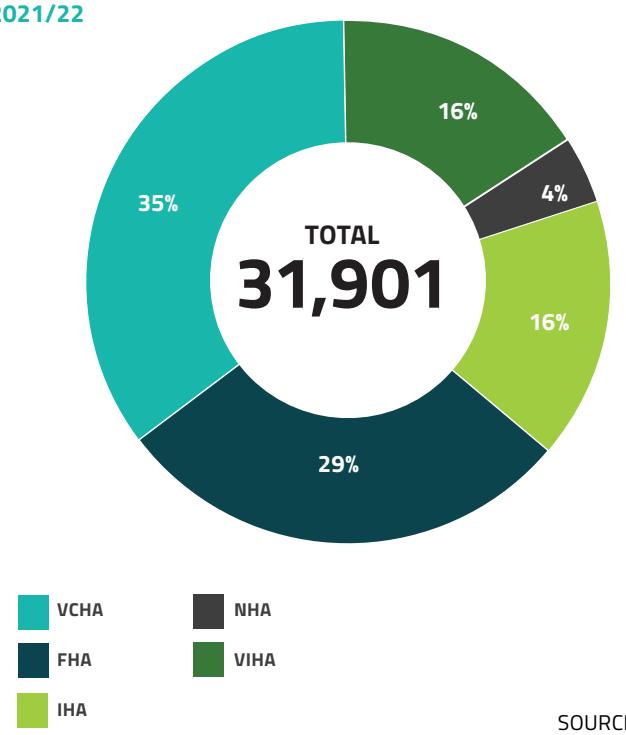
Seniors' Subsidized Housing (SSH) is long-term housing, funded by BC Housing, that is available to low-income B.C. residents aged 55 or older, or people who have a disability. Rents are calculated based on income; tenants pay 30% of their gross income toward the cost of their housing. Seniors can apply 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 in the past three years, with a 1% increase in the last year and 4% more units than five years ago.

The number of SSH units increased by 4% compared to five years ago, but the units per 1,000 population (55+) decreased 5.3% compared to 2017/18. The number of applications for SSH has risen consistently and reached over 10,000 applications last year, 48% more than 2017/18. While there were over 10,000 applicants, only 787 applicants received an SSH unit through The Housing Registry, just 8% of total applicants. As of March 31, 2022, there were 9,614 applicants waiting which is a 10% increase over last year and a 50% increase from five years ago. Despite the growing waitlist, the proportion of applicants housed each year has remained unchanged.

SENIORS RENTING IN B.C.

SENIORS' SUBSIDIZED HOUSING UNITS BY HEALTH AUTHORITY, 2021/22



SOURCE(S): 59

The median wait time was two years, which is the same as last year. Wait times continue to be longest in Vancouver Coastal Health (2.5 years) and shortest in Interior Health (0.9 years) and Northern Health (1.3 years). All regions of B.C. have a median wait time in excess of 11 months.

SOURCE(S): 59

BC REBATE FOR ACCESSIBLE HOME ADAPTATIONS (BC RAHA)

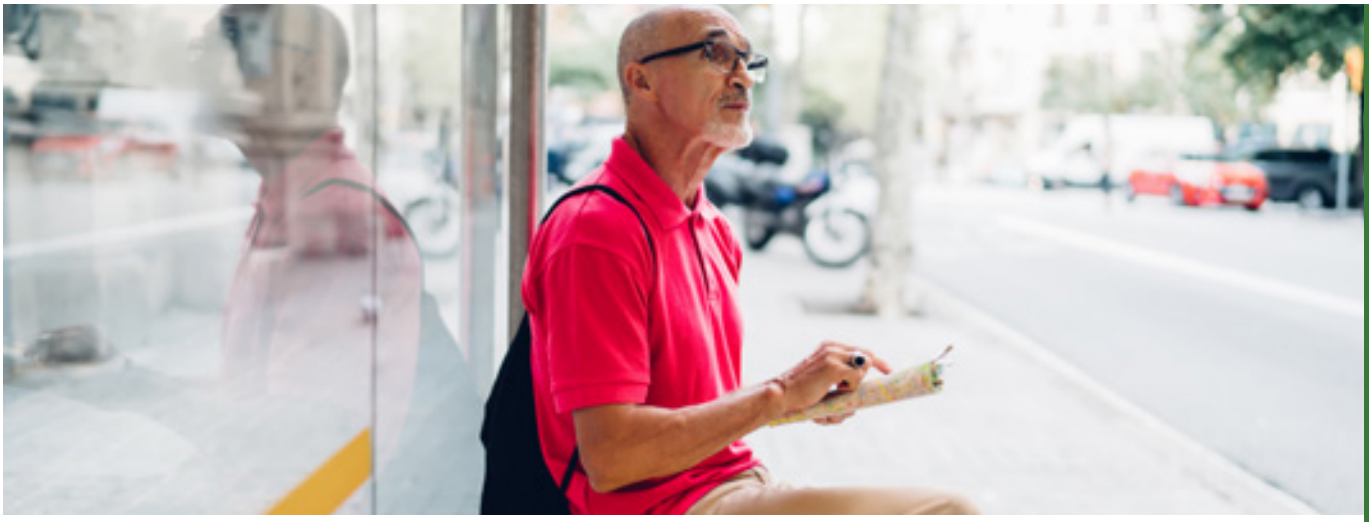
BC RAHA is a program to provide financial assistance in the form of rebates to eligible low- or moderate-income households that need to pay for home adaptations to enable them to continue living independently at home. The program is intended to offset costs but does not necessarily cover the full cost of the work. Eligibility criteria for the 2022 application cycle include:

- A member of the household has a permanent disability or lasting ability loss
- 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 before-tax income must be $120,990 or below
- Excluding the value of the home, 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 adaptions 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.

In 2021/22, BC Housing received 375 applications and approved 389 applications which includes applications received before April 1, 2021. The average value of approved adaptions was $12,682.

SOURCE(S): 59, 61

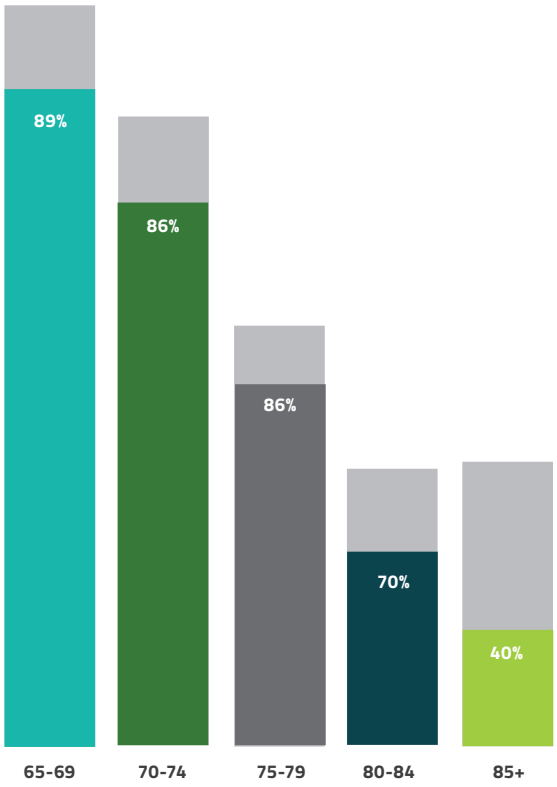


Transportation

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 ACTIVE DRIVER'S LICENCE BY AGE GROUP, 2021



SOURCE(S): 1, 63

ACTIVE DRIVERS

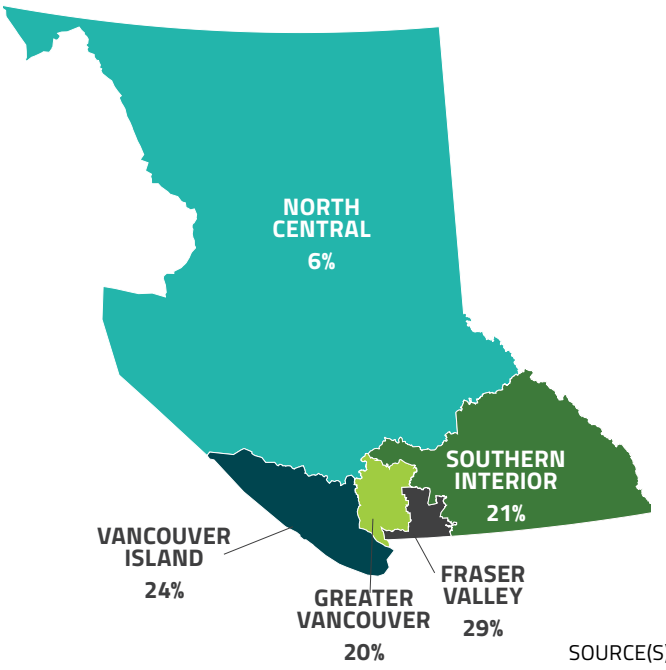
Most B.C. seniors (79%) still hold an active driver's licence. Within the combined age group 65 to 74, 88% still hold an active driver's licence, but at 75, more seniors begin to relinquish their licence.

The number of seniors with active driver's licences (814,010) increased 3% from the previous year and 19% from five years ago. The seniors' population grew 4% and 17% over these same time periods. In the last year, the greatest increase in active drivers was observed in the 75 to 79 age group, going up 7%. More than half of all seniors maintaining an active driver's licence live in the Fraser Valley (29%) and on Vancouver Island (24%).

SOURCE(S): 1, 62

ACTIVE DRIVERS

ACTIVE DRIVER'S LICENSES BY GEOGRAPHIC REGION, 2021



SOURCE(S): 62

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay $17 for renewals. In 2021, 157,468 seniors renewed their licence while 11,323 surrendered their licence. Renewals were almost the same as the previous year and surrenders increased by 30% from the previous year.

SOURCE(S): 62, 63

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 2022 fee schedule for uninsured services suggested that physicians charge $226 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): 64, 65

ROADSAFETYBC: COVID IMPACTS ON DMERs

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

In 2021, RoadSafetyBC opened approximately 107,610 driver fitness cases; 6% of these cases were aged 80 or older, a 34% decrease from the previous year due to the suspension of issuing age based DMERs. Approximately 50% of the cases for those aged 80 or older were subsequently referred for an ERA. Outcomes for driver fitness cases in 2021 are outlined in the following table.

ACTIVE DRIVERS

ROADSAFETYBC DRIVER FITNESS CASE DECISIONS, 2021

	<80	80+	ALL AGES
CASES OPENED	101,340	6,270	107,610
REFERRED FOR ENHANCED ROAD ASSESSMENT (ERA)	487	3,134	3,621
CASE DECISIONS			
ULTIMATELY FOUND FIT TO DRIVE	85,340	3,300	88,640
THAT DID NOT RESPOND / CANCELLED LICENSE	4,750	810	5,560
VOLUNTARILY SURRENDERED LICENCE	130	140	270
FOUND MEDICALLY UNFIT TO DRIVE	1,480	940	2,420
CASES REMAINING OPEN	9,490	920	10,410
DRIVERS DECEASED	150	160	310

NOTE(S): Data as of July 21, 2022. Data has been rounded, resulting in some totals not adding up as expected. SOURCE(S): 66

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 27 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, 2022

	BC TRANSIT	TRANSLINK
HANDYDART SYSTEMS	27	1
OFFERING SERVICES 7 DAYS A WEEK	4	1
OFFERING EVENING SERVICES (PAST 6PM)	5	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): 67, 68

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, 2022

	CONVENTIONAL	HANDYDART
VANCOUVER	$2.05 - $4.15	$2.05
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): 69

PUBLIC TRANSIT

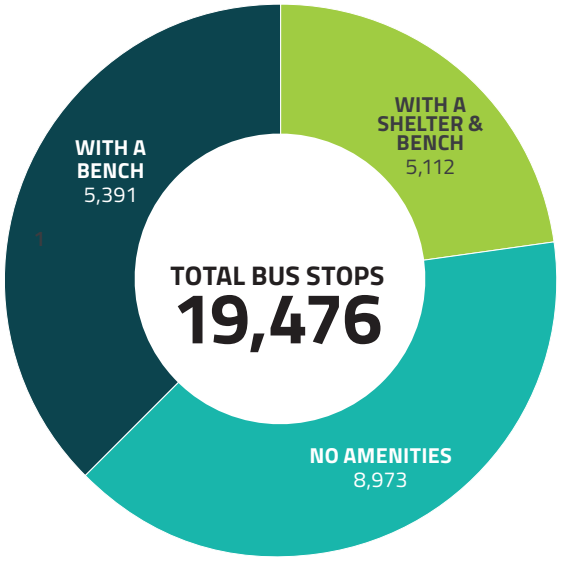
Public transit is an option used by many seniors. In Statistics Canada's Canadian Community Health Survey on Healthy Aging done several years ago, 24% of seniors in B.C. reported using public transit at least once within the last month. In Metro Vancouver, this increased to an estimated 46% of seniors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

SOURCE(S): 70, 71

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, 2022



SOURCE(S): 67, 68

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

SOURCE(S): 72

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 2021, 58,119 seniors received a bus pass, a decrease of 10% from 2020; 41,599 persons with disabilities received a BC Bus Pass, a 2% decrease from 2020.

SOURCE(S): 73

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.

PUBLIC TRANSIT & COVID PROTOCOLS

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. For BC Transit, mask/face covering and social distancing requirements have been removed on all handyDART buses, though passengers are encouraged to continue wearing masks. For TransLink, HandyDART drivers still need to wear personal protective equipment (PPE) when supporting passengers and masks are still required on HandyDART as many customers use the service to go to healthcare settings and masks are still required in these facilities. Attracting, hiring and retaining staff and transit operators has been challenging for BC Transit.

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 increased 20% from 35,382 on March 31, 2021 to 42,379 on March 31, 2022. Similarly, the number of active clients with TransLink and BC Transit went up 23% and 16% respectively in 2022 following a dip of 25% and 21% in 2021. Approximately 73% of TransLink active clients are aged 65 or older. The age distribution is not available from BC Transit.

The number of new clients registered for HandyDART service increased 71% from the previous year following a 51% plummet in 2021. The number of new clients registered for TransLink increased by 11% while the number of new clients registered for BC Transit increased to 7,417, a 178% increase from 2020 and the highest in the past five years. Approximately 73% of new TransLink clients were aged 65 or older (age distribution is not available from BC Transit).

PUBLIC TRANSPORTATION
HANDYDART CLIENTS, 2022

	TRANSLINK	BC TRANSIT	TOTAL
ACTIVE	24,391	17,988	42,379
NEW	5,327	7,417	12,744

SOURCE(S): 67, 68

HANDYDART RIDE REQUESTS

TransLink received almost 713,000 ride requests and BC Transit received almost 572,000. TransLink had almost 2% unfilled ride requests and BC Transit had less than 3%. Unfilled ride requests are those where the rides were denied, refused or became unaccommodated standby rides. Overall, HandyDART ride requests increased 30% in 2021 following a 57% decrease in 2020; TransLink had a 13% increase while BC Transit had a 61% increase. Unfilled rides increased 60% with TransLink and 706% with BC Transit after a 87% plummet in 2020.

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 2021, TransLink fulfilled approximately 47% of standby ride requests, decreasing 18% from last year. 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 past four years from 87% in 2018 to 94% in 2021. BC Transit does not report data for on-time ride delivery.

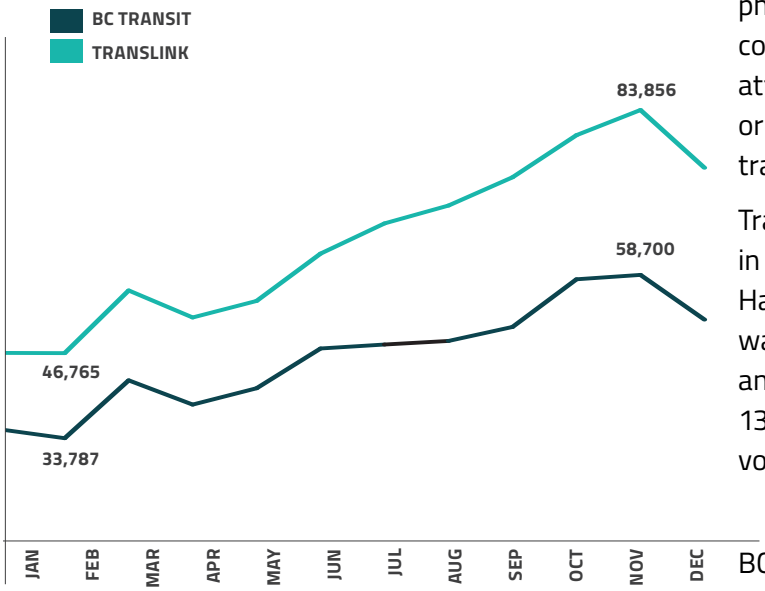
SOURCE(S): 67

RIDERSHIP

Since the relaxation of COVID-19 restrictions, ridership in 2021/2022 has significantly improved compared to 2020/2021. By December 2021, the number of TransLink and BC Transit HandyDART ridership stands at almost 80% and 70% of the pre-COVID levels respectively. While ridership has improved, several factors continue to impact ridership and services including cancelled services due to staffing shortages and adult day program closures.

PUBLIC TRANSPORTATION

MONTHLY HANDYDART RIDERSHIP, 2021



SOURCE(S): 67, 68

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 2021, TransLink received 1,609 complaints; 31% were service complaints and 69% were operator-related complaints. Of the total complaints, 97% were resolved within five days and 8 were escalated for resolution. 60 complaints were made to regional transit companies servicing BC Transit routes and 5 of them required escalation to BC Transit.

SOURCE(S): 67, 68

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 $722,950 in taxi vouchers. The average amount spent per HandyDART client continued to decrease since 2018 and was $29.64 in 2021, 39% less than the previous year and less than half of the level in 2019. However, only 13% of TransLink HandyDART clients actually purchased vouchers. Voucher requests went down by 25%.

SOURCE(S): 68

BC Transit HandyDART clients purchased just over $1 million in taxi vouchers. The average amount spent per HandyDART client was $57.72, a 14% drop from the previous year. The percent of BC Transit HandyDART clients purchasing taxi vouchers is unknown. Voucher requests decreased less than 1%. Both the value and request of taxi voucher and the average amount spent per HandyDART client continue to decrease since 2018.

SOURCE(S): 67

Income Supports

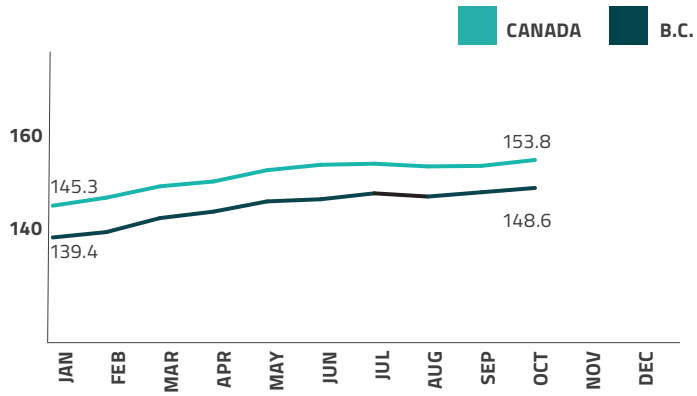
Income security is critical for seniors who want to continue to live a healthy and active lifestyle as they age. The provincial and federal governments provide a range of financial programs, such as Old Age Security (OAS), Canada Pension Plan (CPP), Guaranteed Income Supplement (GIS) and BC Senior's 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. From January to November 2022, the monthly CPI increased ranging from 4% to 8% in B.C. and 5% to 8% in Canada compared to the same period last year.

COST OF LIVING

CONSUMER PRICE INDEX, 2022



SOURCE(S): 74

FEDERAL AND PROVINCIAL INCOME SUPPORTS

OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT AND BC 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 and older who meet the Canadian legal status and residence requirements, regardless of whether a senior ever worked or is still working. As of July 2022, seniors aged 75 and over will receive a 10% increase in their OAS

pension. As of October 2022, seniors aged 65 to 74 years, the maximum payment is $685.50 per month, a 7.9% increase over the same time last year. For seniors aged 75 and over, the maximum payment is $754.05 per month, a 18.7% 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 2022, 955,668 seniors in B.C. received OAS.

SOURCE(S): 75, 76

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 $20,784 is eligible to receive some amount of GIS. The maximum amount as of October 2022 is $1023.88, a 7.9% increase over the same time last year.

In March 2022, 297,172 seniors in B.C. received GIS, a 1.8% increase. If OAS is deferred, an individual is not eligible for GIS during the deferment.

SOURCE(S): 75

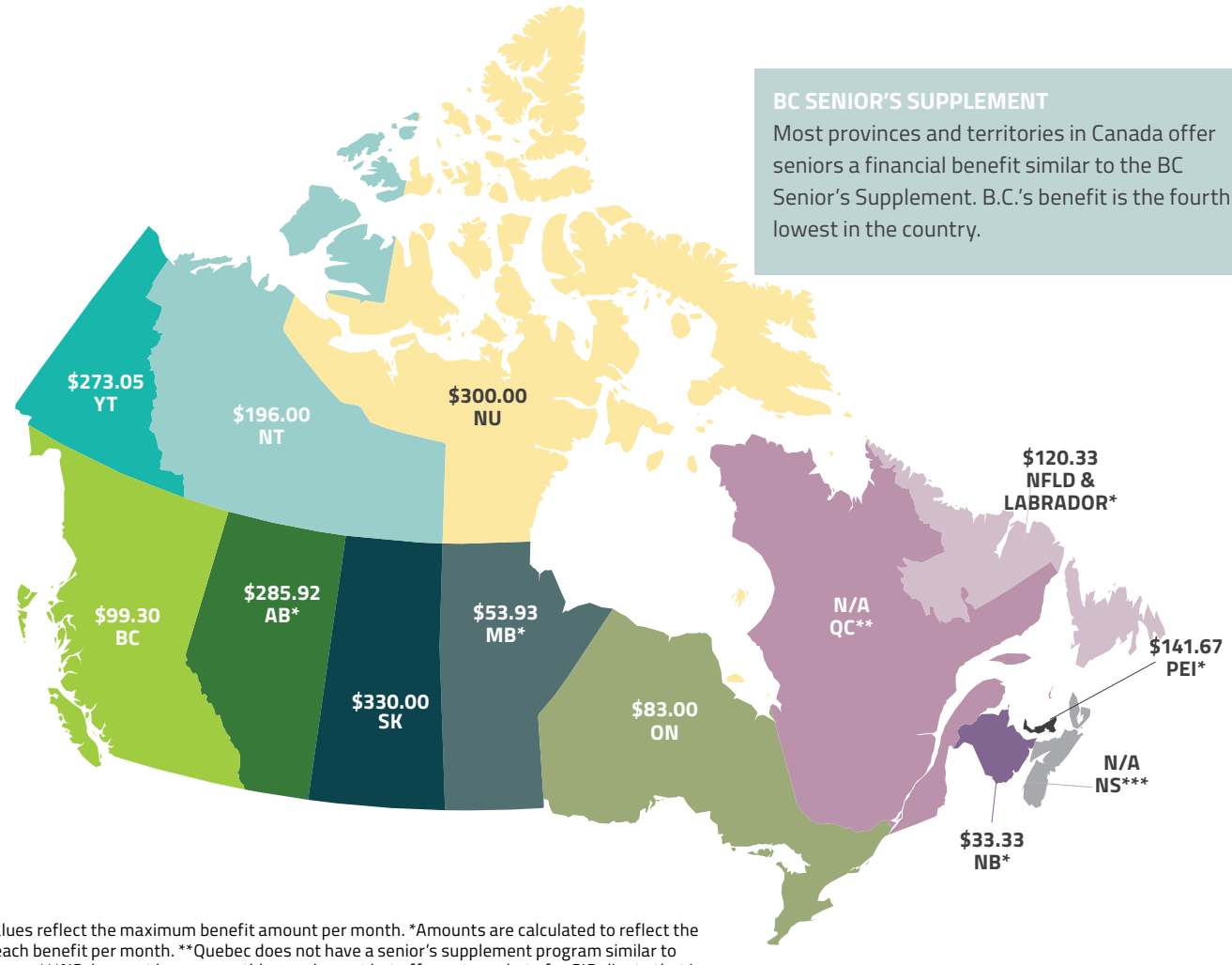
The BC Senior's Supplement (BCSS) is a monthly top-up to the federal OAS and GIS. The supplement payment is calculated on the amount of federal GIS received. The BCSS is not indexed to inflation, however, in April 2021, the BCSS was increased for the first time since 1987, from a maximum of $49.30 to $99.30 per month. Single seniors whose annual income, including OAS and GIS, is less than $22,792.56 (65 to 74 years) or $23,615.16 (aged 75 plus) will receive the BC Senior's Supplement. In

FEDERAL AND PROVINCIAL INCOME SUPPORTS

MONTHLY SUPPLEMENTS FOR SINGLE SENIORS, 2022

BC SENIOR'S SUPPLEMENT

Most provinces and territories in Canada offer seniors a financial benefit similar to the BC 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): 78

December 2021, approximately 73,000 seniors received the BC Senior's Supplement, a 7% increase over the previous year.

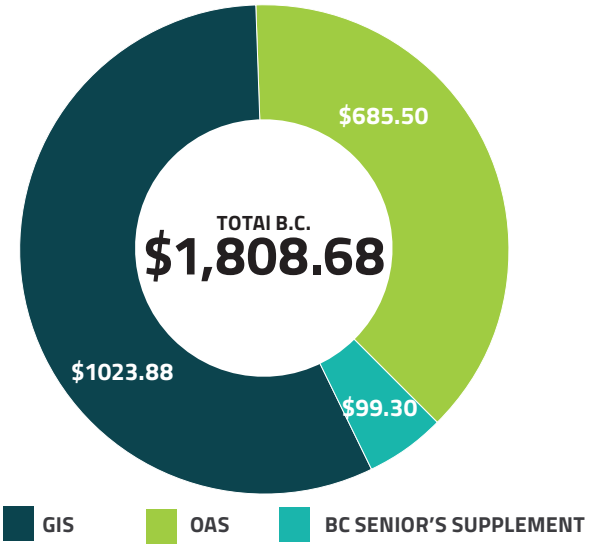
SOURCE(S): 76, 77

Between October and December 2022, low-income single seniors in B.C. could receive up to $1,808.68 per month (65 to 74 years) or up to $1877.23 per month (aged 75 plus) in federal and provincial income supports, an increase of over 7% and 12% over the same time last year.

SOURCE(S): 75, 76

FEDERAL AND PROVINCIAL INCOME SUPPORTS

INCOME SUPPLEMENTS FOR SINGLE LOW INCOME SENIORS,65-74, 2022



SOURCE(S): 75, 76

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:

- The individual must have contributed into CPP for at least 39 years, which is 83% of the period between the ages of 18 and 65; and
- The individual must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of the years of employment in which they contributed into CPP. The YMPE for 2022 is $64,900.

The maximum CPP benefit in 2022 was $1,253.59 per month, a 4% increase from the previous year. The average monthly payment amount for new beneficiaries was $727.61.

In March 2022, nearly 1,019,000 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. For each month of deferral, the payment increases by 0.7%, up to a maximum of 42% after 5 years.

SOURCE(S): 79, 80, 81

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	
AGE AMOUNT*	AGE AMOUNT*
BC HOME RENOVATION TAX CREDIT FOR SENIORS AND PERSONS WITH DISABILITIES	HOME ACCESSIBILITY TAX CREDIT (HATC)
PENSION CREDIT	PENSION INCOME AMOUNT
	PENSION INCOME SPLITTING
OTHER TAX CREDITS THAT MAY BENEFIT SENIORS	
B.C. CAREGIVER CREDIT*	CANADA CAREGIVER AMOUNT*
MEDICAL EXPENSE CREDIT*	MEDICAL EXPENSES*
CREDIT FOR MENTAL OR PHYSICAL IMPAIRMENT*	DISABILITY AMOUNT
CHARITABLE GIFTS*	
ELIGIBLE DEPENDENT*	
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 2.1% in 2022. 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 2.4% in 2022.

SOURCE(S): 82, 83, 84, 85

PREMIUM ASSISTANCE PROGRAMS

MEDICAL SERVICES PLAN

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 2022, 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): 86

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 2021.

SOURCE(S): 86, 88

Overall, in 2021/22, B.C. seniors spent $1.5 billion on prescription medications or supplies, of which PharmaCare covered $468 million (31%), with the remainder paid for by seniors or covered by third-party insurers.

PREMIUM ASSISTANCE PROGRAMS

FAIR PHARMACARE ASSISTANCE LEVELS, 2020

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

SOURCE(S): 88

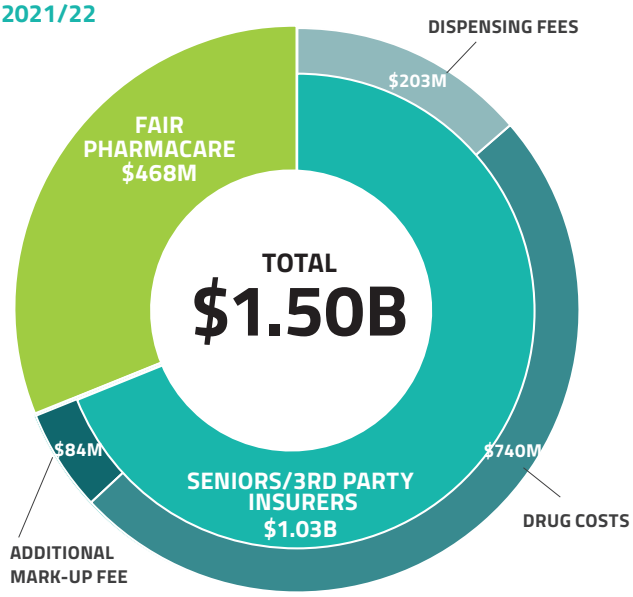
DISPENSING FEES

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 2021/22, 42% of pharmacies in B.C. charged a dispensing fee over $10. Over 10 million prescriptions were processed with a dispensing fee of more than $10 for over 500,000 seniors. The following table shows data for select cities in B.C. for comparative purposes.

PREMIUM ASSISTANCE PROGRAMS

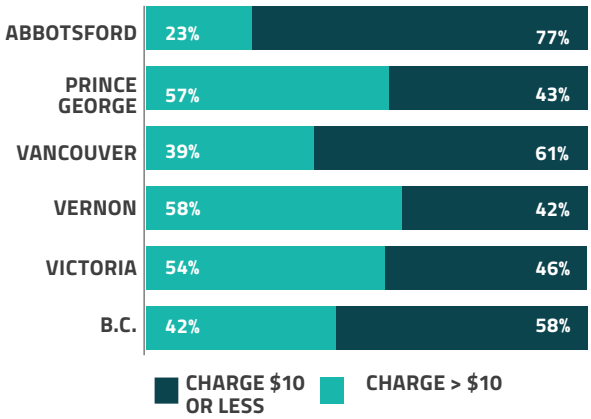
EXPENDITURES FOR PRESCRIPTION MEDICATIONS, 2021/22



SOURCE(S): 88

PREMIUM ASSISTANCE PROGRAMS

PROPORTION OF PHARMACIES CHARGING UP TO $10 AND OVER $10 DISPENSING FEE FOR SELECTED COMMUNITIES IN B.C., 2021/22



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): 88

Safety and Protection

According to the World Health Organization, a 2017 study estimated that one in six seniors over age 60 experienced some type of abuse and neglect in community. 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): 89

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 2021/22, there were 83 active community response networks servicing 245 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. Some examples of services included are health authority contacts, helplines, victim services, transition houses, emergency shelters, outreach and community services, and legal services.

SOURCE(S): 90

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.

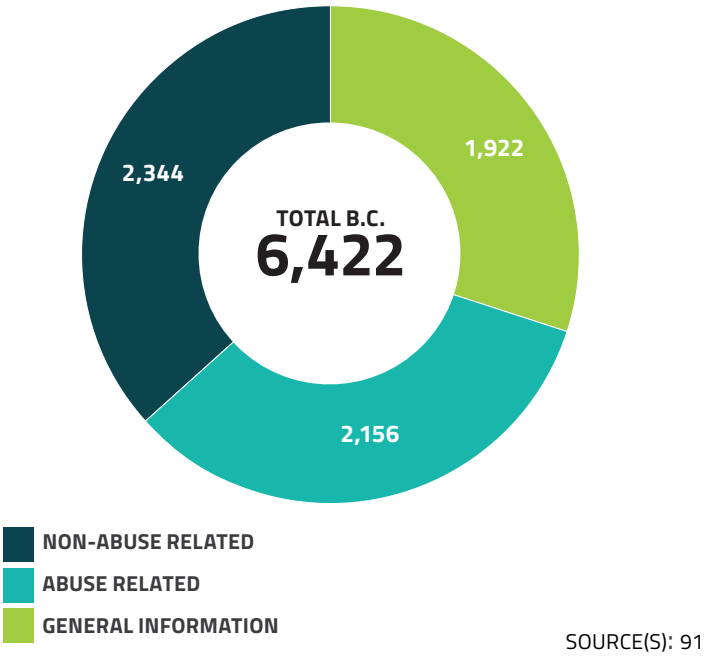
SENIORS ABUSE AND INFORMATION LINE (SAIL)

SAIL is operated by Seniors First BC, a provincial, charitable, non-profit organization dedicated to raising public awareness of elder abuse, neglect, and self-neglect, increasing seniors' access to justice, and providing supportive programs to seniors who have

been abused and/or neglected. 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.

In 2021, SAIL received 6,422 inquiries, up 31% from the previous year. Of all inquiries received, 34% were abuse related, 36% non-abuse matters, and 30% for general information. Abuse related inquiries increased 30% over the previous year.

COMMUNITY RESOURCES
INQUIRIES TO SAIL, 2021



SOURCE(S): 91

Recording of data at inquiry intake has improved since 2017, however, the last two years has seen an increase in the volume of inquiries where the degree of harm could not be determined, most notably in 2021 (27%) compared to 2020 (9%). In 2021, approximately 62% of inquiries were assessed as moderate to severe harm, compared to 79% the previous year.

A senior may experience more than one type of harm or abuse, meaning that an inquiry 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 inquiries received. Emotional/psychological abuse is the most frequently reported type of harm in the past five years, although it decreased in 2021 to 33% from 49% in 2020. Financial abuse (26%) and neglect (10%) were the second and third most common types of abuse reported. There were five times more reports of self-neglect in 2021 compared to the previous year.

SOURCE(S): 91

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.

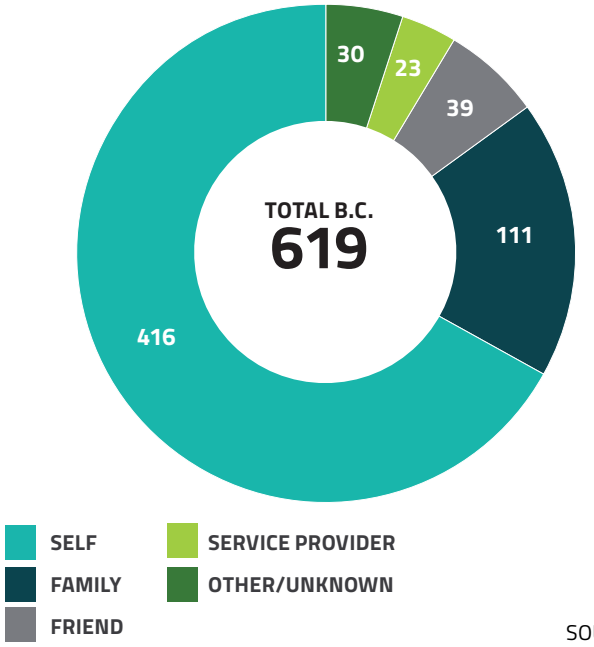
In 2021/22, bc211 received 619 calls about seniors' abuse, a 46% increase from the previous year.

Callers may report more than one type of abuse. In 2021/22, there were 607 incidents of abuse reported by 211 callers aged 55 or older calling on behalf of themselves. Most of the incidents were elder abuse (22%) and domestic violence (20%). Most callers were female (83%).

SOURCE(S): 92

COMMUNITY SUPPORTS

CALLS TO bc211, 2021/22



SOURCE(S): 92

PROVINCIAL AGENCIES

DESIGNATED AGENCIES

Designated Agencies are designated under the Adult Guardianship Act (AGA) to investigate and respond to reports of adult abuse and neglect which they receive or become aware of, for adults not able to get assistance because of a restraint, physical disability or condition that impacts their decision-making ability. Designated Agencies in B.C. are the five regional health 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 the case is closed. For this reason, the goal is to report case details for closed cases 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. In April 2021, improvements were made to the data collection system, including new data categories. Some data that was previously reported may not be available or reported differently in this report.

SUSPECTED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

There were 2,421 suspected cases of abuse, neglect and self-neglect reported to Designated Agencies in 2021; 68% were for seniors aged 65 or older.

PROVINCIAL AGENCIES

CASES OF ABUSE, NEGLECT AND SELF-NEGLECT, 2021

	<65	65+	ALL AGES
OPEN	69	197	266
CLOSED	705	1,442	2,147
CONFIRMED	311	708	1,019
UNKNOWN	8	0	8
TOTAL B.C.	782	1,639	2,421

NOTE(S): NHA only reports cases that are closed and confirmed to be abuse, neglect or self-neglect, therefore open and closed cases may be undercounted. An additional 125 cases in VCHA have been reported and investigated, but the details are not available due to the busy acute care setting with the focus on the pandemic response. Therefore, the 125 cases are not included in the report.

SOURCE(S): 93

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.

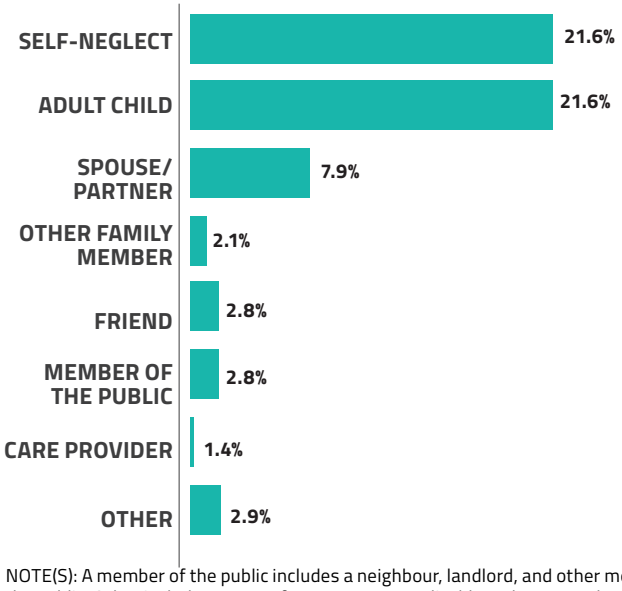
Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. In 2021, most cases were reported by healthcare providers (29%) or family members (14%).

Often seniors who are the victim of abuse are in a trusting relationship with the abuser. In 2021, 32% 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 (8%), and in some cases other family members (2%).

SOURCE(S): 93

PROVINCIAL AGENCIES

RELATIONSHIP OF SUSPECTED ABUSER FOR CLOSED CASES AGED 65+, 2021



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): 93

CONFIRMED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

Designated Agencies reported 708 confirmed cases of abuse, neglect or self-neglect involving seniors in 2021; this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, 68% were self-neglect, 36% were abuse, and 18% were neglect. In 11% of cases, the senior lacked decision-making capacity. The primary reasons for this were dementia or cognitive impairment (50%) and frailty or injury due to advanced age, illness or condition (13%). The reason was not reported in 21% of cases.

Multiple types of abuse or neglect can be reported for one confirmed case. In 2021, the most common types reported were:

- Self-neglect (431 cases) - personal hygiene (43%), unsafe living conditions (32%), medication (31%) and untreated illness (27%)
- Abuse (252 cases) - financial abuse (48%), emotional or psychological abuse (30%), physical abuse (24%) and intimidation or threats (12%)
- Neglect (113 cases) - not receiving adequate personal care (44%), not receiving adequate nutrition (24%), not receiving medical care (22%), Isolation/seclusion (21%) and Unsanitary living conditions (21%),

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): 93

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.

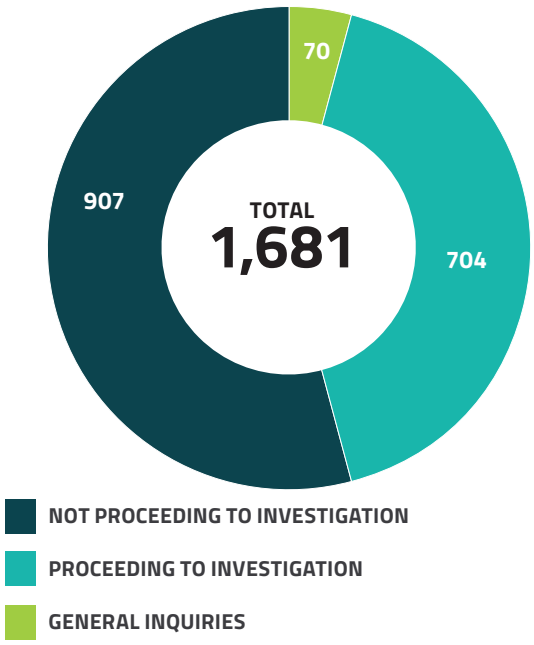
In 2021/22, the PGT supported 2,284 COEs and 61 COPs for B.C. seniors. The number of COEs remained unchanged from last year; and 3% fewer than 2017/18. The number of COPs continued to increase since 2017/18 with 9% increase in 2021/22 from the previous year.

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 1,681 referrals and general inquiries, a 6% increase over the previous year.

PROVINCIAL AGENCIES

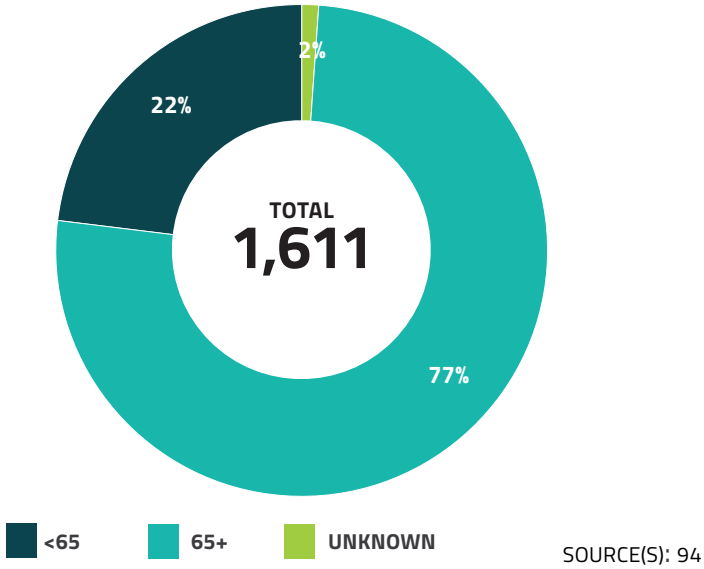
PGT REFERRALS AND GENERAL INQUIRIES, 2021/22



SOURCE(S): 94

The total number of referrals of suspected cases of abuse, neglect or self neglect (1,611) increased 11% over the previous year and the number of involving seniors (1,235) increased 12%. The proportion of referrals involving seniors that proceeded to investigation decreased from 53% in 2020/21 to 46% in 2021/22.

PROVINCIAL AGENCIES
PGT REFERRALS BY CLIENT AGE, 2021/22



SOURCE(S): 94

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 the past five years except for a small dip in 2020. In 2021, there were 1,757 victims aged 65 or older and 1,703 violent offences against these seniors, a 5% increase from the previous year for both. Charges have been laid or recommended in 27% of the offences and 46% were not yet cleared at the time of reporting.

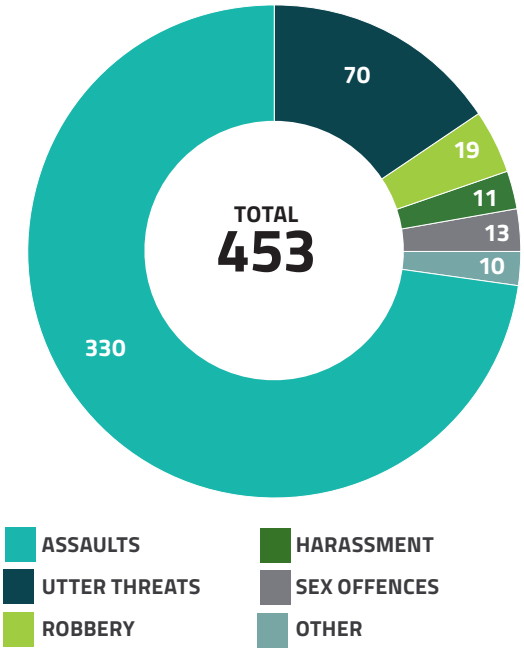
The top five types of violent offences have accounted for more than 97% of violent offences against senio the last five years. Assaults account for 76% of all v offences in 2021.

LAW ENFORCEMEMT
VIOLENT AND PROPERTY OFFENCES, 2021

	VICTIMS / COMPLAINANTS	OFFENCES
VIOLENT OFFENCES	1,757	1,703
PROPERTY OFFENCES	18,388	18,201
TOTAL B.C.	20,145	19,904

SOURCE(S): 95

LAW ENFORCEMENT
CHARGES LAID, TYPES OF VIOLENT OFFENCES WITH VICTIMS AGED 65+, 2021



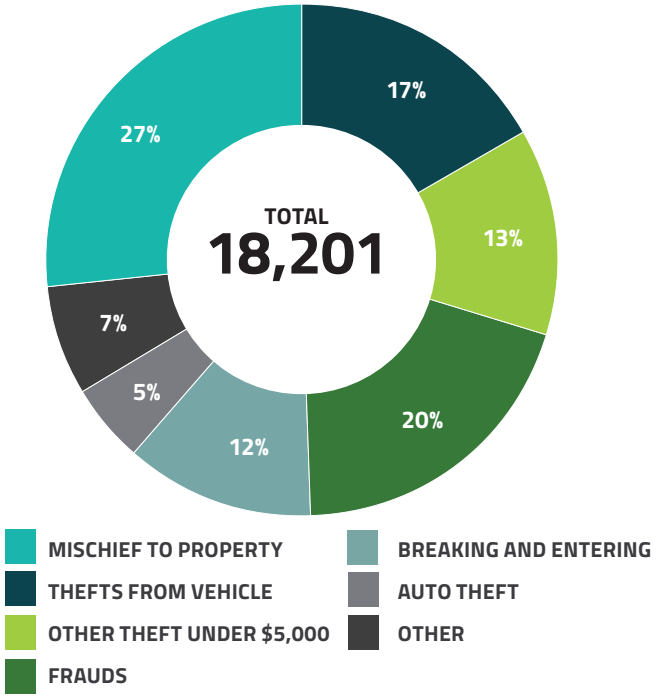
SOURCE(S): 95

In 2021, 18,388 seniors were complainants of a property offence and 18,201 offences, an increase of 3% for both from 2020 (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 2021 followed by frauds and theft from vehicle.

LAW ENFORCEMENT

TYPES OF PROPERTY OFFENCES WITH COMPLAINANTS AGED 65+, 2021



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): 95

MISSING PERSONS CASES

BC RCMP E Division opened 962 missing persons cases for seniors aged 65 or older, representing 8% of the Division's missing persons cases. At the time of reporting (August 2022), 18 (2%) seniors were still missing; of those who went missing 65% were male and 35% were female.

SOURCE(S): 95

VANCOUVER POLICE DEPARTMENT

The Vancouver Police Department (VPD) tracks cases of reported physical and financial abuse each year. In 2021, cases of physical abuse against seniors decreased 8% from 2020 following a four-year continuous increase since 2017. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 33% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 112 of these cases.

Cases of financial abuse (mail, fraud, Canada Revenue Agency and lottery scams etc.) against seniors, increased 4% 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 2% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 56 of these financial abuse cases, a 115% increase from 2020.

LAW ENFORCEMEMT

VICTIMS OF PHYSICAL AND FINANCIAL ABUSE AGED 65+, 2021

	VICTIMS
PHYSICAL ABUSE	247
FINANCIAL ABUSE	313
TOTAL	560

SOURCE(S): 96

In 2021, the Vancouver Police Department's Missing Persons Unit handled 292 missing persons cases involving seniors aged 65 or older, a 4% increase from 2020.

SOURCE(S): 96

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 28,734 cases of patients designated with involuntary status under the Mental Health Act wh

acute care, 3,085 (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 3,098 cases, the mental health condition was not coded as being the main diagnosis. Seniors with involuntary status had an average length of stay almost three times of non-seniors. Cases with mental disorder as a comorbidity tend to have the longest length stay, followed by cases with mental disorder as the most responsible diagnosis and cases with unspecified mental disorder.

INVOLUNTARY HOSPITALIZATIONS

INVOLUNTARY MENTAL HEALTH HOSPITALIZATIONS, 2021/22

	<65	65+	ALL AGES
CASES			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	23,337	2,299	25,636
MENTAL DISORDER AS A COMORBIDITY	1,668	675	2,343
UNSPECIFIED MENTAL DISORDER	644	111	755
AVERAGE LENGTH OF STAY (DAYS)			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	12	33	14
MENTAL DISORDER AS A COMORBIDITY	13	40	20
UNSPECIFIED MENTAL DISORDER	5	13	6

NOTE(S): Due to changes in reporting in 2018/2019 and 2019/20, data on involuntary admissions for those years are incomplete and cannot be included in this report. Future years will use new methodology. It is unadvisable to directly compare 2020 to earlier data due to the changes in methodology for collecting involuntary status data. Additional patients not previously captured in 2017/18 or earlier will be captured for 2020.

SOURCE(S): 97

APPENDIX 1 - ACRONYMS

ACRONYM	NAME
ADP	Adult Day Program
AGA	Adult Guardianship Act
ALC	Alternate Level of Care
ALR	Assisted Living Registrar
BC ARN	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.

APPENDIX 3 - ICD-10 CODES

Underlying Cause of Death International Statistical Classification of Diseases and Related Health Problems Tenth Revision (ICD-10) Codes

ICD-10 CODE	CAUSE OF DEATH
V01-V99, W20-X59, Y85-Y86	Accidents (unintentional injuries)
J20-J21	Acute bronchitis and bronchiolitis
G30	Alzheimer's disease
D50-D64	Anaemias
I71	Aortic aneurysm and dissection
X85-Y09, Y87.1	Assault (homicide)
I70	Atherosclerosis
I60-I69	Cerebrovascular diseases
P00-P96	Certain conditions originating in the perinatal period
K80-K82	Cholelithiasis and other disorders of gallbladder
K70, K73-K74	Chronic liver disease and cirrhosis
J40-J47	Chronic lower respiratory diseases
Y40-Y84, Y88	Complications of medical and surgical care
Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities
U07.1, U07.2	COVID-19
E10-E14	Diabetes mellitus
K35-K38	Diseases of appendix
I00-I09, I11, I13, I20-I51	Diseases of heart
I10, I12, I15	Essential hypertension and hypertensive renal disease
W00-W19	Falls*
K40-K46	Hernia
B20-B24	Human immunodeficiency virus [HIV] disease
N40	Hyperplasia of prostate
COD T40, UCOD X40-X44, Y10-Y14	Illicit Drug Deaths*
D00-D48	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behaviour
N10-N12, N13.6, N15.1	Infections of kidney
N70-N76	Inflammatory diseases of female pelvic organs
J09-J18	Influenza and pneumonia
X60-X84, Y87.0	Intentional self-harm (suicide)
Y35, Y89.0	Legal intervention
C00-C97	Malignant neoplasms

ICD-10 CODE	CAUSE OF DEATH
G00, G03	Meningitis
A39	Meningococcal infection
N00-N07, N17-N19, N25-N27	Nephritis, nephrotic syndrome and nephrosis
E40-E64	Nutritional deficiencies
Y36, Y89.1	Operations of war and their sequelae
G20-G21	Parkinson's disease
K25-K28	Peptic ulcer
J60-J66, J68	Pneumoconioses and chemical effects
J69	Pneumonitis due to solids and liquids
O00-O99	Pregnancy, childbirth and the puerperium
A01-A02	Salmonella infections
A40-A41	Sepsis
A50-A53	Syphilis
A16-A19	Tuberculosis
B15-B19	Viral hepatitis

NOTE(S): * Differs from Statistics Canada definitions

APPENDIX 4 - DATA SOURCES

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