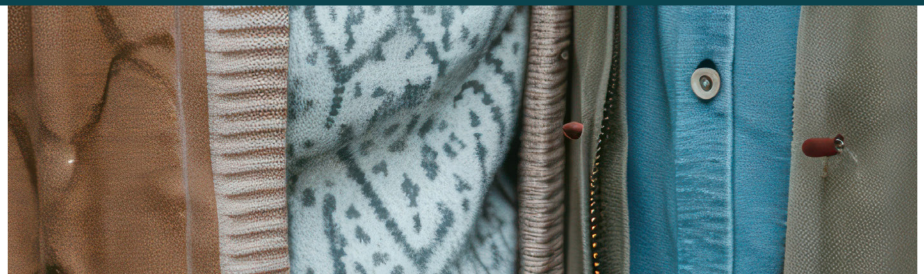
OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

Monitoring Seniors Services 2023 Report



9th Edition

www.seniorsadvocatebc.ca

MESSAGE FROM THE SENIORS ADVOCATE

MARCH 2024

The Monitoring Seniors Services 2023 reports on a wide range of services and supports for seniors. We can measure progress over the past year and look at the trends over time across health care, housing, transportation, income supports and community services.

In 2023, we saw our emergence from the COVID-19 pandemic and while the need for measures such as vaccination remained, most of us returned to our normal patterns of life.

As we look at the data in this report, we find the seniors population is continuing to grow as expected, both in the number of people and the proportion of the population 65 and older. We continue to see an unequal distribution of seniors across the province with younger populations concentrated in urban centres and the lower mainland, and older populations found in rural B.C. and in urban clusters on Vancouver Island and in the Okanagan.

Most seniors continue to be healthy well into their eighties; the proportion with complex chronic health conditions, including dementia, has remained relatively stable over the past five years. We have seen falling rates of both hospitalization and use of emergency departments, although of course, the actual number of seniors accessing hospital services is rising.

We see progress in some, but not all, areas of surgical wait times and the relatively small proportion of seniors in publicly subsidized long-term care has remained stable at 3% over the past five years.

While we have seen increases in some areas of home and community care over the past five years, the increase has not been sufficient to meet the needs of a growing seniors population, and the rate of services relative to the population has fallen.

The increased unmet demand for home support services, along with the growing population and lack of new long-term care beds, are likely the reasons that both the number of seniors waiting for a long-term care bed and the length of time they are waiting before they are placed have increased significantly over the past five years.

Overall, incomes for seniors remain very low compared to the working age population. The proportion of seniors receiving both the federal Guaranteed Income Supplement (GIS) and the BC Seniors Supplement (BCSS) have remained stable over the past five years, and while it is not indexed to inflation, the BCSS was doubled in 2021. Fifty percent of seniors earn an income below minimum wage compared to 6% of the labour force. Almost one-third of the seniors population in B.C. receives the GIS which indicates their incomes are below $25,000 a year.

The overwhelming majority of seniors continue to live in their own home, and most are homeowners. For the one out of five seniors who rent, the subsidies available have fallen dramatically short of what is needed to ensure they can continue to live in their own apartment and meet their basic needs.

We are seeing some concerning trends in relation to the abuse and neglect of seniors and issues related to property crimes. These need to be closely monitored and likely warrant discussions with law enforcement on how to better support vulnerable seniors living in the community.

Community services provided through Better at Home, the First Link® dementia support program and the federal New Horizons for seniors program have all seen increases over the past five years, and some have been substantial.

Overall, the report highlights the growing challenge facing the federal and provincial governments as our population ages. The cost of providing the same level of support and services is also rising as inflation impacts labour rates. Costing more to do the same is bad enough, but we have layered on the need to also provide services to more people, creating gaps that grow each year.

Based on the data reviewed, the biggest challenges B.C. seniors currently face are affordability, whether it is to pay for rent or home support services, timely access to a publicly subsidized long-term care bed and feeling safe and secure in their homes. There are fault lines appearing in other areas, such as transportation and adult day programs, and these will require further monitoring to determine if we are seeing a residual impact from the pandemic or a longer-term trend line.

This annual report is a mammoth undertaking. I would like to thank the staff at the Office of the Seniors Advocate who work throughout the year collecting and analyzing the data and the many government ministries, agencies and community partners who submit their data and ensure its accuracy.

On another note, this is my final report as the Seniors Advocate for British Columbia. It has been an honour and a privilege to serve in this role for the past decade. I have been overwhelmed by the support for seniors British Columbians have demonstrated and this gives me hope we will continue to improve the lives of our much-loved and deeply respected seniors.

Sincerely,

Isobel Mackenzie
Seniors Advocate,
Province of British Columbia

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

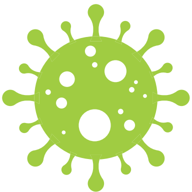
ACKNOWLEDGEMENTS & NOTES

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

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

For the most part, the data used in the report are either for fiscal year 2022/23, covering the period from April 1, 2022 to March 31, 2023, or for calendar year 2022. 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:



2023 HIGHLIGHTS

B.C. DEMOGRAPHICS HIGHLIGHTS

- In 2022, B.C.'s seniors population was 1,058,462. The seniors population has grown 16% over five years and 41% over ten years. Seniors now represent 20% of the provincial population compared to 18% in 2018 and 16% in 2013.
- The number of people 85 years and older has grown 8% over five years and 24% over ten years but has remained relatively stable as a proportion of the population at 2%. The main growth in the seniors population from last year was the 75 to 84 age group.
- The percentage of seniors is highest in Vancouver Island Health and lowest in Northern Health, a relatively constant trend over the last five years.
- The life expectancy at 65 years in B.C. is 21.8 years (23.3 years for females and 20.2 years for males) compared to 22.1 years in 2018 and 21.6 years in 2013. Health adjusted life expectancy at age 65 is 16.7 years, compared to 16.9 years in 2018 and 16.6 years in 2013.
- Over 36,000 seniors (65+) died in 2022, 20% more deaths than in 2018. The fatality rate for seniors (65+) was 343 per 10,000 seniors, a nearly 4% increase over the five-year period.
- The top five causes of death for seniors (65+) were cancer (25%), heart disease (19%), cerebrovascular diseases (stroke) (6%), COVID-19 (6%) and chronic lower respiratory diseases (4%). The top five causes of death have remained relatively unchanged over the last ten years, with the exception of diabetes mellitus replaced by COVID-19 in 2022.

HEALTH CARE HIGHLIGHTS

- 19% of seniors (65+) are living with high complexity chronic conditions, and 5% are diagnosed with dementia; these percentages have remained relatively stable over the last ten years.
- 48% of seniors received the publicly funded influenza vaccine from pharmacies compared to 34% in 2018/19; 4% received the influenza vaccine at a physician's office compared to 10% in 2020/21.
- 87% of residents in publicly subsidized Long-Term Care (LTC) were vaccinated for influenza, 4% lower than last year and less than 1% higher than five years ago. Only 39% of staff were vaccinated for influenza, 47% lower than 2018/19 and the lowest in the last five years due to lower rates of self-reporting.
- 70% of all seniors living in the community were vaccinated for at least four doses of COVID-19 (as of June 30, 2023).
- The hospitalization rate per 1,000 seniors (65+) has fallen 5% over the last five years and 7% over ten years.
- While the overall number of emergency department visits by seniors has increased ,7% over the last five years and 31% over ten years, the rate of emergency department visits per 1,000 seniors (65+) has fallen, 8% and 7% over the same period, due to the growing seniors population.
- 84% of alternate level of care (ALC) days were for seniors and this proportion has remained relatively stable over the last ten years, ranging from 80% to 83%. The average length of stay in ALC for seniors increased nearly 12% last year but fell 4% compared to 2013/14.
- Over the last five years, the number in four of the top five surgeries completed for seniors increased and the median wait time in three of the top five surgeries increased. The number of seniors waiting for surgeries has increased except for cataract surgery.
- Over the last five years, the rate of home support clients per 1,000 of seniors (75+) has decreased 7% and the average hours per client has decreased 4%. The number of home support clients increased 10% over the same time period.

- While the number of clients receiving community-based professional services (i.e., case management, OT/PT, home care nursing) increased 14% over the last five years, the rate of clients per 1,000 seniors (65+) decreased 2% over the same time period.
- There were 676 home care complaints, a 13% decrease from last year and a 17% decrease from five years ago.
- Overall, there are 255 respite beds in the province, 28 more respite beds compared to 2019.
- Adult Day Programs (ADP) have not fully rebounded from COVID-19 pandemic closures. The number of clients (excluding Northern Health) and program days fell 6% and 21% respectively since 2018/19.
- Over the last five years, the waitlist for subsidized assisted living units increased by 21% while the rate of subsidized units per 1,000 seniors (75+) decreased 16% and average care hours per unit increased 2%.
- Reportable incidents in registered assisted living increased nearly 9% from last year; 47% were unexpected illness and 40% were falls. The volume of reportable incidents has increased year-over-year, particularly for falls.
- There are 29,430 publicly subsidized LTC beds in 297 sites. The number of publicly subsidized LTC sites and beds increased 1% and 3% respectively over the last five years. The rate of publicly subsidized LTC beds per 1,000 seniors (75+) decreased 12% during that same time period.
- 77% of LTC residents live in single occupancy rooms, a 4% increase over the last five years.
- Both the average and median lengths of stay for people living in LTC have decreased, 4% and 2% respectively, over the last five years.
- Just over 10,800 seniors were admitted to LTC - 50% from hospital and 50% from the community. The total number of LTC residents increased less than 1% over the last five years.
- There were 5,175 clients waiting for a publicly subsidized LTC bed; the average wait time for people on the wait list was 215 days.
- The number of clients in interim care waiting for their preferred care home declined 20% from last year, and the average wait time was 265 days compared to 216 days in 2022.
- The proportion of LTC residents taking antipsychotic medications without a diagnosis of psychosis in 2022/23 increased by 4% to 28.9%, the highest in the last five years, but 13% lower than in 2013/14.
- There were 18,221 reportable incidents in LTC, which fell 4% last year, but was still 5% higher than in 2018/19. Over 70% of reportable incidents were related to expected deaths (39%) and unexpected illness (32%).
- The Patient Care Quality Office (PCQO) received 825 complaints regarding LTC, 14% lower than the previous year and 3% lower than five years ago.
- Over the last five years, there has been an increase in physicians (14%), nurses (10%), care aides and community health workers (38%), physiotherapists (19%) and occupational therapists (18%) in the health care sector.

COMMUNITY SUPPORT HIGHLIGHTS

- The federal New Horizons for Seniors Program approved 402 new community-based projects in B.C. with funding of nearly $8.6 million. In 2022/23, there was a 1% increase in approved projects and a 2% increase in funding compared to the previous year, and 52% and 75% increases respectively over the last five years.
- First Link® dementia support served over 13,000 clients, of which nearly 6,300 were new clients. In 2022/23, there were more clients and client contacts over the previous year (2% and 7%) and five years ago (13% and 32%).

2023 HIGHLIGHTS, continued

- Better at Home served almost 14,000 clients and provided approximately 283,000 services; over 5,100 were new clients. Over the last five years, the number of clients and services increased 18% and 52% respectively.
- In 2022/23, BC Rebate for Accessible Home Adaptations (BC RAHA) approved 339 applications and the average value of adaptations was $10,234. Both the number of applicants and average value decreased from 2021/22 (13% and 19% respectively).

HOUSING HIGHLIGHTS

- 95% of seniors live independently in private homes, while 5% of seniors live in assisted living or LTC. A slightly higher proportion of B.C. seniors live independently compared to five years ago.
- New users of the Property Tax Deferral Program increased 48% in 2022/23 compared to the previous year, but still remained 13% lower than 2018/19. The average amount of property tax deferred was $4,767, 6% more than in 2022/23 and 17% more compared to 2018/19.
- The number of seniors receiving the Shelter Aid for Elderly Renters (SAFER) subsidy (23,506) decreased 1% from the previous year and 3% over five years. There were 16 SAFER clients per 1,000 seniors (60+), which decreased 4% and 14% over the same time periods.
- The average SAFER subsidy was $198 per month, less than a 2% increase over last year, but nearly 8% lower than five years ago ($215). The average monthly rent for SAFER recipients was $1,116, a 4% increase over last year and a 12% increase from 2018/19. The average monthly income of single SAFER recipients was $1,737, less than 2% and 9% increase over the same time period.
- There were 32,270 Seniors Subsidized Housing (SSH) units, 6% more than five years ago, however, the rate of SSH units per 1,000 seniors (55+) fell 3% in the same time period. The wait list has increased 59% over the last five years, with 17% of applicants waiting more than 5 years.

TRANSPORTATION HIGHLIGHTS

- 80% (846,100) of seniors maintained an active driver's licence, a 4% increase from last year and 18% more than five years ago.
- Nearly 56,000 seniors received the annual BC Bus Pass available to seniors receiving GIS, a 4% decrease from last year and the lowest in the last five years despite the number of B.C. seniors receiving GIS increasing by over 7% last year.
- Over the last five years, the number of active HandyDART clients decreased 18% for BC Transit and increased 6% for TransLink. The number of rides provided over the same period decreased by 43% for BC Transit and 27% for TransLink.

INCOME SUPPORTS HIGHLIGHTS

- Overall, 93% of B.C. seniors receive Old Age Security (OAS), 30% receive the Guaranteed Income Supplement (GIS), over 90% receive the Canada Pension Plan (CPP) and 9% receive the BC Seniors Supplement (BCSS). These percentages have remained relatively stable over the last five years.
- As of January 2023, OAS increased 7% to a maximum of $687.56 for seniors aged 65 to 74, GIS increased 7% to a maximum of $1026.96 and the BCSS remained the same amount of $99.30 maximum, after doubling in 2021.
- In June 2023, the maximum CPP benefit was $1,306.57 per month with an average of $772.71 per month. The maximum increased by 4% and the average increased by 6% in the last year.

- Nearly $1.6 billion was spent on prescription medications and medical supplies or devices for seniors. PharmaCare Plans covered $493 million and the remaining $1.09 billion (6% increase) was paid out-of-pocket by seniors or by their third-party insurers. The proportion covered by PharmaCare decreased to 31% from 34% in 2018/19.

SAFETY AND PROTECTION HIGHLIGHTS

- Overall, calls (6,283) to the Seniors Abuse and Information Line (SAIL) increased 44% over the last five years, however calls related to abuse increased by 110% in that same time period.
- There were 2,203 cases of abuse, neglect and self-neglect of seniors reported to Designated Agencies, an increase of 114% compared to 2018.
- 77% of all referrals (1,688) of suspected cases of abuse, neglect or self neglect to the Public Guardian and Trustee involved seniors (1,295) which increased 5% last year and 2% five years ago.
- Victims of violence offences against seniors reported to the BC RCMP increased 55% and complainants of property offences by seniors increased 15% in the last five years.
- Cases of financial abuse and physical abuse against seniors reported to the Vancouver Police Department (VPD) increased 53% and 35% respectively over five years.
- Missing seniors reported to the RCMP (932) and the Vancouver Police Department (342) decreased 9% and 16% respectively from 2018.
- There were 2,957 seniors (65+) designated with involuntary status under the Mental Health Act, a 4% decrease compared to the previous year and 6% decrease from 2020/21. Seniors account for 11% of all cases, and this proportion has remained unchanged over the last 3 years. The average length of stay was 36 days for seniors compared to 13 days for non-seniors.

OVERVIEW

The **2023 Monitoring Seniors Services Report** highlights the performance and trends of a wide range of supports and services for B.C. seniors and their families. Through comprehensive year-over-year 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. Traditionally, 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

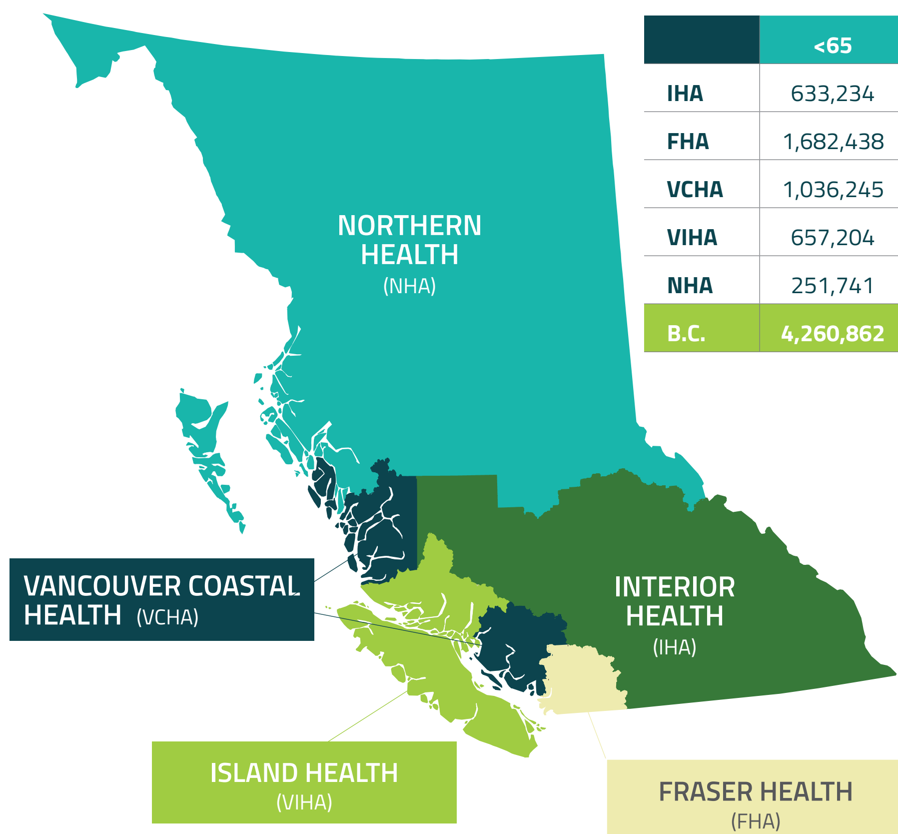
Both the federal and provincial governments provide income support programs for seniors such as the Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS) and the B.C. Seniors Supplement (BCSS). There are also federal and provincial tax credits and provincial health insurance 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 2022, the population of B.C. was 5,319,324, a 2% increase from the previous year. The number of seniors aged 65 and older (1,058,462) grew 3% and people aged 85 and older (124,058) grew less than 1%. Over the last ten years, the seniors population grew 41% while the overall population grew by 15%. 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, 2022

	<65	65+	ALL AGES	% 65+
IHA	633,234	209,472	842,706	25%
FHA	1,682,438	344,530	2,026,968	17%
VCHA	1,036,245	229,308	1,265,553	18%
VIHA	657,204	225,374	882,578	26%
NHA	251,741	49,778	301,519	17%
B.C.	**4,260,862**	**1,058,462**	**5,319,324**	**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 ongoing shortage 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 2021/22: 13% of seniors did not use the health care system; 29% had low complexity chronic conditions; 28% had medium complexity chronic conditions; and 19% had high complexity chronic conditions. Only 5% of seniors were diagnosed with dementia. All percentages remained essentially the same between 2017/18 and 2021/22.

LIVING WITH ILLNESS

LIVING WITH ILLNESS, 2021/22

	<65	65+	ALL AGES
DEMENTIA			
PERCENTAGE OF POPULATION DIAGNOSED WITH DEMENTIA	0.1%	4.9%	1.0%
POPULATION SEGMENTS			
NON-USERS OF HEALTH CARE AND HEALTHY POPULATION	59.9%	13.3%	50.7%
LOW COMPLEXITY CHRONIC CONDITIONS	24.5%	28.8%	25.3%
MEDIUM COMPLEXITY CHRONIC CONDITIONS	4.5%	27.9%	9.2%
HIGH COMPLEXITY CHRONIC CONDITIONS	1.4%	19.1%	5.0%
FRAIL IN LONG-TERM CARE AND END OF LIFE	0.2%	3.4%	0.8%
OTHER	9.5%	7.5%	9.1%

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, and particularly for 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, 2022/23

	<65	65+	ALL AGES
IHA	15%	50%	24%
FHA	16%	49%	21%
VCHA	22%	46%	26%
VIHA	17%	50%	25%
NHA	9%	35%	13%
B.C.	**17%**	**48%**	**23%**

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

SOURCE(S): 1, 4, 5

INFLUENZA IMMUNIZATION IN THE COMMUNITY

Pharmacies across B.C. dispensed 1,227,312 publicly funded vaccinations, 20% more than last year and 73% more compared to 2018/19. Overall, 41% of publicly funded vaccinations were dispensed to seniors, which was relatively similar to past years. The number of vaccinations among seniors has increased in all health authorities over the last several years except for Fraser, Vancouver Coastal and Northern Health in 2021/22 and Interior Health in 2022/23.

INFLUENZA IMMUNIZATION IN PHYSICIAN OFFICES

About 4% of seniors received their influenza vaccine at a physician's office. These offices administered the publicly funded influenza vaccinations to 112,605 people, 38% of whom were seniors. There were 46% fewer people vaccinated in a physician's office compared to last year. This decrease was mainly attributed to the shift of influenza vaccinations from physician offices to pharmacies.

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHYSICIAN OFFICES, 2022/23

	<65	65+	ALL AGES
IHA	0.5%	1.5%	0.7%
FHA	1.9%	4.9%	2.4%
VCHA	3.1%	8.8%	4.1%
VIHA	0.3%	0.6%	0.4%
NHA	0.6%	2.5%	0.9%
B.C.	**1.6%**	**4.1%**	**2.1%**

SOURCE(S): 1, 6

INFLUENZA IMMUNIZATION IN HOME CARE & LONG-TERM CARE

The proportion of influenza immunization is lower for home care clients than in Long-Term Care (LTC). The percent of home care clients vaccinated against influenza increased to 71% compared to 70% the previous year.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE FOR HOME CARE CLIENTS, 2022/23

	CLIENTS
IHA	74%
FHA	67%
VCHA	70%
VIHA	77%
NHA	74%
B.C.	**71%**

NOTE(S): Each year of reporting represents home care clients that have been vaccinated within the last two years. NHA data may be incomplete and undercounted. Health authority rates are estimates as home care clients may or may not obtain influenza vaccines within the health authority where they live.

SOURCE(S): 7

BC Centre for Disease Control (BCCDC) data showed 87% of LTC residents and 39% LTC staff received their influenza vaccine. The resident vaccination rate was 3.5 percentage points lower than 2021/22, but 0.5 percentage points higher than 2018/19. Staff vaccinations rates were the lowest since the influenza prevention policy was enacted in 2012, which is largely attributed to a lower self-reporting rate of the health care staff.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE IN LONG-TERM CARE, 2022/23

	RESIDENTS	STAFF
IHA	85%	31%
FHA	87%	38%
VCHA	91%	48%
VIHA	87%	39%
NHA	87%	39%
B.C.	**87%**	**39%**

NOTE(S): This data includes only publicly subsidized care homes that focus on care for seniors which are included in the Long-Term Care and Assisted Living 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): 8

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 some, 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 June 30, 2023, approximately 70% of seniors in B.C. were vaccinated with four doses of COVID-19 vaccines.

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE IN THE COMMUNITY, JUNE 30, 2023

	5-64	65+	ALL AGES
IHA	22%	68%	34%
FHA	22%	64%	29%
VCHA	32%	72%	39%
VIHA	31%	79%	44%
NHA	16%	58%	23%
B.C.	**25%**	**70%**	**34%**

NOTE(S): The vaccinated populaton is B.C. residents vaccinated with four doses of COVID-19 vaccine as of June 30, 2023 from the Provincial Immunization Registry (PIR). The total population are P.E.O.P.L.E. estimates for 2022. The records with invalid or missing PHN, geography, age were excluded from this calculation.

SOURCE(S): 1, 9

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE FOR RESIDENTS IN LONG-TERM CARE, AS OF APRIL 20, 2023

	RESIDENTS
IHA	80%
FHA	84%
VCHA	86%
VIHA	87%
NHA	76%
B.C.	**84%**

NOTE(S): This data includes only publicly subsidized care homes that focus on care for seniors which are included in the Long-Term Care and Assisted Living 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): 8

COVID-19 IMMUNIZATION IN LONG-TERM CARE

As of April 20, 2023, 84% of residents in publicly subsidized LTC facilities were vaccinated with four doses of COVID-19 vaccine. 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 26% of emergency visits and 47% of hospitalizations across B.C. were for seniors. Overall, emergency visits for seniors increased 4% and hospitalizations for seniors increased 5% from the previous year. The hospitalization and emergency visit rate per 1,000 seniors (65+) increased 2% and less than 1% respectively from last year, but decreased by 5% and 8% respectively compared to 2018/19. In 2022/23, the average inpatient length of stay for seniors was 8.6 days, almost 4 days longer than the younger population.

HOSPITAL CARE
HOSPITAL CARE, 2022/23

	<65	65+	ALL AGES
HOSPITALIZATIONS	515,708	464,413	980,121
INPATIENT	253,886	204,205	458,091
DAY SURGERY	261,822	260,208	522,030
INPATIENT AVERAGE LENGTH OF STAY (DAYS)	5.0	8.6	6.6
EMERGENCY DEPARTMENT VISITS	1,705,781	606,799	2,312,580

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 B.C. personal health number or local health authority. Emergency department visits excluded B.C. Residents without active MSP coverage during the fiscal year of the emergency department visit.

SOURCE(S): 10, 11, 12

ALTERNATE LEVEL OF CARE

Alternate level of care (ALC) is a 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 8% to 22,970; of these, 84% were seniors. About 10% of inpatient cases among seniors were designated as ALC; this proportion has fluctuated less than 1% over the last five years.

HOSPITAL CARE
ALC CASES IN HOSPITAL BY AGE GROUP, 2022/23

	<65	65+	ALL AGES
ALC CASES	3,719	19,251	22,970
% ALC CASES OF TOTAL INPATIENT CASES	1.7%	9.8%	5.5%

SOURCE(S): 13

Hospital inpatient days designated as ALC increased 22%; 83% of these days were for seniors. All health authorities have over 80% of ALC days for seniors except Vancouver Coastal Health with 74%. ALC days for seniors increased across all health authorities.

HOSPITAL CARE
ALC DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2022/23

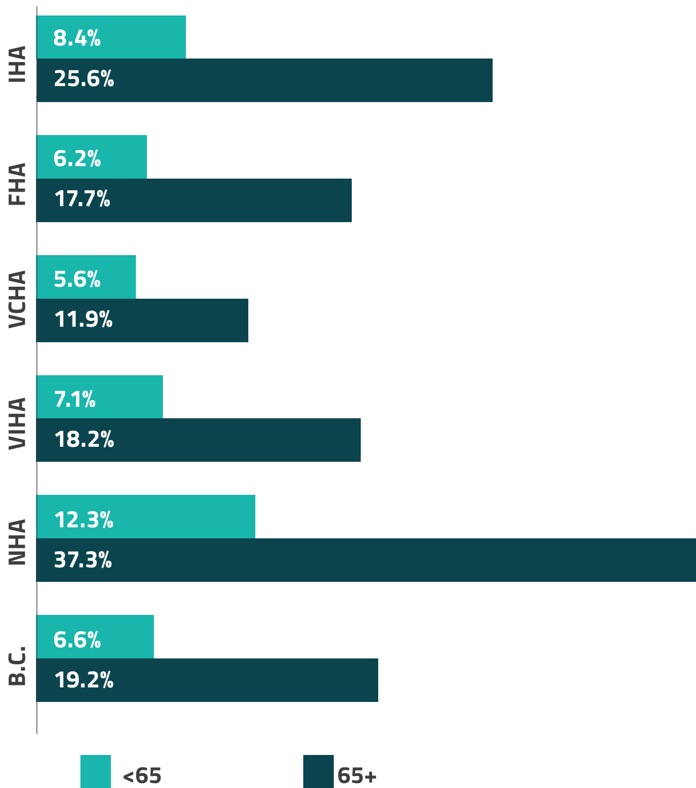
	<65	65+	ALL AGES
IHA	16,891	98,768	115,659
FHA	24,395	124,390	148,785
VCHA	18,691	54,475	73,166
VIHA	16,055	85,166	101,221
NHA	11,149	49,100	60,249
B.C.	**87,181**	**411,899**	**499,080**

SOURCE(S): 13

ALC days as a percent of total inpatient days was 14% overall and 19% among seniors, two percentage points higher than last year, and almost the same as 2018/19.

HOSPITAL CARE

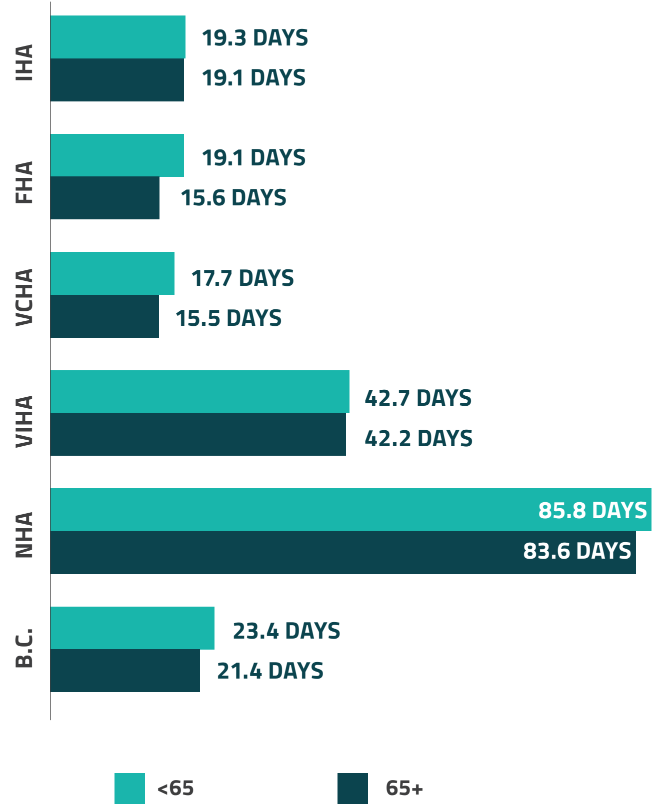
ALC DAYS AS A PERCENT OF TOTAL INPATIENT DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2022/23



SOURCE(S): 13

HOSPITAL CARE

AVERAGE LENGTH OF STAY IN ALC (DAYS) BY HEALTH AUTHORITY AND AGE GROUP, 2022/23



SOURCE(S): 13

The average length of stay in ALC was 21 days for seniors, a 12% increase from the previous year and unchanged from 2018/19. 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 with 84 days for seniors.

SURGICAL WAIT TIMES

More than 300,000 surgeries are performed in B.C. each year. Only scheduled surgeries are placed on the waitlist by priority; 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): 14

COMPLETED AND WAITING SURGICAL CASES

There were 267,601 completed scheduled surgeries (all ages) in 2022/23, 12,279 (5%) more surgeries compared to 2021/22 and 18,714 (8%) more compared to 2018/19. This increase was due to the additional resources implemented through the province's Surgical Renewal commitment to help address the backlog of postponed non-urgent surgeries due to the pandemic. Of the completed cases, 132,183 (49%) were for patients 65+ compared to 135,418 (51%) patients under 65. For seniors who had surgery in 2022/23, the median wait time was 6.1 weeks before receiving surgery compared to almost 8 weeks in 2018/19. One in ten seniors waited 28.6 weeks or longer before receiving surgery compared to 34.1 weeks in 2018/19.

SURGICAL WAIT TIME

SCHEDULED SURGICAL CASES AND WAIT TIME, 2022/23

	<65	65+	ALL AGES
CASES COMPLETED	135,418	132,183	267,601
50 PERCENTILE WAITNG TIME	6.9	6.1	6.4
90 PERCENTILE WAITING TIME	32.6	28.6	30.4
CASES WAITING	49,976	39,298	89,274
50 PERCENTILE WAITING TIME	12.3	10.1	11.3
90 PERCENTILE WAITING TIME	52.1	43.1	48.3

SOURCE(S): 15

As of March 31, 2023, there were 89,274 patients (all ages) on the surgical waitlist, 1% fewer than the number waiting in 2021/22 and 3% more than 2018/19. Of those patients, there were 39,298 (44%) patients 65+ on the waitlist. Half of seniors have waited less than 10.1 weeks, 1.2 weeks shorter than 2018/19. One in ten seniors continue to wait 43.1 weeks or more for surgery.

The top five scheduled surgeries performed for seniors remained unchanged over the last five years: cataract surgery, knee replacement, abdominal hernia repair, prostate surgery and hip replacement. In 2022/23, there was an increase in the number of completed surgeries across all top five scheduled surgeries for seniors, most notably for knee replacements (23% increase) and prostate surgeries (16% increase) over the previous year.

There were 62,070 cataract surgeries performed on seniors, approximately 1% more over the previous year and 16% more compared to 2018/19. While more cataract surgeries were completed last year, there were 8% fewer seniors waitlisted. However, it is still the longest waitlist among all surgeries for seniors.

SURGICAL WAIT TIME

TOP FIVE SURGICAL PROCEDURES, COMPLETED AND WAITING CASES (65+), 2022/23

	COMPLETED CASES	WAITING CASES (MARCH 31, 2023)
CATARACT SURGERY	62,070	14,559
KNEE REPLACEMENT	7,357	5,929
ABDOMINAL HERNIA REPAIR	5,360	1,762
PROSTATE SURGERY	4,817	1,345
HIP REPLACEMENT	4,773	2,821

SOURCE(S): 15

SURGICAL WAIT TIME

In the majority of the last five years, seniors had longer median wait times for cataract, knee replacement and abdominal hernia repair surgeries but shorter median wait times for hip replacement and prostate surgeries than patients below the age of 65. The difference ranged from 1 to 12 days in 2022/23.

Half of seniors waited up to 6.3 weeks to complete cataract surgery, almost 4 weeks shorter than 2018/19. The median wait time was 8.3 weeks for seniors to

complete a abdominal hernia repair surgery and 6 weeks to complete prostate surgery, 10 days and 5 days longer than last year respectively. Unfortunately, the median wait time for other priority procedures has worsened compared to last year. Joint replacements continue to be a challenge with longer wait times and growing waitlists over the previous year. Half of seniors waited up to 23.1 weeks to complete a knee replacement and 20 weeks to complete a hip replacement, both of which were approximately four weeks longer than 2021/22 and more than three weeks longer than 2018/19. Knee replacements performed for seniors had the longest wait time with 10% of seniors waiting for over 1 year (57 weeks).

Seniors in Northern Health had the longest median wait times for completed cataract surgery (11.1 weeks), knee replacement surgery (45.6 weeks) and hip replacement surgery (24.3 weeks), while seniors in Interior Health had the longest median wait times for completed abdominmal hernia repair surgery (11.0 weeks) and prostate surgery (8.4 weeks). For seniors, Island Health had the shortest median wait times for knee replacement (21 weeks), hip replacement (18.6 weeks) and prostate surgery (4.3 weeks), while Vancouver Coastal Health had the shortest median wait times for cataract surgery (5.9 weeks) and Fraser Health for abdominal hernia repair surgery (5.7 weeks).

The Canadian Institute for Health Information (CIHI) collects national data on wait times for priority procedures. The federal benchmarks for cataract surgery, knee replacement and hip replacement are 16 weeks, 26 weeks and 26 weeks respectively.

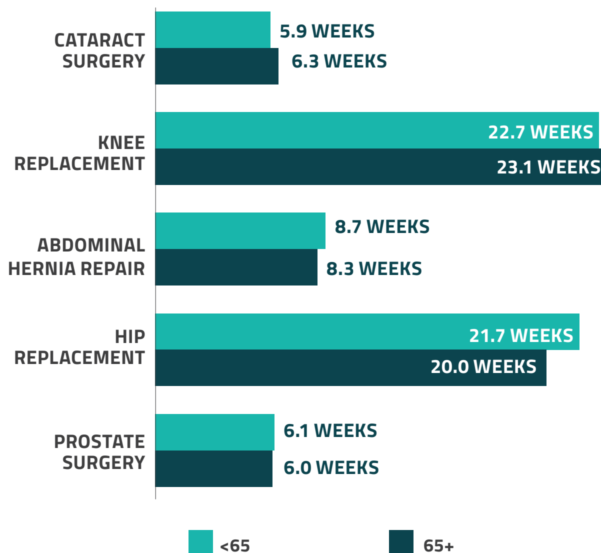
In 2022/23, 81% of cataract surgeries were completed within 16 weeks for seniors and 83% for people under 65, the highest in the last five years. However, only 56% of knee replacements and 64% of hip replacements for seniors were completed within the federal benchmarks, both hitting the lowest point in the last five years. This metric performed better for people under 65 compared to seniors for cataract surgery (83% vs 81%) and knee replacement (57% vs 56%), but worse for hip replacement (59% vs 64%).

In 2022/23, the proportion of surgeries completed within the federal benchmarks for seniors were the lowest in Northern Health for cataract (58%), knee replacement (41%) and hip replacement (52%); Island Health had the highest proportion completed within the federal benchmarks for knee replacement (64%) and hip replacement (68%); and Interior Health had the highest proportion of cataract surgery completed within the federal benchmark (83%).

SOURCE(S): 15, 16

SURGICAL WAIT TIME

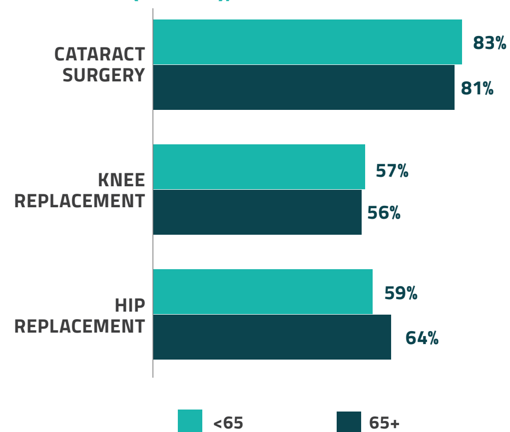
TOP FIVE SURGICAL MEDIAN WAIT TIME FOR COMPLETED CASES, 2022/23



SOURCE(S): 15

SURGICAL WAIT TIME

PERCENTAGE OF SURGERIES COMPLETED WITHIN FEDERAL BENCHMARK (WEEKS), 2022/23



NOTE(S): The federal benchmarks for cataract surgery, knee replacement and hip replacement are 16 weeks, 26 weeks and 26 weeks respectively.

SOURCE(S): 15

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 Province's 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 by a health authority case manager to determine their eligibility for home support services and level of financial contribution. 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): 17

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 receive home support services, only one person 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:

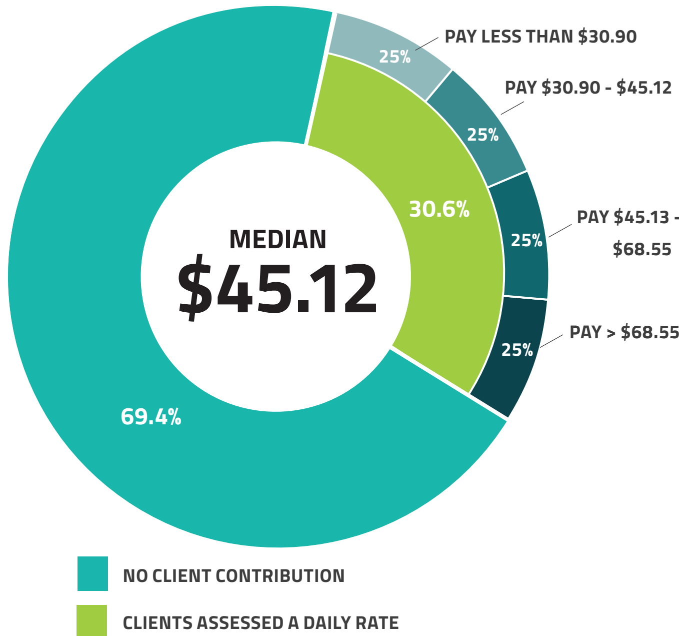
- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the Old Age Act (Canada);
- Income assistance under the B.C. Employment and Assistance Act;
- Disability assistance under the B.C. Employment and Assistance for Persons with Disabilities Act;
- War Veterans Allowance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

SOURCE(S): 18

About 69% of long-term home support clients in B.C., including those under the CSIL program, had their client contribution waived and 31% were assessed a daily rate. The median assessed daily rate increased 9% from the previous year, from $41.32 to $45.12.

HOME CARE

ASSESSED CLIENT CONTRIBUTIONS PER DAY FOR HOME SUPPORT, 2022/23



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

SOURCE(S): 19

HOME SUPPORT CLIENTS AND HOURS

More than 51,000 clients (all ages) received nearly 13 million hours of publicly subsidized home support services, with an annual average of 245 hours of service per client. The number of clients and hours was up 2% and down 1% respectively over the previous year and up 10% and 5% over 2018/19, while the average hours per client declined 3% from the previous year and 4% from 2018/19. The rate of home support recipients per 1,000 seniors (aged 75 or older) was 115, 3% decrease from last year and 7% decrease from 2018/19.

HOME CARE

HOME SUPPORT CLIENTS AND HOURS, 2022/23

	CLIENTS	HOURS	AVERAGE HOURS PER CLIENT
IHA	9,865	1,906,054	193
FHA	16,355	4,182,001	256
VCHA	11,497	3,147,121	274
VIHA	10,526	2,959,945	281
NHA	3,179	412,199	130
B.C.	51,422	12,607,320	245

NOTE(S): Includes long-term, short-term and CSIL clients. Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts. Client counts and hours are for all ages. NHA's client counts are estimates, as they're unable to provide distinct counts.

SOURCE(S): 20

Of all home support hours, 66% were delivered under long-term support, 11% were short-term service and 24% were provided under the CSIL program. The number of clients in each type of service increased over the previous year and over 2018/19. The service hours for short-term home support and CSIL increased 4% and 3% from 2021/22 and 38% and 3% from 2018/19 respectively while the long-term home support hours decreased 3% from 2021/22 and increased 2% from 2018/19. The average hours of care for short-term home support increased 2% from 2021/22 and 20% from 2018/19 while the average hours of care for long-term home support decreased 5% from 2021/22 and 6% from 2018/19. The average hours of care for CSIL increased 3% from the previous year but 4% lower than 2018/19.

HOME CARE

HOME SUPPORT BY SERVICE TYPE, 2022/23

	LONG-TERM	SHORT-TERM	CSIL
NUMBER OF CLIENTS	34,006	23,771	1,059
NUMBER OF HOURS	8,268,385	1,340,304	2,956,138
AVERAGE HOURS PER CLIENT	243	56	2,791

NOTE(S): Clients may receive more than one type of service and in more than one health authority. Client counts are unique within each health authority for each service type, but B.C. totals are the sum of these are therefore not unique client counts. Client counts and hours are for all ages.

SOURCE(S): 20

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 last five years, with a 1% increase from the previous year and 14% from 2018/19. The number of visits decreased 1% from the previous year and increased 13% from 2018/19, with an average of 12 visits per client, down 2% from last year and almost the same as 2018/19.

Compared to the previous year, the number of clients receiving professional home care services and the number of visits increased in Interior Health, Vancouver Island Health and Northern Health while both decreased in Fraser Health and Vancouver Coastal Health. Regardless of the trend in the client number and visits, the average number of visits per client decreased across all health authorities.

The number of clients receiving professional home care services and the number of visits increased across all the health authorities compared to five years ago except that Interior Health had a drop in the number of clients from 2018/19.

HOME CARE

PROFESSIONAL HOME CARE CLIENTS AND VISITS, 2022/23

	CLIENTS	VISITS	AVERAGE VISITS PER CLIENT
IHA	30,956	362,491	12
FHA	35,910	422,106	12
VCHA	25,715	339,321	13
VIHA	32,748	472,249	14
NHA	15,908	99,431	6
B.C.	**141,237**	**1,695,598**	**12**

NOTE(S): Includes case management, community nursing services, community rehab services and clinical social work clients. Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts. Client counts and visits are for all ages.

SOURCE(S): 20

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 676 complaints in all health authorities, decreasing 13% from the previous year and 17% from five years ago; 9 of which were reviewed by the Patient Care Quality Review Board. The number of complaints ranged from 15 in Northern Health to 352 in Fraser Health and decreased from the previous year among all health authorities except Vancouver Island Health. While the reasons for complaints cover a broad range of concerns, 81% were about:

- Care (29%) – primarily delayed or disruptive care or service, or inappropriate type or level of care;
- Accessibility (17%) – primarily care program or service denied, or not available;
- Attitude and conduct (13%) – primarily uncaring attitude or inappropriate conduct;
- Communication (13%) – primarily inadequate or incorrect information, or relatives or carers not informed; and
- Administrative fairness (8%) – legislation affecting rights, policy or procedure interpreted or applied unfairly or vaccination requirement issue.

SOURCE(S): 21

ADULT DAY PROGRAMS AND RESPITE CARE

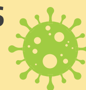
ADULT DAY PROGRAMS

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 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 each client attends depends on the type of ADP. 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): 22

POST COVID-19 AND ADULT DAY PROGRAMS



Health Authorities continued to rebuild Adult Day Program capacity post COVID-19 closures, but still experienced challenges affecting resumption to full capacity. These include: staff shortages (i.e., loss of experienced staff, redeployment to other areas, staff recruitment and retention), client/caregiver reluctant to return to programming due to concerns regarding COVID-19 exposure and/or other illness, clients presenting with higher care needs (as a result of no activity during closures) and challenges with transportation services for clients.

ADULT DAY PROGRAM CLIENTS AND DAYS[1]

ADPs had 5,982 clients who attended 192,972 program days with an average of 32 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 86% decrease in clients and a 96% decrease in the number of program days in 2020/21. ADPs re-opened in 2021/22 and continued to rebound in 2022/23, but attendance was still lower than pre-pandemic levels. Overall the number of clients, program days and average days per client (61%, 110% and 31% respectively) increased from the previous year, however they are still (14%, 30% and 19% respectively) lower than the level in 2019/20.

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAMS CLIENTS AND DAYS, 2022/23

	CLIENTS	PROGRAM DAYS	AVERAGE DAYS PER CLIENT
IHA	1,396	38,912	28
FHA	1,773	50,327	28
VCHA	1,312	49,622	38
VIHA	1,501	52,935	35
NHA	n/a	1,176	n/a
B.C.	5,982	192,972	32

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. NHA is unable to provide the distinct client ocount for ADP for fiscal years beyond 2020/21, therefore the average days of per client in B.C. for 2021/22 and 2022/23 are based on the other four health authorities.

SOURCE(S): 20

WAITLIST FOR ADULT DAY PROGRAMS

Tracking the waitlist continued to be a challenge for all health authorities as most in-person programs were not fully-operational and health authorities were trying to find other ways to maintain contact with their clients. However, the data shows 990 clients on the waitlist on March 31, 2023, 34% fewer than the waitlist in 2018/19 and ranging from 69 people waiting in Northern Health to 588 in Vancouver Island Health. The average wait time for clients on the waitlist were received from Interior Health, Fraser Health and Vancouver Coastal Health and ranged from 12 days to 97 days.

ADULT DAY PROGRAMS AND RESPITE CARE

WAITLIST FOR ADULT DAY PROGRAMS, MARCH 31, 2023

	ADPS	CLIENTS WAITING	AVERAGE WAIT TIME
IHA	42	87	57
FHA	18	163	12
VCHA	20	83	97
VIHA	27	588	n/a
NHA	14	69	n/a
B.C.	121	990	n/a

NOTE(S): VIHA is in a process of creating a new electronic waitlist system for ADP, the wait time for ADP is not available in 2022/23. Although NHA has 18 ADPs in 2022/23, waitlist data was only received for 14 programs in 2022/23.

SOURCE(S): 23

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): 24

On March 31, 2023, there were 255 respite care beds across the province ranging from 35 beds in Northern Health to 68 beds in Fraser Health, which was 12 beds more than last year and 28 bed more than 2018/19 province-wide. The number of respite beds increased or remained the same in all health authorities except for one less bed in Vancouver Island Health.

SOURCE(S): 23

[1] Northern Health was unable to provide the distinct client count for ADP for fiscal years beyond 2020/21, therefore the number about the client counts and average days per client only included the numbers from the other four health authorities.

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 support 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 RESIDENCES AND UNITS, MARCH 31, 2023

	SITES	SUBSIDIZED UNITS	PRIVATE UNITS
SUBSIDIZED REGISTERED	135	4,338	1,327
PRIVATE REGISTERED	68	n/a	2,685

NOTE(S): Due to a high volume of assisted living residences being late in registering by March 31, the numbers reported for 2023 are the numbers received by November 21. Therefore, they are not the same as the numbers reported in OSA's Long-Term Care and Assisted Living Directory.

SOURCE(S): 26

In 2023, there were 135 subsidized assisted living residences with 4,338 subsidized units which were 77 (2%) fewer units than the previous year and 34 (1%) fewer units than five years ago. However, the private units in subsidized assisted living residences increased 51 units (4%) than the previous year and 25 units (2%) from 2019.

SOURCE(S): 26

COST OF SUBSIDIZED ASSISTED LIVING

In subsidized assisted living, residents pay a set monthly rate of 70% of their net income (including the spouse, if applicable), subject to a minimum and maximum monthly rate. The minimum monthly rate is set by the Ministry of Health. In 2023 the minimum monthly rate is $1093.50 for a single client and $1,665.60 for a couple living together in a subsidized assisted living unit. The maximum client rates are determined by each health authority based on a combination of the market rent for housing and hospitality services for the respective community and the actual cost of personal care services requested by the client.

The maximum monthly rate ranged from $2,418 to $5,046 for a single client and from $2,661 to $8,112 for a couple. On March 31, 2023, there were 72 clients across the province paying the maximum amount, which was 2% of the clients in the subsidized assisted living units. This increased 67% from the previous year and 31% from five years ago.

SOURCE(S): 23, 25

ASSISTED LIVING

MAXIMUM MONTHLY RESIDENT RATES ($) FOR SUBSIDIZED ASSISTED LIVING BY HEALTH AUTHORITY, 2023

	SINGLE	COUPLE	CLIENTS PAYING MAXIMUM RATE
IHA	$3,243-$4,765	$3,743-$8,112	5
FHA*	$3,839-$4,465	$4,990	16
VCHA	$2,418-$5,046	$2,661-$5,299	24
VIHA**	$3,250	$3,750-$4,750	15
NHA	$2,732-$3,622	$4,464-$5,354	12
B.C.	**$2,418-$5,046**	**$2,661-$8,112**	**72**

NOTE(S): The maximum rate is a combination of the market rate for housing and hospitality services within the community and the actual costs of personal care services. This rate is determined by each health authority. *the maximum monthly rate for couple doesn't vary. **the maximum monthly rate for single seniors doesn't vary by type of accommodation. The minimum monthly rate applies to the entire province of B.C.

SOURCE(S): 8, 23

The assessed average client contribution for subsidized assisted living was $1,524, a 4% increase from the previous year and 7% increase from 2019. However, averages can be skewed by high income earners. The

median contribution is a more stable measure and is lower than the average. The assessed median client contribution has risen every year over the last five years including an increase of almost 3% over the previous year and 8% from 2019.

ASSISTED LIVING

ASSESSED CLIENT CONTRIBUTIONS IN SUBSIDIZED ASSISTED LIVING, 2023

	AVERAGE	MEDIAN
IHA	$1,459.75	$1,280.07
FHA	$1,600.52	$1,342.57
VCHA	$1,462.54	$1,240.54
VIHA	$1,523.15	$1,328.95
NHA	$1,560.65	$1,378.94
B.C.	**$1,524.18**	**$1,309.79**

NOTE(S): The maximum client contribution rate is determined by individual service providers and are not available from the Ministry of Health. Therefore, clients assessed at the maximum rate are not included resulting in an underestimation of the average and median rates. "Clients paying maximum rate" is the count of clients based on actual payment not the assessed monthly rate.

SOURCE(S): 19

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 2022/23, there were 5,290 clients living in assisted living, only 1% increase from the previous year but 4% decrease from 2018/19. While the number of clients living in assisted living increased or stayed the same as last year across all health authorities except for a negligible drop in Vancouver Coastal Health, it decreased from five years ago across all health authorities.

The number of personal care hours provided in subsidized assisted living increased 3% from the previous year and 1% from 2018/19. 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. On average, one hour of personal care was provided for one subsidized unit each day, increasing 4% from the previous year and 2% from 2018/19. The average care hours per subsidized unit increased or stayed the same as last year across all health authorities except for a small drop in Vancouver Coastal Health.

ASSISTED LIVING

SUBSIDIZED ASSISTED LIVING UNITS AND CARE HOURS, 2022/23

	UNITS	TOTAL CARE HOURS	AVERAGE HOURS PER SUBSIDIZED UNIT
IHA	926	376,622	407
FHA	1,322	591,134	447
VCHA	847	182,432	215
VIHA	950	466,535	491
NHA	293	110,500	377
B.C.	**4,338**	**1,727,223**	**398**

NOTE(S): Due to a high volume of assisted living residences being late in registering by March 31, the numbers reported for 2023 are the numbers received by November 21. Therefore, they are not the same as the numbers reported in OSA's Long-Term Care and Assisted Living Directory. NHA reported values are estimates.

SOURCE(S): 20

WAITLIST FOR SUBSIDIZED ASSISTED LIVING

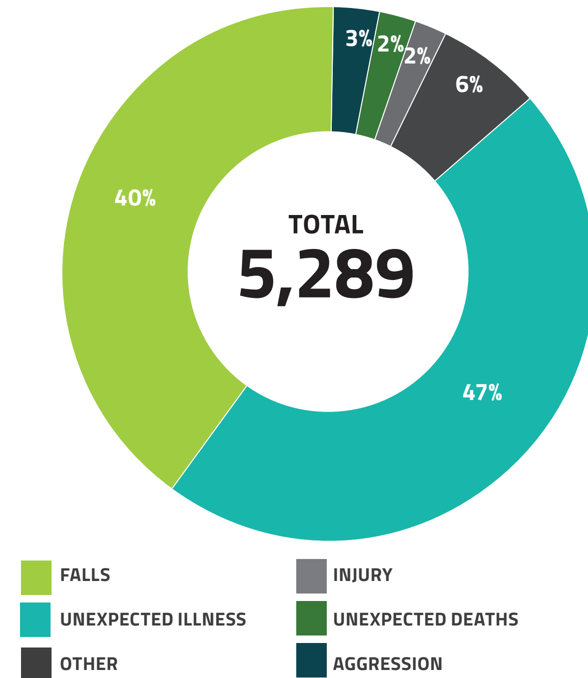
In Fraser Health, Interior Health and Vancouver Coastal Health, waitlists for subsidized assisted living are managed centrally, but clients may choose the residence to which they wish to apply.

In Vancouver Island Health and Northern Health, clients may place themselves on waitlists for multiple subsidized assisted living residences and may choose to wait for a unit to become available in their preferred residence.

On March 31, 2023, 1,055 people were waiting for subsidized assisted living, an 34% increase from the previous year and 21% increase from 2019. The largest increases were in Vancouver Island Health (151%), followed by Interior Health (29%) and Fraser Health (25%). The waitlist in Vancouver Coastal Health decreased four years in a row after 2019 before going up again in 2023. The waitlist in Northern Health had an upward trend since 2019 with a dip in 2022.

SOURCE(S): 23

ASSISTED LIVING
REPORTABLE INCIDENTS IN REGISTERED ASSISTED LIVING, 2022/23



FALLS
UNEXPECTED ILLNESS
OTHER
INJURY
UNEXPECTED DEATHS
AGGRESSION

SOURCE(S): 26, 27

REPORTABLE INCIDENTS FOR REGISTERED ASSISTED LIVING

Both subsized and private 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 5,289 incidents reported in 2022/23 compared to 1,051 in 2018/19. Unexpected illness (47%), falls (40%), aggression (3%), injury (2%), unexpected death (2%), and disease outbreak (2%) made up 95% of all reported incidents.

The reported falls in registered assisted living has been increasing each year since 2018/19, with a slower rate at 9% last year compared to a 34% increase between 2020/21 and 2021/22. All health authorities have seen a significant increasing rate of falls per 100 units in the last five years, ranging from 70% to over 300%. Island Health reported the highest rate at 38 falls per 100 units and Northern Health reported the lowest rate at 9 falls per 100 units in 2022/23.

ASSISTED LIVING
FALLS IN REGISTERED ASSISTED LIVING, 2022/23

	TOTAL FALLS	FALLS PER 100 UNITS
IHA	525	27
FHA	594	21
VCHA	276	20
VIHA	703	38
NHA	31	9
B.C.	**2,129**	**25**

SOURCE(S): 26, 27

COMPLAINTS IN REGISTERED ASSISTED LIVING

The ALR ensures 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 are substantiated. In 2022/23, the ALR received 82 complaints, 9% fewer than the previous year but 61% higher than 2018/19. The complaints raised 289 issues, with the most frequently cited challenges pertaining to building maintenance, meal services, staffing levels, exit plans and entry. There was still a high proportion of complaints unspecified at 11% this year.

SOURCE(S): 28

SITE INSPECTIONS FOR REGISTERED ASSISTED LIVING

Inspections and investigations are conducted by the ALR at initial registration and then as needed based on complaints received. Over the last five years, the number of inspections has ranged from 36 to 84. In 2022/23, the ALR conducted 50 site inspections for the following reasons:

- complaints and complaint follow-up (20),
- possible unregistered residence (9),
- application for registration and follow up (9),
- education (5), and
- other (7).

SOURCE(S): 26

LONG-TERM CARE

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

SOURCE(S): 1, 8

LONG-TERM CARE BEDS AND ROOM CONFIGURATION

As of March 31, 2023, there were 29,430 LTC beds at publicly subsidized facilities for B.C. seniors; 28,064 were publicly subsidized beds and 1,366 were private pay beds. Of the publicly subsidized beds, 32% were in health authority operated facilities and 68% were in contracted facilities. Proportionately, there are approximately 63 beds per 1,000 population aged 75 or older and 226 beds per 1,000 population aged 85 or older, which decreased 12% and 4% from 2019 respectively. From 2019 to 2023, the number of publicly subsidized beds increased 3% while the seniors population aged 85 and older grew 8%.

SOURCE(S): 1, 8

The Office of the Senior Advocate (OSA) collects information from LTC operators on room configuration. Under CCALA, residents are required to be housed in single occupancy rooms, but some facilities were built

under older standards and may have rooms that house two or more residents. The room configuration within publicly subsidized LTC facilities has remained relatively consistent over the years. In 2022/23, 91% of rooms were single occupancy, three percentage points higher than in 2018/19. Nearly 80% of beds are now in single occupancy rooms.

LONG-TERM CARE

ROOM AND BED CONFIGURATION IN LONG-TERM CARE, MARCH 31, 2023

	ROOMS	BEDS
SINGLE OCCUPANCY ROOMS	91%	77%
DOUBLE OCCUPANCY ROOMS	6%	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): 8

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, 2023

	COST PER PERSON
MINIMUM - SINGLES	$1,337.80
MINIMUM - COUPLES SHARING A ROOM	$941.36
MAXIMUM	$3,847.20

SOURCE(S): 29

On March 31, 2023, 9% of clients in publicly subsidized beds were paying the maximum annual rate for LTC in B.C., which was 2 percantage points higher than in 2019.

SOURCE(S): 8, 23

Average assessed client rates increased 5% from the previous year and 15% from 2019. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average. In 2023, the median assessed rate increased 2% over the previous year and 12% over 2019.

LONG-TERM CARE

ASSESSED CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2023

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	$2,143.51	$1,707.26	491
FHA	$2,074.80	$1,645.46	699
VCHA	$2,047.82	$1,505.80	745
VIHA	$2,223.34	$1,804.13	549
NHA	$2,150.43	$1,665.93	54
B.C.	**$2,114.70**	**$1,655.00**	**2,538**

SOURCE(S): 19, 23

LONG-TERM CARE CLIENTS AND DAYS

Taking into account bed turnover, the number of seniors living in LTC homes (40,934) increased 3% from the previous year and less than 1% from 2018/19; of these, 10,864 were new admissions, a 2% increase from the previous year and 16% increase from 2018/19.

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 just over 1% in 2022/23 from the previous year and 7% from 2018/19.

Overall, the average length of stay in publicly subsidized beds was 827 days. However, the median length of stay is a better measure than the average as it is less prone to skewing by a few residents 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 482 days, decreasing 3% from the previous year and 2% from 2018/19.

SOURCE(S): 8, 20, 30

LONG-TERM CARE

LONG-TERM CARE DAYS AND LENGTH OF STAY, 2022/23

	CLIENTS	DAYS	MEDIAN LENGTH OF STAY
IHA	9,333	2,036,460	461
FHA	12,834	3,104,828	449
VCHA	9,069	2,360,257	525
VIHA	8,102	2,020,495	476
NHA	1,596	402,227	707
B.C.	**40,934**	**9,924,267**	**482**

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): 8, 20

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, 2023, there were 5,175 clients waiting to be admitted to LTC. The average wait time for people on the waitlist as of March 31, 2023, was 215 days, ranging from 143 days in Interior Health to 333 days in Northern Health.

LONG-TERM CARE

WAIT TIMES (DAYS) FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2023

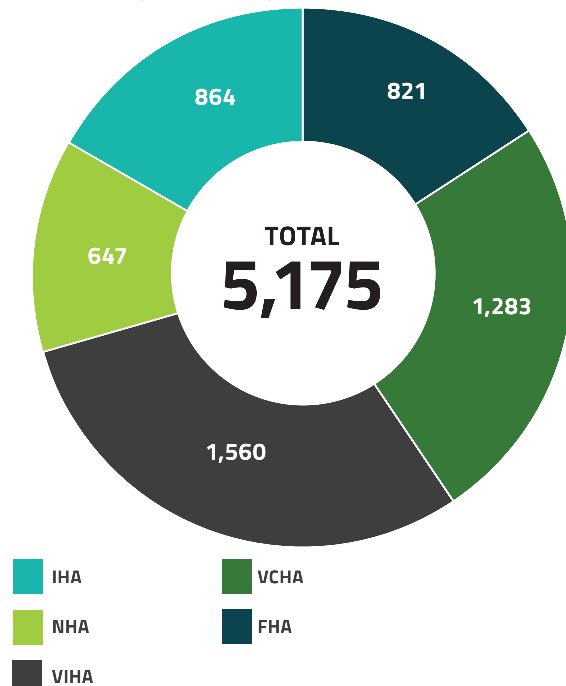
	AVERAGE	MEDIAN	MAXIMUM
IHA	143	83	1,216
FHA	199	114	1,308
VCHA	233	144	2,094
VIHA	199	142	1,389
NHA	333	256	2,117
B.C.	**215**	**n/a**	**2,117**

NOTE(S): The B.C. average wait time is a calculated weighted average. This time is based on people (on the waitlist) waiting for placement into LTC as of March 31, 2023. NHA reported values are estimates.

SOURCE(S): 23

LONG-TERM CARE

NUMBER OF CLIENTS WAITING FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2023



SOURCE(S): 23

Overall, the number of clients in B.C. (excluding VCHA) waiting to be admitted into LTC has more than doubled the wait list in 2019. The average wait time in days increased 54% from 136 days (2019) to 209 days (2023). Note: These figures do not include VCHA, see Supplemental Data tables 1.7.7A and B for reference.

In 2022/23, there were 10,864 admissions into LTC throughout B.C.; 5,432 were admitted from the community and 5,381 were admitted from hospital. Wait times varied, depending on where the client was admitted from. On average, clients waited for 145 days when admitted from community, 38 days when admitted from hospital, and 111 days when admitted from hospital while previously having waited in community, increasing 33%, 37% and 33% respectively from 2020/21. All these three types of wait time have been on an upward trend over the last three years.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO LONG-TERM CARE HOME, 2022/23

	FROM COMMUNITY	FROM HOSPITAL (NOT PREVIOUSLY WAITING IN COMMUNITY)	FROM HOSPITAL (PREVIOUSLY WAITING IN COMMUNITY)
IHA	136	133	40
FHA	152	95	23
VCHA	70	32	16
VIHA	160	149	72
NHA	406	n/a	243
B.C.	145	111	38

NOTE(S): Due to incomplete NHA data, BC wait times from hospital-previously waiting in community only include IHA, FHA, VCHA and VIHA.

SOURCE(S): 30

PREFERRED BED ACCESS

In July 2019, the provincial Home and Community Care bed 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.

POST COVID-19 AND LONG-TERM CARE

In 2022/23, COVID-19 had less impact on long-term care services to seniors compared to pandemic years. The Province rescinded the Single Site Order (SSO) on January 1, 2023 and announced continued funding for wage levelling for staffing in care homes. Health authorities reported an increase in demand for long-term care beds and gradual improvement in staffing levels in care homes. However, Interior Health reported the SSO had minimal impact on staffing levels and in some areas, there were continued staffing shortages due to the vaccination mandate.

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, 2023, there were 2,769 clients in an interim care home waiting for transfer to their preferred care home with a median wait time ranging from 129 days in Vancouver Island Health to 482 days in Interior Health.

SOURCE(S): 23

For clients already admitted to their preferred care home, wait times also varied depending on where the client was admitted from. On average, clients waited for 181 days to be placed into their preferred care home when admitted from community and 212 days when admitted from an interim care home; both have been increasing over the last three years, a 50% and 23% increase respectively over 2020/21.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO PREFERRED LONG-TERM CARE HOME, 2022/23

	FROM COMMUNITY	FROM INTERIM CARE HOME
IHA	155	220
FHA	234	197
VCHA	145	325
VIHA	190	157
NHA	n/a	n/a
B.C.	181	212

NOTE(S): Due to incomplete NHA data, BC wait times only include IHA, FHA, VCHA and VIHA.

SOURCE(S): 30

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE

Antipsychotic medications were administered to 35% of LTC residents, a 2% increase in the proportion over the previous year. This rate of antipsychotic use has increased each year over the last five years and reached the highest in 2022/23, a 17% increase from 2018/19. 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 nearly 29% of residents who did not have a diagnosis of psychosis, a 4% increase over the previous year, and a 17% increase over 2018/19. Both measures of antipsychotic usage in B.C. are above the national level, four percentage points higher for antipsychotic usage and five percentage points highter for antipsychotic usage without a diagnosis of psychosis.

LONG-TERM CARE

PERCENT OF RESIDENTS IN LONG-TERM CARE TAKING ANTIPSYCHOTICS, 2022/23

	IN B.C.	IN CANADA
WITHOUT A DIAGNOSIS OF PSYCHOSIS	28.9%	24.4%
WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	35.1%	31.5%

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 CCRS). Wihtout a diagnosis of psychosis is the adjusted rate.

SOURCE(S): 31

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

Health authority licensing offices received 18,221 incident reports, a 4% decrease from the previous year and 5% increase from 2018/19. Just about 71% 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 (6%), and other injuries (3%).

The 2,375 reported falls with injury equate to 8.6 falls per 100 beds in B.C., a 7% decrease from the previous year and 1% increase from 2018/19. The falls rate was highest in Island Health (9.6) and lowest in Northern Health (7.3).

LONG-TERM CARE

INCIDENTS AND FALLS WITH INJURY PER 100 BEDS, 2022/23

	REPORTABLE INCIDENTS	FALLS WITH INJURY
IHA	70.2	8.7
FHA	65.3	7.8
VCHA	67.3	9.1
VIHA	60.5	9.6
NHA	55.5	7.3
B.C.	**65.8**	**8.6**

NOTE(S): Note: 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): 8

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 825 complaints in all health authorities, decreasing 14% from last year and 3% from 2019, and seven were reviewed by the PCQRB. While the number of complaints received decreased for all health authorities over the previous year except Interior Health, Fraser health, Island health and Northern Health

increased compared to 2019 with Northern Health almost double its number in 2019.

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

- care (32%) – e.g., inappropriate type of care, or delayed or disruptive care;
- communication (12%) – e.g., relatives/carers not informed or inadequate/incorrect information;
- administrative fairness (10%) – primarily policy or procedure interpreted or applied unfairly;
- accommodation (8%) – primarily dissatisfied with placement or preferred accommodation not available;
- attitude and conduct (8%) – e.g., inappropriate conduct, uncaring attitude, unwelcome physical contact or physical/sexual/verbal abuse; and
- accessibility (8%) – e.g., visiting hours issues, or programs services denied, delayed or not available.

SOURCE(S): 21

LTC licensing offices in each health authority also receive complaints about facilities. They conduct investigations to determine whether the complaint can be substantiated and identify any resulting licensing violations. Facilities in Interior and Northern health authorities licensed under the Hospital Act do not track this information.

Reporting facilities received 461 complaints, of which 128 were substantiated resulting in some type of licensing infraction. Overall, complaints increased by 13% compared to the previous year and decreased 1% from 2018/19. Substantiated complaints decreased for three years in a row, 12% decrease from 2021/22 and 23% decrease from 2018/19. While Island Health continues to have the highest number of complaints and substantiated complaints, its substantiated complaints decreased 27% over the previous year and 35% from 2018/19. The substantiated complaints per 1,000 beds continue to be above the provincial average (4.6) in Island Health (10.7).

LONG-TERM CARE

COMPLAINTS IN LONG-TERM CARE RECEIVED BY LICENSING OFFICES, 2022/23

	COMPLAINTS RECEIVED	SUBSTANTIATED COMPLAINTS	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS
IHA*	56	14	2.8
FHA	112	28	3.0
VCHA	48	22	3.3
VIHA	237	63	10.7
NHA**	8	1	1.1
B.C.	**461**	**128**	**4.6**

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. *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): 8

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 86% of LTC homes during the fiscal year, which increased for three years in a row. The inspection rate varied across health authorities with 100% in Fraser health, 98% in Vancouver Coastal Health and 96% in Northern Health but 75% in Interior Health and 68% in Island Health. There were 857 inspections conducted with 1,394 licensing infractions found.

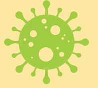
Due to variation in the size of care home and the number of care homes inspected, it is more meaningful to compare infraction rates per 1,000 beds in the facilities inspected. The infraction rates in the facilities inspected was the highest in Interior Health (82.1) and the lowest in Island Health (42.8) and Northern Health (42.8). Most of the infractions found related to care and supervision (20%), staffing (19%), records and reporting (18%) and the physical environment (14%).

LONG-TERM CARE

INSPECTIONS AND INFRACTIONS IN LONG-TERM CARE, 2022/23

	PERCENT OF FACILITIES INSPECTED	LICENSING INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED
IHA	75.0%	82.1
FHA	100.0%	50.1
VCHA	98.2%	48.3
VIHA	67.8%	42.8
NHA	95.8%	42.8
B.C.	**86.2%**	**54.0**

SOURCE(S): 8



POST COVID-19 AND LICENSING OFFICES

Re-deployed licensing officers were not fully returned until early 2022, this had led to delay in routine regulatory work due to in some areas of the province. Some health authorities continue to experience staffing shortages and limited capacity to respond to licensing requirements. Northern Health's licensing program continued to experience inspection limitations due to its large geographical area and travel to remote communities. Fraser Health reported licensing operations at full capacity with annual inspections completed at all licensed long-term care sites and Hospital Act facilities.

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, determine life expectancy and comparing fatality trends overtime. To monitor the health status of seniors, 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. 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 can expect to live after age 65. B.C. seniors who are 65 years of age could expect to live an additional 21.8 years. Senior women can expect to live an additional 23.3 years, and senior men can expect to live 20.2 years. The life expectancy at 65 years of age was the same as the previous year but dropped 0.3 years compared to 2018.

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.

In 2022, the HALE for B.C. seniors who are 65 years of age is 16.7 years; it is slightly higher for senior women at 17.8 years compared to senior men at 15.7 years. It was the same as the previous year and dropped more than 0.1 years from five years ago.

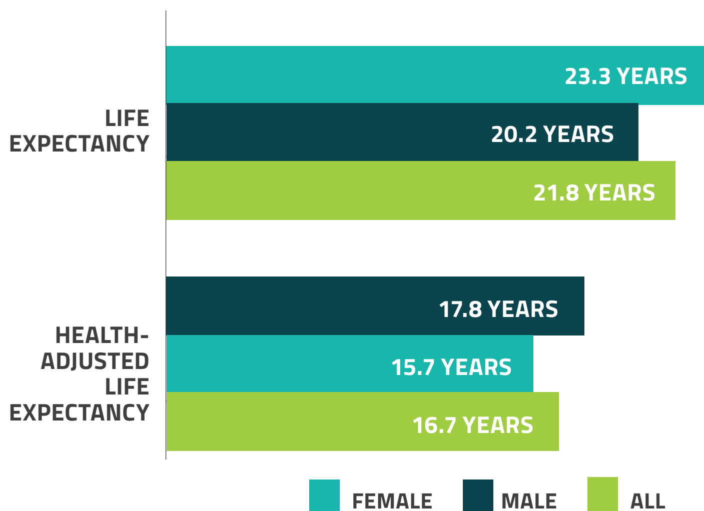
FATALITY TRENDS

In 2022, about 36,312 seniors died in B.C., 4% more deaths than the previous year and 20% more than 2018. The fatality rate for seniors was 343 deaths per 10,000 seniors, less than 1% increase from last year and 4% increase from 2018.

Vancouver Coastal Health had the lowest fatality rate (306 per 10,000 seniors) while Northern Health had the highest fatality rate (391 per 10,000 seniors).

FATALITIES

LIFE EXPENCTANCY AT 65 & HEALTH ADJUSTED LIFE EXPECTANCY (HALE) AT 65, 2022



SOURCE(S): 32

FATALITIES

NUMBER OF DEATHS AND AGE-SPECIFIC FATALITY RATE BY HEALTH AUTHORITY, 65+, 2022

	NUMBER OF DEATHS	AGE-SPECIFIC FATALITY RATE
IHA	8,079	386
FHA	11,346	329
VCHA	7,016	306
VIHA	7,925	352
NHA	1,946	391
B.C.	**36,312**	**343**

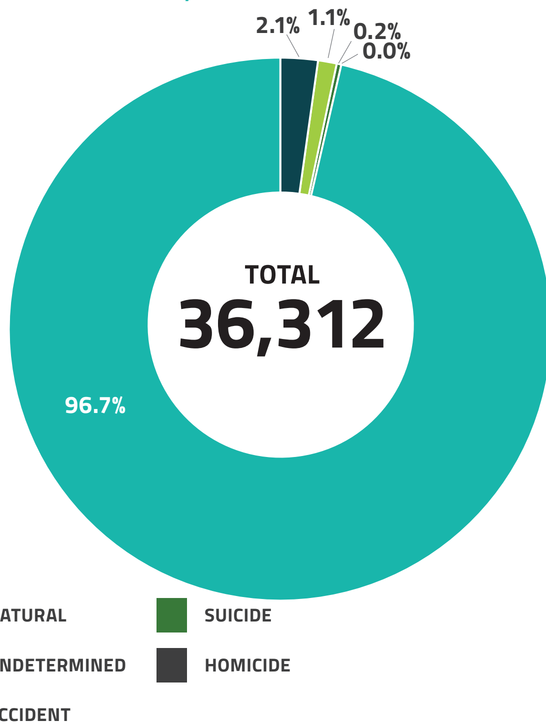
NOTE(S): Age-specific mortality rate is expressed per 10,000 of age-specific population.

SOURCE(S): 1, 33

MANNER OF DEATH

Most seniors died from natural causes which accounted for 97% of seniors' deaths. The number of undetermined deaths of seniors has continued to be abnormally high at about four times pre-pandemic numbers. However, undetermined seniors' deaths of 750 in 2022 are only 2% of total deaths.

FATALITIES
MANNER OF DEATH 65+, 2022



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): 33

LEADING CAUSE OF DEATH

The top five leading causes of death for seniors have remained fairly consistent over the last five years with the exception of COVID-19 which was in the top five in 2022. These were cancer, heart disease, cerebrovascular disease (including ischemic and hemorrhagic stroke), COVID-19, and chronic lower respiratory diseases (including bronchitis, chronic obstructive pulmonary disease, and asthma), which accounted for 59% of seniors' deaths in 2022. 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 last five years. In 2022, one in four seniors died from cancer (8,905, 25%) and almost one in five seniors died from heart disease (6,847, 19%). Across all health authorities, seniors who died from cancer and heart disease increased from five years ago while seniors who died from cerebrovascular diseases decreased from five years ago. Seniors who died from COVID-19 increased from the previous year in all health authorities except for Northern Health.

FATALITIES

TOP FIVE LEADING CAUSE OF DEATH, 65+, 2022

	DEATH COUNT	PROPORTION OF OVERALL DEATHS
MALIGNANT NEOPLASMS	8,905	25%
DISEASES OF HEART	6,847	19%
CEREBROVASCULAR DISEASES	2,053	6%
COVID-19	2,002	6%
CHRONIC LOWER RESPIRATORY DISEASES	1,576	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): 33

Seniors in LTC had different top five leading causes of death: heart disease, COVID-19, Alzheimer's disease, cerebrovascular diseases and cancer. Heart disease and cerebrovascular diseases were the top two causes of death for seniors (65+) in the LTC in the last five years except that COVID-19 became the second leading cause and cerebrovascular disease dropped to the fourth leading cause in 2022.

SOURCE(S): 33

FALL-RELATED DEATHS

Falls are the leading cause of injury among seniors in Canada and can have negative outcomes ranging from fractures and head injuries to long-term hospitalization and deaths. 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 451 fall-related deaths of seniors (65+) and 276 for older seniors (85+), a 14% and 19% decrease from the previous year and 15% and 19% decrease from 2018. Fall-related deaths accounted for over 1% of seniors' deaths in 2022.

SOURCE(S): 33, 34

FATALITIES

FALL-RELATED DEATHS OF SENIORS, 2022

	65+	85+
NUMBER OF DEATHS	451	276
AGE-SPECIFIC FATALITY RATE	4	22

SOURCE(S): 1, 33

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 was on an upward trend for all professions listed in the table below in the last five years except a dip in 2020/21 for physiotherapists. Nurse practitioners increased the most by 15% from the previous year and 81% from 2018/19, followed by care aides and community health workers (11% and 38% increase) and physiotherapists (10% and 19% increase).

HEALTH HUMAN RESOURCES

NUMBER OF ACTIVE REGISTRANTS IN SELECT HEALTH CARE OCCUPATIONS, 2022/23

	NUMBER OF ACTIVE REGISTRANTS
PHYSICIANS	14,723
GENERAL/FAMILY PRACTITIONERS	7,393
SPECIALISTS	7,257
NURSES	57,070
REGISTERED NURSES	41,737
NURSE PRACTITIONERS	902
LICENSED PRACTICAL NURSES	14,431
CARE AIDES & COMMUNITY HEALTH WORKERS	46,265
PHYSIOTHERAPISTS	4,813
OCCUPATIONAL THERAPISTS	2,999

SOURCE(S): 35, 36, 37, 38, 39

WORKFORCE

The Health Employers Association of British Columbia (HEABC) represents the strategic labour relations and human resources interests of many publicly-funded health care employers, including six health authorities and more than 200 affiliate organizations.

While HEABC represents many employers for acute care and home care, they represent a minority of employers in the LTC sector. Therefore, data related to care aides may not be representative of the entire LTC sector.

For organizations that reported to HEABC, employee changes over the previous year are the following:

- Registered nurses and registered psychiatric nurses increased only 0.1;,
- Nurse practitioners increased 8%;
- Licensed practical nurses increased 0.2%;
- Care aides increased 7%;
- Community health workers decreased 1%;
- Physiotherapists increased 5%; and
- Occupational therapists increased 3%.

The average age of employees and the years of seniority have not changed substantially over the years between 2018 and 2022. In 2022, the average age of employees ranged between 41 and 46 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 and occupational therapists had an average of eight years; and physiotherapists and had an average of nine years.

SOURCE(S): 40

HEABC job vacancy data is not available for this report.

POST COVID-19 AND THE HEALTH CARE WORKFORCE

The province continued to experience workforce challenges post COVID-19 in the health care sector and growing patient demand for health care services, including seniors. There has been progress in expanding the workforce including plans to increase the number of international medical graduates (IMG) by the College of Physicians and Surgeons by expanding the Practice Ready Assessment Program and introducing two new classes of licensure to allow IMGs who are not eligible for full or provisional licensure in B.C. to work in community-based primary care settings. The BC College of Nurses and Midwives continued to remove barriers for internationally educated nurses to address health human resource needs. The Ministry of Health reaffirmed its commitment to amalgamating eleven health profession regulatory colleges into two new colleges by June 28, 2024 to modernize B.C.'s health profession regulatory framework.

COMMUNITY SUPPORTS

A variety of community and personal support services are 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 (NHSP) 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): 41

In 2022/23, there were 402 approved community-based projects in B.C. with federal funding of nearly $8.6 million. This is a 2% increase in funding from the previous year and 81% increase from 2018/19. 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): 42

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 2022/23, the service covered 405 communities, eight fewer from the previous year. The number of clients increased by less than 2% from the previous year and 13% from 2018/19. The number of client contacts continued to increase for three years in a row, 7% from the previous year and 32% from 2018/19.

PERSONAL SUPPORT PROGRAMS

FIRST LINK® PROGRAM, 2022/23

	NUMBER
TOTAL UNIQUE CLIENTS	13,041
NEW CLIENTS	6,290
FORMAL REFERRAL	3,077
SELF-DIRECTED CONTACTS	3,213
CLIENT CONTACTS	49,625
COMMUNITIES SERVED	405

SOURCE(S): 43

SAFE SENIORS, STRONG COMMUNITIES

On March 26, 2020, the Office of the Seniors Advocate (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 2022/23, the provincial government invested over $2 million in this program delivered by 73 agencies with 1,057 volunteers providing 138,703 services to 5,230 seniors. While the investment increased 18% from the previous year, the number of seniors served, and the total services delivered decreased by 14% and 51% respectively from the previous year. Starting in 2023/24, the program will be phased out and rolled into the Better at Home program.

SOURCE(S): 44

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 British Columbia. 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 Safe Seniors, Strong Communities initiative developed in response to the COVID-19 pandemic. In 2022/23, staff, contractors and 2,702 volunteers provided 283,027 services to 13,917 seniors, 90% of whom are seniors (65+). The number of clients and the services provided increased each year in the last five years except 2020/21 when it was combined with Safe Seniors, Strong Communities and no separate data was available for Better at Home. The most common services provided were light housekeeping (32%), friendly visiting (21%), grocery shopping (11%) and meal delivery (10%).

SOURCE(S): 44

POST COVID-19 AND OSA ENGAGEMENT

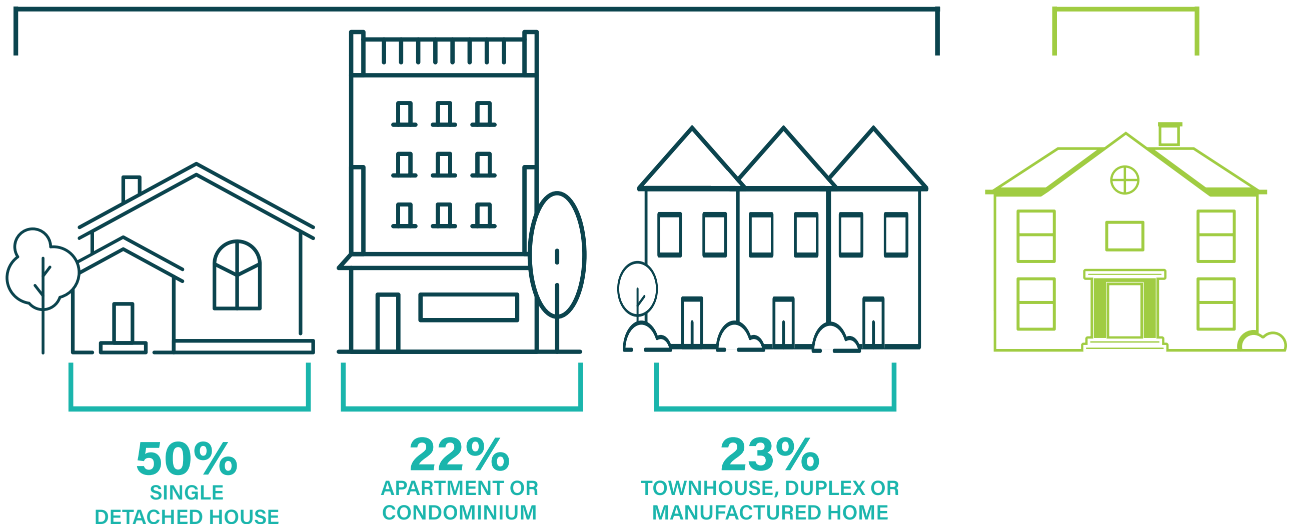
During 2022/23, public concerns about the pandemic to OSA declined from 873 in 2021/22 to 183 calls and emails related to the pandemic. These calls were about:

- health care (97%),
- income supports (2%), and
- housing (1%).

SOURCE(S): 45

HOUSING

Across B.C., housing options range from owned or rented detached homes, where seniors live independently, to LTC, where they receive 24-hour care. The proportion of people 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+ continue to live independently in their own houses, condo, and apartments.



SOURCE(S): 46, 47

HOMEOWNERS

According to the 2021 Canadian Census, approximately 80% of B.C. 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): 48, 49, 50

HOME OWNERSHIP COSTS

In 2022, average home prices in B.C. varied widely from under $370,000 to over $1.5 million, depending on location. Across the province, home prices have increased dramatically over the last 10 years. In 2022, the average home price in B.C. reached to $996,605, almost double from 2012 ($514,218). The average home price increased 7% from last year ($927,800) and increased 40% compared to 2018 ($711,379).

In 2023, the average estimated property taxes and municipal charges went up by 8% from 2022 and 25% from 2019. BC Hydro rates for electricity increased 2% from 2022.

SOURCE(S): 51, 52, 53

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 $2.15 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 2022, for homes valued above $2.15 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): 54

In 2022, there were 469,162 Homeowner Grants for seniors 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.

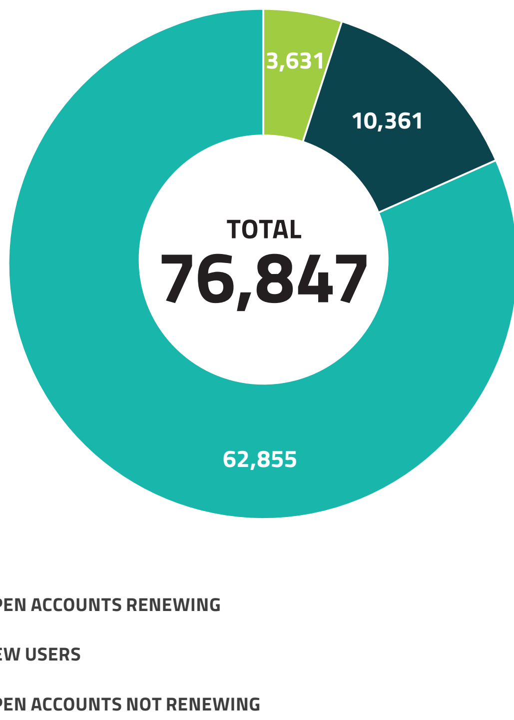
SOURCE(S): 55

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 48% more new users and 2% more homeowners continuing deferment compared to the previous year. Compared to five years ago, 21% more homeowners were deferring their property taxes.

HOMEOWNERS

NUMBER OF PROPERTY TAX DEFERMENT USERS, 2022/23



SOURCE(S): 55

The total amount of property tax dollars deferred in 2022/23 was almost $350 million, a 14% increase over the previous year and 47% more than 2018/19. Of this amount, over $41 million (12%) was newly deferred.

The median assessed value of homes in B.C. for which property taxes were deferred in 2022/23 under the regular program was $1.255 million, up 26% from the previous year. The median increased 13% in Vancouver, 21% in the Lower Mainland and 24% in Capital Regional District.

The interest rate was 0.45% between April and September 2022, before being increased to 1.70% between October 2022 to March 2023. The annual interest accrued in 2022/23 on the average amount of deferred taxes in B.C. ($4,767) was $51.25, a 154% increase over the previous year. The homeowner using this program has deferred an average cumulative amount of $23,648 in property taxes.

The total amount of property tax deferred has increased each year, but the amount repaid to the province decreased 7% from last year after a four-year steady increase since 2018/19.

This program began in 1974 and, as of March 31, 2023, the total cumulative amount of property tax deferred was more than $2.327 billion, up 18% over March 2022.

SOURCE(S): 55

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): 56

In aggregate, across the province, 20% of senior households rent. In addition, there is a wide range in the average costs of renting. In 2022, the average cost of a one-bedroom apartment in Port Alberni was $819, compared to $1,543 in Vancouver.

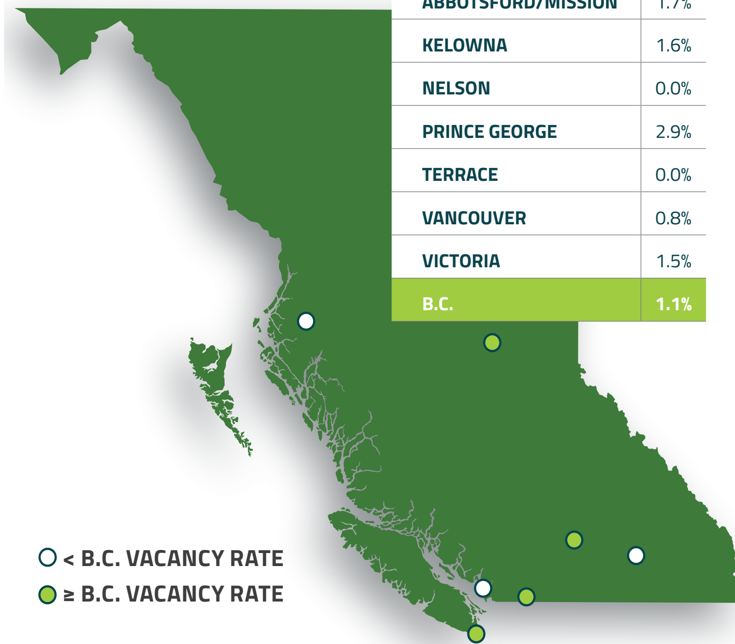
Vacancy rates vary throughout the province. For example, the vacancy rate for one-bedroom apartments was 0.8% in Vancouver and 1.6% in Kelowna in 2022. The vacancy rate for one-bedroom apartments in B.C. decreased from 1.2% to 1.1% in 2022, the lowest in the last five years.

SOURCE(S): 48, 57

SENIORS RENTING IN B.C.

VACANCY RATES (1 BEDROOM), OCTOBER, 2022

COMMUNITY	2022
ABBOTSFORD/MISSION	1.7%
KELOWNA	1.6%
NELSON	0.0%
PRINCE GEORGE	2.9%
TERRACE	0.0%
VANCOUVER	0.8%
VICTORIA	1.5%
B.C.	1.1%



SOURCE(S): 57

SHELTER AID FOR ELDERLY RENTERS (SAFER)

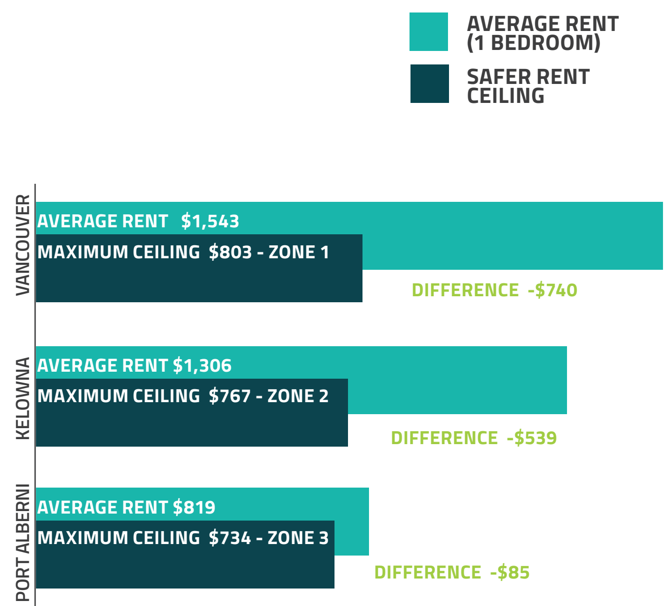
SAFER provides a subsidy directly to B.C. renters aged 60 and older who have a low to moderate income and pay more than 30% of their gross monthly income towards rent. In 2022, the maximum qualifying annual income for single renters in Metro Vancouver was $30,600 ($29,352 in the rest of the province). The total SAFER subsidy provided by BC Housing has steadily declined since 2020/21. In 2022/23, BC Housing provided $58 million in subsidies, $2 million less than the previous year. OSA is awaiting the outcomes of a review of the SAFER program undertaken by the provincial government and BC Housing.

SOURCE(S): 58, 59

The average rent for a one-bedroom apartment in B.C. increased dramatically in the past ten years. In 2022, the average rent for a one-bedroom apartment in B.C. increased 58% compared to 2012, 20% compared to 2018 and 8% from last year, depending upon the geographic region. However, 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 2022, the rent ceiling used to calculate a SAFER subsidy for singles did not change, causing the maximum rents used to calculate SAFER subsidies to remain behind current rents.

SENIORS RENTING IN B.C.

AVERAGE RENT VERSUS SAFER RENT CEILING, 2022



SOURCE(S): 57, 58

There were 23,506 SAFER recipients, 1% less than the previous year; 96% were single seniors with an average income of $1,737 per month. The average monthly rent paid by SAFER recipients increased 4% from last year, while the average monthly rent subsidy increased less than 2% to $198 per month but fell nearly 8% from five years ago ($215).

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, $325 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 has increased each year between 2013/14 to 2020/21 and declined in the last two years, 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 18% in each of the last five years, indicating there might still be additional seniors who could benefit from this subsidy.

SOURCE(S): 50, 58

SENIORS' SUBSIDIZED HOUSING

Seniors' Subsidized Housing (SSH) is long-term housing, funded by the provincial government, 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. Applicants need to be able to 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.

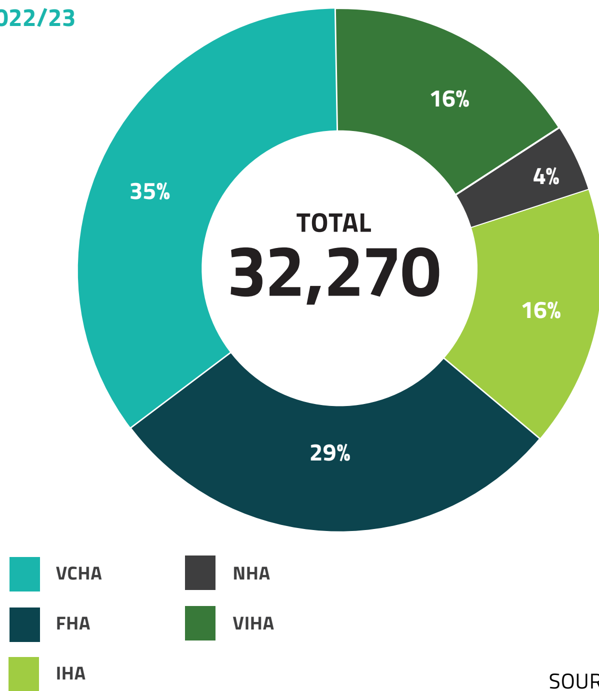
In 2022/23, there are 32,270 SSH units in B.C., of which 34% are supportive housing units and 66% are independent housing units. The number of SSH units slowly increased in the last five years, with a 1% increase from last year and 6% more units than five years ago. In 2022/23, the number of independent housing units are 21,239, a 2% increase from last year while the number of supportive housing units are 11,031, a 1% decrease from last year.

The number of SSH units increased by 6% compared to five years ago, but the units per 1,000 population (55+) decreased 3% compared to 2018/19. The number of applications for SSH has risen consistently and reached over 12,000 applications last year, 58% more than 2018/19. While there were over 12,000 applicants, only 865 applicants received an SSH unit through the Housing Registry, just 7% of total applicants. As of March

31, 2023, there were 11,549 applicants waiting, a 20% increase over last year and a 59% increase from five years ago. Despite the growing waitlist, the proportion of applicants housed each year has remained relatively unchanged.

SENIORS RENTING IN B.C.

SENIORS' SUBSIDIZED HOUSING UNITS BY HEALTH AUTHORITY, 2022/23



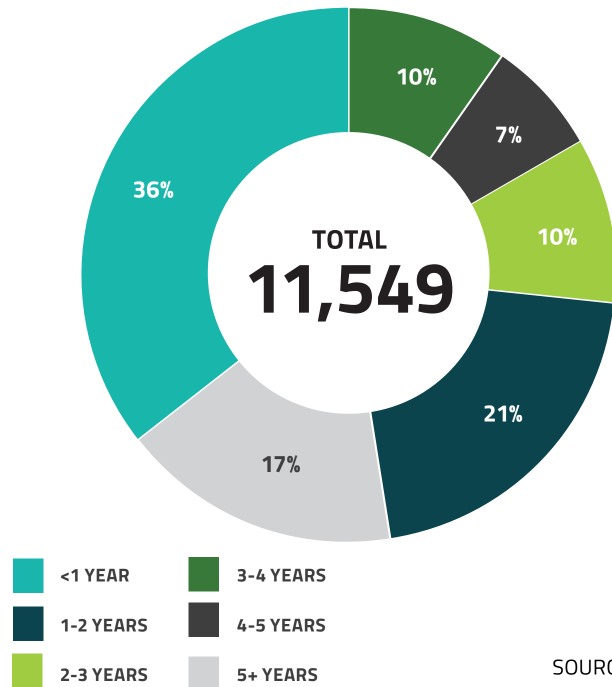
SOURCE(S): 58

For those SSH applicants housed, the median wait time is 1.1 years in 2022/23, which is 17% shorter than last year, but 6% longer than five years ago. Among those 865 seniors who were housed, almost half were housed within one year, but 15% waited more than five years. The median wait time for seniors who were housed is longest in Vancouver Island Health (1.8 years) and shortest in Interior Health (0.7 years) and Northern Health (1.0 years). Across B.C., the median wait time for SSH applicants housed ranged from 8 months to 21 months.

The median wait time for SSH applicants waiting on March 31, 2023 was 1.6 years, which fell 22% from 2021/22 but increased 7% from 2018/19. Of the waiting applicants, 36% have been waiting for less than one year while 43% have been waiting for two years or more and 17% have already been waiting for more than 5 years. The median wait time is longest in Vancouver Coastal Health (2.0 years) and Fraser Health (1.9 years) and shortest in Interior Health (1.0 years) and Northern Health (1.2 years). All regions in B.C. have a median wait times in excess of one year.

SENIORS RENTING IN B.C.

WAIT TIME DISTRIBUTION FOR SENIORS SUBSIDIZED HOUSING APPLICANTS WAITING AT MARCH 31, 2023



SOURCE(S): 58

BC REBATE FOR ACCESSIBLE HOME ADAPTATIONS

The BC Rebate for Accessible Home Adaptations (BC RAHA) program provides financial assistance in the form of rebates to eligible low or moderate-income households for home adaptations to enable homeowners to continue living independently. 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:

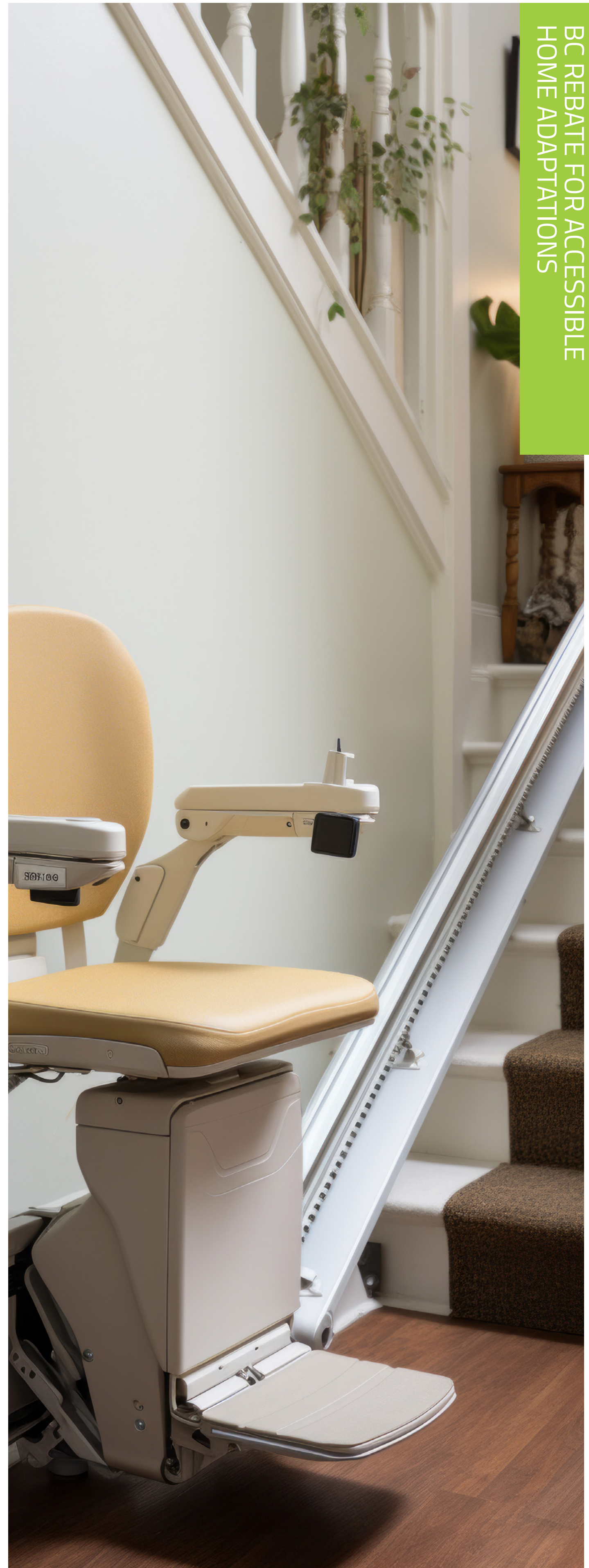
- A member of the household has a permanent disability or lasting ability loss;
- Adaptations must be directly related to this loss of ability (may need assessment from an occupational or physical therapist);
- The member(s) of the household who require the adaptation must meet Canadian residency requirements and the household is their principal residence;

- The household's combined before-tax income must be $128,810 or below;
- Excluding the value of the home, total household assets are less than $100,000; and
- The BC Assessment value of the home must be below the Home Value Limits for BC RAHA, which vary by region, or the home value is below the average assessed value of homes in the area where the home is being adapted.

A set schedule of rebates for specific adaptions is published by BC Housing. The lifetime maximum funding from the program is $20,000. 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 2022/23, BC Housing received 516 applications and approved 339 applications, 13% fewer than the previous year. The average value of approved adaptions was $10,234, a 19% decrease from $12,682 in the previous year.

SOURCE(S): 58, 60

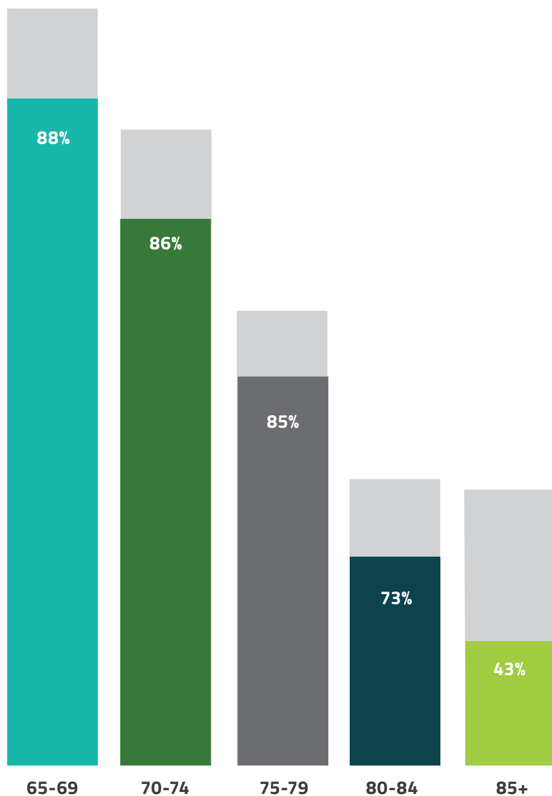


TRANSPORTATION

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, 2022



SOURCE(S): 1, 61

ACTIVE DRIVERS

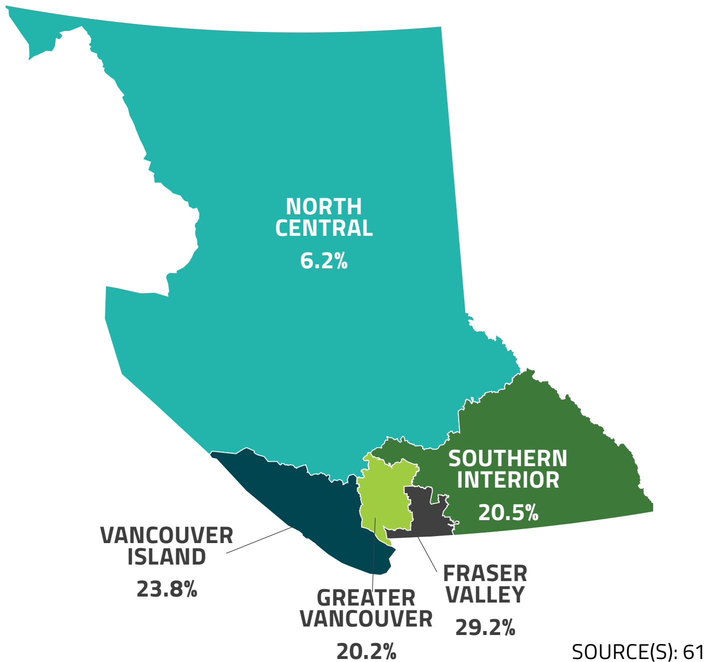
Most B.C. seniors (80%) still hold an active driver's licence. Within the combined age group 65 to 74, 87% still hold an active driver's licence, but at 75, more seniors begin to relinquish their licence.

The number of seniors with active driver's licences (846,100) increased 4% from the previous year and 18% from five years ago. The seniors population grew 3% and 16% 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 8%. 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, 61

ACTIVE DRIVERS

ACTIVE DRIVER'S LICENCES FOR SENIORS BY GEOGRAPHIC REGION, 2022



SOURCE(S): 61

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay $17 for renewals. In 2022, 163,495 seniors renewed their licence while 11,495 surrendered their licence. Renewals increased 4% from the previous year and 26% from five years ago; Surrenders increased by 2% from the previous year while decreased 12% from five years ago.

SOURCE(S): 61, 62

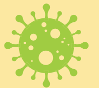
At the age of 80 and every two years thereafter, all B.C. drivers are required to complete a Driver's Medical Examination Report (DMER). The DMER, completed by the driver's physician or nurse practitioner, is the primary tool used to assess any medical conditions that may affect a person's ability to 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 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 the option to 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 2023 Fee Schedule for Uninsured Services suggest that physicians charge $238 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): 63, 64

POST COVID-19 AND DMERs



In December 2020, RoadSafetyBC paused issuing age-based DMERs to protect seniors from possible exposure to COVID-19 in medical clinics. As of Spring 2023, RoadSafetyBC resumed issuing age-based DMERs.

In 2022, RoadSafetyBC opened 112,118 driver fitness cases (7% of these cases were aged 80 or older) a 4% increase from the previous year and a 34% decrease from 2018 due to the suspension of issuing age based DMERs. Approximately 27% of cases (80+) were subsequently referred for an ERA. Outcomes for driver fitness cases in 2022 are outlined in the following table.

ACTIVE DRIVERS

ROADSAFETYBC DRIVER FITNESS CASE DECISIONS, 2022

	<80	80+	ALL AGES
CASES OPENED	104,418	7,700	112,118
REFERRED FOR ENHANCED ROAD ASSESSMENT (ERA)	1,168	2,112	3,280
CASE DECISIONS			
ULTIMATELY FOUND FIT TO DRIVE	84,300	3,912	88,212
THAT DID NOT RESPOND / CANCELLED LICENSE	1,067	957	2,024
VOLUNTARILY SURRENDERED LICENCE	60	127	187
FOUND MEDICALLY UNFIT TO DRIVE	1,218	1,085	2,303
CASES REMAINING OPEN	17,678	1,528	19,206
DRIVERS DECEASED	95	91	186

NOTE(S): Data is as of Jul 31, 2023. The counts are subject to ongoing revisions as new information is received by RoadSafetyBC. A year's cases are generally not considered to be settled until 12-18 months have passed. It is not possible to identify the number of cases involving a DMER form, but it is estimated that over 95% of cases involve the DMER form.

SOURCE(S): 65

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, 2023

	BC TRANSIT	TRANSLINK
HANDYDART SYSTEMS	27	1
OFFERING SERVICES 7 DAYS A WEEK	5	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): 66, 67

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, 2023

	CONVENTIONAL	HANDYDART
VANCOUVER	$2.10-$4.25	$2.10
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): 68

PUBLIC TRANSIT

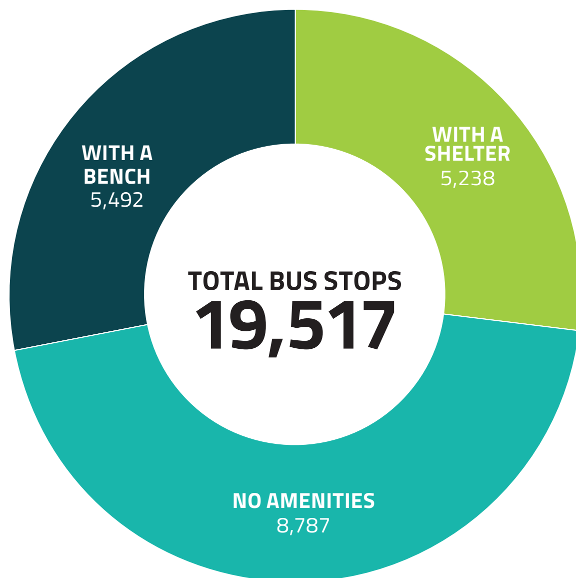
Public transit is an option used by many seniors. In Statistics Canada's Canadian Community Health Survey on Healthy Aging done several years ago, 24% of seniors in B.C. reported using public transit at least once within

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): 69, 70

Waiting at a bus stop can pose challenges for seniors. Approximately 28% of bus stops in B.C. have a bench available and 27% 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, 2023



SOURCE(S): 66, 67

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; or
- Receiving the federal Allowance for the Survivor.

SOURCE(S): 71

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 2022, 55,702 seniors received a bus pass, decreasing three years in a row, which was a decrease of 4% from 2021 and 9% from 2018; 41,784 persons with disabilities received a BC Bus Pass, only 0.4% increase from 2021 and 2% increase from 2018.

SOURCE(S): 72

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. Both BC Transit and TransLink operate similar but separate HandyDART services.

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 (i.e., only when there is snow or ice).

HANDYDART CLIENTS

The number of active HandyDART clients across the province increased 3% from 42,379 on March 31, 2022, to 43,641 on March 31, 2023, but was a 4% decrease from 2019. The number of active clients with TransLink went up 12% from 2022 and 6% from 2019 while the number of active clients with BC Transit went down 10% from 2022 and 18% from 2019. Approximately 75% 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 decreased 10% from the previous year and 22% from five years ago. The number of new clients registered for TransLink increased by 22% while the number of new clients registered for BC Transit decreased 32% from 2021. Approximately 73% of new TransLink clients were aged 65 or older (age distribution is not available from BC Transit).

PUBLIC TRANSPORTATION
HANDYDART CLIENTS, 2023

	TRANSLINK	BC TRANSIT	TOTAL
ACTIVE	27,381	16,260	43,641
NEW	6,501	5,027	11,528

SOURCE(S): 66, 67

HANDYDART RIDE REQUESTS

TransLink received almost 1.3 million ride requests and BC Transit received almost 713,000. TransLink had less than 2% unfilled ride requests and BC Transit had over 3%. Unfilled ride requests are those where the rides were denied, refused or became unaccommodated standby rides. Overall, HandyDART ride requests increased 32% in 2022 but dropped 34% from 2018; TransLink had a 46% increase while BC Transit had a 25% increase from the previous year. Unfilled rides increased 22% with TransLink and 43% with BC Transit.

In addition to regular ride requests, same day or standby ride requests may be accommodated if they fit into the drivers' schedule. 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 2022, TransLink fulfilled approximately 30% of standby ride requests, decreasing 49% from last year, the lowest in the last five years. 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 dropped slightly to 92% from 94% in 2021 after increasing three years in a row. BC Transit does not report data for on-time ride delivery.

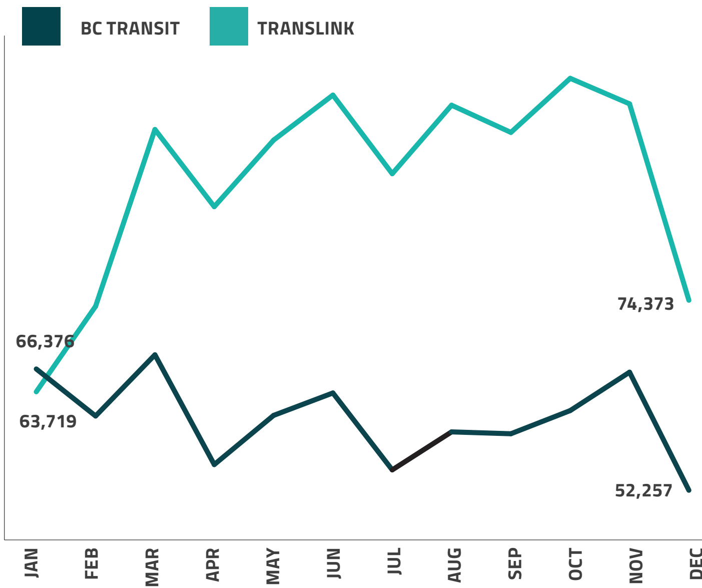
SOURCE(S): 67

RIDERSHIP

Since the relaxation of COVID-19 restrictions, ridership in 2022/2023 continued to rebound, with a 35% increase from 2021, but still 27% lower than 2019. By December 2022, the number of TransLink and BC Transit HandyDART ridership stands at 68% and 82% 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, 2022



SOURCE(S): 66, 67

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 2022, TransLink received 2,712 complaints, 69% more than 2021 and 2% fewer than 2018; 31% were service complaints and 69% were operator-related complaints. Of the total complaints, 97% were resolved within five days and 10 were escalated for resolution. There were 110 complaints made to regional transit companies servicing BC Transit routes and 6 of them required escalation to BC Transit.

SOURCE(S): 66, 67

TAXIS

Some seniors pay out-of-pocket to use a taxi and 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 people with permanent physical, sensory or cognitive disabilities 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 $821,920 in taxi vouchers in 2022. The average amount spent per HandyDART client was $30.02 in 2022. This amount has continued to decline for three years in a row before 2022 and was less than half the amount in 2019 ($63.15). However, only 8% of TransLink HandyDART clients purchased vouchers and this percentage has continued to decrease in the last five years from 21% in 2018. Voucher requests went up 15% from the previous year and decreased 49% from 2018.

SOURCE(S): 67

BC Transit HandyDART clients purchased $1.07 million in taxi vouchers. The average amount spent per HandyDART client was $65.75, a 14% increase from the previous year and a 41% drop from 2018. The percent of BC Transit HandyDART clients purchasing taxi vouchers is unknown. Voucher requests increased 3% from last year but decreased 51% from 2018. Both the value and request of taxi voucher and the average amount spent per HandyDART client increased after decreasing four years in a row.

SOURCE(S): 66

INCOME SUPPORTS

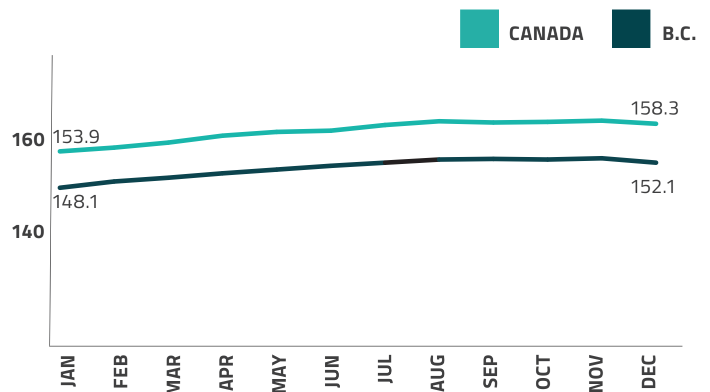
Income security is critical for seniors who want to continue to live a healthy and active lifestyle as they age. The provincial and federal governments provide a range of financial programs, such as Old Age Security (OAS), Canada Pension Plan (CPP), Guaranteed Income Supplement (GIS) and BC Seniors Supplement (BCSS), 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 2023, the annual CPI for B.C. and Canada rose 3.9% compared to the previous year. Since 2019, the CPI has risen 15.1% in B.C. and 15.5% nationally. In 2023, the monthly CPI increased ranging from 2.7% to 6.2% in B.C. and 2.8% to 5.9% in Canada compared to the same period last year.

COST OF LIVING

CONSUMER PRICE INDEX, 2023



SOURCE(S): 73

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 received a 10% increase in their OAS pension. As of

October 2023, for seniors aged 65 to 74 years, the maximum payment is $707.68 per month and for seniors aged 75 and over, the maximum payment is $778.45 per month, a 3.2% increase over the same time last year for both. 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 2023, 980,045 seniors in B.C. received OAS, a 3% increase over the same time last year and 14% from March 2019.

SOURCE(S): 74, 75

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 $21,456 is eligible to receive some amount of GIS. The maximum amount as of October 2023 is $1057.01, a 3% increase over the same time last year and 15% increase from October 2019.

In March 2023, 319,428 seniors in B.C. received GIS, a 7% increase from March 2022 and 21% increase from March 2019. If OAS is deferred, an individual is not eligible for GIS during the deferment.

SOURCE(S): 74

The 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 $23,456.28 (65 to 74 years) or $24,305.52 (aged 75 plus) will receive the BCSS. In December 2022, approximately 92,000 seniors received the BCSS, a 25% increase over the previous year and 42% increase from 2018.

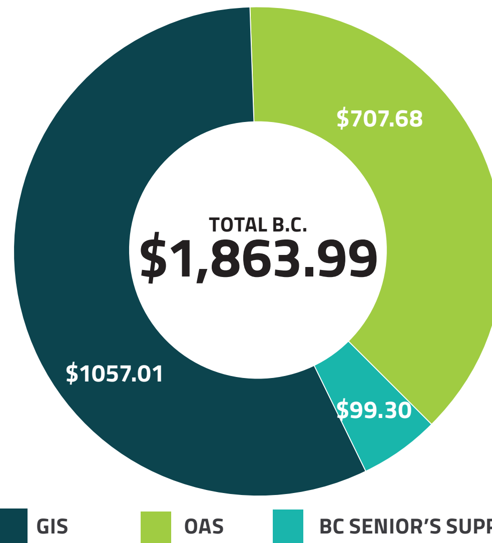
SOURCE(S): 75, 76

Between October and December 2023, low-income single seniors in B.C. could receive up to $1,863.99 per month (65 to 74 years) or up to $1934.76 per month (aged 75 plus) in federal and provincial income supports, an increase of 3% over the same time last year.

SOURCE(S): 74, 75

FEDERAL AND PROVINCIAL INCOME SUPPORTS

INCOME SUPPLEMENTS FOR SINGLE LOW INCOME SENIORS,65-74, 2023



SOURCE(S): 74, 75

CANADA PENSION PLAN (CPP)

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 2023 is $66,600.

The maximum CPP benefit in 2023 was $1,306.57 per month, a 4% increase from the previous year. The average monthly payment amount for new beneficiaries was $772.71.

In March 2023, nearly 1,042,000 people in B.C. received CPP; this includes people who retired and opted to receive CPP before age 65.

People 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): 78, 79, 80

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.

Most of the B.C. tax credits listed are indexed each year to the B.C. CPI. The provincial indexation rate was 6% in 2023. 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 are indexed each year to the Canadian CPI. The federal indexation rate was 6.3% in 2023.

SOURCE(S): 81, 82, 83, 84

FEDERAL AND PROVINCIAL INCOME SUPPORTS

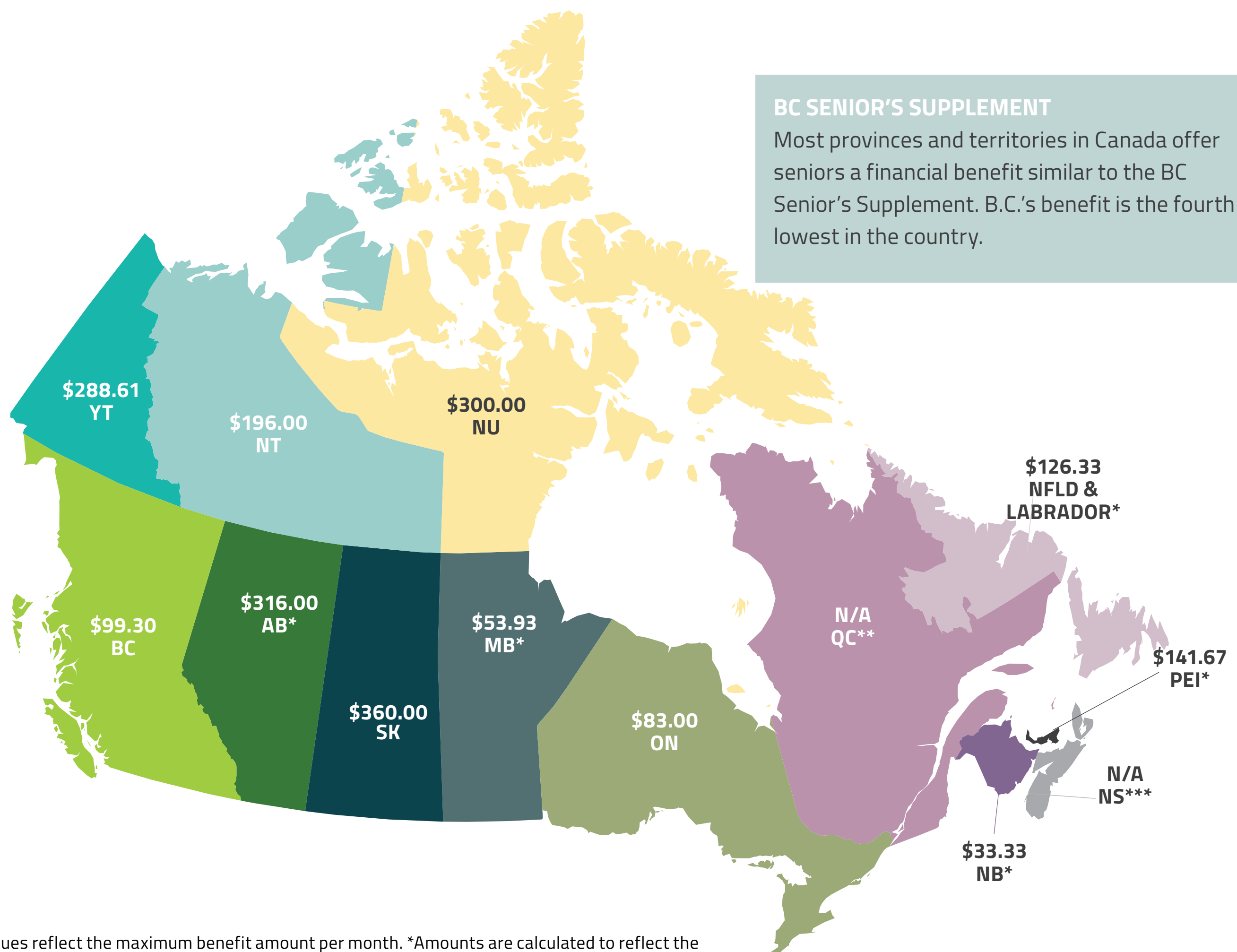
TAX CREDITS AVAILABLE TO SENIORS, 2023

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*

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.

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): 77

PREMIUM ASSISTANCE PROGRAMS

MEDICAL SERVICES PLAN (MSP)

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 2023, 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 MSP for this service.

SOURCE(S): 85

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 1940 or earlier do not pay more than about 3%. Assistance levels are proportionate to income. Fair PharmaCare rates did not change in 2023.

SOURCE(S): 86

PREMIUM ASSISTANCE PROGRAMS

FAIR PHARMACARE ASSISTANCE LEVELS, 2023

ENHANCED COVERAGE Born in 1939 or earlier	ANNUAL INCOME *From latest notice of assesssment (on January 1)*		REGULAR COVERAGE Born in 1940 or later
0% DEDUCTIBLE 0% CO-PAYMENT	≤ $14,000	≤ $13,750	0% DEDUCTIBLE 0% CO-PAYMENT
0% DEDUCTIBLE TO A MAX 1.25% | 25% CO-PAYMENT	$14,000 to $33,000	$13,750 to $30,000	0% DEDUCTIBLE 30% CO-PAYMENT | TO A MAX 1-3%
1% DEDUCTIBLE TO A MAX 2% | 25% CO-PAYMENT	$33,000 to $50,000	$30,000 to $45,000	2-3% DEDUCTIBLE 30% CO-PAYMENT | TO A MAX 3-4%
2% DEDUCTIBLE TO A MAX 3% | 25% CO-PAYMENT	>$50,000	>$45,000	3% DEDUCTIBLE 30% CO-PAYMENT | TO A MAX 4%

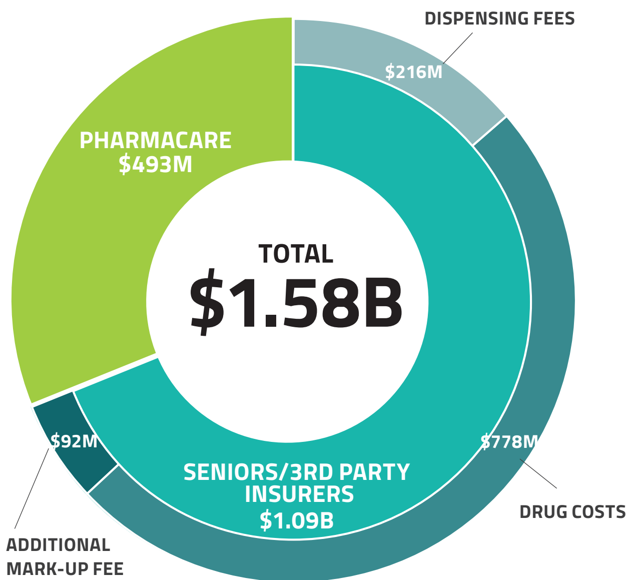
NOTE(S): Deductible and Family Maximum percentages are approximate.

SOURCE(S): 87

Overall, in 2022/23, B.C. seniors spent nearly $1.6 billion on prescription medications and medical supplies or devices, of which PharmaCare covered $493 million (31%), with the remainder paid for by seniors or covered by third-party insurers.

PREMIUM ASSISTANCE PROGRAMS

EXPENDITURES FOR PRESCRIPTIONS (MEDICATIONS AND MEDICAL SUPPLIES/DEVICES), 2022/23



SOURCE(S): 87

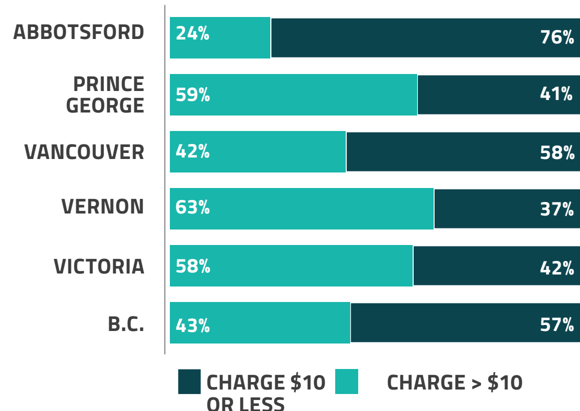
DISPENSING FEES

Pharmacies charge a dispensing fee for every claim. 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 2022/23, 43% of pharmacies in B.C. charged a dispensing fee over $10. Over 11 million claims were processed with a dispensing fee of more than $10 for over 550,000 seniors. The following table shows data for select cities in B.C. for comparative purposes.

PREMIUM ASSISTANCE PROGRAMS

PROPORTION OF PHARMACIES CHARGING UP TO $10 AND OVER $10 DISPENSING FEE FOR SELECTED COMMUNITIES IN B.C., 2022/23



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): 87

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): 88

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 (BCCRN) 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 2022/23, there were 86 active community response networks servicing 261 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): 89

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.

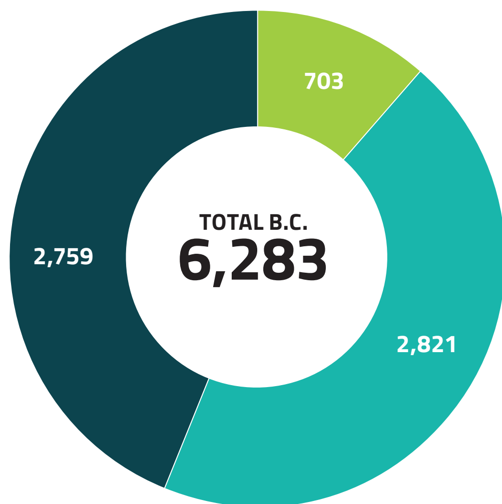
SENIORS ABUSE AND INFORMATION LINE (SAIL)

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 2022, SAIL received 6,283 inquiries, down 2% from the previous year and up 44% from five years ago. Of all inquiries received, 45% were abuse related, 44% non-abuse matters, and 11% for general information. Abuse related inquiries increased 31% over the previous year and more than doubled than five years ago.

COMMUNITY RESOURCES
INQUIRIES TO SAIL, 2022



SOURCE(S): 90

Recording of data at inquiry intake has improved since 2017, however, the last three years has seen a large volume of inquiries where the degree of harm could not be determined, which were 17% in 2022, 27% in 2021 and 9% in 2020. In 2022, approximately 66% of inquiries were assessed as moderate to severe harm, compared to 62% the previous year and 76% five years ago.

A senior can suffer from many forms 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 had been the most frequently reported type of harm between 2017 and 2021, however, financial abuse exceeded emotional/psychological abuse to be the most frequently reported type of harm in 2022, which increased to 29.7% from 26.4% in 2021. The frequency of emotional/psychological abuse was at 29.6%, slightly lower than financial abuse. Neglect (9%) was the third most common types of abuse reported. There were ten times more reports of self-neglect in 2022 compared to 2018.

SOURCE(S): 90

bc211 HELPLINE

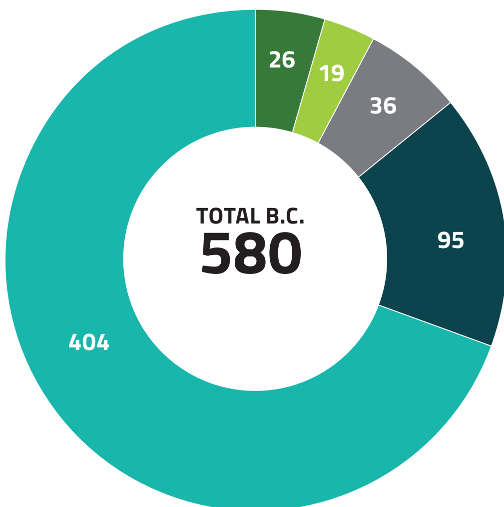
bc211 is a non-profit helpline, primarily funded by the United Way British Columbia, connecting people with information and referrals regarding community, government, and social services in B.C. The service is available via web chat (at www.bc211.ca), 2-1-1 phone and text services.

In 2022/23, bc211 received 580 calls about seniors' abuse, a 6% decrease from the previous year and 42% increase from 2018/19.

Callers may report more than one type of abuse. In 2022/23, there were 516 incidents of abuse reported by 211 callers aged 55 or older calling on behalf of themselves, which was 15% down from 2021/22 and 90% up from 2018/19. Most of the incidents were domestic violence (25%) and elder abuse (25%) and most callers were female (81%).

SOURCE(S): 91

COMMUNITY SUPPORTS
CALLS TO bc211, 2022/21



SOURCE(S): 91

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 2,811 suspected cases of abuse, neglect and self-neglect reported to Designated Agencies in 2022; 78% were for seniors aged 65 or older.

PROVINCIAL AGENCIES
CASES OF ABUSE, NEGLECT AND SELF-NEGLECT, 2022

	<65	65+	ALL AGES
OPEN	114	291	405
CLOSED	481	1,911	2,392
CONFIRMED	252	816	1,068
UNKNOWN	13	1	14
TOTAL B.C.	**608**	**2,203**	**2,811**

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.

SOURCE(S): 92

CLOSED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

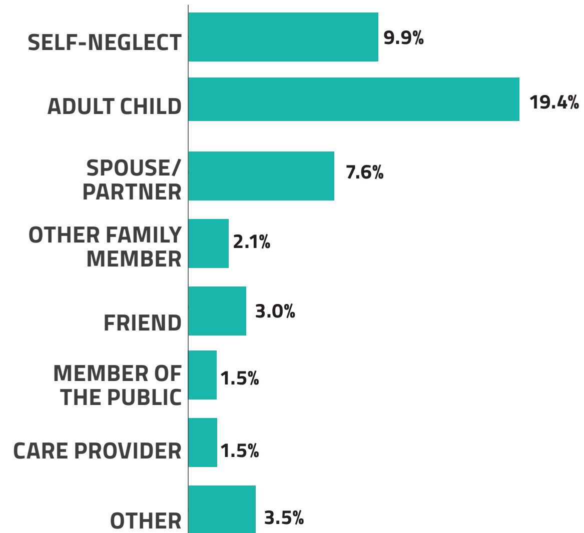
This section of the report focuses on closed cases of abuse, neglect and self-neglect for seniors aged 65 or older. Closed cases may or may not be confirmed to be abuse or neglect. Information on confirmed cases is presented in the next section of this report.

Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. In 2022, most cases were reported by healthcare providers (26%) or family members (15%).

Often seniors who are the victim of abuse are in a trusting relationship with the abuser. In 2022, 29% of the cases reported that the suspected abuser was a family member, in most cases an adult child (19%), or a spouse or common-law partner (8%), and in some cases other family members (2%).

SOURCE(S): 92

PROVINCIAL AGENCIES
RELATIONSHIP OF SUSPECTED ABUSER FOR CLOSED CASES AGED 65+, 2022



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): 92

CONFIRMED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT[2]

Designated Agencies reported 816 confirmed cases of abuse, neglect or self-neglect involving seniors in 2022; this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, 71% were self-neglect, 31% were abuse, and 19% were neglect. In 55% of cases, the senior lacked decision-making capacity where the primary reasons were dementia or cognitive impairment (60%) and frailty or injury due to advanced age, illness or condition (18%). Primary reasons were not reported in 25% of cases.

Multiple types of abuse or neglect can be reported for one confirmed case. In 2022, the most common types reported were:

- Self-neglect (522 cases) - personal hygiene (40%), medication (30%), malnutrition (29%) and unsafe living conditions (26%);
- Abuse (246 cases) - financial abuse (60%), physical abuse or assault (32%), emotional or psychological abuse (27%), and intimidation or threats (15%); and

[2] Some Designated Agencies did not report complete data. Please review the supplementary data tables for data inclusion(s).

- Neglect (130 cases) - not receiving adequate personal care (40%), not receiving adequate nutrition (26%), not receiving medical care (26%), unsafe living conditions (24%), unsanitary living conditions (23%) and isolation or seclusion (22%).

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(s) and resources provided, protective measures taken or admission to a facility to provide care and treatment.

SOURCE(S): 92

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;
- Substitute Decision Maker (SDM) – consent to care facility admission and continued residence decisions;
- Attorney under an Enduring Power of Attorney;
- Representative under a Representation Agreement;
- Litigation Guardian; and
- Pension Trustee.

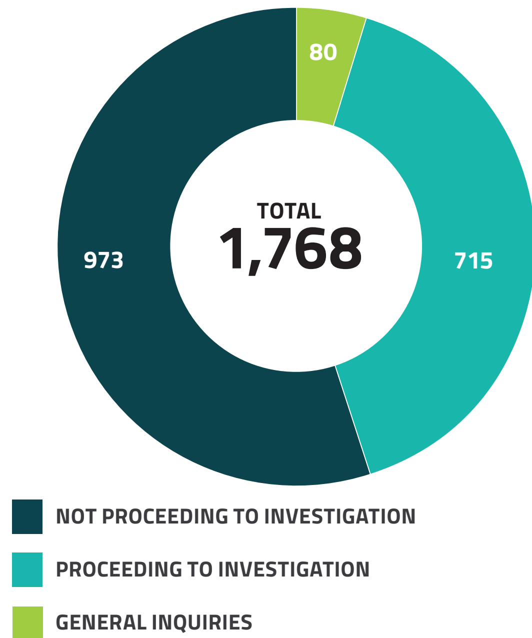
The PGT only acts as COE or COP as a last resort, when family, friends or other supports are not able to assist an incapable adult, and other formal or informal solutions are not an option.

In 2022/23, the PGT supported 2,270 COEs and 59 COPs for B.C. seniors. The number of COEs decreased less than 1% from last year and 5% fewer than 2018/19. The number of COPs dropped 3% in 2022/23 from the previous year but 11% higher than 2018/19.

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 1,768 referrals and general inquiries, a 5% increase over the previous year.

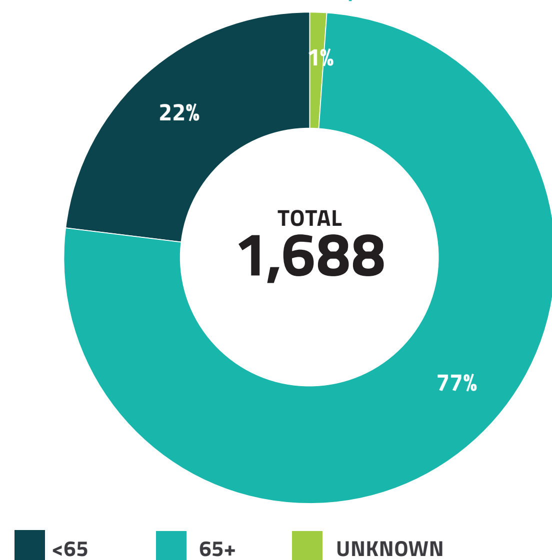
PROVINCIAL AGENCIES
PGT REFERRALS AND GENERAL INQUIRIES, 2022/23



SOURCE(S): 93

The total number of referrals of suspected cases of abuse, neglect or self-neglect (1,688) increased 5% over the previous year and the number of involving seniors (1,295) increased 5%. The proportion of referrals involving seniors that proceeded to investigation decreased from 46% in 2021/22 to 44% in 2022/23.

PROVINCIAL AGENCIES
PGT REFERRALS BY CLIENT AGE, 2022/23



SOURCE(S): 93

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.

SOURCE(S): 94

VIOLENT AND PROPERTY OFFENCES

Victims of violent offences against seniors reported to the BC RCMP continue to increase in the last five years except for a small dip in 2020. In 2022, there were 1,792 victims aged 65 or older, a 2% increase from the previous year with 1,755 violent offences against these seniors, a 3% increase from the previous year. Charges have been laid or recommended in 25% of the offences and 48% were not yet cleared at the time of reporting.

The top five types of violent offences have accounted for around 98% of violent offences against seniors for the last five years. Assaults account for 76% of all violent offences in 2022.

LAW ENFORCEMEMT
VIOLENT AND PROPERTY OFFENCES, 2022

	VICTIMS / COMPLAINANTS	OFFENCES
VIOLENT OFFENCES	1,792	1,755
PROPERTY OFFENCES	18,448	18,199
TOTAL B.C.	20,240	19,954

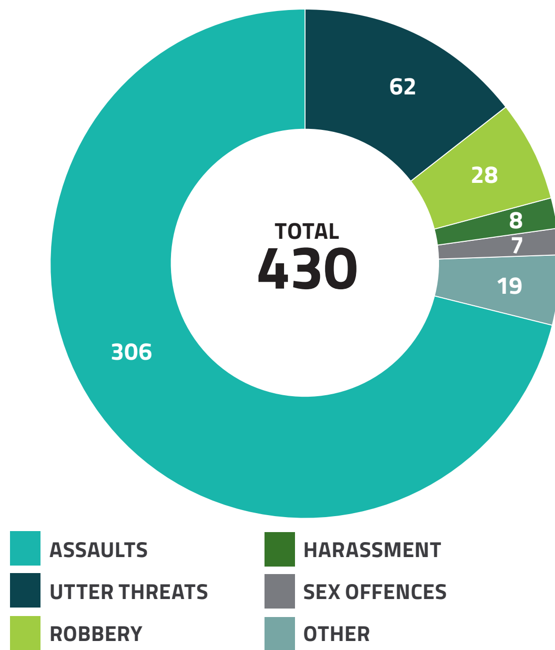
SOURCE(S): 95

In 2022, 18,448 seniors were complainants of a property offence with 18,199 offences, less than 1% increase for both from 2021.

The top seven types of property offences accounted for around 90% of property offences against seniors for each of the last five years. Mischief to property was the most common type of property offence in 2022 followed by frauds and theft from vehicle.

LAW ENFORCEMENT

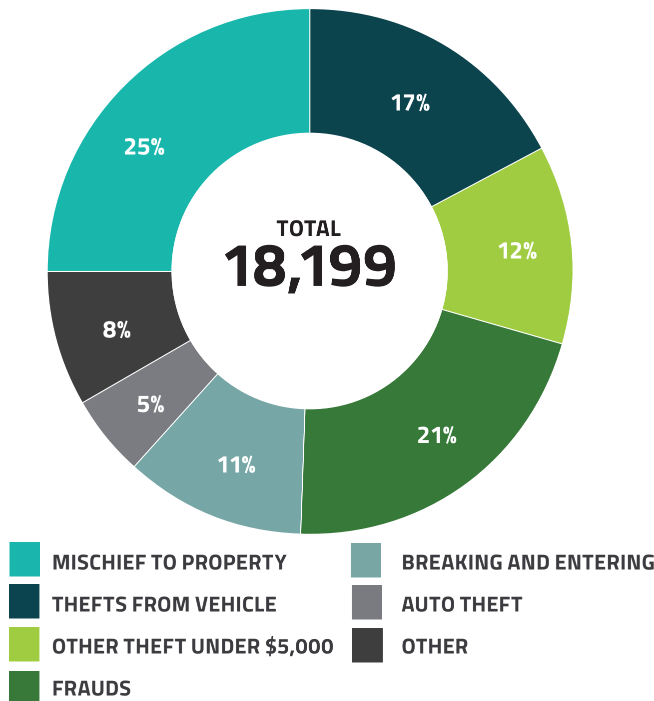
CHARGES LAID, TYPES OF VIOLENT OFFENCES WITH VICTIMS AGED 65+, 2022



SOURCE(S): 95

LAW ENFORCEMENT

TYPES OF PROPERTY OFFENCES WITH COMPLAINANTS AGED 65+, 2022



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 932 missing persons cases for seniors aged 65 or older, representing 8% of the Division's missing persons cases. At the time of reporting (August 2023), 27 (3%) seniors were still missing; of those who went missing 63% were male and 37% were female.

SOURCE(S): 95

VANCOUVER POLICE DEPARTMENT

The Vancouver Police Department (VPD) tracks cases of reported physical and financial abuse each year. In 2022, cases of physical abuse against seniors stayed the same as 2021 but were 35% higher than 2018. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 28% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 101 of these cases.

Cases of financial abuse (i.e., mail, fraud, Canada Revenue Agency and lottery scams etc.) against seniors have increased in the last five years, with a 23% increase from the previous year and 53% increase from 2018. In most cases, the perpetrator was a stranger - very few financial abuse incidents involved family members or caregivers. Charges were laid or recommended in 1% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 91 of these financial abuse cases, a 63% increase from 2021 and more than six times the cases in 2018.

LAW ENFORCEMEMT

VICTIMS OF PHYSICAL AND FINANCIAL ABUSE AGED 65+, 2022

	VICTIMS
PHYSICAL ABUSE	247
FINANCIAL ABUSE	386
TOTAL	633

SOURCE(S): 96

In 2022, the VPD Missing Persons Unit handled 342 missing persons cases involving seniors aged 65 or older, a 17% increase from 2021, but 16% decrease from 2018.

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 26,961 cases of patients designated with involuntary status under the Act while in acute care, 2,957 (11%) were aged 65 or older. In most cases, the diagnosed mental health condition was coded by the acute care facility as being the most responsible diagnosis that resulted in the designation of involuntary status. However, in approximately 2,981 cases, the mental health condition was not coded as being the main diagnosis, 25% of which were aged 65 or older. Seniors with involuntary status had an average length of stay almost three times of non-seniors. Cases with mental disorder as a co-morbidity tend to have the longest length of stay, followed by cases with mental disorder as the most responsible diagnosis and cases with unspecified mental disorder.

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INVOLUNTARY HOSPITALIZATIONS

INVOLUNTARY MENTAL HEALTH HOSPITALIZATIONS, 2022/23

	<65	65+	ALL AGES
CASES			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	24,001	2,957	26,961
MENTAL DISORDER AS A COMORBIDITY	21,773	2,205	23,980
UNSPECIFIED MENTAL DISORDER	1,533	653	2,187
AVERAGE LENGTH OF STAY (DAYS)			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	13	35	15
MENTAL DISORDER AS A COMORBIDITY	13	44	22
UNSPECIFIED MENTAL DISORDER	5	13	6

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
BCCRN	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	RHEUMATOID 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 INFARCTION (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

1. **BCStats**. Population Estimates and Projections. [Online] [Cited: December 29, 2023.] https://bcstats.shinyapps.io/popApp/.
2. **Ministry of Health.** Health System Matrix. s.l. : Health Sector Information, Analysis and Reporting. [Extracted: December 29, 2023].
3. **Government of Canada.** Flu (influenza): For health professionals. [Online] [Cited: February 8, 2024.] https://www.canada.ca/en/public-health/services/diseases/flu-influenza/health-professionals.html.
4. **Ministry of Health.** PharmaNet. s.l. : Publicly Funded Influenza Vaccines in BC. [Extracted: January 18, 2024].
5. **Provincial Health Services Authority.** Provincial Vaccine Operations Centre. 2022/23 Influenza Season: Vaccinations in Pharmacy. [Report Date: January 31, 2024].
6. **Ministry of Health.** FFS and Encounter Data for Immunization Fee Items. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: February 9, 2024].
7. —. Home Care Reporting System. s.l. : Health Sector Information, Analysis and Reporting. [Extracted: January 2, 2024].
8. **Office of the Seniors Advocate.** Long-Term Care Directory 2023. [Extracted: January 2, 2024].
9. **Ministry of Health.** Provincial Immunization Registry. s.l. : Health Sector Information, Analysis and Reporting. [Extracted: February 2, 2024].
10. —. Discharge Abstract Database (DAD). s.l. : Health Sector Information, Analysis and Reporting. [Extracted: January 17, 2024].
11. —. National Ambulatory Care Reporting System (NACRS). s.l. : Health Sector Information, Analsyis and Reporting. [Extracted: January 17, 2024].
12. —. Medical Services Plan (MSP). s.l. : Health Sector Information, Analysis and Reporting. [Extracted: January 17, 2024].
13. —. ALC Case Rate, ALC Days Rate and Average Length of ALC Stays. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: October 26, 2023].
14. —. Surgical Wait Time. [Online] [Cited: January 13, 2024.] https://www2.gov.bc.ca/gov/content/health/accessing-health-care/surgical-wait-times.
15. —. Surgical Wait Time for Completed and Waiting Cases. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: June 19, 2023].
16. **Canadian Institute for Health Informaiton (CIHI).** Wait times for priority procedures in Canada, 2022. [Online] [Cited: February 13, 2024.] https://www.cihi.ca/en/wait-times-for-priority-procedures-in-canada-2022.
17. **Ministry of Health.** Home Support. [Online] [Cited: November 13, 2023.] https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/home-support.
18. —. Continuing Care Act: Continuing Care Fees Regulation. [Online] [Cited: November 13, 2023.] https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/330_97.
19 —. Home Support, Assisted Living and Long-Term Care Co-Payments. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: September 29, 2023].
20. —. HCC Annual Client Counts, Service Volumes and Rates. s.l. : Health Sector Information, Analysis and Reporting. [Report Date: November 9, 2023].
21. **Patient Care Quality Office.** Complaints in Home and Community Care and Long-Term Care. (Received: August 30, 2023).

22. **Ministry of Health.** Adult Day Services. [Online] [Cited: February 14, 2024.] https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/adult-day-services.

23. **Health Authorities.** Home and Community Care Services - ADP, LTC and AL. s.l. : Home and Community Care Program Areas. [Received: May 26, 2023 to June 5, 2023].

24. **Ministry of Health.** Short-Stay Services. [Online] [Cited: February 14, 2024.] https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/short-stay-services.

25. —. Assisted Living. [Online] [Cited: Feburary 15, 2024.] https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/assisted-living.

26. —. Assisted Living Services. s.l. : Assisted Living Registrar. [Received: November 21, 2023].

27. —. Reportable Incidents Breakdown, 2018-2023. s.l. : Assisted Living Registrar. [Received: June 27, 2023].

28. —. Complaint Analysis. s.l. : Assisted Living Registrar. [Received: July 12, 2023].

29. —. Long-Term Care Services. [Online] [Cited: February 16, 2024.] https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/long-term-care-services.

30. —. LTC Access Monitoring Indicators. s.l. : Health Sector Information, Analysis and Reporting. [Received: December 21, 2023].

31. **Canadian Institute for Health Information (CIHI).** Profile of Residents in Residential and Hospital-Based Continuing Care, 2022-2023. [Online] [Cited: January 12, 2024.] https://www.cihi.ca/en/quick-stats.

32. **Ministry of Health.** Life Expectancy and Healthy Life Expectancy. [Received: October 3, 2023].

33. **BC Vital Statistics Agency.** Vital Events. [Extracted by OSA: October 3, 2023].

34. **Government of Canada.** Seniors' Falls in Canada - Infographic. [Online] [Cited: February 21, 2024.] https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/publications/publications-general-public/seniors-falls-canada-second-report/seniors-falls-canada-infographic.html.

35. **College of Physicians and Surgeons (CPSBC).** Annual Reports. [Online] [Cited: January 12, 2024.] https://www.cpsbc.ca/news/publications/annual-report.

36. **British Columbia College of Nurses and Midwives (BCCNM).** Annual Reports. [Online] [Cited: January 12, 2024.] https://www.bccnm.ca/BCCNM/governance/Pages/annual_reports.aspx.

37. **BC Care Aide and Community Health Worker Registry (CACHWR).** Registered Health Care Worker Report. [Received: February 9, 2023].

38. **College of Physical Therapists of British Columbia (CPTBC).** Annual Reports. [Online] [Cited: January 12, 2024.] https://cptbc.org/about/annual-reports/.

39. **College of Occupational Therapists of British Columbia (COTBC).** Annual Reports. [Online] [Cited: January 12, 2024.] https://cotbc.org/library/annual-reports/.

40. **Health Employers Association of British Columbia (HEABC).** Select Occupation Employee Counts and Job Vacancies. [Received: September 13, 2023].

41. **Government of Canada.** About the New Horizons for Seniors Program. [Online] [Cited: February 22, 2024.] https://www.canada.ca/en/employment-social-development/programs/new-horizons-seniors.html.

42. —. New Horizons for Seniors Programs in B.C. s.l. : Service Canada. [Received: September 1, 2023].

43. **Alzheimer Society of B.C.** First Link Annual Report 2022/23. s.l. : Provincial Programs and Services. [Received: June 30, 2023].

44. **United Way British Columbia.** Healthy Aging: Year in Review April 1, 2022 - March 31, 2023 Annual Report. s.l. : Healthy Aging, Population Health. [Received: September 14, 2023].

45. **Office of the Seniors Advocate.** Cliff Tracking. [Extracted: May 2, 2023].

46. **Statistics Canada.** 2021 Census of the Population. Statistics Canada Catalogue no. 98-10-0042-01. [Online] [Cited: November 17, 2022.] https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810004201.

47. —. 2021 Census of the Population. Statistics Canada Catalogue no. 98-10-0045-01. [Online] [Cited: November 17, 2022.] https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810004501.

48. —. 2021 Census of the Population. Statistics Canada Catalogue no. 98-10-0231-01. [Online] [Cited: November 22, 2022.] https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810023101.

49. —. 2022 Census of the Population. Statistics Canada Catalogue no. 98-10-0250-01. [Online] [Cited: November 17, 2022.] https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810025001.

50. —. 2021 Census of the Population. Statistics Canada Catalogue no.98-10-0251-01. [Online] [Cited: November 22, 2022.] https://doi.org/10.25318/9810025101-eng.

51. **B.C. Real Estate Association.** Average Home Prices by Municipality. [Received: April 4, 2023].

52. **Ministry of Municipal Affairs and Housing.** 704-Taxes and Charges on a Representative House - 2023. Municipal Tax Rates & Tax Burden. [Online] [Cited: January 15, 2023.] https://www2.gov.bc.ca/gov/content/governments/local-governments/facts-framework/statistics/tax-rates-tax-burden.

53. **BC Hydro.** Fact Sheet: BC Hydro Rates. [Online] [Cited: January 15, 2024.] https://www.bchydro.com/news/press_centre/news_releases/2023/rates-increasing-for-residential-customers.html.

54. **Government of British Columbia.** Home Owner Grant for Seniors. [Online] [Cited: Feburary 5, 2024.] https://www2.gov.bc.ca/gov/content/taxes/property-taxes/annual-property-tax/home-owner-grant/senior.

55. **Ministry of Finance.** s.l. Property Taxation Branch. [Received: September 6, 2023].

56. **Statistics Canada.** 2021 Census of the Population. Statistics Canada Catalogue no. 98-10-0232-01. [Online] [Cited: November 17, 2022.] https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=9810023201.

57. **Canada Mortgage and Housing Corporation (CMHC).** Primary Rental Market Statistics - British Columbia. [Online] [Cited: January 12, 2024.] https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/59/2/British%20Columbia.

58. **BC Housing.** Shelter Aid For Elderly Renters, Seniors' Subsidized Housing and BC Rebate for Accessible Home Adaptations Report. [Received: August 2, 2023].

59. —. Shelter Aid for Elderly Renters (SAFER). [Online] [Cited: January 12, 2024.] https://www.bchousing.org/housing-assistance/rental-assistance-programs/SAFER.

60. —. BC Rebate for Accessible Home Adaptations (BC RAHA). [Online] [Cited: February 6, 2024.] https://www.bchousing.org/housing-assistance/BC-RAHA.
61. **Insurance Corporation of British Columbia (ICBC).** Driver licence renewals and surrenders for drivers aged 65 and over 2021. [Received: June 21, 2023].
62. —. Driver Licensing Fees. [Online] [Cited: February 22, 2024.] https://www.icbc.com/driver-licensing/visit-dl-office/Pages/Fees.aspx.
63. **Ministry of Health.** RoadSafetyBC Forms Payment Schedules. [Online] [Cited: February 22, 2024.] https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/msp/physicians/payment-schedules/roadsafetybc.
64. **Doctors of BC.** Revised Fees for Uninsured Services Effective April 1, 2022. [Online] [Cited: February 22, 2024.] https://www.doctorsofbc.ca/sites/default/files/uninsured_services1apr2023.pdf.
65. **Ministry of Public Safety and Solicitor General.** river Fitness Cases. s.l. : RoadSafetyBC. [Received: September 6, 2023].
66. **BC Transit.** BC Transit Transportation Services Report. [Received: June 30, 2023].
67. **TransLink.** TransLink Transportation Services Report. [Received: June 15, 2023].
68. **Local Transit System Websites.** [Online] [Cited: January 18, 2024.]
69. **Statistics Canada.** Canadian Community Health Survey: Healthy Aging 2009-2009. Ottawa : s.n.
70. **TransLink.** Mustel Omnibus Survey. [Received: March 5, 2020].
71. **Government of British Columbia.** BC Bus Pass for Seniors and Others. [Online] [Cited: February 22, 2024.] https://www2.gov.bc.ca/gov/content/transportation/passenger-travel/buses-taxis-limos/bus-pass/seniors.
72. **Ministry of Social Development and Poverty Reduction.** [Received: June 14, 2023].
73. **Statistics Canada.** Consumer Price Index, annual average, not seasonally adjusted. Table 18-10-0005-01. [Online] [Cited: January 23, 2024.] https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810000501.
74. **Government of Canada.** Number of Persons Receiving OAS by Province and by Type (20220731-svpres-oasben). [Online] [Cited: February 22, 2024.] https://open.canada.ca/data/en/dataset/77381606-95c0-411a-a7cd-eba5d038c1c4.
75. **Government of British Columbia.** Senior's Supplement Rate Table. [Online] BC Employment and Assistance. [Cited: January 22, 2024.] https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/bc-employment-and-assistance-rate-tables/senior-s-supplement-rate-table.
76. **Ministry of Social Development and Poverty Reduction.** [Received: June 6, 2023].
77. **Provincial and Territorial Government Websites.** [Online] [Cited: January 22, 2024].
78. **Government of Canada.** CPP Retirement Pension Overview. [Online] [Cited: February 23 1, 2024.] https://www.canada.ca/en/services/benefits/publicpensions/cpp.html.
79. —. Canada Pension Plan (CPP) - Number of Benefits, by Place of Residence and Benefit Type (20210930-rpcpres-cppben). [Online] [Cited: January 23, 2024.] https://open.canada.ca/data/en/dataset/1fab2afd-4f3c-4922-a07e-58d7bed9dcfc.
80. —. Canada Pension Plan: Pensions and benefits monthly amounts. [Online] [Cited: January 23, 2024.] https://www.canada.ca/en/services/benefits/publicpensions/cpp/payment-amounts.html.

81. —. All deductions, credits and expenses. [Online] [Cited: January 23, 2024.] https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/deductions-credits-expenses/deductions-credits-expenses.html.

82. —. Indexation adjustments for personal income tax and benefit. [Online] [Cited: January 23, 2024.] https://www.canada.ca/en/revenue-agency/services/tax/individuals/frequently-asked-questions-individuals/adjustment-personal-income-tax-benefit-amounts.html.

83. **Government of British Columbia.** Personal income tax credits. [Online] [Cited: January 23, 2024.] https://www2.gov.bc.ca/gov/content/taxes/income-taxes/personal/credits.

84. —. B.C. basic personal income tax credits. [Online] [Cited: January 23, 2024.] https://www2.gov.bc.ca/gov/content/taxes/income-taxes/personal/credits/basic.

85. —. Supplementary Benefits. [Online] [Cited: February 23, 2024.] https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits/services-covered-by-msp/supplementary-benefits.

86. —. How is Your Coverage Calculated. [Online] [Cited: February 23, 2024.] https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan/how-your-coverage-is-calculated.

87. **Ministry of Health.** s.l. : PharmaNet. [Extracted by OSA: January 23, 2024].

88. **World Health Organization.** Elder Abuse. [Online] [Cited: February 7, 2024.] https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people.

89. **BC Association of Community Response Networks (BCCRNs).** Annual Report 2021 To 2022. [Online] [Cited: November 7, 2022.] https://bccrns.ca/wp-content/uploads/2022/06/BC-CRN-Annual-Report-2021-2022-1.pdf.

90. **Seniors First BC.** Seniors Abuse and Information Line (SAIL). [Received: June 8, 2023].

91. **bc211.** bc211 Helpline. [Received: July 24, 2023].

92. **Provincial Health Services Authority.** Designated Agency Reports. [Received: July 2023 to January 2024].

93. **Public Guardian and Trustee.** September 2023 Referral Summary. [Received: September 22, 2023].

94. **BC RCMP.** [Online] [Cited: February 7, 2024.] https://bc-cb.rcmp-grc.gc.ca/ViewPage.ction?siteNodeId=2094&languageId=1&contentId=108.

95. —. Violent Offenses, Property Offenses and Missing Persons. [Received: August 15, 2023].

96. **Vancouver Police Department.** Abuse of Seniors, Vancouver Police Department. [Received: September 11, 2023].

97. **Ministry of Health.** Mental Health Hospitalizations in BC. s.l. : Health Sector Information, Analysis and Reporting. [Received: February 6, 2024].

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