Monitoring Seniors Services

OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA
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2019

OFFICE OF THE
SENIORS ADVOCATE

December 2019

The annual *Monitoring Seniors Services (MSS)* report provides an opportunity for the Office of the Seniors Advocate (OSA) to examine a wide range of services that are delivered to BC seniors and to measure how the health system is performing. This is the fifth year the OSA has published the *MSS* and we are beginning to develop meaningful trend lines that can help us better understand if we are moving in the right direction.

Over the past five years, data quality and reporting from several government ministries and agencies have improved. This is a positive evolution as we need accurate and timely measurement of performance if we are going to meet the needs of our growing seniors population. We also include new elements in the report as issues arise and data becomes available. This year, first the time, we are looking at influenza vaccination rates, health human resource data and additional data on elder abuse.

We know that influenza, commonly known as "the flu", can be lethal for frail seniors and that vaccinating the entire population, and not just seniors, is a very strong line of defence. As our report highlights, we have significant opportunity for improvement in influenza vaccination rates among both the public and the overall seniors population. We do however have more encouraging numbers for those who live and work in long-term care and those receiving home support.

The ability to appropriately and safely care for seniors requires a well-trained and sufficient workforce to meet the increasing demand. This year we have added health human resource data that looks at the overall number of trained health care professionals in several disciplines examining select indicators that can help inform us of the depth and breadth of staffing challenges. When we look at these numbers, we see encouraging news in some areas and signs of challenges in others. There are annual increases in the number of workers for most occupations, except registered nurses. With public employers, difficult to fill vacancies for regular employees are more challenging for some disciplines than others, and the data tells a more nuanced story of the health human resource challenge than popular opinion might hold.

This year we have also added data on the abuse cases reported to Designated Agencies. It is not just seniors who are passionate about preventing elder abuse, but the general public as well. However, when we look at the data that is currently available, it is clear that we do not have a good handle on the magnitude of the issue, and we need better reporting consistency with standardized definitions. We have struggled with this issue since the inception of the *MSS* and have initiated a systemic review of elder abuse and neglect with a report and recommendations expected in late 2020.

As always, I want to add my thanks to the many government ministries and agencies that support our data requirements for this report and for their unwavering commitment to meeting our need for both timely and accurate information. I also want to thank the staff here at the OSA who work throughout the year to bring this report together.

Sincerely,

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

Report Highlights

Population

- The seniors population grew by 4% in 2018 and seniors now represent 18% of the population compared to 14% in 2008.
- From 2008-2018 the proportion of the population 75-84 and 85 plus has remained relatively stable at 5% and 2% respectively.
- The distribution of seniors is not proportionate throughout the province. The percentage of seniors ranges from a high of 24% on Vancouver Island to a low of 13% in Northern Health.

Health Care

- The seniors population is generally healthy; 19% are living with high complexity chronic conditions, and only 6% are diagnosed with dementia. This has remained relatively stable over the last five years.
- 37% of all seniors received the publicly funded flu vaccine, an increase over the 34% vaccinated in 2017/18. Vaccination rates ranged from a low of 26% in Vancouver Coastal to a high of 49% in Interior Health.
- 87% of seniors residing in long-term care and 74% of the staff received the publicly funded flu vaccine. This is a minor increase for residents and minor decrease for staff.
- 26% of emergency department visits and 44% of hospitalizations were for seniors. This has been slowly increasing over the past five years.
- The number of home support clients increased 1.7%, however this is due solely to short-term home support clients who increased 5% while long-term home support clients saw a minor decrease of less than 1%. The target population of 80 plus grew by just over 3% during this time.
- The average hours of care delivered decreased 1.4% to 198 hours per client per year. However, this was driven by a decrease in the average hours for short-term clients which decreased 2% while long-term saw a minor increase of less than 1%.
- There was a 17% increase in the number of home care complaints. Complaints have been increasing steadily since 2015/16.
- There were 7% more day care programs with 10% more clients attending and a 1.5% reduction in the waitlist.
- There was a 1% decrease in the number of subsidized registered assisted living units and in the number of clients living in those units. Currently, the waitlist for subsidized assisted living represents 20% of the total available units.
- There were 877 reportable incidents in assisted living, a 60% increase over last year; 75% of these were falls.
- The number of beds in long-term care have remained relatively unchanged increasing only 2% from 2015 to 2019 while the population aged 85 or older grew 13%.

- Average and median wait times for clients admitted to long-term care increased slightly. The standard of admission within 30 days was met for 67% of admissions in 2018/19; this was down from last year (70%) but up from 2014/15 (64%). The waitlist for clients still waiting for admission at the end of 2018/19 grew by 28% but is less than what it was at the end of 2014/15.
- There were 18,007 reportable incidents in long-term care, a 3% increase over last year.

Community and Personal Supports

- First Link® dementia support served 11,567 unique clients in 105 communities. This was a slight increase over 2017/18. There were over 5,000 new clients in each of the last two years.
- The Better at Home program supported 11,787 active clients who received 185,910 services. This was an increase over 2017/18. However, the number of new clients has been declining for three years.
- The New Horizons for Seniors Program approved 265 new community-based projects in B.C. with total funding of $4.9 million. This is a slight increase over 2017/18.

Housing

- 93% of seniors, and 72% of those aged 85 or older, live independently in private dwellings while only 6% of seniors live in assisted living or long-term care.
- The property tax deferment program is growing each year but in 2018/19 there were fewer new users for the first time in many years.
- On March 31, 2019 there were 24,233 SAFER recipients, 6% more than the previous year while the target population aged 60 or older grew by just over 3%. There were 4,458 new SAFER recipients; new recipients have been increasing each year for the last five years.
- The average subsidy provided to SAFER recipients increased 14% over the last year and increased 21% over the past five years.
- The number of subsidized housing units continues to decrease. In 2018/19, there was a 1% decrease while there was a 14% increase in the number of applicants waiting at the end of the year. The median wait time for these applicants at March 31, 2019 was 1.5 years, the same as last year.

Transportation

- In 2018, 78% (714,300) of seniors in B.C. maintained an active driver's licence. This was a 4% increase over the previous year, which is consistent with the population growth.
- There were 72,000 driver fitness cases opened in 2018 for those aged 80 or older; 5,249 cases were referred for an Enhanced Road Assessment (ERA), newly introduced in March 2018, and 90 were referred for a DriveAble cognitive assessment. Referrals for testing are not comparable to previous years as use of the DriveAble test had already been declining for years with only the most critical cases being referred.

- The number of active HandyDART clients increased less than 1% to 45,576 compared to last year. Active clients with TransLink increased 5% in 2018 and a further 4% in 2019 while the number of active clients with BC Transit decreased 12% and 4% over these same two years.
- In 2018, there were just under 2.6 million ride requests (excluding client cancellations), a 4% decrease over 2018; 98% were rides provided and 2% were unfilled.

Income Supports

- Between October and December 2019, low income single seniors in B.C. could receive up to $1,579.21 per month in federal and provincial income supports, an increase of 2% over the same time last year.
- The current maximum Canada Pension Plan benefit is $1,154.58 per month, almost 2% more than last year.
- As of January 2020, MSP premiums will be eliminated to be replaced by the new Health Employer Tax.
- 61,290 seniors received the annual BC Bus Pass, a 4% increase over the previous year, which is consistent with the population growth.

Elder Abuse

- The Seniors Abuse and Information Line (SAIL) received 4,372 calls in 2018; 31% were related to abuse, 47% to non-abuse matters and 23% were for general information. Calls related to abuse declined 13% in 2018.
- The bc211 Helpline received 408 calls about elder abuse in 2018/19, an increase of 36% over 2017/18.
- Designated Agencies responded to 1,626 suspected cases of abuse in 2018; 81% were for seniors aged 65 or older.
- The Public Guardian and Trustee received 1,787 referrals in 2018/19; 44% proceeded to investigation, 46% did not proceed to investigation and 10% were general inquiries.
- Victims of violent offences against seniors (1,153) reported to the RCMP increased 5% in 2018. Complainants of property offences (16,081) against seniors decreased 1%.
- Victims of physical abuse against seniors reported to the Vancouver Police Department (183) increased 6% in 2018. Victims of financial abuse (253) decreased 2%.
- There were 1,028 reports of missing seniors to the RCMP and 408 to the Vancouver Police Department (VPD). Reports to the RCMP have been increasing over the last five years and reports to the VPD increased for four years but decreased 4% in 2018/19.

Contents

Acknowledgement and Notes

Many individuals at all levels of government and with 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.

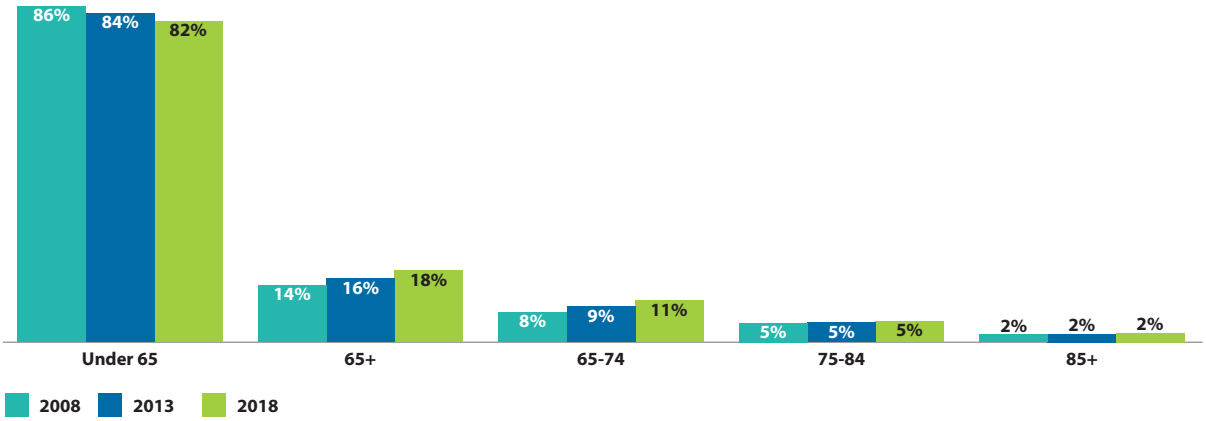
This report has been compiled from a variety of sources. All sources are footnoted in the Data Sources at the end of the report.

The data used in the report are either for fiscal year 2018/19, covering the period from April 1, 2018 to March 31, 2019, or for calendar year 2018. In some cases, as noted in the report, other time frames have been used. Comparative year over year data have been used when possible. Numbers may not exactly match other publications and percentages may not sum to 100% due to rounding.

B.C. Seniors Demographics

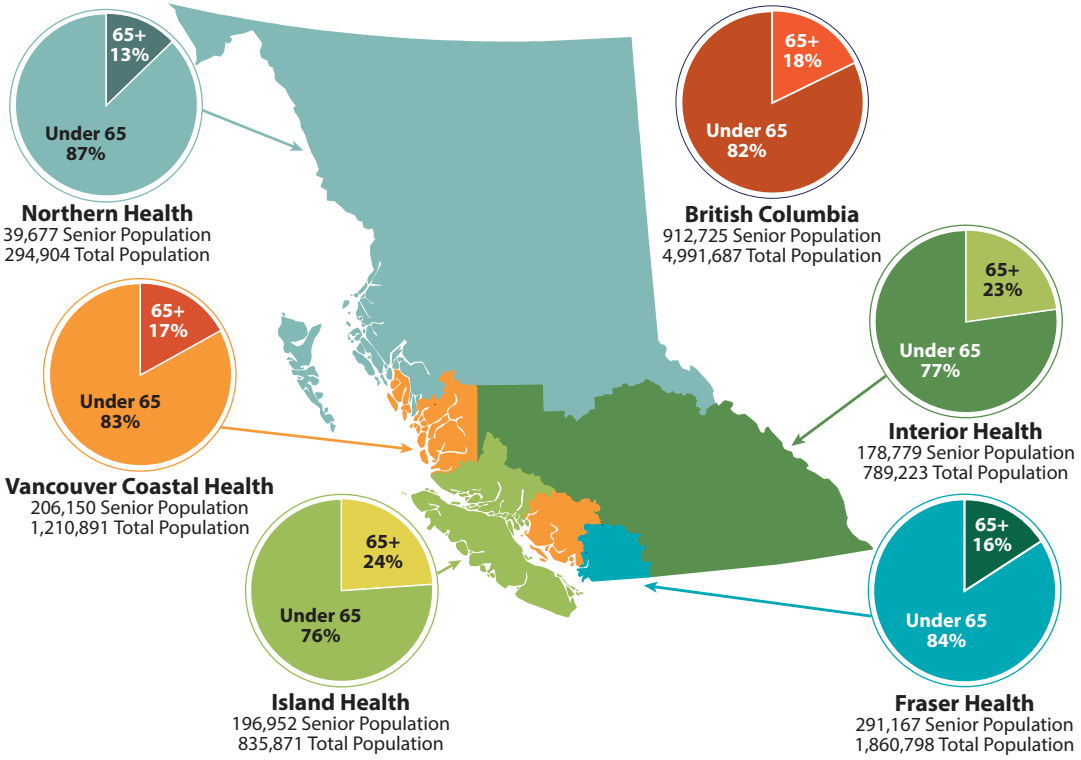
In 2018, the total population of B.C. was 4,991,687, a 1% increase over 2017. The number of people aged 65 or older (912,725) grew by 4% and those aged 85 or older (115,544) grew by 3% over the previous year. The population aged 65 or older grew 45% from 2008 to 2018 and comprised 18% of the population. The proportion of seniors aged 75-84 and 85 or older grew very little, remaining at approximately 5% and 2% of the population respectively.

Proportion of the B.C. Population by Age Group, 2008, 2013, 2018



Source: (1)

In 2018, the proportion of the population that are seniors ranged from 13% in Northern Health to 24% in Island Health. The proportion of seniors is less than the provincial average in Fraser Health, Vancouver Coastal Health and Northern Health.



Source: (1)

Health Care

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

Living with Illness

Overall, in B.C., seniors are relatively healthy and independent. In 2017/18, the largest proportion of seniors aged 65 to 84 were living with medium (29%) or low (32%) complexity chronic conditions, and 17% had high complexity conditions; in this age group 3% were diagnosed with dementia, which is considered a high complexity condition. At 85 or older, high complexity conditions (35%) are more common and 20% were diagnosed with dementia. These proportions have remained stable since 2013/14, but the senior population grew by 18% over this four year period. (Note: see Appendix 2 for definitions of complexity for chronic conditions).

Living with Illness, 2017/18

	Under 65	65+	65-84	85+
Population Growth				
2017 population	4,043,401	878,751	766,535	112,216
change from 2016 to 2017	1%	4%	4%	3%
change from 2013 to 2017	4%	17%	18%	13%
Dementia				
Percent of population diagnosed with dementia	<1%	6%	3%	20%
Population Segments				
Non-users of health care and healthy population	60%	12%	14%	5%
Low complexity chronic conditions	25%	30%	32%	14%
Medium complexity chronic conditions	4%	29%	29%	28%
High complexity chronic conditions	1%	19%	17%	35%
Frail in residential care and end of life	<1%	4%	2%	15%
Other	10%	7%	7%	3%

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

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

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

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

Source: (1)(2)

Influenza Immunization

Influenza occurs globally with an annual infection rate estimated at 5-10% in adults causing an average of 12,200 hospitalizations and 3,500 deaths annually in Canada. It is ranked among the top ten leading causes of death. Residents in long-term care facilities are one of the population segments that are at greatest risk of influenza-related complications. Seniors have a diminished immune system and often have multiple co-existing chronic conditions, resulting in an increased risk of infectious disease and decreased protection from vaccination. One of the ways to increase protection for vulnerable individuals is to vaccinate them as well as everyone that is close to them. In the community, individuals can get vaccinations at pharmacies, physicians' offices and clinics (physician and clinic data are not readily available). In long-term care, this includes the residents and the staff that are caring for them.

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

Influenza Immunization in the Community

The Public Health Agency of Canada recommends the flu shot for everyone over the age of 6 months including those that are healthy, but particularly people who are at higher risk of complications such as adults aged 65 and over. In 2018/19, there were 773,638 publicly funded vaccinations dispensed at pharmacies across B.C. Approximately 43% of these were for seniors. Uptake has increased in all health authorities for all ages, but in particular those aged 65 or older.

Publicly Funded Influenza Vaccinations Dispensed at Pharmacies in B.C., 2017/18-2018/19

Health Authority	Age Group	2017/18		2018/19	
		# Vaccinations	% of Population Vaccinated	# Vaccinations	% of Population Vaccinated
IHA	All Ages	149,683	19%	172,896	22%
	65+	77,823	45%	88,169	49%
FHA	All Ages	233,264	13%	265,503	14%
	65+	91,942	33%	102,183	35%
VCHA	All Ages	145,354	12%	153,622	13%
	65+	48,729	25%	53,051	26%
VIHA	All Ages	140,590	17%	152,291	18%
	65+	72,952	39%	77,930	40%
NHA	All Ages	26,268	9%	29,326	10%
	65+	11,191	29%	12,182	31%
B.C.	All Ages	695,159	14%	773,638	15%
	65+	302,637	34%	333,515	37%

Note: Years are not the typical fiscal year but are defined as July 1 to June 30 which covers the flu season of each year.
Excludes vaccinations that were privately paid for.
Source: (3)

Influenza Immunization in Long-Term Care and Home Support

In the 2018/19 influenza season, the BC Centre for Disease Control (BCCDC) found that 87% of residents and 74% of staff in long-term care facilities in B.C. were vaccinated against influenza. Resident vaccination rates ranged from 80% in Interior Health to 89% in Fraser Health and staff vaccination rates ranged from 66% in Interior Health to 79% in Fraser Health and Vancouver Coastal Health. Resident rates had been declining between 2014/15 and 2017/18 but increased slightly in 2018/19. After several years of decreases, the staff rates had a slight increase in 2017/18 but then dropped again in 2018/19.

Influenza Vaccination Coverage in Long-Term Care Facilities, 2014/15-2018/19 Influenza Seasons

Health Authority	Group	2014/15	2015/16	2016/17	2017/18	2018/19
IHA	Residents	86%	84%	82%	80%	80%
	Staff	74%	72%	71%	72%	66%
FHA	Residents	90%	88%	88%	87%	89%
	Staff	82%	79%	76%	79%	79%
VCHA	Residents	92%	92%	92%	91%	88%
	Staff	85%	86%	82%	81%	79%
VIHA	Residents	86%	82%	87%	88%	88%
	Staff	71%	69%	68%	71%	71%
NHA	Residents	90%	89%	87%	83%	87%
	Staff	71%	63%	69%	72%	73%
B.C.	Residents	89%	87%	87%	86%	87%
	Staff	77%	76%	74%	76%	74%

Note: 92% of long-term care facilities in B.C. reported resident vaccinations and 94% reported staff vaccinations. This includes publicly funded facilities as well as fully private facilities.
Source: (4)

In 2018/19, 69% of home support clients were vaccinated against influenza. This was an increase over the 67% reported in 2017/18. These rates have been consistent over the last five years.

Hospital Care

Hospitalizations and Emergency Department Visits

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

In 2017/18, almost 564,000 (26%) of the 2.2 million visits to the emergency department and almost 397,000 (44%) of the 908,000 hospitalizations across B.C. were for seniors aged 65 or older. For this age group, both the number of emergency department visits and hospitalizations increased 2% while the population increased 4% over the previous year. Emergency department visits and hospitalizations decreased in 2017/18 for seniors aged 85 or older. The inpatient average length of stay is longer for all senior population age groups relative to younger age groups but has been declining over the last four years.

Hospital Care in B.C., 2013/14-2017/18

	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
Under 65						
Hospitalizations	505,542	500,311	506,830	511,422	511,157	-0.1%
Inpatient	265,946	260,129	260,254	261,969	263,499	0.6%
Day surgery	239,596	240,182	246,576	249,453	247,658	-0.7%
Inpatient average length of stay (days)	4.9	5.0	5.0	4.9	4.9	0.1%
Emergency department visits	1,452,801	1,505,125	1,576,536	1,567,754	1,602,826	2.2%
Seniors Aged 65 or Older						
Hospitalizations	351,154	363,035	376,087	390,000	396,880	1.8%
Inpatient	176,501	179,088	181,351	186,667	189,218	1.4%
Day surgery	174,653	183,947	194,736	203,333	207,662	2.1%
Inpatient average length of stay (days)	8.5	8.6	8.5	8.2	8.1	-1.9%
Emergency department visits	470,896	503,967	531,697	552,299	563,966	2.1%
Seniors Aged 65-84						
Hospitalizations	286,752	295,979	308,235	320,338	327,542	2.2%
Inpatient	128,424	128,824	130,860	135,044	137,789	2.0%
Day surgery	158,328	167,155	177,375	185,294	189,753	2.4%
Inpatient average length of stay (days)	8.0	8.1	8.1	7.8	7.7	-1.6%
Emergency department visits	360,485	384,801	407,711	424,559	436,294	2.8%

	2013/14	2014/15	2015/16	2016/17	2017/18	% Change in Last Year
Seniors Aged 85 or Older						
Hospitalizations	64,402	67,056	67,852	69,662	69,338	-0.5%
Inpatient	48,077	50,264	50,491	51,623	51,429	-0.4%
Day surgery	16,325	16,792	17,361	18,039	17,909	-0.7%
Inpatient average length of stay (days)	9.9	9.8	9.6	9.4	9.2	-2.2%
Emergency department visits	110,411	119,166	123,986	127,740	127,672	-0.1%
All Ages						
Hospitalizations	856,696	863,346	882,917	901,422	908,037	0.7%
Inpatient	442,447	439,217	441,605	448,636	452,717	0.9%
Day surgery	414,249	424,129	441,312	452,786	455,320	0.6%
Inpatient average length of stay (days)	6.4	6.4	6.4	6.3	6.2	-0.9%
Emergency department visits	1,923,697	2,009,092	2,108,233	2,120,053	2,166,792	2.2%

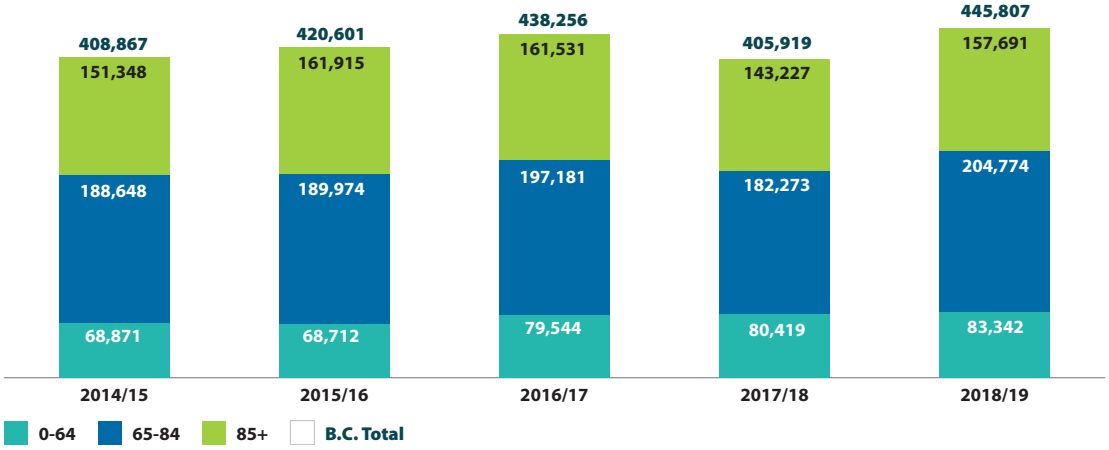
Source: (2)

Alternate Level of Care

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

In B.C., in 2018/19, there were approximately 466,000 hospital inpatient days designated as ALC; 19% were for patients age 0-64 years, 46% for 65-84, and 35% for those aged 85 or older. The five year trend in the total number of ALC days shows increases for all years and all age groups with two exceptions: in 2017/18, there was a drop for those aged 65 or older; and in 2018/19, ALC days for seniors aged 85 or older increased over last year but were not as high as the two years prior to that.

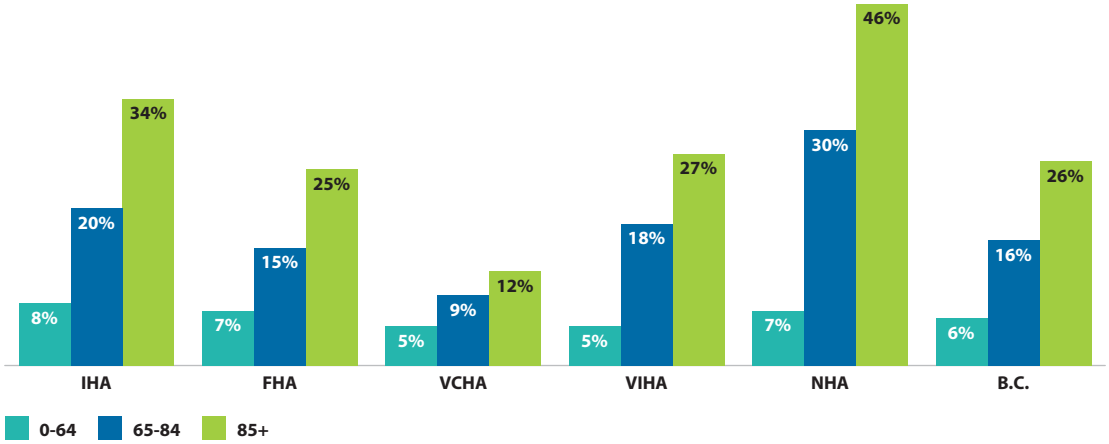
Total ALC Days by Age Group of Patients, 2014/15-2018/19



Source: (6)

The population aged 85 or older had the highest rate of ALC days in all health authorities. This is particularly noticeable in Northern Health, where 46% of inpatient days were ALC.

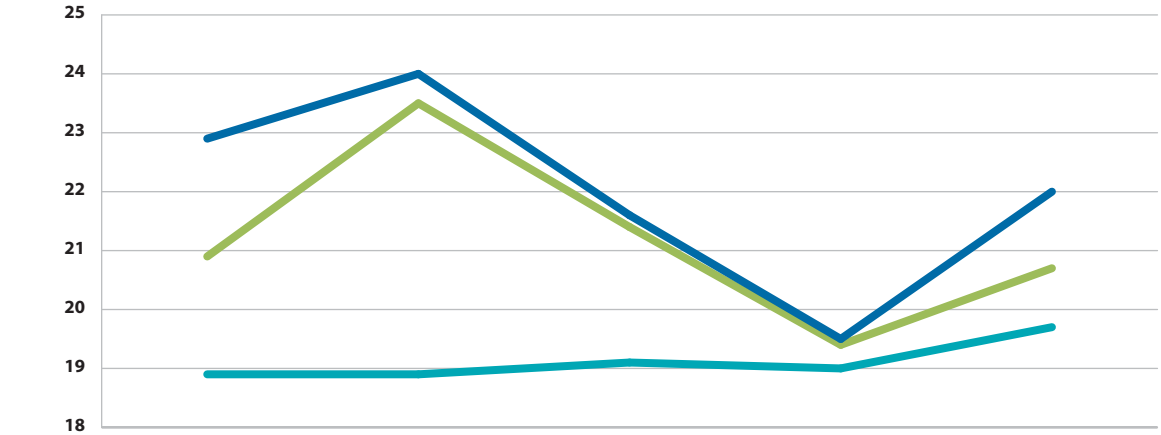
ALC Days as a Percent of Total Inpatient Days by Age Group, 2018/19



Source: (6)

In 2018/19, the average length of stay in ALC for all age groups was 21 days. The length of stay in ALC increased 13% for those aged 65-84, 7% for those aged 85 or older, and 4% for those younger than 65. These increases are evident across all health authorities for all populations, except the population under 65 in Interior Health which showed the only decrease.

Average Length of Stay in ALC by Age Group, 2014/15-2018/19

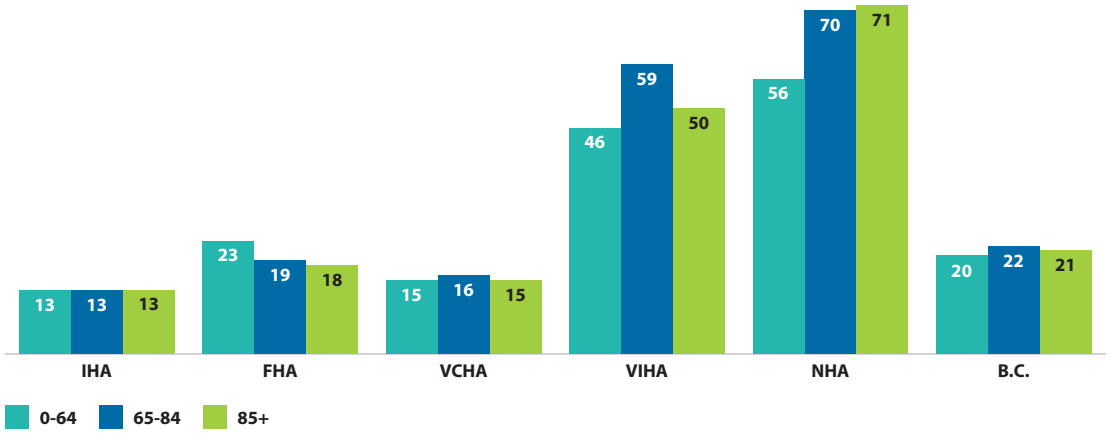


	2014/15	2015/16	2016/17	2017/18	2018/19
0-64	18.9	18.9	19.1	19.0	19.7
65-84	22.9	24.0	21.6	19.5	22.0
85+	20.9	23.5	21.4	19.4	20.7

Source: (6)

The average length of stay in ALC is substantially longer in Northern and Island Health Authorities for all age groups. While the average length of stay increased for all ages across all health authorities in 2018/19, the most notable increase was in Island Health where the average length of stay increased 28% for all ages, and 32% for those aged 65 or older. Interior Health has had the shortest average length of stay in ALC in the last five years.

Average Length of Stay in ALC by Health Authority, 2018/19



Source: (6)

Home and Community Care

Health authorities have restated their data so it may not be comparable to past reports published by this office. In addition, clients who received services in more than one health authority in the same year were counted in each health authority's total so the B.C. total client count may be overstated.

Home Care

Home Support

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

Cost of Home Support

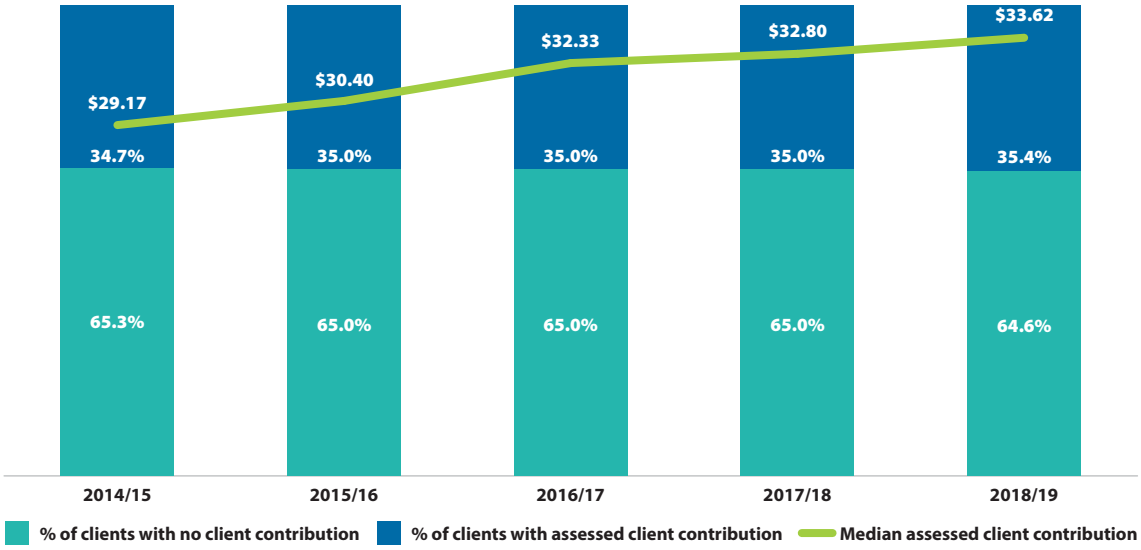
In B.C., client contribution, or daily rate, is calculated based on client and spousal income. If both members of a couple are receiving home support services, only one member of the couple is charged the full daily rate. If either person receives earned income, they will pay no more than $300 per month. The client contribution is waived if a person, or their spouse, is in receipt of one of the following:

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

Source: (7)

In B.C., almost 65% of long-term home support clients receive their services free of charge and 35% are assessed a daily rate. The median assessed client contribution has increased each year for the last five years with a 3% increase in the last year and a 15% increase since 2014/15. These data report on the assessed daily rate amount only and are not adjusted for couples who may only pay one amount, nor those clients who pay the maximum of $300 per month. In 2017/18, 16% of home support clients were capped at $300.

Assessed Client Contributions for Home Support, 2014/15-2018/19



Note: Includes long-term home support and CSIL
Source: (8)

Home Support Clients

In 2018/19, there were 45,842 clients receiving publicly subsidized home support services, almost 2% more than in 2017/18; however, the increase is solely contributed to short-term home support which increased 5% in 2018/19 while long-term clients decreased less than 1%. The target population of seniors aged 80 or older grew by just over 3%. The number of home support clients declined in Vancouver Coastal Health but increased in all other health authorities. The number of CSIL clients in all health authorities decreased in 2018/19 with an overall decrease of 5% in B.C.

Number of Clients Receiving Home Support, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	9,258	9,265	9,330	0.7%
FHA	14,441	14,521	15,054	3.7%
VCHA	9,872	9,826	9,779	-0.5%
VIHA	9,226	8,942	8,962	0.2%
NHA	n/a	2,527	2,717	7.5%
B.C.	**n/a**	**45,081**	**45,842**	**1.7%**

Notes: Excludes CSIL but includes short-term and long-term clients. Clients may receive short-term and long-term care but are only counted once in each health authority.

Source: (9)

Number of CSIL Clients, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	230	229	223	-2.6%
FHA	289	273	242	-11.4%
VCHA	261	249	238	-4.4%
VIHA	245	244	240	-1.6%
NHA	46	49	48	-2.0%
B.C.	**1,071**	**1,044**	**991**	**-5.1%**

Source: (10)

Home Support Hours

The total home support hours delivered to clients increased less than 1% in 2018/19; the number of CSIL hours of service decreased 4%.

Number of Home Support Hours Delivered, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	1,404,607	1,381,274	1,413,856	2.4%
FHA	3,091,779	3,220,801	3,259,354	1.2%
VCHA	2,112,144	2,114,176	2,124,454	0.5%
VIHA	2,228,394	2,035,069	1,971,496	-3.1%
NHA	n/a	295,586	298,315	0.9%
B.C.	**n/a**	**9,046,906**	**9,067,475**	**0.2%**

Notes: Excludes CSIL but includes short-term and long-term clients.

Source: (9)

Number of CSIL Service Hours, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	755,961	758,755	715,899	-5.6%
FHA	943,482	999,375	911,717	-8.8%
VCHA	553,255	545,055	534,512	-1.9%
VIHA	506,947	532,177	542,805	2.0%
NHA	113,342	117,413	120,793	2.9%
B.C.	**2,872,987**	**2,952,775**	**2,825,726**	**-4.3%**

Source: (10)

In 2018/19, there was an average of 198 hours of care delivered per home support client per year, a 1% decrease from the previous year and the lowest in three years. The average hours of care per client increased slightly in Interior Health and Vancouver Coastal Health but decreased in all other health authorities. The average hours of care per CSIL client was 2,851 hours, an increase of almost 1% over 2017/18; average hours of care per CSIL client increased in all health authorities except Interior Health.

Average Hours of Care Delivered per Home Support Client, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	152	149	152	1.6%
FHA	214	222	217	-2.4%
VCHA	214	215	217	1.0%
VIHA	242	228	220	-3.3%
NHA	n/a	117	110	-6.1%
B.C.	**n/a**	**201**	**198**	**-1.4%**

Notes: Excludes CSIL but includes short-term and long-term clients.

Source: (9)

Average Hours of Care Delivered to CSIL Clients, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	3,287	3,313	3,210	-3.1%
FHA	3,265	3,661	3,767	2.9%
VCHA	2,120	2,189	2,246	2.6%
VIHA	2,069	2,181	2,262	3.7%
NHA	2,464	2,396	2,517	5.0%
B.C.	**2,683**	**2,828**	**2,851**	**0.8%**

Source: (10)

Most home support hours are delivered under long-term support (89%), with short-term service making up 11% of total home support hours. The number of long-term home support clients has declined over the last two years while the number of short term clients is on the rise. Average hours of home support have remained relatively stable for both long-term and short-term clients.

Home Support by Service Type, 2016/17-2018/19

	2017/18	2018/19	% Change in Last Year
Number of Home Support Clients			
Long-Term	31,504	31,320	-0.6%
Short-Term	19,593	20,571	5.0%
Number of Home Support Hours			
Long-Term	8,102,051	8,095,232	-0.1%
Short-Term	944,854	972,244	2.9%
Average Hours of Home Support by Type			
Long-Term	257	258	0.5%
Short-Term	48	47	-2.0%

Note: Excludes CSIL clients.
Source: (9)

Professional Home Care Services

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

Professional Home Care Clients

In 2018/19, 120,775 clients received professional home care services in B.C., a 2% increase over the previous year. The number of clients increased by 20% in Northern Health and by almost 6% in Island Health.

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

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	30,957	30,868	30,888	0.1%
FHA	30,400	31,114	31,439	1.0%
VCHA	23,333	23,666	23,402	-1.1%
VIHA	23,472	25,393	26,800	5.5%
NHA	n/a	6,865	8,246	20.1%
B.C.	**n/a**	**117,906**	**120,775**	**2.4%**

Source: (9)

Professional Home Care Visits

In 2018/19, almost 1.5 million professional home care service visits were made across the province, a 1% increase over the previous year. The number of visits decreased by 9% in Northern Health and increased by almost 7% in Island Health.

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

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	352,111	348,734	345,143	-1.0%
FHA	347,935	368,511	364,582	-1.1%
VCHA	279,848	278,548	283,534	1.8%
VIHA	325,583	367,993	392,012	6.5%
NHA	n/a	93,080	84,592	-9.1%
B.C.	**n/a**	**1,456,866**	**1,469,863**	**0.9%**

Source: (9)

Home Care Complaints

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

The PCQO data does not separate complaints received for home support and professional services. The data below includes all complaints from the home care sector. In 2018/19, 816 complaints were received by the PCQO, of which 6 (0.7%) were reviewed by the Patient Care Quality Review Board. The number of complaints increased in Interior Health (80%), Fraser Health (25%) and Northern Health (55%) and decreased in Vancouver Coastal Health (-32%) and Island Health (-1%); across B.C., there was an aggregate 17% increase in the number of home care complaints.

While the reasons for complaints cover a broad range of concerns, in 2018/19, 77% were about:

- care (32%) – primarily inappropriate or delayed care,
- accessibility (22%) – primarily programs or services, delayed, denied or not available
- coordination (12%) – primarily lack of caregiver continuity, and
- communication (11%) – primarily inadequate/incorrect information or family/carers not informed.

Home Care Complaints Received by the Patient Care Quality Office, 2014/15-2018/19

Health Authority	2014/15	2015/16	2016/17	2017/18	2018/19	% Change Over Last Year
IHA	45	44	58	99	178	79.8%
FHA	217	173	189	285	356	24.9%
VCHA	65	79	139	117	80	-31.6%
VIHA	123	122	129	187	185	-1.1%
NHA	13	12	16	11	17	54.5%
B.C.	**463**	**430**	**531**	**699**	**816**	**16.7%**

Note: Actual interactions with complainants is less than the number of complaints as one complainant may have more than one complaint.
Source: (10)

Community Programs

Adult Day Programs

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

Source: (11)

Adult Day Program Clients and Days of Service

In 2018/19, Northern Health did not report the number of clients, but there were almost 10% more clients accessing adult day programs in the remaining health authorities. All health authorities provided more days of service with an overall increase of 7%.

Adult Day Program Clients, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	1,636	1,616	1,615	-0.1%
FHA	1,646	1,726	1,974	14.4%
VCHA	1,161	1,285	1,363	6.1%
VIHA	1,323	1,298	1,557	20.0%
NHA	n/a	n/a	n/a	n/a
B.C.*	**5,766**	**5,925**	**6,509**	**9.9%**

Note: *B.C. totals do not include NHA.
Source: (9)

Adult Day Program Days, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	63,579	60,434	63,339	4.8%
FHA	61,155	65,972	70,626	7.1%
VCHA	49,183	48,794	54,122	10.9%
VIHA	51,151	48,858	52,773	8.0%
NHA	n/a	11,369	11,541	1.5%
B.C.	**n/a**	**235,427**	**252,401**	**7.2%**

Source: (9)

The number of days that each client attends depends on the type of ADP in which they participate. On a single day, March 27, 2019, there were 1,639 funded spaces available across the province, 61% of which were for clients attending five days per week. Some spaces were unused; not all health authorities track unused spaces. On March 31, 2019, there were 1,503 clients waiting to access ADP services, 1.5% less than the same day last year; the average wait time ranged between 45 days in Northern Health to 123 days in Fraser Health.

Clients on the Waitlist for Adult Days Programs, March 31, 2019

Health Authority	Measures	2016/17	2017/18	2018/19	% Change in Last Year
IHA	Number of ADPs	36	35	35	0.0%
	Number of Clients Waiting	197	134	170	26.9%
	Average Wait Time	79	62	69	11.3%
FHA	Number of ADPs	17	18	18	0.0%
	Number of Clients Waiting	471	524	310	-40.8%
	Average Wait Time	111	112	123	9.8%
VCHA	Number of ADPs	8	17	21	23.5%
	Number of Clients Waiting	201	367	495	34.9%
	Average Wait Time	142	64	79	23.4%
VIHA	Number of ADPs	21	20	24	20.0%
	Number of Clients Waiting	365	489	511	4.5%
	Average Wait Time	108	85	161	89.4%
NHA	Number of ADPs*	n/a	5	14	180.0%
	Number of Clients Waiting	11	12	17	41.7%
	Average Wait Time	64	42	45	7.1%
B.C.	Number of ADPs	**n/a**	**95**	**112**	**17.9%**
	Number of Clients Waiting	**1,245**	**1,526**	**1,503**	**-1.5%**
	Average Wait Time**	**110**	**87**	**114**	**31.0%**

Notes:

* NHA reported waitlist numbers at September 27, 2019. Although they have 14 adult day care programs, wait times data was only received for 5 programs.

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

Source: (12)

Other Community Support Programs for Seniors

Seniors Centres

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

New Horizons

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

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

In 2018/19, there were 265 approved community-based projects in B.C. with a total funding of $4.9 million. This is a slight increase over 2017/18. The projects are based in 41 communities across the province and cover a wide variety of social and educational opportunities for seniors. Although there were nine pan-Canadian projects approved in B.C. in 2015/16, there have not been any new ones since.

Source: (13)(14)(15)

Personal Support Programs

First Link Dementia Support

First Link® dementia support, available province-wide, is jointly funded by the Ministry of Health and the Alzheimer Society of B.C. The program connects people with dementia, their caregivers and their families to support and learning opportunities at the time of diagnosis or at any point in the progression of the disease. In 2018/19, the Society supported 11,567 unique clients with over 37,000 contacts in 105 communities. This was a slight increase over 2017/18. There were over 5,000 new clients in each of the last two years of which approximately 40% were formal referrals by health care providers and 60% were self-directed contacts. Due to the implementation of a new electronic attendance tracking tool in 2017/18, the Society is better able to identify unique participants. Therefore, data prior to 2017/18 is not directly comparable and is not included in the table on the following page.

First Link Program, 2017/18-2018/19

	2017/18	2018/19
Total unique clients	10,492	11,567
Number of new clients	5,489	5,438
Formal referral	2,197	2,163
Self-directed contacts	3,292	3,275
Number of client contacts	36,000	37,587
Communities served	83	105

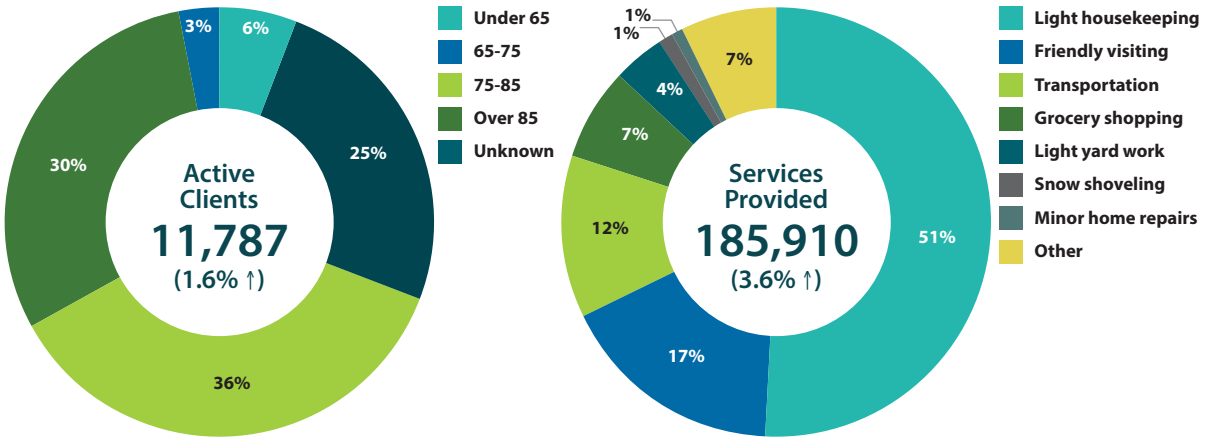
Source: (16)

Better at Home

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

In 2018/19, there were 11,787 active clients in the Better at Home program who collectively received 185,910 services. This was an increase over 2017/18. However, the number of new clients decreased 20% from 4,609 in 2017/18 to 3,685 in 2018/19. This is now a three year decreasing trend in the number of new clients. Most of the clients were seniors aged 65 or older and 33% of all services were provided by volunteers. The primary services were light housekeeping, friendly visiting and transportation to appointments.

Better at Home Program, 2018/19



Source: (17)

Assisted Living

Assisted living is a housing option that provides seniors with enhanced supports to maintain their independence. In B.C., three versions of assisted living exist: subsidized registered, private registered, and private non-registered. Registered assisted living is regulated under the *Community Care and Assisted Living Act (CCALA)*, which allows facilities to provide residents up to two of six prescribed services; typically, assistance with activities of daily living and administration of medication. In private non-registered assisted living, these prescribed services cannot be provided by the operator of the facility. Residents must make their own arrangements for any personal/nursing care needs and may use subsidized home support.

On August 21st, 2019, the B.C. government announced that it will update the *CCALA* and bring into effect a new *Assisted Living Regulation* including the following changes:

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

These changes will come into effect on December 1st, 2019.

Assisted Living Residences

In B.C., as of early 2019, there were

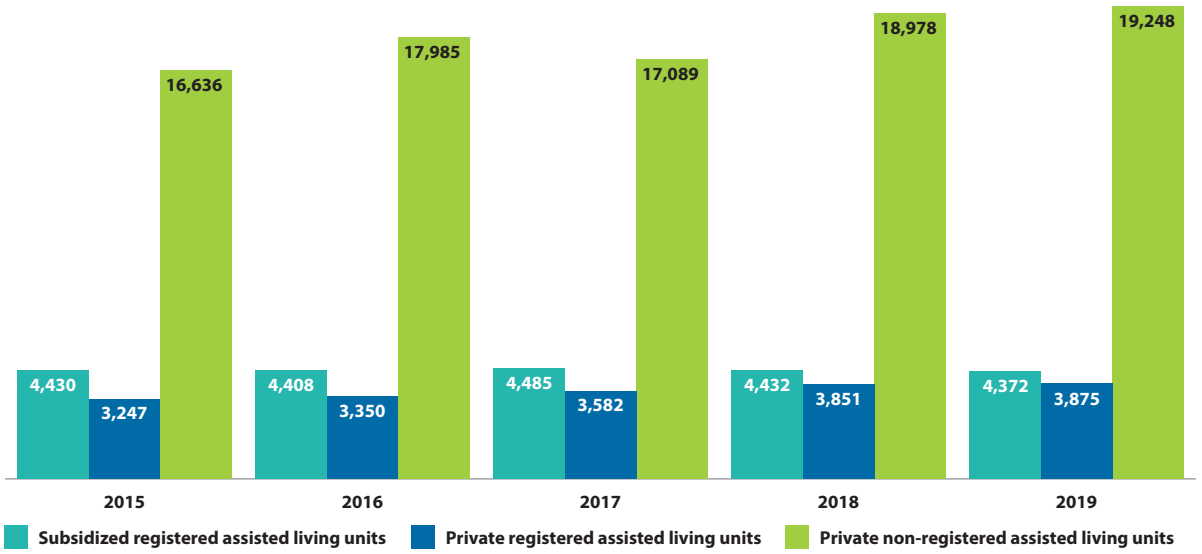
- **4,372 subsidized registered assisted living units**, a 1% decrease over 2018,
- **3,875 private registered assisted living units**, a 1% increase over 2018.
- **19,248 private non-registered assisted living units**, a 1% increase over 2018.

There are 3% fewer subsidized registered assisted living units than there were in 2017 and 1% fewer than in 2015. Meanwhile, there has been an increasing trend over the last five years in the number of private registered and non-registered assisted living units with overall increases of 19% and 16%, respectively, since 2015.

While the number of non-registered assisted living units are on the rise, the vacancy rate declined from 9.1% in 2015 to 3.0% in 2018. However, the vacancy rate increased to 4.2% in 2019. These vacancy rates are higher than the province's vacancy rates for a one-bedroom apartment (1.4% in October 2018).

Source: (18)(19)(20)

Number of Assisted Living Units in B.C., 2015-2019



Source: (18)(19)

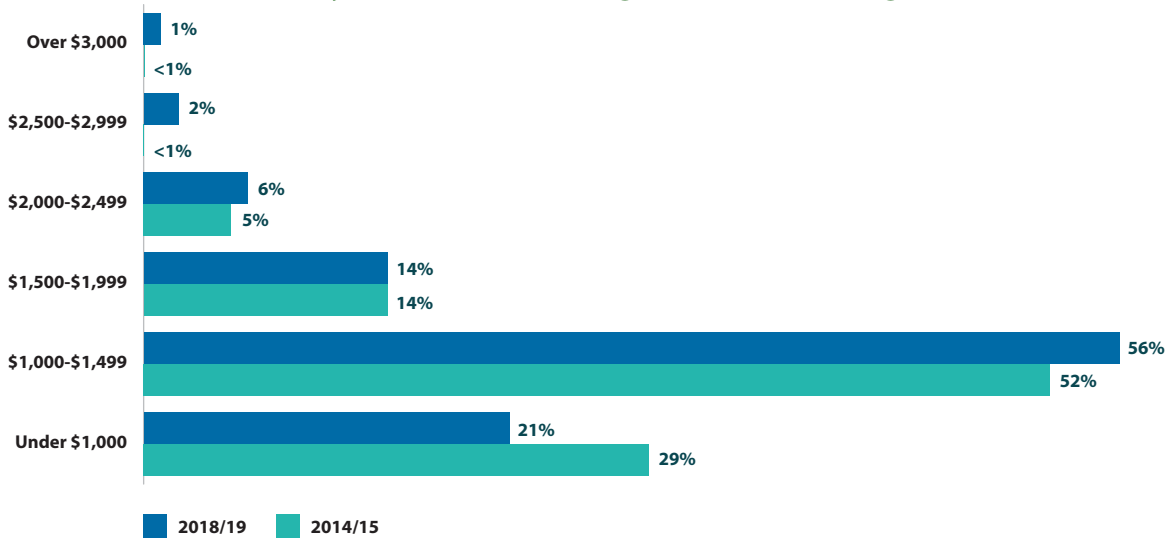
Cost of Assisted Living

In **subsidized registered assisted living**, residents pay a set monthly rate of 70% of their net income, up to a maximum rate which is a combination of the market rate for housing and hospitality services for the respective community and the actual cost of personal care services. In 2018, the minimum monthly cost for a single client was $1,000.80 and $1,524.40 per couple. In 2019, the minimum monthly cost for a single client is $1,018.90 and $1,552.00 per couple.

Source: (21)

There has been a shift in the co-payment amounts between 2014/15 and 2018/19. In 2014/15, 29% of clients paid less than $1,000 per month. The proportion of clients in this group dropped each year, to 21% in 2018/19. More assisted living clients now pay a higher monthly fee; in 2018/19, 56% pay $1,000-$1,499. There was an increase in the number of clients with co-payments in the higher categories as well.

Distribution of Client Co-Payments in Subsidized Registered Assisted Living, 2014/15 and 2018/19



Source: (8)

The cost of **private registered assisted living** varies by type of unit and geographic location. The BC Seniors Living Association (BCSLA) does a biennial survey on the cost of private assisted living. The latest survey (2017) covered both independent living (a combination of housing and hospitality services for functionally independent seniors capable of directing their own lives) and private pay assisted living regulated under the *CCALA*. Although there are a range of additional fees that can affect a resident's monthly costs, the table below shows the median rental rates. Median rates in North and West Vancouver far exceeded the rest of the province, although Vancouver, South Surrey, and Greater Victoria were not far behind. The average rent increase in 2017 was 2.7%. This survey is done every two years with the next one due for publication in 2020.

Median Rental Rates for Private Registered Assisted Living, 2017

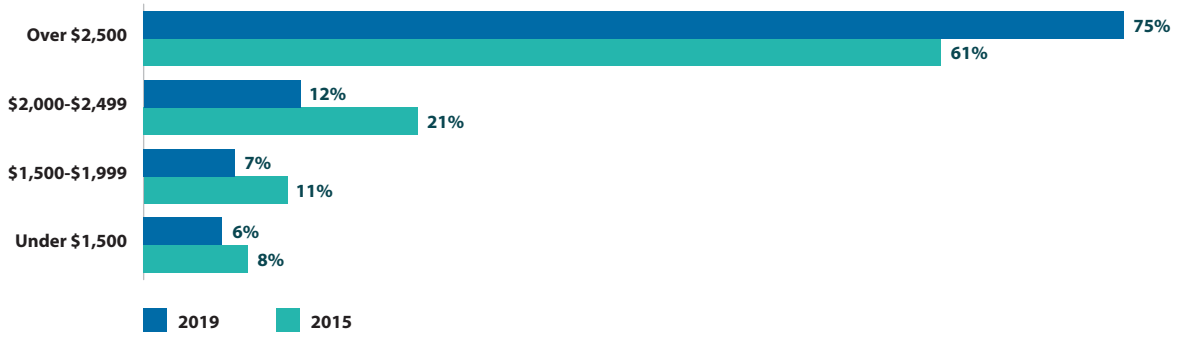
Unit Type	Survey respondents listing:	
	Only private pay assisted living	Combined residences*
Studio units	$2,558	$2,600
1 bedroom units	$3,818	$3,275
1 bedroom + den units	$5,100	$3,866
2 bedroom units	$3,775	$4,200

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

Source: (22)

The cost of **private non-registered assisted living** is increasing. The proportion of units costing more than $2,500 increased from 61% in 2015 to 67% in 2018 and 75% in 2019. The number of units costing less than $2,500 has steadily decreased from 39% in 2015 to 25% in 2019 and only 6% of units now cost less than $1,500.

Distribution of Rental Rates for Private Non-Registered Assisted Living, 2015 and 2019



Note: Breakdown of rental prices above $2,500 is not available.
Source: (19)

Clients in Subsidized Assisted Living

Since there is occupancy turnover throughout the year, there will be more clients in subsidized assisted living throughout the year than there are units. In 2018/19, Northern Health did not report the number of clients in assisted living but in the remaining health authorities, there was a decrease of 1%; Interior Health decreased 4% and Island Health decreased 2%.

Assisted Living Clients, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	1,225	1,250	1,197	-4.2%
FHA	1,772	1,699	1,717	1.1%
VCHA	1,092	1,091	1,098	0.6%
VIHA	1,207	1,207	1,180	-2.2%
NHA	n/a	n/a	n/a	n/a
B.C.*	**5,296**	**5,247**	**5,192**	**-1.0%**

Note: *B.C. totals exclude NHA.
Source: (9)

Personal Care Hours in Assisted Living

In 2018/19 there were almost 1.7 million hours of personal care provided in assisted living. Northern Health did not report the number of clients, but care hours averaged 304 per client per year across the other health authorities and ranged from 168 in Vancouver Coastal Health to 361 in Island Health.

Average Personal Care Hours Per Client Per Year in Assisted Living, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	344	335	345	3.0%
FHA	308	327	323	-1.2%
VCHA	150	160	168	5.0%
VIHA	346	346	361	4.3%
NHA	n/a	n/a	n/a	n/a
B.C.*	**293**	**320**	**326**	**1.9%**

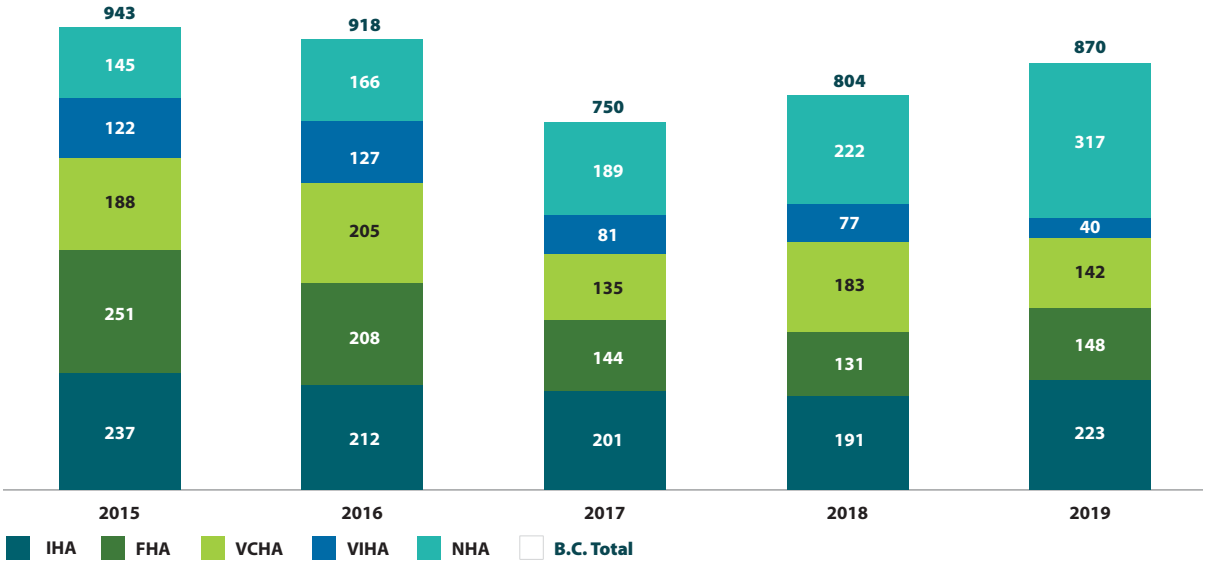
Note: *B.C. averages exclude NHA.
Source: (9)

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

There were 870 individuals waiting for subsidized registered assisted living on March 31, 2019. While there was substantial drop in the number of people on the waitlist in 2017, the last two years have shown increases of 7% in 2018 and 8% in 2019. Most of the growth has occurred in Northern Health.

Number of People on the Waitlist for Subsidized Registered Assisted Living, March 31, 2015-2019

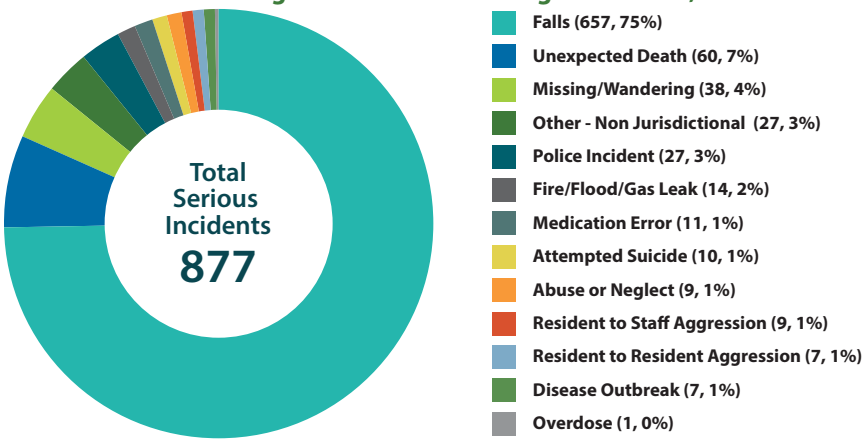


Source: (12)

Reportable Incidents for Registered Assisted Living

All registered assisted living residences are required to report serious incidents, where the health or safety of a resident may have been at risk, to the Assisted Living Registrar (ALR). In 2018, there were 877 incidents reported across B.C., a 60% increase over the previous year. Falls (75%) were by far the most common, followed by unexpected deaths (7%), and missing or wandering residents (4%). These three categories account for 86% of all reported incidents.

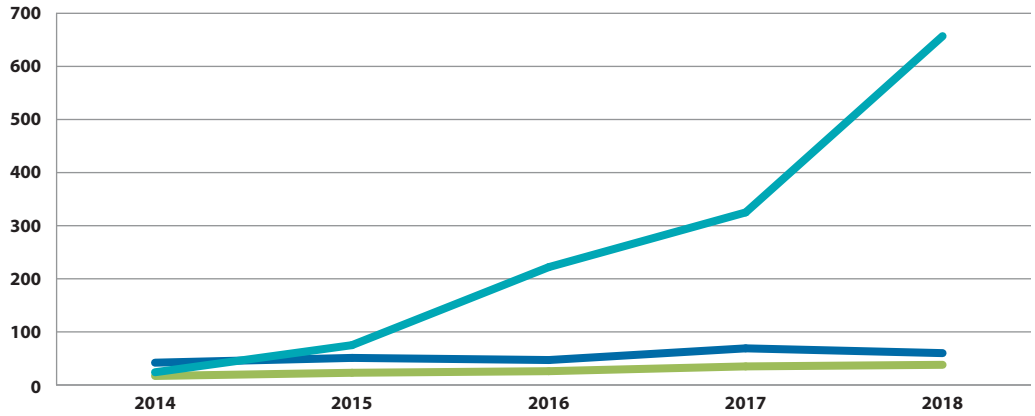
Serious Incidents in Registered Assisted Living Residences, 2018



Source: (18)

The rate of reported falls continued to increase in 2018; 102% since 2017 and 196% since 2016. This may still be the effect of the new policy implemented in 2016 encouraging operators to properly report on falls. Unexpected deaths decreased 13% in 2018 while missing or wandering residents increased 9%.

Top Three Types of Serious Incidents in Registered Assisted Living Residences, 2014-2018



	2014	2015	2016	2017	2018
Falls	24	75	222	325	657
Unexpected Death	42	51	47	69	60
Missing/Wandering	17	23	26	35	38

Source: (18)

Falls in Registered Assisted Living Residences, 2014-2018

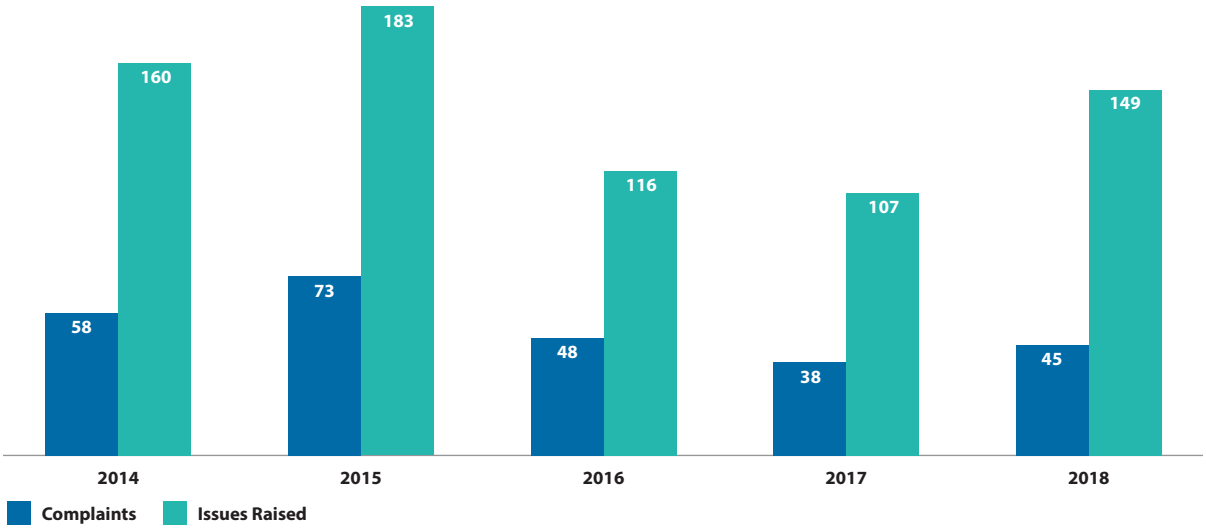
Health Authority	2014	2015	2016	2017	2018	Change from 2016 to 2017	Change from 2017 to 2018	Change from 2016 to 2018
IHA	10	25	52	85	108	63%	27%	108%
FHA	5	11	33	59	227	79%	285%	588%
VCHA	6	10	12	46	123	283%	167%	925%
VIHA	2	25	125	133	194	6%	46%	55%
NHA	1	4	0	2	5	n/a	150%	n/a
B.C.	**24**	**75**	**222**	**325**	**657**	**46%**	**102%**	**196%**

Source: (18)

Complaints in Registered Assisted Living

The Assisted Living Registry (ALR) ensures that both subsidized and private registered assisted living residences comply with the *CCALA* and its associated regulations; it does not track the number of complaints that have been substantiated. In 2018, the ALR received 45 complaints. Complaints decreased 38% between 2015 and 2017 but increased 18% in 2018.

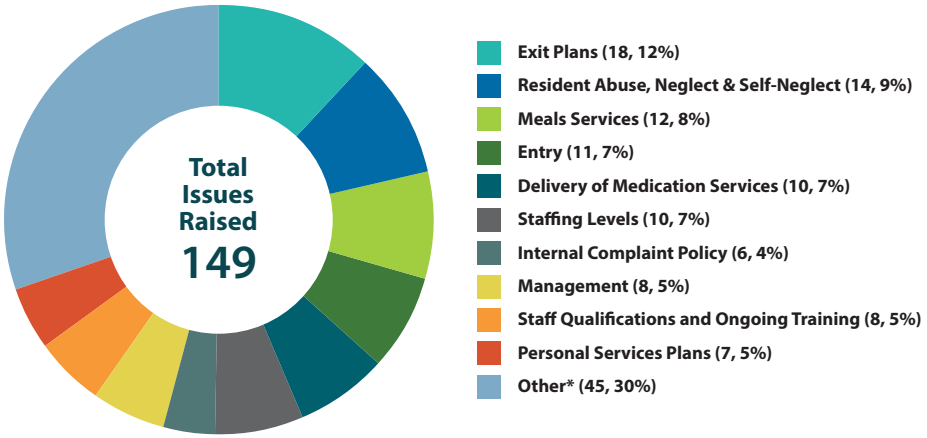
Complaints About Registered Assisted Living Residences, 2014-2018



Source: (18)

The 45 reported complaints raised 149 issues, with the most frequently cited challenges pertaining to exit plans, resident abuse, neglect and self-neglect, and meals services.

Top Ten Issues Raised in Complaints About Registered Assisted Living Residences, 2018



Note: * "Other" includes 13 categories that all had six or fewer issues raised.

Source: (18)

Site Inspections for Registered Assisted Living

Inspections and investigations are conducted by the ALR at initial registration and then as needed based on complaints received. Over the past five years, the number of inspections has ranged from 10 to 22 in a year. In 2018, the ALR conducted 21 site inspections for the following reasons:

- 2 for health and safety complaints;
- 6 for a possible unregistered residence;
- 4 conducted prior to registering a residence; and
- 9 for site visits.

Source: (18)

Long-Term Care

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

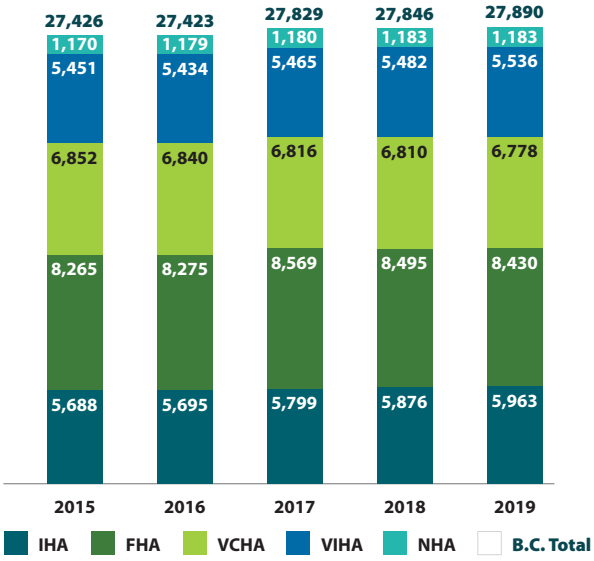
Source: (1)(23)

Long-Term Care Beds and Room Configurations

As of March 31, 2019, there were 27,890 publicly funded long-term care beds in British Columbia[i]; approximately 33% of these were in health authority operated facilities and 67% were in contracted facilities. From 2015 to 2019, the number of publicly funded beds increased 2% while the seniors population aged 85 or older grew 13%.

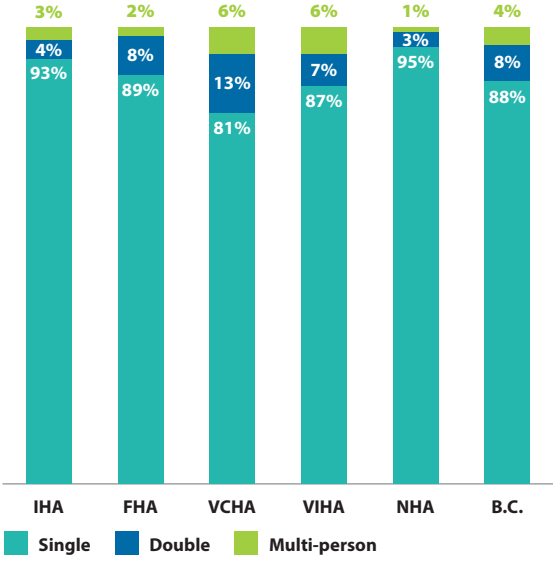
At the time of this report's publication, the room configuration is known for 28,707 beds, which includes the private beds in publicly subsidized facilities; 76% of these beds are in single occupancy rooms. The room configuration remained stable in 2018 with 88% of rooms being single occupancy, 8% double occupancy and 4% multi-person rooms.

Long-Term Care Beds, March 31, 2015-2019



Source: (23)

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



Source: (24)

Cost of Long-Term Care

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

Monthly Rates for Client Contributions in Long Term care, 2017-2019

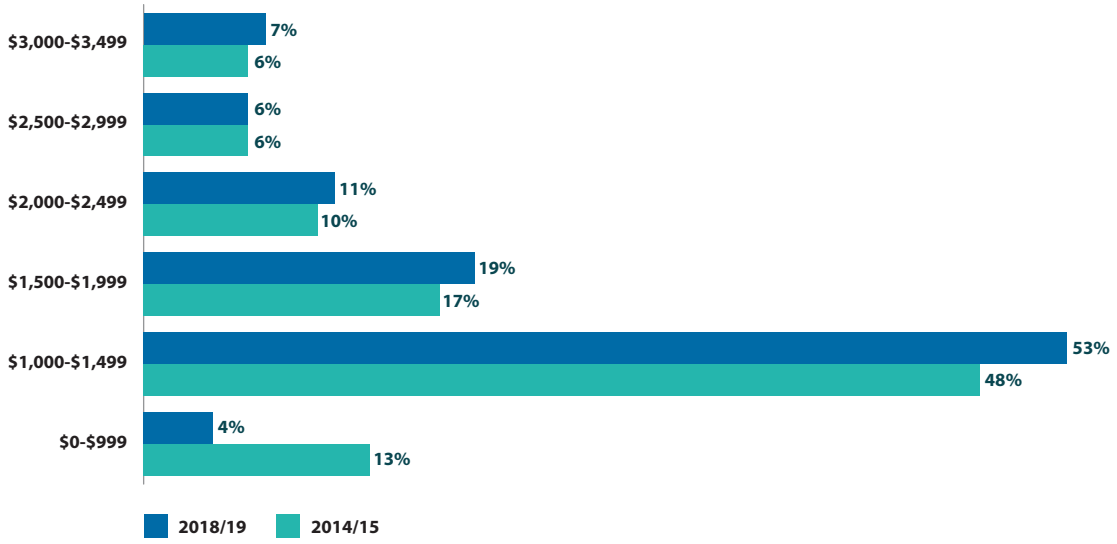
	2017		2018		2019	
	Singles	Couples (per person)	Singles	Couples (per person)	Singles	Couples (per person)
Minimum	$1,104.70	$763.90	$1,130.60	$783.50	$1,162.80	$808.15
Maximum	$3,240.00	$3,240.00	$3,278.80	$3,278.80	$3,377.10	$3,377.10

Source: (25)

[i] The count of long-term care beds excludes family care homes but includes short-term care beds such as convalescent, end of life and respite beds.

There has been a substantial shift in the co-payment amounts between 2014/15 and 2018/19. In 2014/15, 13% of clients paid less than $1,000. The proportion of clients in this co-payment category dropped each year to 4% in 2018/19. Most clients (53%) in long-term care now pay a monthly fee between $1,000 and $1,499, and 19% pay between $1,500 and $1,999. There were slightly more clients with co-payments in the higher categories as well.

Distribution of Client Co-Payments in Long-Term Care, 2014/15 and 2018/19



Note: Excludes short-term clients

Source: (8)

Long-Term Care Clients

Throughout 2018/19, with bed turnover, there were 35,807 seniors living in long-term care facilities; approximately 25% of these were new admissions. The total number of clients remained relatively constant with less than 1% decreases in the last two years.

Long-Term Care Clients, 2016/17-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	7,645	7,709	7,693	-0.2%
FHA	11,289	11,055	11,157	0.9%
VCHA	8,386	8,266	8,251	-0.2%
VIHA	7,378	7,408	7,317	-1.2%
NHA	1,478	1,446	1,389	-3.9%
B.C.	**36,176**	**35,884**	**35,807**	**-0.2%**

Source: (9)

Long-Term Care Days and Length of Stay

Long-term care days are generally defined as occupied bed days. Any days where a client is hospitalized but not discharged from long-term care are included in the length of stay. In 2018/19, there were almost ten million long-term care days. The number of long-term care days was relatively unchanged compared to 2017/18.

Long-Term Care Days, 2017/18-2018/19

Health Authority	2016/17	2017/18	2018/19	% Change in Last Year
IHA	1,958,859	2,019,303	2,031,839	0.6%
FHA	3,037,152	3,022,192	3,015,758	-0.2%
VCHA	2,377,963	2,347,765	2,337,731	-0.4%
VIHA	1,938,990	1,938,128	1,942,405	0.2%
NHA	398,302	399,505	390,830	-2.2%
B.C.	**9,711,266**	**9,726,893**	**9,718,563**	**-0.1%**

Source: (9)

In 2018/19, the median length of stay in long-term care for all clients discharged during the year was 502 days, a 6% increase over the previous year. The median length of stay varies between 399 and 780 days across all health authorities. The median length of stay is a better measure than the average length of stay as it is more stable. An average can be skewed by just a few cases where residents stay for a very long time.

Median Length of Stay in Long-Term Care, 2014/15-2018/19

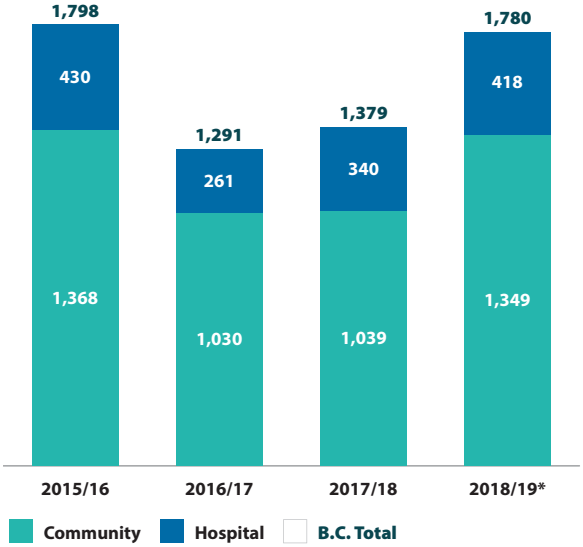
Health Authority	2014/15	2015/16	2016/17	2017/18	2018/19	% Change in Last Year
IHA	389	391	468	367	399	8.6%
FHA	578	578	527	494	548	10.9%
VCHA	596	640	597	632	636	0.6%
VIHA	463	510	504	449	435	-3.1%
NHA	803	771	711	716	780	8.9%
B.C.	**505**	**538**	**528**	**473**	**502**	**6.1%**

Source: (26)

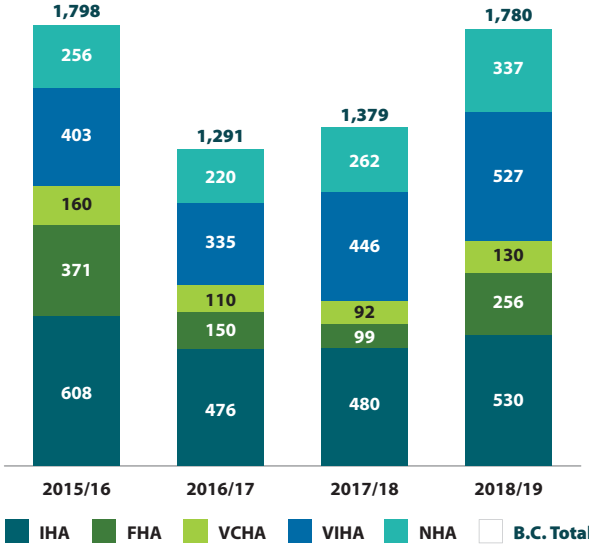
Waiting for Long-Term Care

Once assessed for placement, seniors may wait in hospital or in their own homes to transfer into a long-term care facility. On March 31, 2019, all health authorities had more people on their waitlists than on the same day in 2018 with an overall increase of 28%. Of the 1,767 people on the waitlist for long-term care, 1,349 were waiting in the community and 418 were waiting for transfer from hospital. The number waiting for transfer from hospital increased by 7% in 2018 and 28% in 2019. Interior Health (530) and Island Health (527) have the largest waitlists. The waitlist in Fraser Health increased 145% (99 to 243), while the waitlist in Vancouver Coastal Health increased 41% (38 to 130) in 2019.

Waitlist for Admission into Long-Term Care, 2015/16-2018/19



Waitlist for Admission into Long-Term Care by Health Authority, 2015/16-2018/19



Notes: *The total for FHA in 2018/19 includes out of region clients and clients currently receiving other services and therefore cannot be captured under community or hospital care. 2018/19 data: FHA, VCHA and VIHA are as of March 2019; IHA is as of September 2018; NHA is as of September 2019.

Source: (12)

On average, clients still on the waitlist have been waiting longer than those already admitted to a facility had to wait. The average wait time for people on the waitlist on March 31, 2019 was 129 days, ranging between 36 days in Vancouver Coastal Health and 224 days in Northern Health. There are some people waiting an extraordinarily long time that can skew averages. The median wait time is a better indicator overall as half of all people on the waitlist have waited less than this time and half have waited longer. Even the median can be skewed if many people on the waitlist decline to be placed in the first available bed. The median wait times ranged from 19 days in Vancouver Coastal to 191 days in Northern Health.

Wait Times for Clients on the Waitlist for Long-Term Care, 2018/19

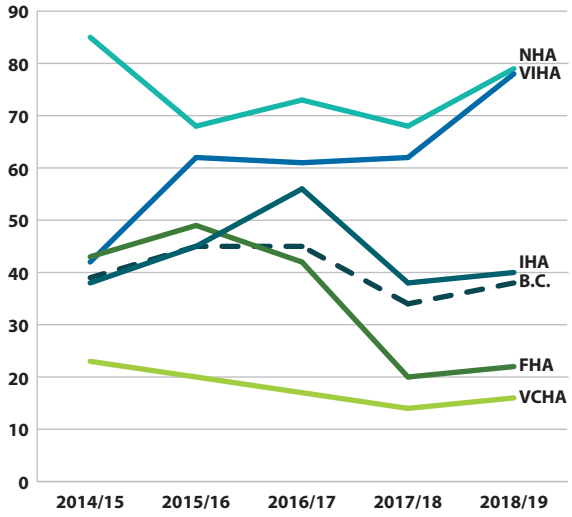
Health Authority	Number on the Waitlist	Average Wait Time (Days)	Median Wait Time (Days)	Maximum Wait Time (Days)
IHA	530	148	80	1,369
FHA	256	46	62	837
VCHA	130	36	19	494
VIHA	527	111	66	615
NHA	337	224	191	1,247
B.C.*	**1,780**	**129**	**n/a**	**1,369**

Notes: *The average wait time for B.C. is a calculated weighted average.
FHA, VCHA and VIHA are as of March 2019; IHA is as of September 2018; NHA is as of September 2019.

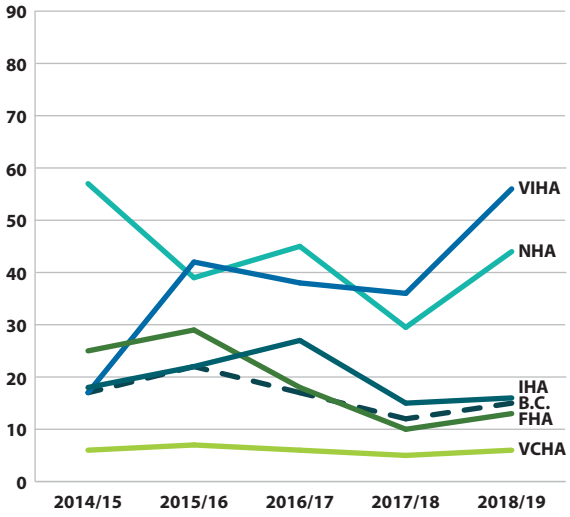
Source: (12)

In comparison, clients admitted during 2018/19 waited an average of 38 days and a median of 15 days. The average and median wait times for admitted clients have declined since 2015/16 but increased again in 2018/19.

Average Wait Time for Clients Admitted to Long-Term Care, 2014/15-2018/2019



Median Wait Time for Clients Admitted to Long-Term Care, 2014/15-2018/19



	Average Wait Time					Median Wait Time				
	2014/15	2015/16	2016/17	2017/18	2018/19	2014/15	2015/16	2016/17	2017/18	2018/19
IHA	38	45	56	38	40	18	22	27	15	16
FHA	43	49	42	20	22	25	29	18	10	13
VCHA	23	20	17	14	16	6	7	6	5	6
VIHA	42	62	61	62	78	17	42	38	36	56
NHA	85	68	73	68	79	57	39	45	29.5	44
B.C.	39	45	45	34	38	17	22	17	12	15

Source: (27)

Of the seniors admitted to long-term care in 2018/19, 67% were admitted within the Ministry of Health's target window of 30 days. This is slightly lower than 2017/18 where the proportion of new admissions within 30 days was 70%. In Vancouver Coastal, 88% of new admissions were admitted within 30 days. Island and Northern Health had the lowest proportion of clients admitted within the target window at 31% and 45% respectively.

Percent of Seniors Admitted to Long-Term Care within 30 Days, 2014/15-2018/19

Health Authority	2014/15	2015/16	2016/17	2017/18	2018/19
IHA	63%	58%	53%	66%	65%
FHA	57%	52%	63%	82%	80%
VCHA	84%	85%	88%	89%	88%
VIHA	62%	40%	45%	45%	31%
NHA	37%	45%	45%	50%	45%
B.C.	**64%**	**58%**	**61%**	**70%**	**67%**

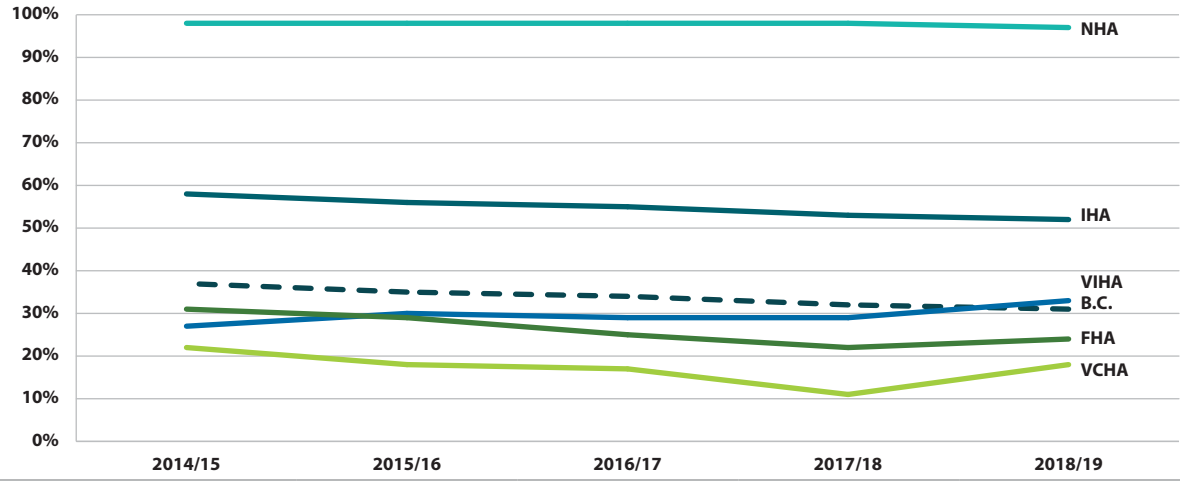
Source: (27)

Preferred Bed Access

Up until this year, individuals admitted to long-term care were offered the first appropriate bed (FAB) based on their assessed care needs, which may not have been at their preferred facility. When this happened, residents could ask to transfer to their preferred facility when a bed became available if that facility could meet their care needs. In July 2019, the *Home and Community Care Policy* changed. While the health authorities must coordinate services based on the care needs and risk levels of clients, clients can now identify up to three preferred care homes. Clients maintain their place on the waitlist for their preferred care homes while waiting for admission, even if they move into an interim care home first. These changes will be reflected in the next edition of the Monitoring Seniors Services report.

In B.C., 31% of clients admitted in 2018/19 achieved their preferred placement at initial admission. Overall, this rate has declined over the last five years but slight improvements were seen in Fraser, Vancouver Coastal and Island Health in 2018/19. Northern Health has been successful in placing most clients in their preferred facility over the last five years.

Access to Preferred Long-Term Care Facility at Initial Admission, 2014/15-2018/19



	2014/15	2015/16	2016/17	2017/18	2018/19
IHA	58%	56%	55%	53%	52%
FHA	31%	29%	25%	22%	24%
VCHA	22%	18%	17%	11%	18%
VIHA	27%	30%	29%	29%	33%
NHA	98%	98%	98%	98%	97%
B.C.	37%	35%	34%	32%	31%

Note: 2018/19 data for IHA is partial year, April 1 to September 20, 2018.

Source: (12)

In 2018/19, more than 1,500 clients achieved admission to their preferred facility after initial admission. On March 31, 2019 there were still 1,921 clients in facilities awaiting transfer to their preferred facility. At that time, these individuals had already been waiting an average of 7 months.

Use of Antipsychotics in Long-Term Care

In 2018/19, 30.1% of residents were administered an antipsychotic drug – the same rate as 2017/18. This rate is higher than the national average, 26.1%, which also stayed the same as last year. The rate of antipsychotic use for long-term care clients without a diagnosis of psychosis has decreased each year in B.C. over the last five years and was 24.7% in 2018/19. However, B.C.'s rate has been consistently higher than the national average.

Percent of Residents in Long-Term Care Taking Antipsychotics, 2014/15-2018/19

	2014/15	2015/16	2016/17	2017/18	2018/19
B.C.					
Without a diagnosis of psychosis	30.1%	27.9%	25.9%	25.3%	24.7%
With or without a diagnosis of psychosis	32.9%	30.8%	29.7%	30.1%	30.1%
Canada*					
Without a diagnosis of psychosis	26.9%	23.9%	21.8%	21.2%	20.6%
With or without a diagnosis of psychosis	28.6%	26.6%	25.8%	26.1%	26.1%

Note: *Based on submitting residential-based continuing care facilities in Newfoundland and Labrador, Ontario, Manitoba (Winnipeg Regional Health Authority), Saskatchewan, Alberta, British Columbia and Yukon.

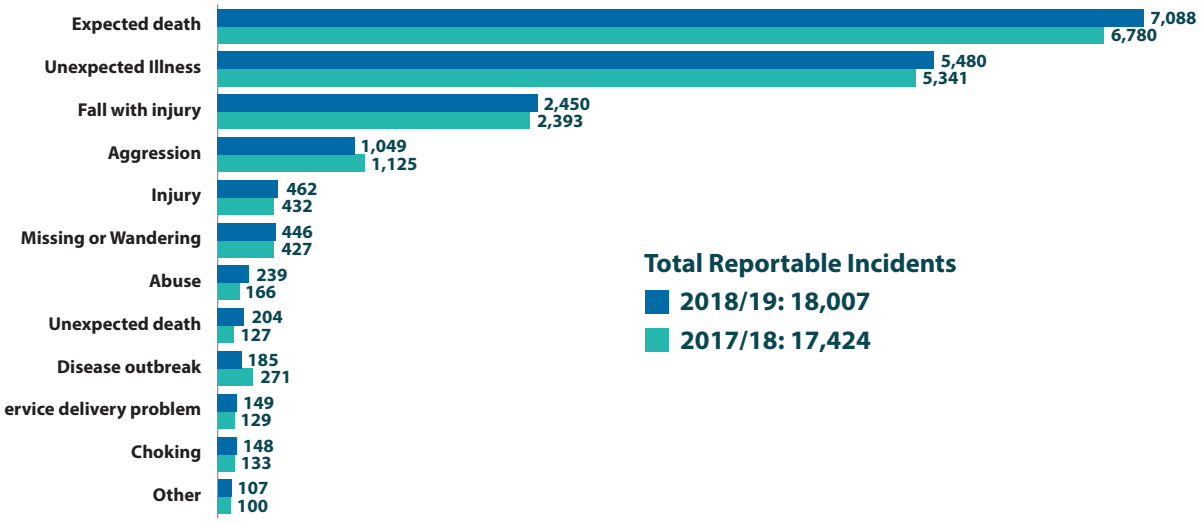
Source: (28)

Reportable Incidents in Long-Term Care

Licensed long-term care facilities are required to report incidents as defined under the *Residential Care Regulation*. Licensing officers respond to these reports to confirm the incident and perform any inspection or follow-up necessary. Facilities licensed under the *Hospital Act* in Island Health do not track the same information contained in the *Residential Care Regulations*. Reportable incidents for *Hospital Act* facilities are not available prior to 2015/16 and are still not available for Island Health. Please note that this data is not comparable to previous reports as this office was only tracking select types of incidents in the past. All reportable incidents are now included.

In 2018/19, there were 18,007 incidents reported to health authority licensing offices, a 3% increase over 2017/18. While almost 70% of reportable incidents related to expected deaths and unexpected illness, falls with injury (14%) continued to be the next highest type, followed by aggression (6%), injury (3%) and missing or wandering persons (3%). Out of the 446 incidents of missing or wandering persons, 91% were found unharmed, 7% required medical attention, 2% had no recorded outcome information and there were no reported deaths.

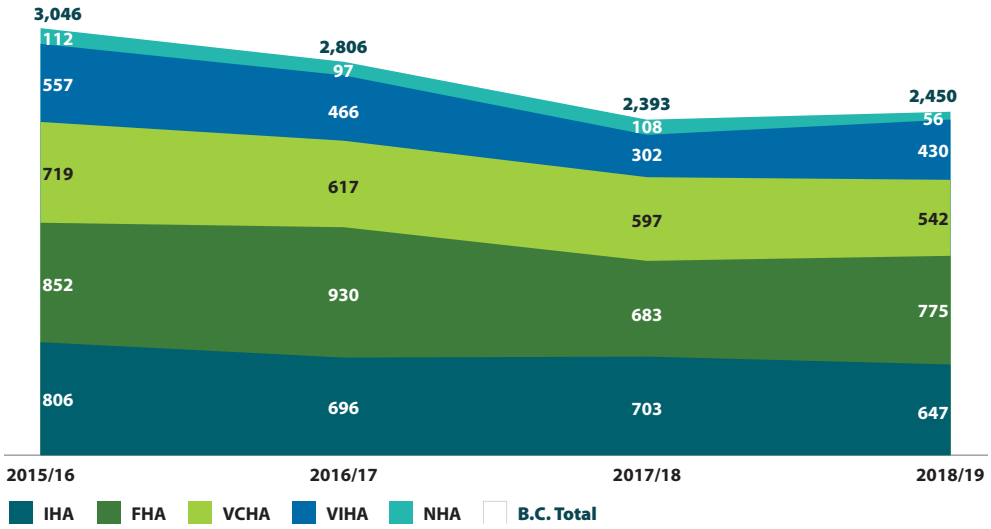
Reportable Incidents in Long-Term Care by Type, 2018/19



Notes: Excludes VIHA *Hospital Act* facilities.
"Other" includes emergency restraint, medication errors, attempted suicide and poisoning.
Source: (29)

The number of reported falls were declining between 2015/16 and 2017/18 but increased 2% in 2018/19. These increases occurred in Island Health (79%) and Fraser Health (13%). The other health authorities all reported less falls.

Falls with Injury in Long-Term Care, 2015/16-2018/19



Note: Excludes VIHA *Hospital Act* facilities.

Source: (29)

Complaints in Long-Term Care

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

In 2018/19, there were 853 complaints received by the PCQO of which 9 (1%) were reviewed by the PCQRB. Interior Health had the highest number of complaints per 100,000 long-term care days at 11.9 followed by Island (10.8), Fraser (7.5), Vancouver Coastal (5.7) and Northern Health (5.7).

Long-Term Care Complaints Received by the Patient Care Quality Office, 2014/15-2018/19

Health Authority	2014/15	2015/16	2016/17	2017/18	2018/19	% Change Over Last Year
IHA	105	124	121	177	250	41.2%
FHA	248	231	223	202	232	14.9%
VCHA	97	137	126	196	135	-31.1%
VIHA	147	198	263	242	213	-12.0%
NHA	24	19	21	26	23	-11.5%
B.C.	**621**	**709**	**754**	**843**	**853**	**1.2%**

Note: Actual interactions with complainants is less than the number of complaints as one complainant may have more than one complaint.
Source: (10)

While the reasons for complaints cover a broad range of concerns, in 2018/19, 56% were about:

- care (34%) – e.g., inappropriate type of care, or delayed or disruptive care
- accommodation (11%) – e.g., dissatisfied with placement or preferred accommodation not available
- communication (10%) – e.g., relatives/carers not informed or inadequate/incorrect information

Long-term care licensing offices in each health authority also receive complaints about facilities. They conduct investigations to determine whether the complaint can be substantiated and to identify any resulting licensing violations. In Northern Health, facilities licensed under the *Hospital Act* do not track the same information contained in the *Residential Care Regulations* and are excluded from these data.

In 2018/19, there were 467 licensing complaints of which 167 (36%) were substantiated resulting in some type of licensing infraction. Complaints increased 33% compared to the previous year while substantiated complaints decreased by 21%. Island Health continues to have the highest number of complaints (253). However, while the total complaints have increased in this health authority, the substantiated complaints have decreased. The substantiated complaints per 1,000 beds in Island Health (17.1) remain above the provincial average (5.9).

Complaints in Long-Term Care, 2015/16-2018/19

	2015/16	2016/17	2017/18	2018/19	% Change in Last Year
Complaints received					
IHA	180	71	55	47	-15%
FHA	78	66	118	129	9%
VCHA	47	24	29	33	14%
VIHA*	253	261	150	253	69%
NHA	5	10	0	5	n/a
B.C.	**563**	**432**	**352**	**467**	**33%**
Substantiated complaints					
IHA	59	20	20	18	-10%
FHA	26	22	35	34	-3%
VCHA	21	11	7	13	86%
VIHA*	101	126	149	97	-35%
NHA	0	2	0	5	n/a
B.C.	**207**	**181**	**211**	**167**	**-21%**
Substantiated complaints per 1,000 beds					
IHA	10.3	3.4	3.4	3.0	-12%
FHA	2.9	2.3	3.8	3.6	-5%
VCHA	3.2	1.7	1.1	2.0	82%
VIHA*	28.0	34.7	40.3	17.1	-58%
NHA	0.0	1.7	0.0	5.8	n/a
B.C.	**7.9**	**6.8**	**7.4**	**5.9**	**-20%**

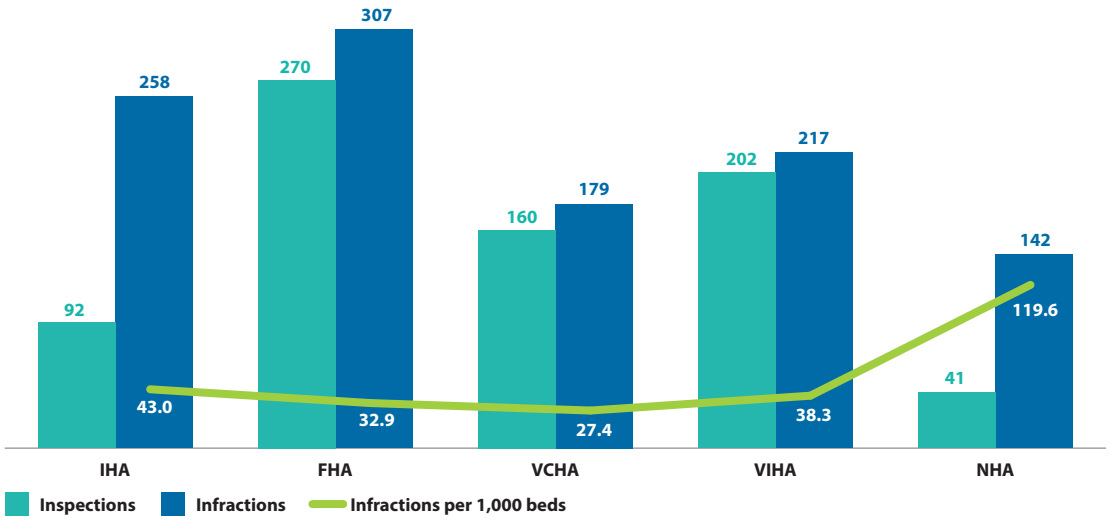
Note: * 2015/16 to 2017/18 excludes VIHA *Hospital Act* facilities. Rates per 1,000 beds are calculated on *CCALA* facilities only; 2018/19 is calculated on total beds in both *Hospital Act* and *CCALA* facilities. NHA excludes *Hospital Act* facilities for all years.
Source: (29)

Site Inspections for Long-Term Care Facilities

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

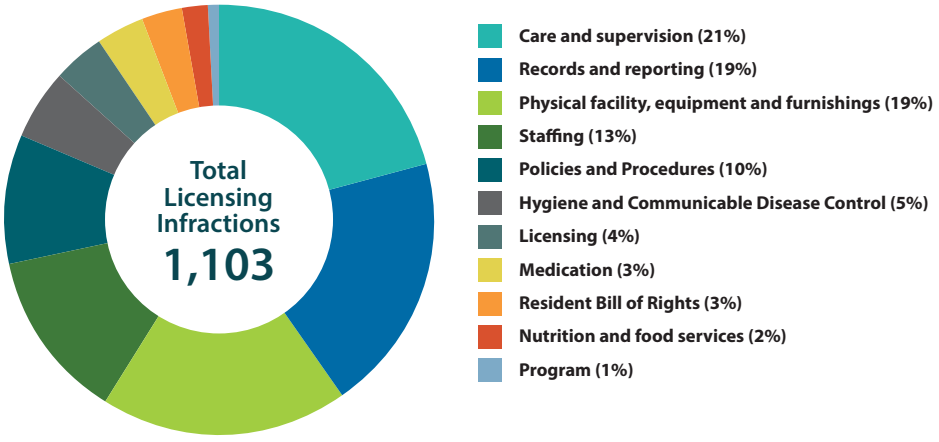
In 2018/19, 89% of long-term care facilities had at least one inspection during the fiscal year; this varied from 68% of facilities in Interior Health to 100% in Northern Health and Island Health. There were 765 inspections conducted with 1,103 licensing infractions found. On average, there were less than two infractions found per inspection but there is such a variation in the number and size of facilities across health authorities that it is more meaningful to compare rates per 1,000 beds. Northern Health and Interior Health had the most infractions per 1,000 beds at 119.6 and 43.0 respectively. Most of the infractions found related to care and supervision (21%), records and reporting (19%), the physical environment (19%), and staffing (13%).

Facility Inspections in Long-Term Care, 2018/19



Source: (29)

Licensing Infractions in Long-Term Care, 2018/19



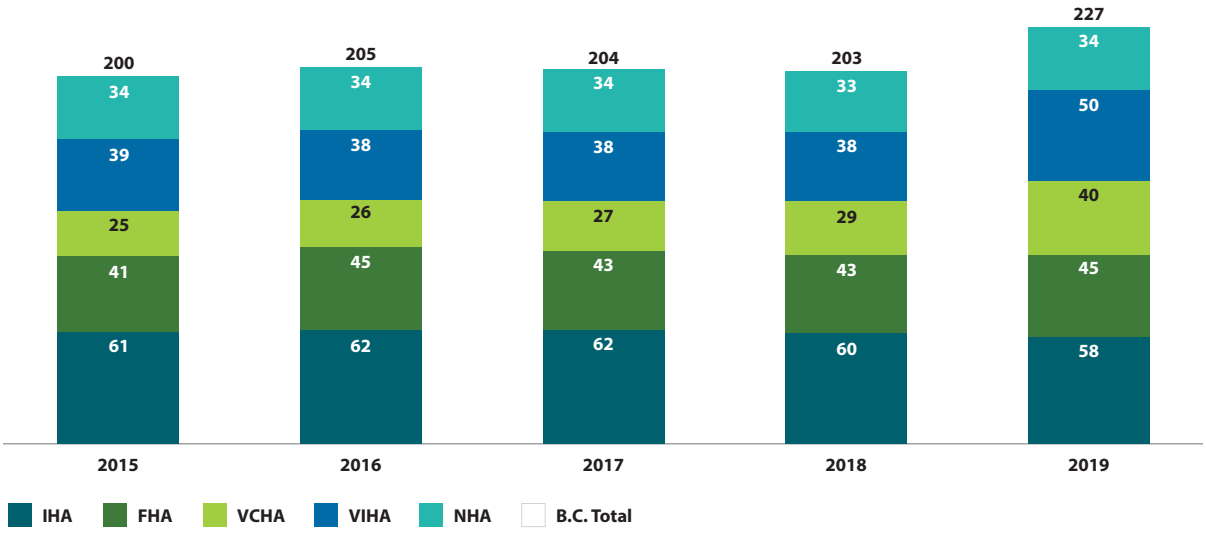
Source: (29)

Respite Care

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

On March 31, 2019, there were 227 respite care beds across the province, a 12% increase over 2018. The number of respite care beds had been relatively constant between 2015 and 2018.

Number of Respite Beds, March 31, 2015-2019



Source: (23)

Health Human Resources

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

Active Registrants

In 2018/19, the number of active registrants increased for all professions listed, except for registered nurses which had a very slight decrease. Licensed practical nurses (16%) and care aides (7%) increased the most this last year.

Number of Active Registrants in Selected Health Care Occupations in B.C., 2014/15-2018/19

Occupation	2014/15	2015/16	2016/17	2017/18	2018/19	% Change in Last Year
Physicians	11,574	11,841	12,187	12,594	12,960	2.9%
General/Family Practitioners	5,942	6,042	6,251	6,458	6,616	2.4%
Specialists	5,632	5,799	5,936	6,136	6,344	3.4%
Nurses	50,448	49,093	50,420	51,129	52,728	3.1%
Registered Nurses*	37,386	36,741	38,000	38,975	38,726	-0.6%
Nurse Practitioners*	325	365	426	485	525	8.2%
Licensed Practical Nurses	12,737	11,987	11,994	11,669	13,477	15.5%
Care Aides & Community Health Workers	n/a	n/a	n/a	31,337	33,506	6.9%
Physiotherapists	3,640	3,733	3,880	4,000	4,192	4.8%
Occupational Therapists	2,189	2,304	2,393	2,469	2,547	3.2%

Note: * Registered Nurses and Nurse Practitioners are reported as of the last day of February each year except 2018/19 which is at Dec 31, 2018.
Source: (30)(31)(32)(33)(34)

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 that 200 affiliate organizations. While HEABC represents the majority of employers for acute care and home care they represent a minority of employers in the long-term care sector. Therefore, data related to care aides may not be representative of the entire long-term care sector.

The average age of employees and the average years of seniority have been much the same for each occupation over the last five years. In 2018, the average occupational therapist was 41 years old, the average community care worker was 46 years old and the other professions fell somewhere in between. Nurse practitioners had an average of 6 years of seniority, registered nurses and physiotherapists had an average of 9 years, and the other professions fell somewhere in between.

Job Vacancies for HEABC Member Organizations

In 2018, licensed practical nurses and care aides had the lowest job vacancy rates at facilities reporting to HEABC at 1.55% and 2.01% respectively; nurse practitioners and physiotherapists had the highest job vacancy rates at 11.18% and 7.90%.

Difficult to fill vacancies (DTFV) are defined as job vacancies that are unfilled for 90 days from the initial posting date and are advertised externally. Similar to the overall vacancy rates, care aides (0.24%) and licensed practical nurses (0.29%) had the lowest DTFV rates and nurse practitioners (5.29%) and physiotherapists (3.66%) had the highest DTFV rates.

Job Vacancy Rates, 2014-2018

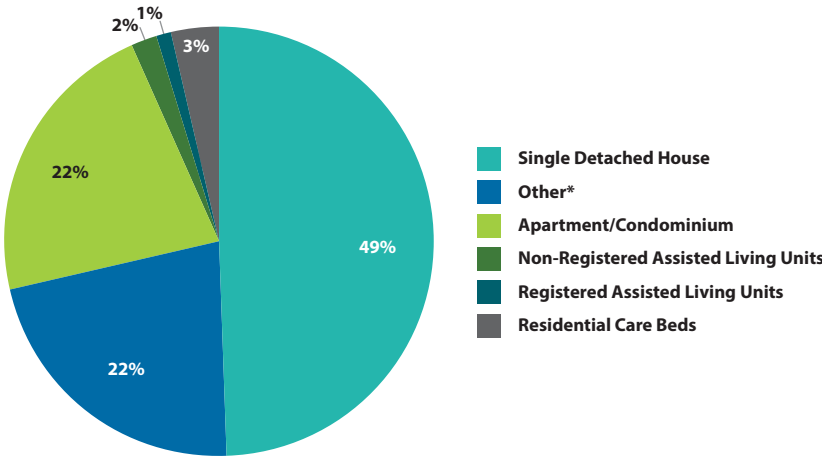
Occupation		2014	2015	2016	2017	2018
Registered Nurses	Average quarterly DTFV	172	238	309	339	318
	Vacancy rate - DTFV	0.69%	0.93%	1.14%	1.22%	1.13%
	Vacancy rate - All	2.96%	3.64%	3.78%	3.60%	3.70%
Nurse Practitioners	Average quarterly DTFV	27	30	19	13	23
	Vacancy rate - DTFV	10.15%	9.76%	5.41%	3.45%	5.29%
	Vacancy rate - All	17.59%	13.32%	10.81%	7.26%	11.18%
Licensed Practical Nurses	Average quarterly DTFV	2	5	5	12	15
	Vacancy rate - DTFV	0.05%	0.12%	0.10%	0.25%	0.29%
	Vacancy rate - All	1.10%	1.28%	0.92%	1.10%	1.55%
Care Aides	Average quarterly DTFV	3	6	5	8	16
	Vacancy rate - DTFV	0.05%	0.09%	0.07%	0.12%	0.24%
	Vacancy rate - All	1.31%	1.51%	1.17%	1.37%	2.01%
Community Health Workers	Average quarterly DTFV	6	3	5	7	13
	Vacancy rate - DTFV	0.27%	0.11%	0.20%	0.30%	0.53%
	Vacancy rate - All	0.72%	0.63%	0.72%	1.25%	2.42%
Physiotherapists	Average quarterly DTFV	24	14	21	27	45
	Vacancy rate - DTFV	2.04%	1.17%	1.77%	2.26%	3.66%
	Vacancy rate - All	4.19%	3.74%	4.69%	5.11%	7.90%
Occupational Therapists	Average quarterly DTFV	8	4	5	5	16
	Vacancy rate - DTFV	0.65%	0.36%	0.41%	0.42%	1.27%
	Vacancy rate - All	2.51%	2.94%	2.30%	3.07%	4.89%

Source: (35)

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; 93% of seniors, and 72% of those aged 85 or older, live independently in private dwellings, while only 6% of seniors live in assisted living or long-term care.

Percent of Seniors Population by Housing Type



Note: *Other include: townhouse, duplex, semi-detached house, or manufactured home.
Source: (18)(19)(23)(36)(37)

Homeowners

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

Source: (38)(39)(40)

Home Ownership Costs

Average home prices can vary widely, from under $300,000 to over $1.3 million, depending on where in the province a person lives. Across the province, home prices have increased dramatically in the past ten years. However, average house prices dropped in Vancouver; 3% in 2017 and a further 2% in 2018.

Average Home Prices in Select Communities, 2008, 2014-2018

Community	2008	2014	2015	2016	2017	2018	% Change from 2008	% Change from 2017
Kelowna	$433,721	$425,833	$434,955	$494,759	$541,369	$573,520	32%	6%
Port Alberni	$245,359	$236,698	$255,519	$278,460	$308,044	$371,102	51%	20%
Prince George	$214,335	$248,626	$262,436	$269,838	$287,995	$316,849	48%	10%
Prince Rupert	$178,769	$205,788	$250,410	$254,411	$260,870	$283,403	59%	9%
Terrace	$192,213	$268,598	$276,604	$281,897	$282,849	$334,041	74%	18%
City of Vancouver	$709,172	$1,059,556	$1,177,124	$1,372,434	$1,337,094	$1,315,717	86%	-2%
Victoria	$477,206	$490,962	$511,679	$578,536	$638,329	$686,230	44%	8%

Source: (41)

Homeowners face similar escalating costs to maintain their home if the home's value reflects the average value for that community. Property tax, municipal charges and electricity rates have all increased. The table below illustrates the estimated incremental increases in the costs of home ownership over the past five years.

Municipal Home Ownership Costs, 2015-2019

	2015	2016	2017	2018	2019
Property Tax & Municipal Charges*	$3,341.37	$3,438.26	$3,534.73	$3,651.64	$3,832.83
% change from previous year	2.3%	2.9%	2.8%	3.3%	5.0%
Electricity					
% change from previous year	6.0%	4.0%	3.5%	3.0%	1.8%

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

Source: (42)(43)

Home Owner Grant for Seniors

Homeowners who are residents of B.C. are eligible to claim a grant that reduces property taxes for their principal residence. An additional grant may be claimed for homeowners 65 years or older, persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued at $1.65 million or less, the maximum grant is $845 in the Capital Regional District, Greater Vancouver Regional District and the Fraser Valley; it increases to $1,045 in the rest of the province because homeowners may be eligible for the additional Northern and Rural Area Home Owner Benefit of up to $200. For homes valued above $1.65 million, the additional homeowner grant is reduced incrementally as the assessed home value rises until the value of the grant is $0 for homes valued over $1.819 million in most of B.C. and $1.859 million in northern and rural areas. While the property tax owing is reduced when the additional homeowner grant is applied, homeowners must still pay at least $100 in property tax annually to contribute to essential services.

Seniors with an annual income of $32,000 or less may qualify for the Low Income Grant Supplement for Seniors if the Home Owner Grant has been reduced or eliminated because of the high assessed value of their principal residence. Most seniors who qualify for this grant are reimbursed $845 from the province ($1,045 in a northern or rural area); 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: (44)

In 2018, there were 402,261 Seniors Homeowner Grants claimed. Additional Grants are based on criteria for disability, surviving spouse or relative of deceased owner or surviving spouse of a Veteran who received War Veterans Allowance. Ideally, seniors should be applying for the Seniors Homeowner Grant because it is the same dollar amount and eligibility criteria are easier to meet than for the Additional Grants.

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

Homeowner Grants for Rural and Municipal Properties, 2017-2018

	2017	2018
Seniors grants	254,126	402,261
Additional grants	6,443	10,018
Total grants	260,569	412,279

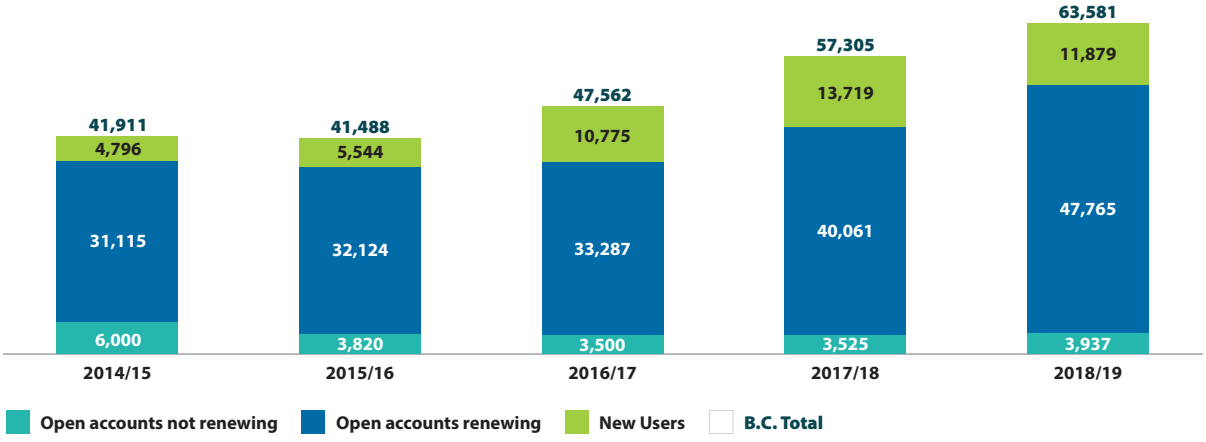
Source: (45)

Property Tax Deferment

B.C.'s Property Tax Deferment program allows eligible homeowners 55 and older, surviving spouses, and persons with disabilities to defer paying their property taxes for a low simple interest charge that accrues until the account is paid in full. This program began in 1974, and as of September 30, 2019, the total cumulative amount of property tax deferred was $1.35 billion, a 19% increase over October 2018.

The Property Tax Deferment Program is growing each year, but in 2018/19 there were less new users for the first time in many years. There were 63,581 open accounts, an 11% increase from last year and a 52% increase from 2014/15. There were 13% fewer new users than the previous year, 19% more homeowners continuing deferment and 12% more maintaining deferment accounts opened in previous years without deferring their 2018/19 taxes.

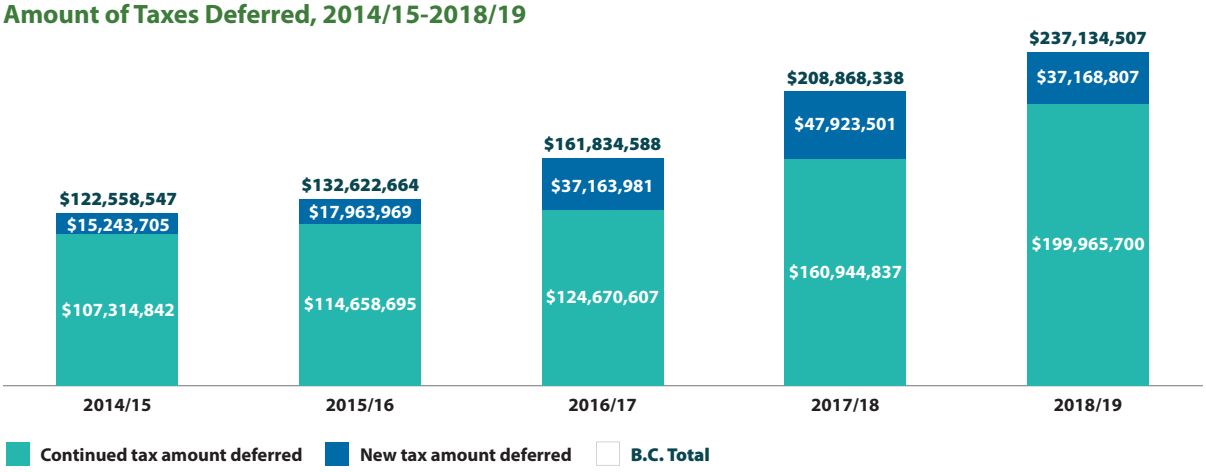
Number of Property Tax Deferment Users, 2014/15-2018/19



Source: (45)

The total amount of property tax dollars deferred in 2018/19 was over $237 million, a 14% increase over the previous year and a 93% increase from 2014/15. Of this amount, approximately $37 million were newly deferred.

Amount of Taxes Deferred, 2014/15-2018/19



Source: (45)

The median assessed value of the homes in B.C. for which property taxes were deferred in 2018/19 under the regular program was $998,000, up 10% from the previous year. The median decreased 1% in Vancouver and increased 1% in the Lower Mainland and 15% in the Capital Regional District. With an interest rate of 1.2% from April 2018 to September 2018 and 1.45% from October 2018 to March 2019, the annual interest accrued in 2018/19 on the deferred amount for an average home in B.C. ($4,064) was $53.85, a 93% increase over the previous year. The interest rate for this program increased to 1.95% on April 1, 2019. The average homeowner using this program has deferred a cumulative amount of $21,502 in property taxes.

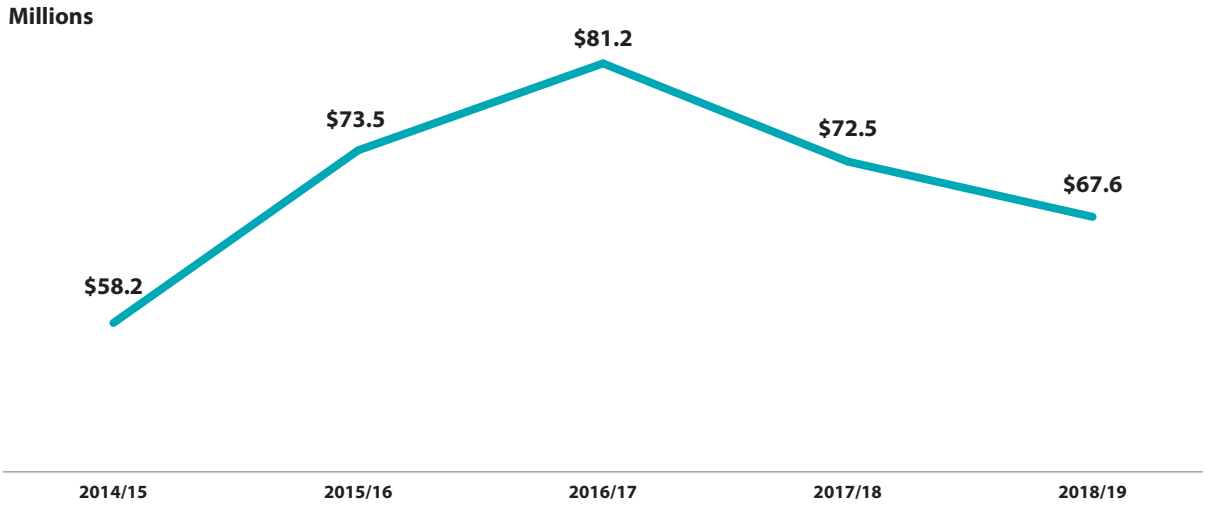
Tax Deferrals in Select Geographic Regions, 2018/19

Geographic Area		Assessed Value* of Home (2018)	Amount Deferred in 2018/19	Cumulative Amount Deferred as of Sep 30, 2019
Vancouver	Average	$2,641,516	$6,704	$35,087
	Median	$2,217,000	$6,021	$21,816
Lower Mainland	Average	$1,789,468	$4,772	$24,277
	Median	$1,467,000	$3,956	$14,830
Capital Regional District	Average	$944,195	$3,831	$22,874
	Median	$822,000	$3,255	$14,706
B.C.	Average	$1,308,674	$4,064	$21,502
	Median	$998,000	$3,343	$13,107

Note: *The assessed value of homes only includes properties where the taxes have been deferred and not all home in the region.
Source: (45)

While total deferred property taxes increased 29% in 2017/18 and a further 14% in 2018/19, the amount repaid to the province decreased 11% in 2017/18 and 7% in 2018/19. These were the first decreases in several years.

Deferred Property Taxes Repaid to the Province, 2014/15-2018/19



Source: (45)

Seniors Renting in B.C.

The distribution of households maintained by seniors varies greatly across the province. For example, the proportion of senior households that are rented is highest in larger urban centres, such as Vancouver (23%) or Victoria (22%), compared to smaller centres, such as Parksville (11%) or Kamloops (14%); in aggregate, across B.C., 19% of senior households rent. In addition, there is a wide range in the average costs of renting – in 2018, the average cost of a one-bedroom apartment in Quesnel was $604, compared to $1,306 in Vancouver.

Source: (46)(20)

Vacancy rates for all bedroom types have increased slightly from 1.2% in 2015 to 1.4% in 2018, but vacancy rates still vary throughout the province. For example, the overall vacancy rate was 0.0% in Nelson and 15.2% in Fort St. John in 2018. The vacancy rate for one bedroom apartments in B.C. increased 0.3 percentage point to 1.4% in 2018. While vacancy rates in Vancouver and Victoria dropped between 2014 and 2016, there has been a slight increase since then.

Vacancy Rates for One-Bedroom Apartments in Select B.C. Communities, 2014-2018

Community	2014 (April)	2015 (October)	2016 (October)	2017 (October)	2018 (October)	Percentage Point Change in Last Year
Abbotsford-Mission	3.9%	0.7%	0.9%	0.2%	0.7%	0.5%
Kelowna	1.5%	0.6%	0.8%	0.3%	3.5%	3.2%
Nelson	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Terrace	0.8%	1.8%	2.5%	4.0%	n/a	n/a
Vancouver	1.7%	0.8%	0.7%	0.9%	1.1%	0.2%
Victoria	2.7%	0.7%	0.5%	0.7%	1.2%	0.5%
B.C.	**2.2%**	**1.1%**	**1.1%**	**1.1%**	**1.4%**	**0.3%**

Source: (20)

Shelter Aid for Elderly Renters

Shelter Aid for Elderly Renters (SAFER) provides a subsidy directly to B.C. renters aged 60 or older who have a low to moderate income and pay more than 30% of gross monthly income towards rent. In 2018, the maximum qualifying monthly income for single renters in Metro Vancouver was $2,550 and $2,446 in the rest of the province. The total amount of SAFER subsidies provided increased every year; the $77 million SAFER subsidies budgeted for 2019/20 is a 28% increase over the total subsidies provided in 2018/19.

The average rent for a one bedroom apartment in B.C. increased between 2% and 7% each year between 2005 and 2018 but the maximum rent considered for SAFER subsidies has not kept pace. During this period, there have only been two increases in the maximum SAFER rent. In 2014, the maximum rent for a SAFER subsidy for single renters increased 9% while the average rent in B.C. increased 32% between 2005 and 2014. In 2018, the maximum rent used to calculate a SAFER subsidy for singles increased a further 5% to 15% depending on the geographic region in the province, but the average rent in B.C. increased 25% between 2014 and 2018, causing the maximum rents used to calculate SAFER subsidies to fall even further behind current rents.

SAFER Maximum Rents for Singles and Average Rents for 1 Bedrooms, 2005-2018

	2005-2013	2014-2017	2018	% Change 2005 to2014	% Change 2014 to 2018
Zone 1					
SAFER Maximum Rents for Singles	$702	$765	$803	9%	5%
Average rent for 1 bedroom: Vancouver	$787 to $1,005	$1,038 to $1,223	$1,306	32%	26%
Zone 2 (new in 2018)					
SAFER Maximum Rents for Singles	$612	$667	$767	9%	15%
Average rent for 1 bedroom: Kelowna	$614 to $776	$787 to $936	$1,003	28%	27%
Zone 3					
SAFER Maximum Rents for Singles	$612	$667	$734	9%	10%
Average rent for 1 bedroom: Port Alberni	$401 to $552	$558 to $609	$637	39%	14%
British Columbia					
Average rent for 1 bedroom	$723 to $924	$951 to $1,112	$1,190	32%	25%

Notes:

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

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

Zone 3: All other areas of the province

Source: (47)(20)

As of March 31, 2019, there were 24,233 SAFER recipients, 93% of whom were 65 years or older. There were 6% more recipients than last year, while the target population aged 60 or older increased by just over 3%. Of the total recipients, 94% were single with an average income of $1,589 per month. While the rents paid by SAFER recipients are increasing (5% in the last year) it is at a slower rate than the B.C. average for one bedroom accommodations. The minimum monthly subsidy that SAFER recipients received was $25, but the average was $215 at March 31, 2019.

SAFER Recipients, 2014/15-2018/19

	2014/15	2015/16	2016/17	2017/18	2018/19
SAFER recipients - all	18,696	20,247	21,504	22,956	24,233
SAFER recipients - first time users	3,739	4,049	4,193	4,454	4,458
Percent of SAFER recipients that are single	95%	95%	94%	94%	94%
Average monthly income of single SAFER recipients	$1,515	$1,544	$1,521	$1,540	$1,589
Average monthly rent for SAFER recipients	n/a	$907	$919	$948	$997
Average monthly SAFER subsidy	$177	$175	$187	$189	$215

Notes:
Recipient data is at October 1 for 2014/15 and March 31 for the remaining years.
The average monthly rent is the amount paid to the landlord and does not exclude the SAFER subsidy.

Source: (48)

The number of SAFER recipients increased in each of the last five years, but there may still be eligible seniors who are not taking advantage of this subsidy. According to the 2016 Canadian Census, there were over 65,000 renters aged 60 or older with an annual income of less than $30,000, some of whom may qualify for a SAFER subsidy. The number of recipients receiving SAFER for the first time ranged between 18% and 20% in each of the last five years, indicating that there might still be additional seniors who could benefit from this subsidy.

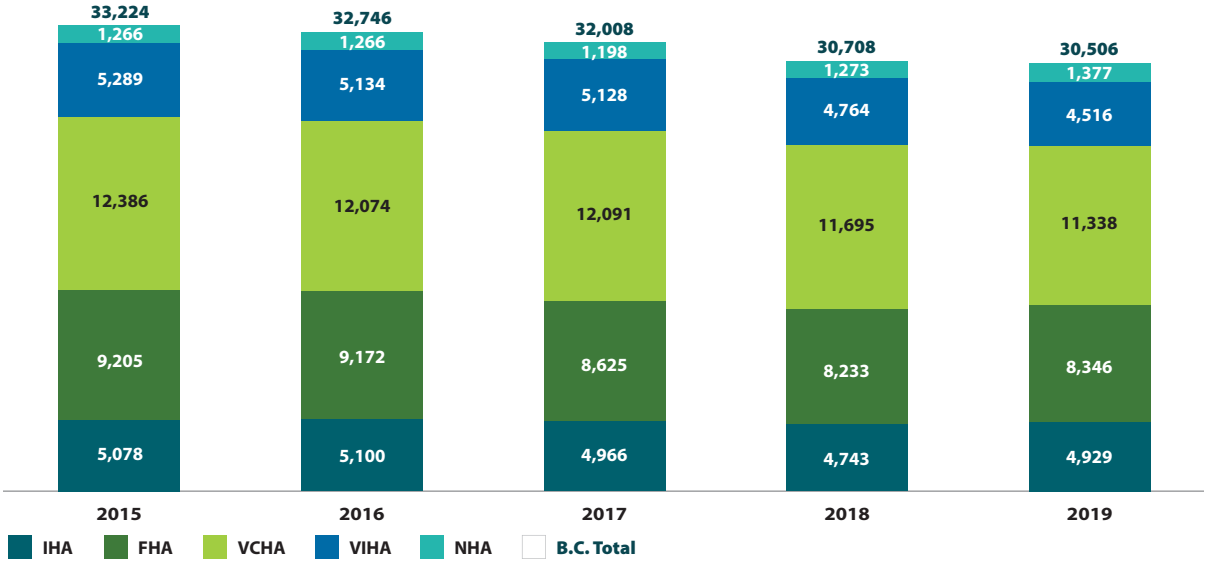
Source: (48)(39)

Seniors' Subsidized Housing

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

The number of subsidized units reported in B.C. decreased in each year between 2015 and 2019, 1% in the last year and 8% over the five-year period. BC Housing tracks only those units where there is a financial relationship, so decreases may be explained by expired operating agreements, paid off mortgages, or units that have reached the end of their life cycle. Most units still exist as a form of affordable housing even if the operators no longer have a funding relationship with BC Housing.

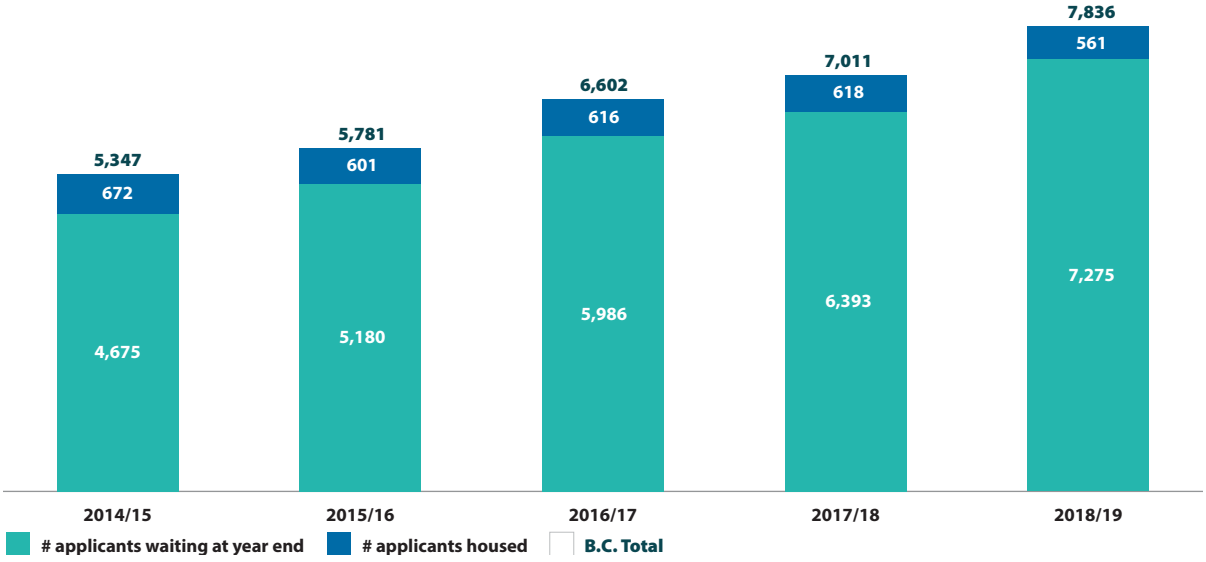
Number of Seniors Subsidized Housing Units, March 31, 2015-2019



Source: (48)

While the number of SSH units is going down, the number of applications for SSH is rising. In 2018/19, there were 561 applicants who received an SSH unit through The Housing Registry, just 7% of total applicants. There were 7,275 applicants waiting at March 31, 2019, a 14% increase over last year. The average wait time was 2.4 years and the median wait time was 1.5 years. There has been very little change in wait times over the last five years. Some applicants have waited a very long time, skewing the average wait time by almost a year compared to the median. The median wait time shows that half of the applicants had been waiting longer than 1.5 years and the other half less than 1.5 years. Wait times continue to be longest in Vancouver Coastal Health and shortest in Northern Health and Interior Health.

Number of Applicants for Seniors Subsidized Housing, 2014/15-2018/19



Source: (48)

Home Adaptations for Independence

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

Each year, $5 million is made available for the HAFI program and funds have been fully allocated each year. Approved applicants could receive up to $20,000. Approved applications received after funds are exhausted are placed on a wait list. As funding becomes available, applications are approved on a first come first serve basis.

In 2018/19, there were 465 applications for funding and 322 applications approved, with an average funding amount of $16,147. This year, the average amount funded per application increased compared to previous years, and there were more applications approved than last year.

HAFI Applications and Funding Amounts, 2014/15-2018/19

	2014/15	2015/16	2016/17	2017/18	2018/19	% Change
Applications received	516	622	642	774	465	-39.9%
Applications approved	313	320	366	308	322	4.5%
Average funding amount	$12,730	$15,682	$14,618	$15,821	$16,147	2.1%

Source: (48)

On April 1, 2019, the HAFI program changed. Effective for 2019/20, approved applicant households may receive a grant for adaptations up to and including $15,000 plus 50% of an additional $5,000 of adaptations ($2,500 grant and $2,500 paid by the applicant).

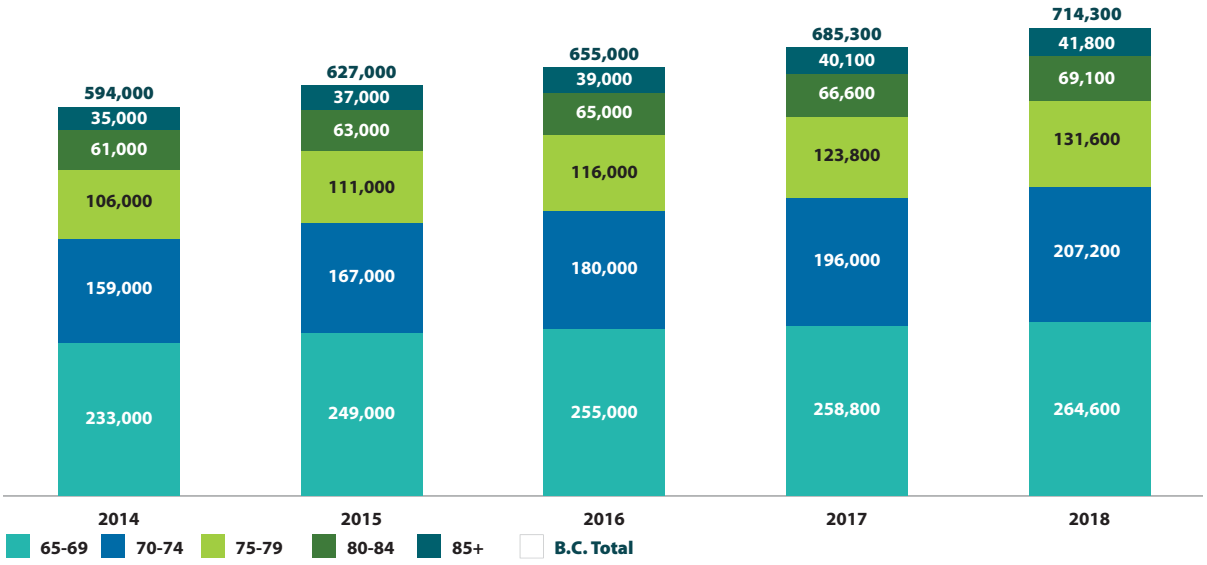
Source: (49)

Transportation

Active Drivers

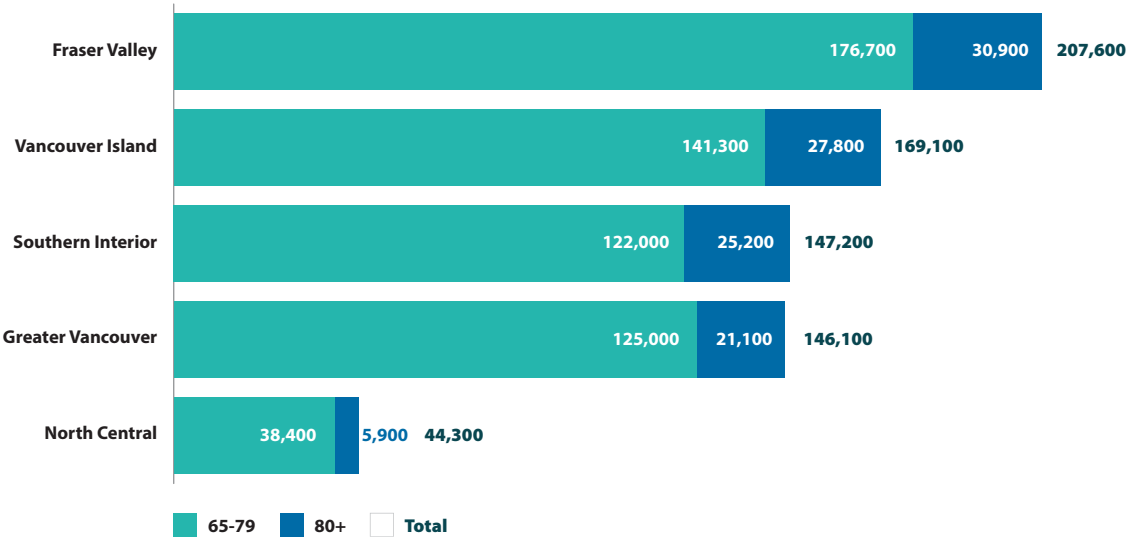
In 2018, 78% (714,300) of all seniors aged 65 or older in B.C. and 48% (110,900) of seniors aged 80 or older, maintained active driver's licences. Between 2017 and 2018, there was a 4% increase in seniors with active driver's licences in British Columbia; the senior population also grew 4% over the same time period. The greatest increase in active drivers was observed in the 70-74 and 75-79 year age groups, both increasing 6%. More than half of all seniors maintaining an active driver's licence live in Fraser Valley (29%) and Vancouver Island (24%).

Active Driver's Licences by Age Group, 2014-2018



Source: (50)

Active Driver's Licences by Geographic Region, 2018



Source: (50)

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay $17 for renewals. In 2018, 129,758 seniors renewed their licence while 13,125 surrendered their licence. Renewals decreased by 2% while surrenders increased by 10% over 2017.

Source: (50)(51)

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, is the primary tool used to assess any medical conditions that may affect a person's ability to drive. In 2017, drivers experiencing a medical condition may have been required to complete an ICBC road test re-examination or a DriveAble assessment if cognitive decline was noted in the DMER. As of March 2018, both tests have been replaced by the Enhanced Road Assessment (ERA) conducted by ICBC examiners, which has eliminated the computer based screening part of the assessment, allows drivers to complete the assessment in their own vehicle and is available in approximately 80 locations throughout the province.

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

Source: (52)(53)

In 2018, RoadSafetyBC opened approximately 169,600 driver fitness cases; 72,000 (42%) of these cases were aged 80 or older, a 3% increase from 2017. Approximately 7% of the cases for those aged 80 or older were subsequently referred for an ERA or a DriveAble cognitive assessment. The outcomes for driver fitness cases in 2018 were as follows:

RoadSafetyBC Driver Fitness Case Decisions, 2018

	80+	All Ages
Driver fitness cases opened	72,000	169,600
Drivers referred for an Enhanced Road Assessment (ERA)	5,249	6,565
Drivers referred for a DriveAble cognitive assessment	90	110
Case decisions		
Drivers ultimately found fit to drive	56,900	141,200
Drivers that did not respond; cancelled licence	4,600	7,900
Drivers that voluntarily surrendered their licence	1,500	1,620
Drivers found medically unfit to drive	1,900	4,300
Cases remaining open at time of reporting	6,700	14,100
Driver deceased	380	460

Source: (54)

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. There are currently 26 public transportation systems across B.C., all of which offer fixed route transit systems that provide a network of transit services within their defined service area. HandyDART services are operated by 25 of these systems across the province, but most do not currently offer evening or weekend service. Paratransit systems are an alternate mode of transportation that is also available but there is no guarantee that services are consistently provided.

Public Transportation Availability, March 31, 2019

	BC Transit	TransLink
Number of HandyDART systems in B.C.	24	1
Number of HandyDART systems in B.C. offering services 7 days a week	4	1
Number of HandyDART systems in B.C. offering evening service (past 6pm)	5	1
Number of fixed-route transit systems in B.C.	25	1
Number of fixed-route transit systems in B.C. offering services 7 days a week	20	1
Number of fixed-route transit systems in B.C. offering evening service (past 6pm)	25	1
Number of flexible/paratransit systems in B.C.	32	0

Source: (55)(56)

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

Seniors Fares for Public Transportation Services in Select Municipalities, 2019

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

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

Source: (57)

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

- Is the TransLink system accessible for my mobility device?
- How do I register for HandyDART?
- What do I do to retire my drivers' licence? Is there another valid ID I can use?
- Is there a volunteer ride program in my neighborhood for shopping and appointments?

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

Source: (58)

Public Transit

Public transit is an option used by many seniors. In the 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 41% of seniors who used the bus, SeaBus or SkyTrain within a 30-day period in 2017.

Source: (59)(60)

However, waiting at a bus stop can pose additional challenges for seniors. Approximately 27% of bus stops in B.C. have a bench available and 18% have a shelter. The lack of these amenities can result in significant pain or discomfort for seniors.

Bus Stops with Benches and Shelters, March 31, 2018-2019

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

Note: *TransLink data is estimated as TransLink does not have jurisdiction over bus stops.
Source: (55)(56)

BC Bus Pass Program

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

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

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 2018, 61,290 seniors and 41,111 persons with disabilities received a BC Bus Pass. These numbers increased 4% and 8%, respectively, from 2017.

BC Bus Program, 2016-2018

	2016	2017	2018	% Change in last year
Seniors receiving a bus pass	58,620	58,981	61,290	4%
Persons with disability receiving a bus pass	37,030	38,150	41,111	8%

Source: (61)

HandyDART

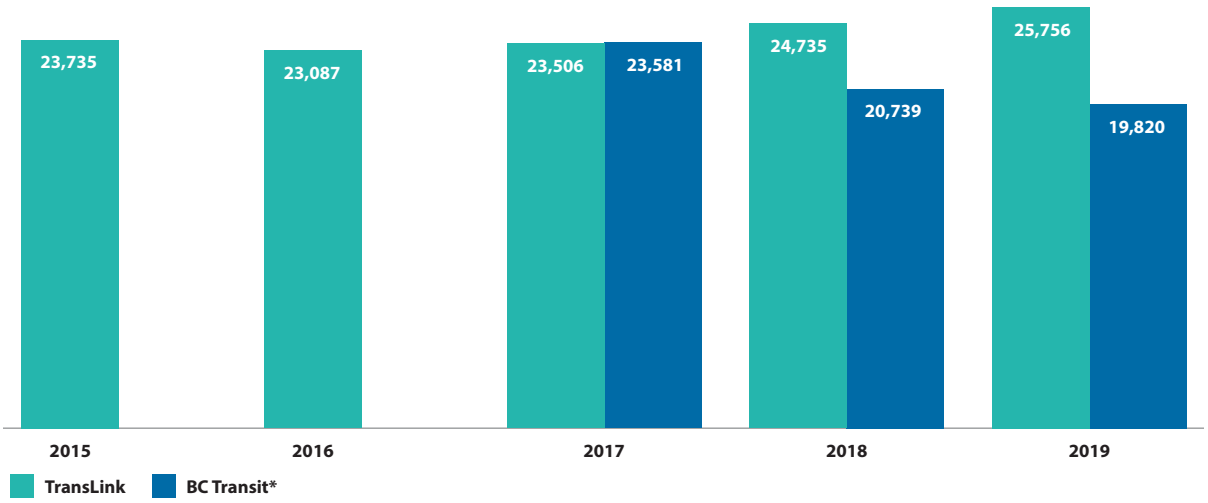
HandyDART is a shared ride service for passengers with physical or cognitive disabilities who are unable to use conventional public transit without assistance. HandyDART offers door-to-door service, aiding with boarding and exiting the bus, and reaching the door of the destination safely. HandyDART is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

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

HandyDART Clients

The number of active HandyDART clients across the province increased less than 1% from 45,474 in 2018 to 45,576 in 2019 but is still less than in 2017. Active clients with TransLink increased 5% in 2018 and a further 4% in 2019 while the number of active clients with BC Transit declined 12% and 4% over these same two years. Approximately 74% of TransLink active clients are aged 65 or older but the age distribution is not available from BC Transit.

Active HandyDART Clients, as of March 31, 2015-2019

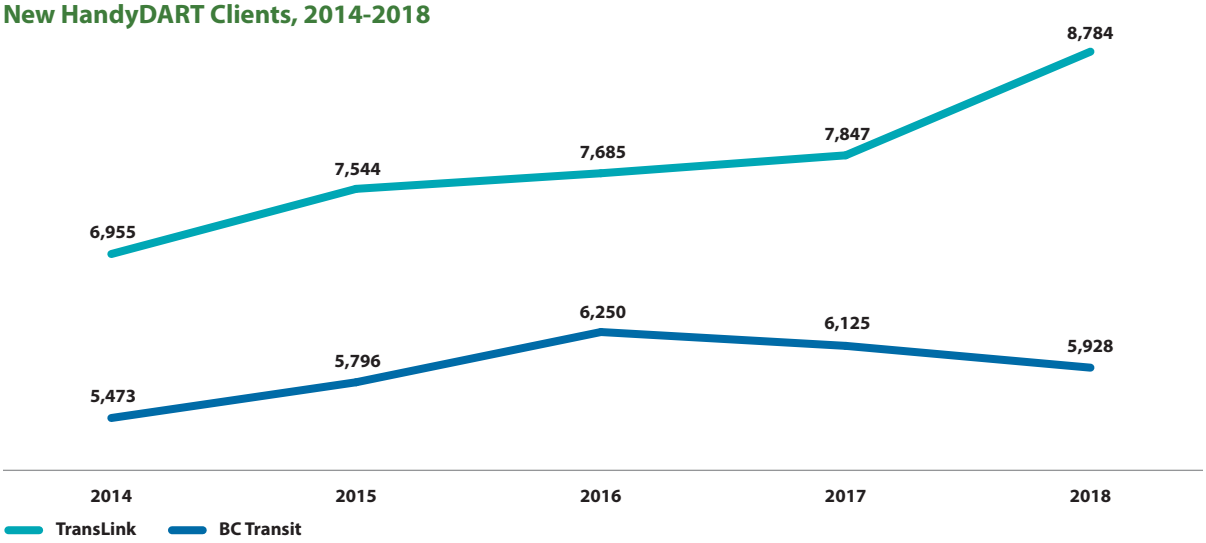


Note: *BC Transit data for 2017 is as of August 31, 2017.

Source: (55)(56)

There were 14,712 new clients registered for HandyDART service in 2018. Overall, the number of new clients increased 5%; new clients have been increasing over the last five years with TransLink (12% in the last year alone) but have been declining with BC Transit since 2016. Approximately 74% of new TransLink clients were aged 65 or older but the age distribution is not available from BC Transit.

New HandyDART Clients, 2014-2018

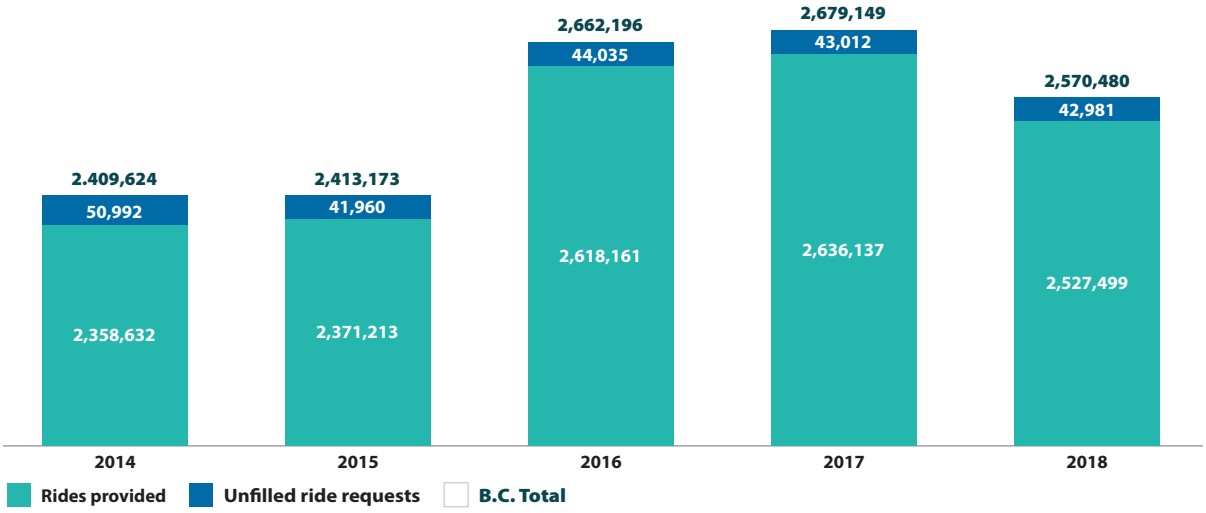


Source: (55)(56)

HandyDART Ride Requests

In 2018, TransLink received approximately 1.73 million ride requests, but almost one quarter of these were cancelled by the client, leaving almost 1.34 million rides provided (99%) or unfilled (1.5% were denied, refused or became unaccommodated stand-by rides). BC Transit received almost 1.24 million ride requests that were provided or unfilled; they do not report on cancellations. Overall, excluding client cancellations, HandyDART ride requests decreased 4% in 2018; TransLink had a 5% increase while BC Transit had a 12% decrease. Unfilled rides decreased 11% with TransLink but increased 11% with BC Transit.

HandyDART Regular Ride Requests (excluding client cancellations), 2014-2018



Note: Chart includes both BC Transit and TransLink combined.
Source: (55)(56)

In addition to regular ride requests, same day or "standby" ride requests may be accommodated if they can be fit into drivers' schedules. A round trip is considered two one-way trips and securing a trip one way does not guarantee the return trip will also be accommodated. In 2018, TransLink fulfilled approximately 43% of standby ride requests. Over the past 5 years, this ranged between 42% and 45% of standby requests. BC Transit does not capture standby rides separately.

The target window to pick up a client varies by location, with the most common being a 30-minute target window (pick up occurs within 15 minutes before or after the scheduled time). While there was a slight increase in 2015, the rate of rides delivered on time has declined each year since then from 90% in 2015 to 87% in 2018. BC Transit does not report data for on-time ride delivery.

Source: (56)

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 2018, TransLink received 2,763 complaints; 49% were service complaints and 51% were operator-related complaints. Note that the number of complaints is higher than in previous years because all complaints, regardless of magnitude, immediate resolution or validity, are now counted. Of the total complaints, 97% were resolved within five days and 30 were escalated for resolution. In 2018/19, 125 complaints were made to regional transit companies servicing BC Transit routes, but they do not report by type of complaint. None of these required escalation to BC Transit.

HandyDART Service Complaints, 2014/15-2018/19

TransLink	2014	2015	2016	2017	2018	% change in last year
Complaints received	1,529	1,377	1,448	1,676	2,763	64.9%
Complaints escalated	33	16	25*	52*	30*	
BC Transit	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**	**% change in last year**
Complaints received	194	200	190	122	125	2.5%
Complaints escalated	2	0	0	0	0	

Note: *Escalated complaints are estimated as many people were calling the escalation process as their first point of contact.
Source: (55)(56)

Paratransit

Paratransit is an alternative mode of transportation but services may vary considerably on the degree of flexibility provided to clients. Services may range from smaller buses running along a defined route but stopping for passengers on request, to fully flexible on-demand door-to-door service. Paratransit services may be operated by public transit agencies, not-for-profit organizations, or private for-profit companies. Some examples include:

- West Kootenay Transit: provides flexible on-demand local service to smaller communities around Nukus and Kaslo;
- PWTransit Canada: provides paratransit services in Fort St. John, Port Alberni, and Squamish; and
- Medi-Van Canada Inc.: provides 24/7 transportation services, including stretcher transfers, wheelchair transfers, and helping seniors get to medical appointments.

Taxis

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

Estimated Costs of Round-Trip Taxi Rides in Select Regions or Municipalities in B.C., March 12, 2019

	20 KM Round Trip	10 KM Round Trip	6 KM Round Trip
Capital Regional District	$49.72	$28.49	$20.00
Lower Mainland	$47.63	$27.39	$19.29
Kamloops	$51.15	$28.82	$19.89
Williams Lake	$63.10	$36.15	$25.37
Sicamous	$57.53	$32.23	$22.11
Quesnel	$55.62	$32.63	$23.43
Cranbrook	$57.66	$34.34	$25.01

Notes: Fares are understated as they do not include the fare calculation for when the taxicab is not moving during a trip.
Fares include a 10% tip.
Standard taxi meter – assumed that 1st KM is at Distance Rate 1 and after the 1st KM the Distance Rate 2 is applied.

Source: (62)

Taxi Saver Program

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

In 2018, approximately 21% of TransLink HandyCard holders purchased $1.6 million in taxi vouchers at an average value of $25 per request. Voucher requests increased 6% in 2018.

TransLink Taxi Saver Vouchers, 2014-2018

	2014	2015	2016	2017	2018
Voucher requests	62,703	62,034	59,342	61,536	65,055
Total value of taxi vouchers provided	$1,567,575	$1,550,850	$1,483,550	$1,538,400	$1,626,375
HandyCard holders using vouchers	7,695	7,549	7,297	7,726	8,102
Percent of HandyCard holders using vouchers*	14.1%	27.5%	23.4%	22.7%	21.3%
Average dollar amount provided per voucher request	$25	$25	$25	$25	$25

Note: In 2015, there was a database cleanup of expired HandyCard holders causing an increase in the percent of HandyCard holders using vouchers.

Source: (56)

In 2018, HandyPASS clients purchased almost $2.2 million in taxi vouchers at an average value of $40 per request. Voucher requests increased 6% in 2018.

BC Transit Taxi Saver Vouchers, 2014-2018

	2014	2015	2016	2017	2018
Voucher requests	31,320	37,727	33,897	51,567	54,910
Total value of taxi vouchers provided	$1,258,551	$1,511,788	$1,355,861	$2,062,638	$2,196,409
HandyPASS holders using vouchers*	n/a	n/a	n/a	n/a	n/a
Average dollar amount provided per voucher request	$40.18	$40.07	$40.00	$40.00	$40.00

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

Source: (55)

Volunteer Drivers

There are approximately 85 non-profit organizations or community agencies in B.C. that provide some version of a volunteer driver program for seniors. These are generally hosted by local agencies, such as seniors centres, church communities, or neighbourhood houses. Within these programs, members of the community volunteer to drive people to medical appointments, social engagements, or run other errands. For example, the Better at Home program, discussed earlier in this report, provided more than 23,000 transportation services in 2018/19; 79% were provided by volunteers. Most programs charge no fee but some suggest donations; any fees are generally nominal.

Source: (17)(63)

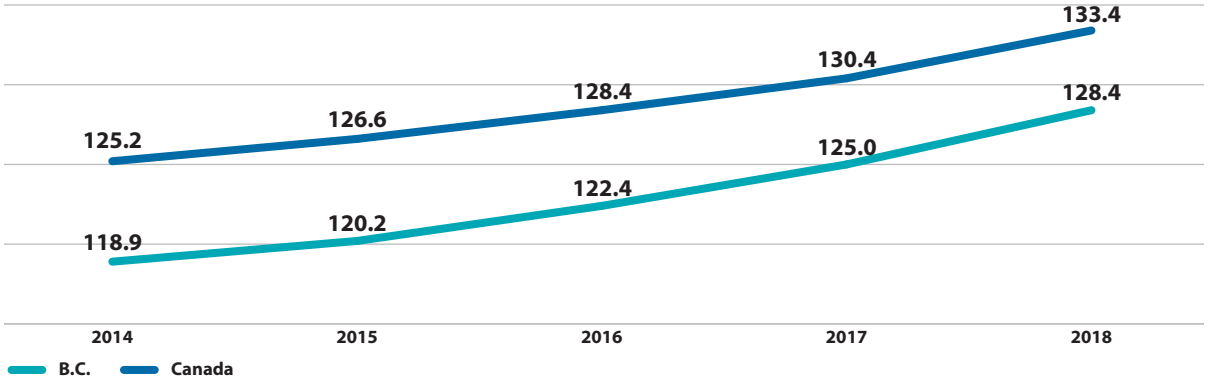
Income Support

The Cost of Living in B.C.

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

In 2018, the CPI rose 2.7% in B.C. compared to 2.3% across Canada. The annual CPI rose 8.0% in B.C. and 6.5% in Canada since 2014.

Consumer Price Index Annual Average, 2014-2018



Source: (64)

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

Federal and Provincial Income Supports

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

The **Old Age Security (OAS)** program is the Government of Canada's largest pension program. The OAS pension is a taxable monthly payment available to all seniors aged 65 or older who meet the Canadian legal status and residence requirements, regardless of whether a senior ever worked or is still working. The maximum as of October 2019 is $613.53 per month, a 2.1% increase over the same time last year. OAS can be deferred up to age 70 to increase the benefit amount. Each month of deferral increases the payment 0.6% to a maximum of 36% after 5 years. In March 2019, approximately 859,000 seniors in B.C. received OAS.

Source: (65)

The **Guaranteed Income Supplement (GIS)** is a monthly non-taxable benefit to OAS pension recipients who have a low income and are living in Canada. A single senior whose annual income (excluding OAS) is below $18,408 is eligible to receive some amount of GIS. The maximum amount as of October 2019 is $916.38, a 2.1% increase over 2018. In March 2019, approximately 264,000 seniors in B.C. received GIS, a 3.9% increase that is consistent with the increase in the population aged 65 or older. If OAS is deferred, an individual is not eligible for GIS.

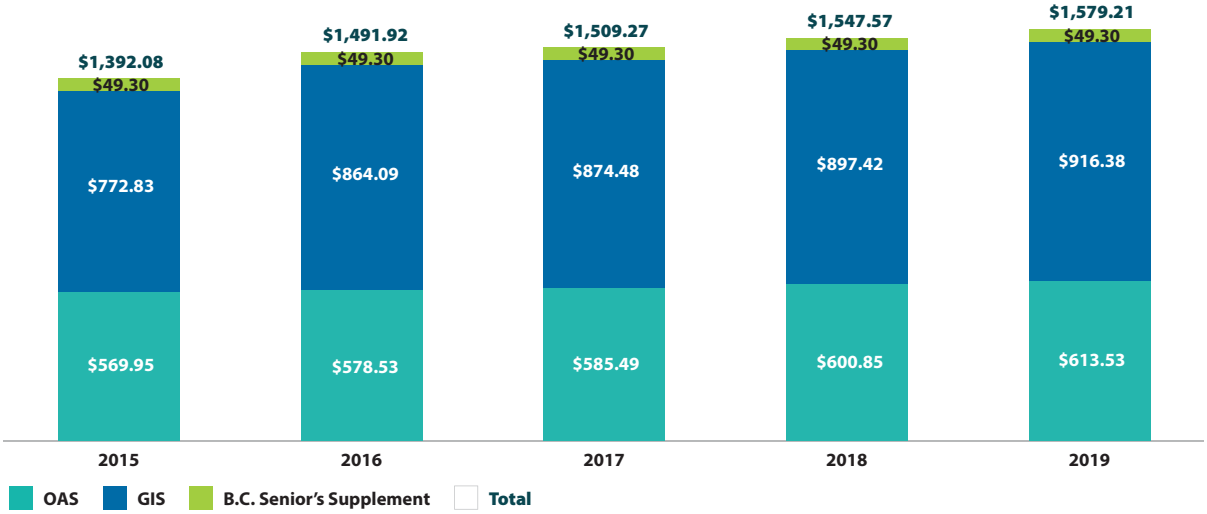
Source: (65)(66)

The **B.C. Senior's Supplement** is a monthly top-up to the federal OAS and GIS. The supplement payment is calculated on the amount of federal GIS received. The maximum payment is $49.30 and has not changed since 1987, except for a brief reduction between 2002 and 2004. In December 2018, 56,794 seniors received the B.C. Senior's Supplement, a 1% increase over the previous year.

Source: (61)

Between October and December 2019, low income single seniors in B.C. could receive up to $1,579.21 per month in federal and provincial income supports, an increase of 2% over the same time last year.

Federal and Provincial Income Supplements for Single Low Income Seniors, 2015-2019



Source: (67)

Most provinces and territories in Canada offer seniors a financial benefit like the B.C. Senior's Supplement offered monthly, quarterly, annually, or as an income tax refund. B.C.'s benefit is the second lowest in the country, after New Brunswick.

Monthly Supplement amounts for Single Seniors by Province, 2019

Province/Territory	Program Name	Monthly Amount
Alberta*	Alberta Seniors Benefit	$285.92 maximum
Manitoba*	55 Plus Program	$53.93 maximum
New Brunswick*	New Brunswick Low-Income Seniors' Benefit	$33.33
Newfoundland and Labrador*	Newfoundland and Labrador Seniors' Benefit	$109.42 maximum
Northwest Territories	NWT Senior Citizen Supplementary Benefit	$196.00
Nova Scotia*	Seniors Provincial Income Tax Refund	$833.33 maximum
Nunavut	Senior Citizen Supplementary Benefit	$200.00
Ontario	Ontario Guaranteed Annual Income System	$83.00 maximum
Saskatchewan	Seniors Income Plan	$270.00 maximum
Yukon	Yukon Seniors Income Supplement	$258.82 maximum
British Columbia	B.C. Senior's Supplement	$49.30 maximum

Notes: * Amounts are calculated to reflect the amount of each benefit per month.
Quebec and Prince Edward Island do not have a senior's supplement program like other provinces.

Source: (68)

Canada Pension Plan

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

1. The individual must have contributed into CPP for at least 39 years, which is 83% of the period between the ages of 18 and 65; and
2. The individual must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of the years of employment in which they contributed into CPP. The YMPE for 2019 is $57,400.

The current maximum CPP benefit is $1,154.58 per month, a 1.8% increase over 2018. As of March 31, 2019, the average monthly payment amount for new beneficiaries was $679.16. In B.C., in March 2019, there were 940,805 retirement benefits paid.

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

Source: (69)(70)(71)

Tax Credits

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

Tax Credits Available to Seniors, 2018

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

The federal Public Transit Amount was eliminated as of July 1, 2018 and the Family Caregiver Amount was renamed to the Canada Caregiver Amount. Also, in 2018 the new B.C. Caregiver Tax Credit replaces the Infirm Dependent and In-Home Care of Relative B.C. tax credits. Otherwise, there were no changes to tax credit entitlements other than inflationary adjustments where applicable.

Federal tax credits, such as the Age Amount, Disability Amount, Canada Caregiver Amount, and Medical Expenses, are indexed to inflation using the Canadian CPI; indexation rates were 1.4% in 2017, 1.5% in 2018 and 2.2% in 2019.

The B.C. tax credits listed above, except the Home Renovation Tax Credit and the Pension Credit, are indexed each year by the B.C. CPI; indexation rates were 1.8% in 2017, 2.0% in 2018 and 2.6% in 2019.

Source: (72)(73)

Premium Assistance Programs

Medical Services Plan

Starting January 1, 2020, regular MSP premiums will not be charged to B.C. residents. However, to receive supplementary benefits, individuals must still quality for Regular Premium Assistance. The annual adjusted net income for supplementary benefits will remain at $42,000 or less. MSP will contribute $23 per visit for a combined limit of 10 visits per calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. In addition, MSP covers one full eye exam per year by an optometrist for all seniors.

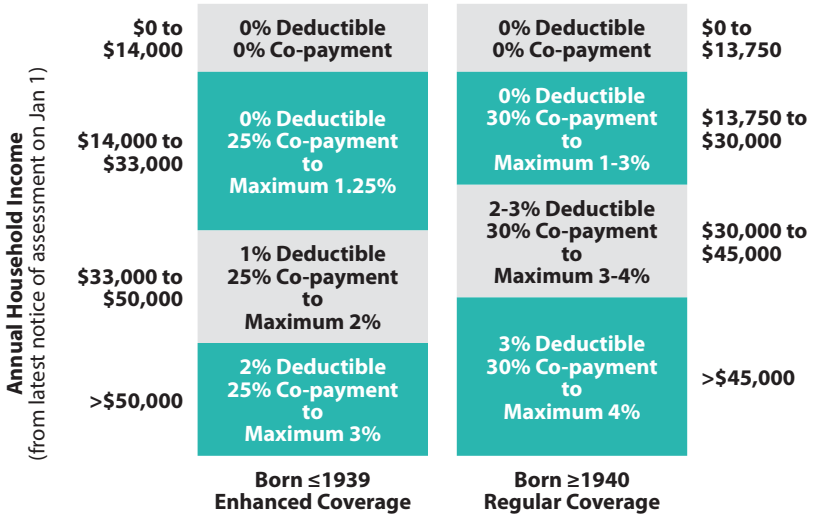
Source: (74)(75)

Fair PharmaCare

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

Fair PharmaCare rates changed in 2019; families with very low incomes no longer pay a deductible or co-payment. Enhanced coverage for seniors born in 1939 or earlier did not change for those with an income above $14,000. Regular coverage for those born in 1940 or later do not have a deductible for families earning up to $30,000 incomes and the deductible is reduced for families with incomes between $30,000 and $45,000. Co-payments for families with incomes between $13,750 and $45,000 remain at 30% but family maximums have been reduced. Regular coverage for incomes above $45,000 has not changed from previous rates.

Fair PharmaCare Assistance Levels, 2019



Source: (76)

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

Dispensing Fees

Pharmacies charge a dispensing fee for every prescription. PharmaCare will reimburse a maximum $10 dispensing fee. If the pharmacy charges more, the customer pays the difference. A single prescription 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 of five dispensing fees per prescription. After this time, it is at the pharmacy's discretion whether to charge an additional fee for blister pack medications.

Average Dispensing Fees for Select Pharmacies in Victoria, B.C., 2019

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

This table represents selected pharmacies in Victoria, B.C. but is comparable to other centres around the province. To look up the dispensing fee in other locations, visit https://www.pac.bluecross.ca/pharmacycompass.

Source: (77)

Elder Abuse

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

Source: (78)

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 this likely to cause substantial damage or loss in respect of those financial affairs.

Source: (79)

Community Resources

Community Response Networks

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

The BC ACRN website lists documents intended to be used like a library of information. It also has an interactive site to find CRN information in over 190 communities throughout B.C. Each community has a contact list that provides emergency and non-emergency phone numbers, as well as contact information for adult abuse services. Some examples of services that may be included are Health Authority contacts, helplines, victim services, transition houses, emergency shelters, outreach and community services, and legal services.

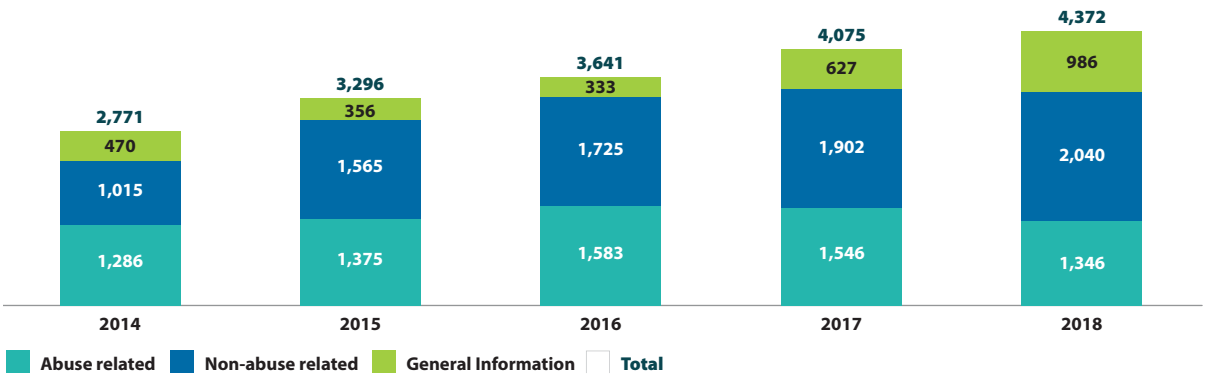
The community level information can be accessed on the BC ACRN website at: http://www.bccrns.ca/generated/crnhealthauthoritymap.php.

Seniors Abuse and Information Line

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

The total number of calls received by SAIL continues to increase year over year. In 2018, SAIL received 4,372 calls, an increase of 7% since 2017; 1,346 (31%) were related to abuse, 2,040 (47%) to non-abuse matters, and 986 (23%) were for general information. Calls related to abuse declined 13% in 2018.

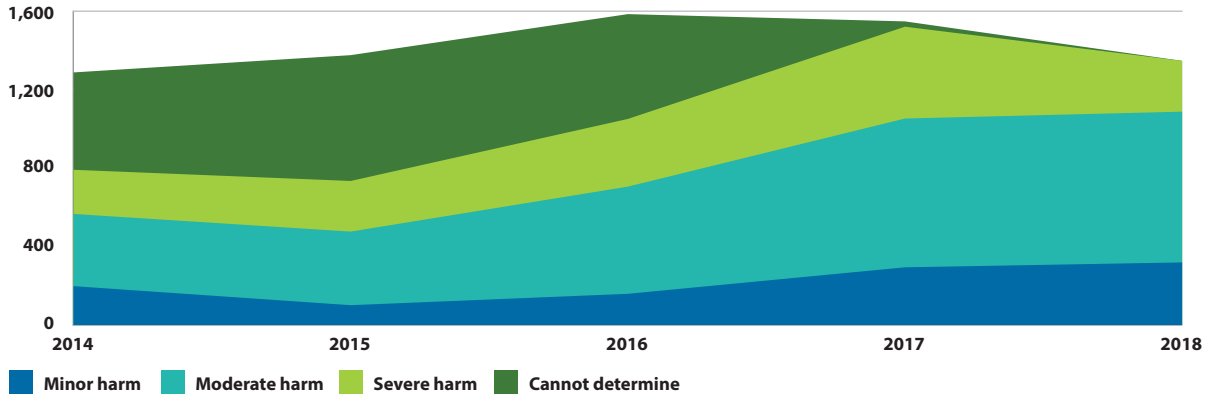
Number of Calls to SAIL, 2014-2018



Source: (80)

Recording of data at call intake improved in 2017; calls where the degree of harm could not be determined was only 2% in 2017 and 0% in 2018 compared to 34% in 2016. In 2018, approximately 76% of calls were assessed as moderate to severe harm, and in 12% of calls the abuse had been occurring longer than five years.

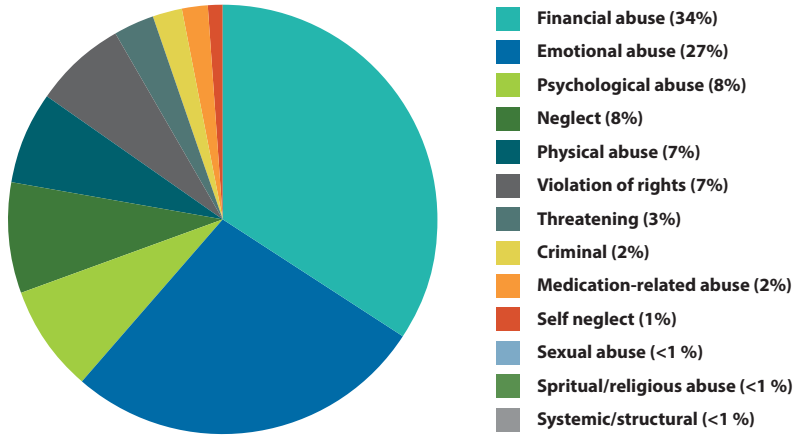
Degree of Harm Reported to SAIL, 2014-2018



Source: (80)

More than one type of harm or abuse may occur at the same time. The percentages below indicate the proportion of time the harm or abuse type is noted, not the number of calls received. Financial abuse is still the most frequently reported type of harm, increasing in 2018 to 34% from 29% in 2017. Emotional abuse (27%) and psychological abuse (8%) are still the second and third most common types of abuse reported. Neglect is also at 8% in 2018 a slight increase from 7% the year before.

Frequency of the Type of Abuse or Harm Reported to SAIL, 2018



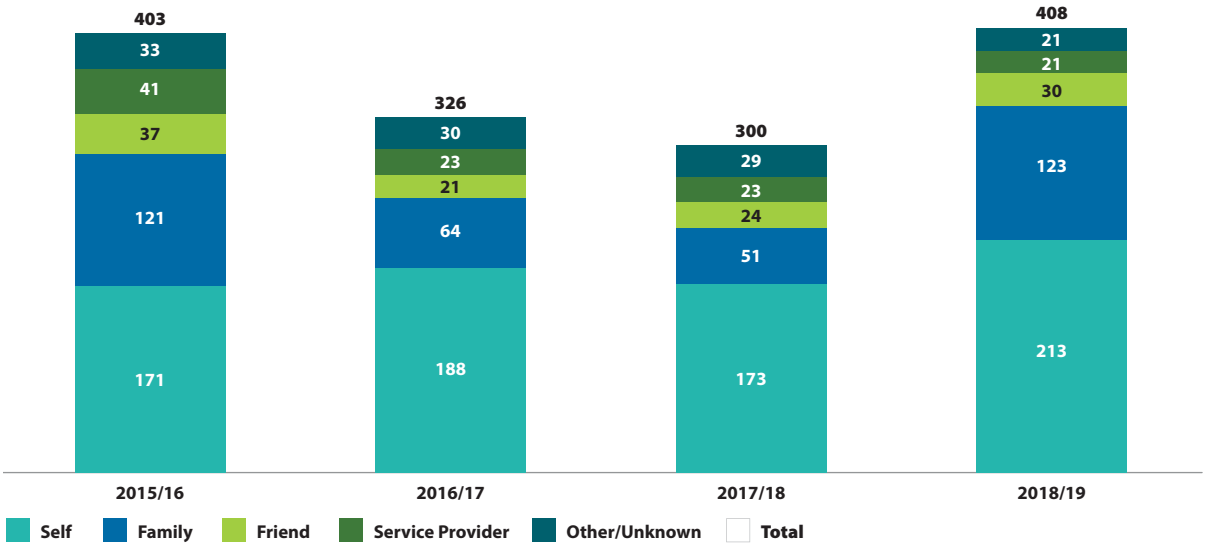
Source: (80)

211 Helpline

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

In 2018/19, bc211 received 408 calls about elder abuse; 213 callers were aged 55 or older reporting abuse about themselves, 123 were family members, 30 were friends, 21 were service providers, and the remaining 21 were not categorized. After a two-year decline, the total number of calls increased 36% in 2018/19.

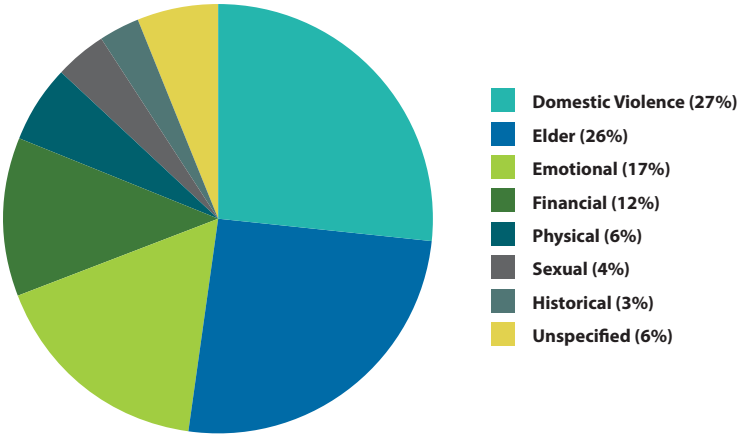
Callers to bc211, 2015/16-2018/19



Source: (81)

Callers may report more than one type of abuse. In 2018/19, there were 272 incidents of abuse reported by 213 callers aged 55 or older calling on behalf of themselves. Most of the incidents were domestic violence (27%) and elder abuse (26%). Most callers in this group were female (81%).

Frequency of the Type of Abuse Reported* to bc211, 2018/19



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

Source: (81)

Abuse Reports to Provincial Agencies

Designated Agencies

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

In April 2015, the Office of the Seniors Advocate (OSA) sponsored a project intended to assist Designated Agencies to meet requirements for accurate reporting of elder abuse and neglect to the OSA. Ultimately, the project identified the potential to meet these requirements by expanding the use of the BC Patient Safety & Learning System re:act reporting system (BCPSLS re:act) to all Designated Agencies, except CLBC, along with the provision of education on recording information about reports and their disposition in this data collection system. Uptake of the BCPSLS re:act has been slow and use of the system varies across health authorities. Fraser Health has opted not to use it at all and there is only partial use within Vancouver Coastal Health. Those that have opted out report in their own systems.

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. However, the data was not received in such a way that this is possible for all health authorities at this time. Fraser Health, Northern Health and those programs in Vancouver Coastal Health that do not use the BCPSLS re:act only reported total cases. **The 2018 data presented here should be interpreted with caution because it is incomplete, inconsistently reported and prone to subjective bias due to lack of reporting criteria.** However, reporting the data may provide some general insight into the abuse and neglect cases that are reported to Designated Agencies and encourage health authorities to work on improving data quality.

Suspected Cases of Abuse, Neglect and Self-Neglect

There were 1,626 suspected cases of abuse, neglect and self-neglect reported to Designated Agencies in 2018; 81% were for seniors aged 65 or older, the gender distribution of these seniors was 58% female and 42% male, and 84% of cases lived in their own private home.

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

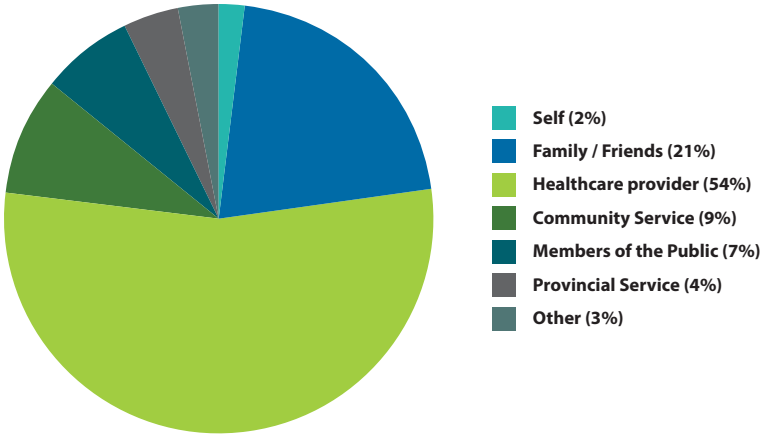
Health Authority	Open Cases			Closed Cases			Total Cases		
	65+	Total Cases	% Aged 65+	65+	Total Cases	% Aged 65+	65+	Total Cases	% Aged 65+
IHA	14	16	88%	108	139	78%	122	155	79%
FHA	n/a	n/a	n/a	n/a	n/a	n/a	193	222	87%
PHC	10	12	83%	9	13	69%	145	188	77%
VCHA	103	128	80%	167	196	85%	386	472	82%
VIHA	116	146	79%	235	282	83%	351	428	82%
NHA	n/a	n/a	n/a	n/a	n/a	n/a	121	161	75%
B.C.	**243**	**302**	**80%**	**519**	**630**	**82%**	**1,318**	**1,626**	**81%**

Note: For PHC and VCHA open and closed cases do not sum to the total cases because they provided data for additional cases that are not recorded in the BCPSLS re:act.

Source: (82)

Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. Most cases are reported by healthcare providers (54%) or family and friends (21%).

Relationship of Reporter for Cases Aged 65+, 2018



Notes: Northern Health and Providence Health did not provide this information.

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

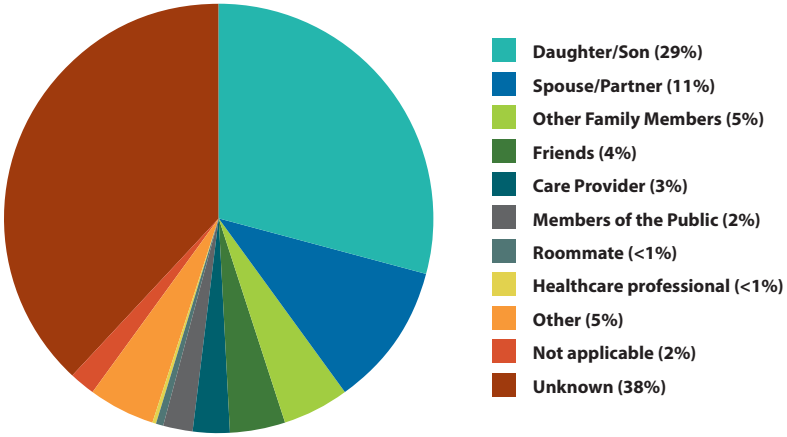
Members of the Public includes neighbor, anonymous reporter, landlord or strata, and members of the public not otherwise listed.

Provincial Service includes Health Inspector, Designated Agency, and Public Guardian and Trustee.

Source: (82)

Often the victim of abuse is in a trusting relationship with the abuser. In 45% of cases the abuser was a family member, in most cases a son or a daughter (29%), or a spouse or common-law partner (11%), and in some cases other family members (5%). However, values are likely understated as the relationship was unknown or not reported in 38% of cases.

Relationship of Suspected Abuser for Cases Aged 65+, 2018



Notes: Northern Health and Providence Health did not provide this information.
Members of the public include neighbor, landlord, and other members of the public.
Source: (82)

The degree of harm was reported in only 357 cases. Of these, 15% experienced no harm, 72% experienced minor to moderate harm, and 13% experienced severe harm or even death in a few cases.

In 44% of cases, the individual was not able to seek or refuse support or assistance. The primary reasons for this were dementia or cognitive impairment (42%), mental illness (5%) and alcohol or drug impairment (4%). The reason was not reported in 31% of cases.

Confirmed Cases of Abuse, Neglect and Self-Neglect

There were 596 confirmed cases reported to Designated Agencies in 2018 but this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, 25% were abuse, 14% were neglect and 61% were self-neglect.

Confirmed Cases of Abuse and Neglect, 2018

	Abuse	Neglect	Self-Neglect	Unknown	Total
Confirmed Cases	147	83	364	2	596
Types of Abuse & Neglect	220	195	1,114	n/a	1,529

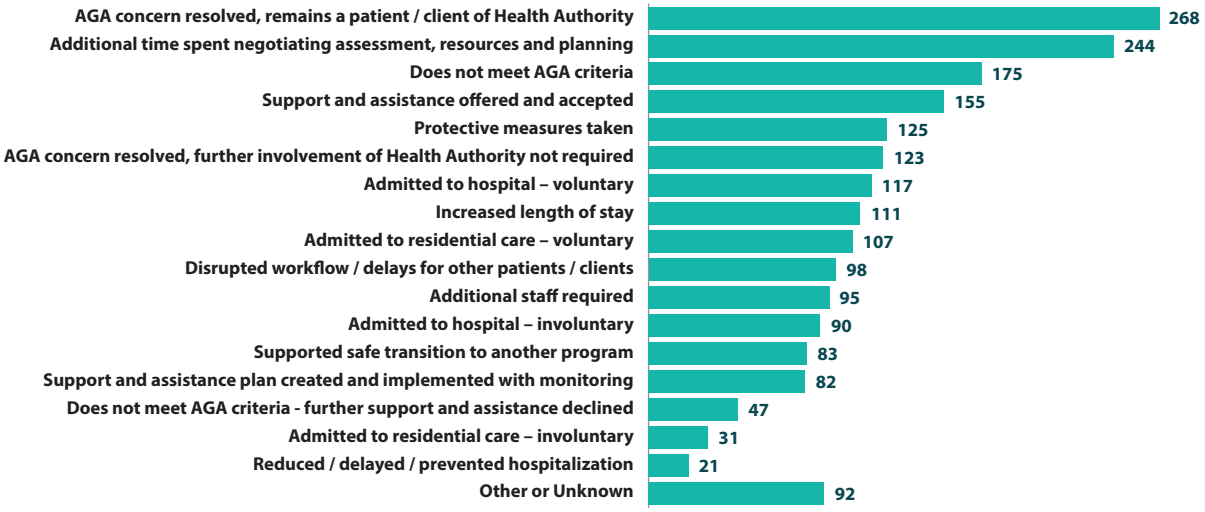
Note: Northern Health did not provide this information.
Source: (82)

There can be multiple types of abuse or neglect reported for one confirmed case. The primary types reported were as follows:

- Abuse (n=220) – financial abuse (31%), emotional or psychological abuse (17%), physical abuse (16%) and intimidation or threats (13%),
- Neglect (n=195) – not receiving adequate personal care (22%), not receiving medical care (16%), not receiving adequate nutrition (11%), and living in unsafe conditions (11%), and
- Self-neglect (n=1,114) – personal hygiene (17%), medication (13%), malnutrition (13%), and unsanitary living conditions (13%).

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

Outcomes of Confirmed Cases of Abuse, Neglect and Self-Neglect for Ages 65+, 2018



Notes: Northern Health and Providence Health did not provide this information.
Source: (82)

Public Guardian and Trustee

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

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

A COE and a COP are only considered as a last resort once decision making options such as the Power of Attorney, Representation Agreements, and Pension Trusteeship have been fully explored. In 2018/19, the PGT supported 2,379 COEs and 53 COPS for B.C. seniors. The number of COEs had been steadily declining each year but in 2018/19 there was a 1% increase. The number of COPs varied between 41 and 53 in each of the last five years.

Number of COE and COP for Adults Aged 65 or Older, 2014/15-2018/19

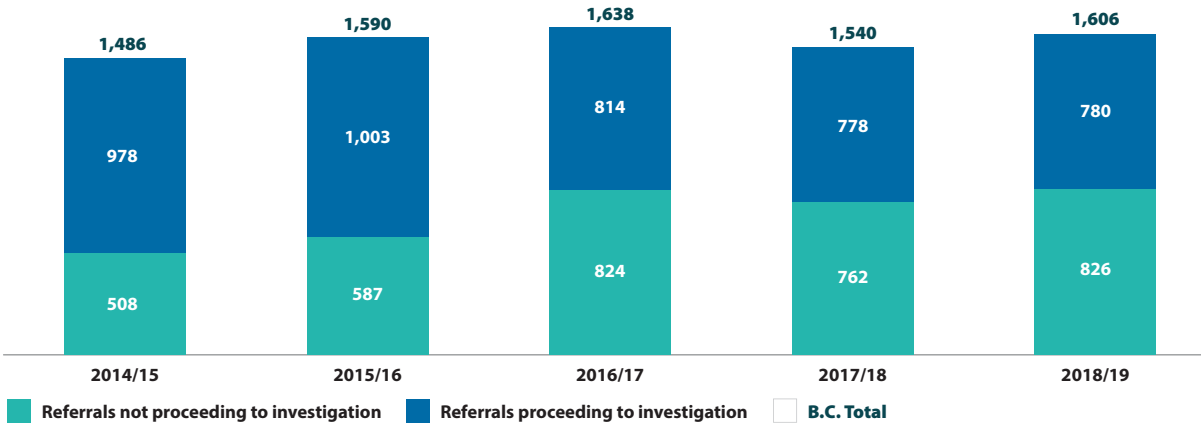
	2014/15	2015/16	2016/17	2017/18	2018/19	% Change
Committee of Estate (COE)	2,754	2,583	2,481	2,346	2,379	1%
Committee of Person (COP)	41	48	45	49	53	8%

Source: (83)

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

In 2018/19, the PGT received 1,787 referrals of which 181 (10%) were general inquiries, 826 (46%) did not proceed to investigation, and 780 (44%) proceeded to investigation. Excluding general inquiries, 1,606 referrals were received in 2018/19, a 4% increase over the previous year.

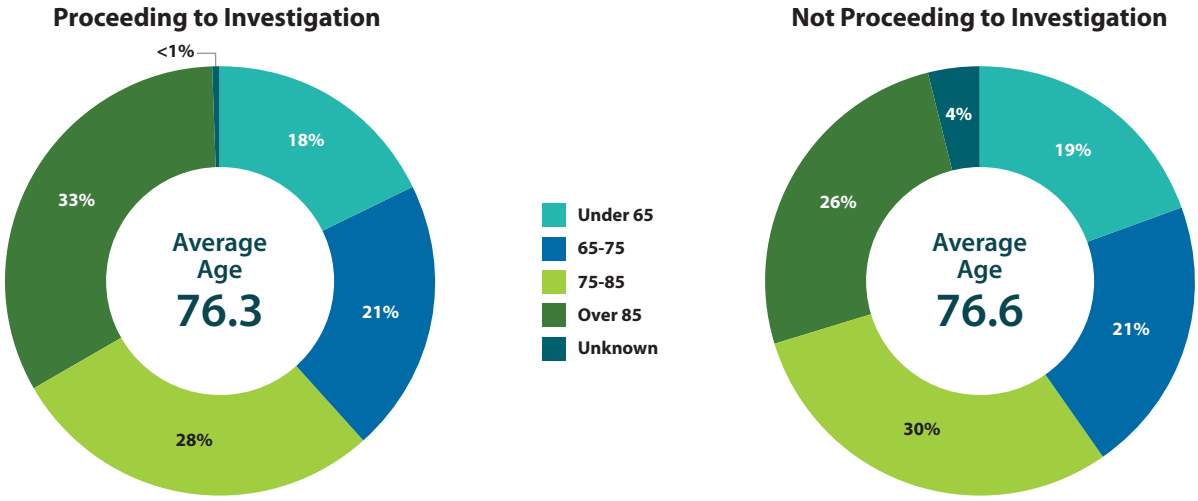
PGT Referrals Excluding General Inquiries, 2014/15-2018/19



Source: (83)

Of the referrals made to the PGT, 82% of those that proceeded to investigation and 77% of those that did not proceed to investigation involved seniors aged 65 or older. These percentages have been increasing over the past few years; for those not proceeding to investigation, the percent aged 65 or older increased from 58% in 2014/15 to 77% in 2018/19 and for those proceeding to investigation, there was a slight drop in 2015/16 but then increased from 78% to 82% in 2018/19. For the first time in five years, the percent of females not proceeding to investigation dropped below the rate for males (49% vs 50%) but the rates for females proceeding to investigation remain higher than for males (51% vs 48%).

Client Age of Referrals, 2018/19



Source: (83)

Abuse Reports to Law Enforcement

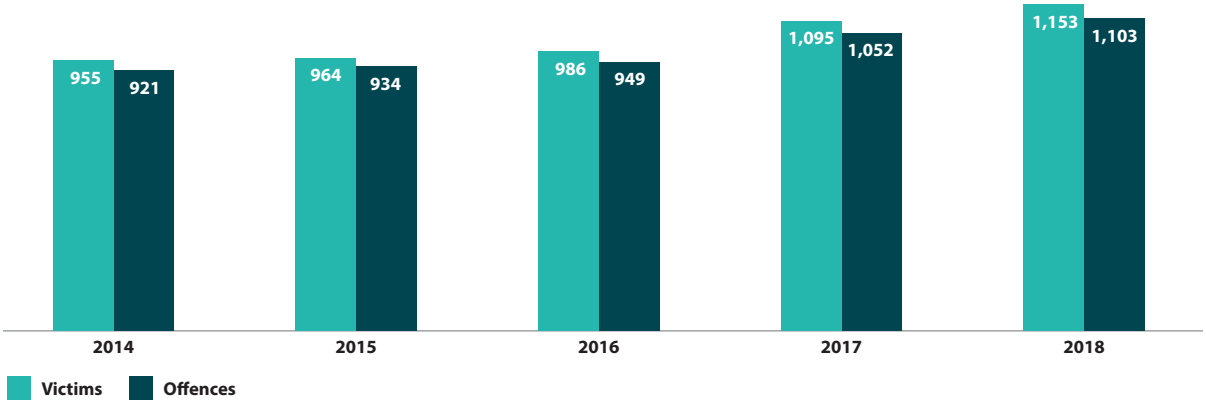
BC RCMP

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

Violent Offences

Victims of violent offences against seniors reported to the RCMP continue to increase. Both the number of victims aged 65 or older (1,153) and the number of violent offences against these seniors (1,103) increased 5% in 2018. Charges have been laid or recommended in 40% of the offences and 32% are not yet cleared.

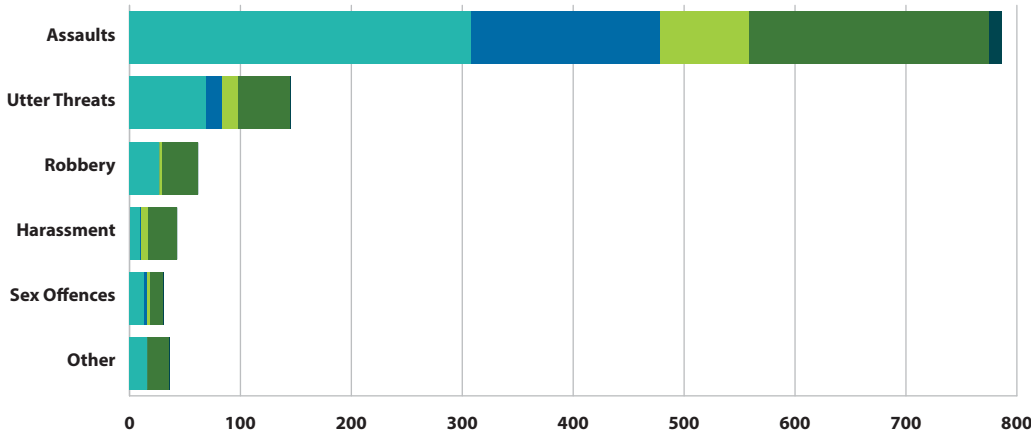
Victims of Violent Offences Aged 65+, 2014-2018



Source: (84)

The top five types of violent offences have accounted for more than 97% of violent offences against seniors for the last five years. Assaults have increased during this time from 68% in 2014 to 71% in 2018. Charges have been laid or recommended in 39% of assault cases and 22% of cases were not cleared yet at the time of reporting.

Outcomes of Violent Offences with Victims Aged 65+, 2018



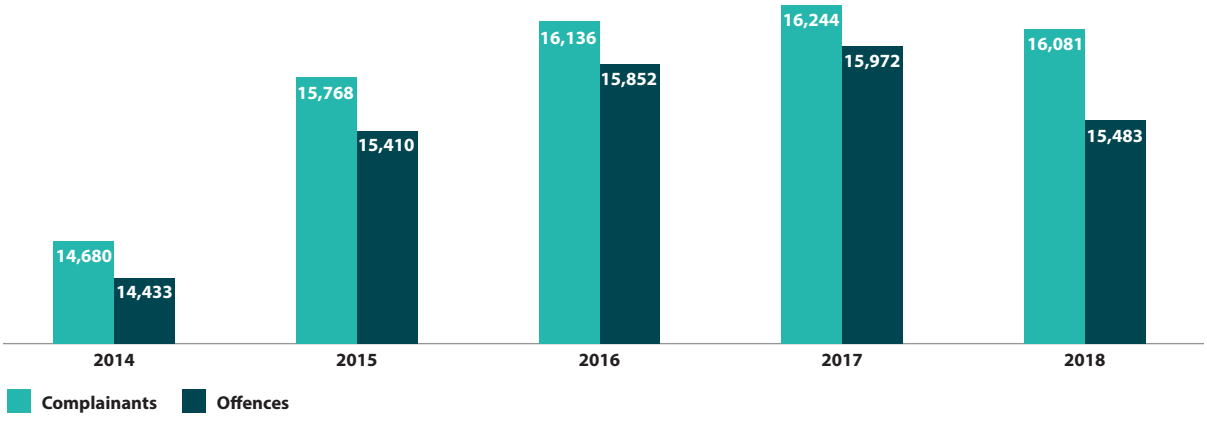
	Other	Sex Offences	Harassment	Robbery	Utter Threats	Assaults
Charges laid or recommended	16	13	9	27	69	308
Complainant won't lay charges	0	2	1	0	14	170
Departmental discretion	0	3	7	2	15	80
Not yet cleared	19	12	26	33	46	217
Other	1	1	0	0	1	11
Total	**36**	**31**	**43**	**62**	**145**	**786**

Source: (84)

Property Offences

There have been over 16,000 seniors that were complainants of a property offence in each of the last three years. In 2018, the number of complainants decreased by 1% and the number of offences decreased by 3% from 2017 but both are still substantially higher than in 2014. Charges have been laid or recommended in only 2% of offences, but 93% were not yet cleared at the time of reporting.

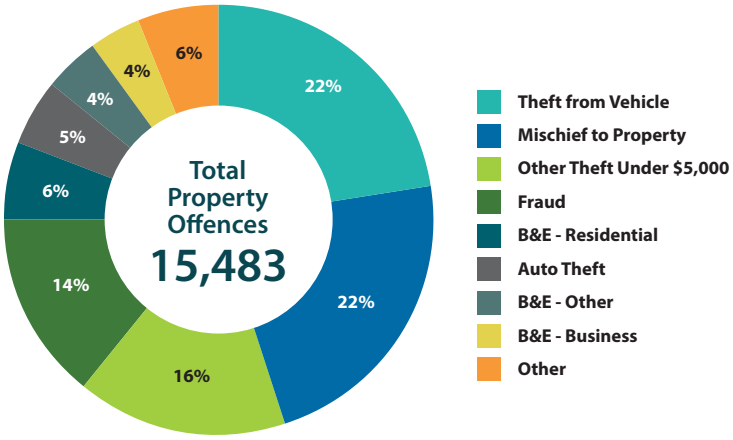
Complainants of Property Offences Aged 65+, 2014-2018



Source: (84)

The top five types of property offences accounted for more than 80% of property offences against seniors for the last five years. Mischief to property was the most common type of property offence in 2014 and 2015, but in the last three years theft from vehicle was more common. From 2014 to 2018, mischief to property declined from 24% to 22%, theft from vehicle increased from 20% to 22%, and fraud increased from 11% to 14%.

Types of Property Offences with Complainants Aged 65+, 2018

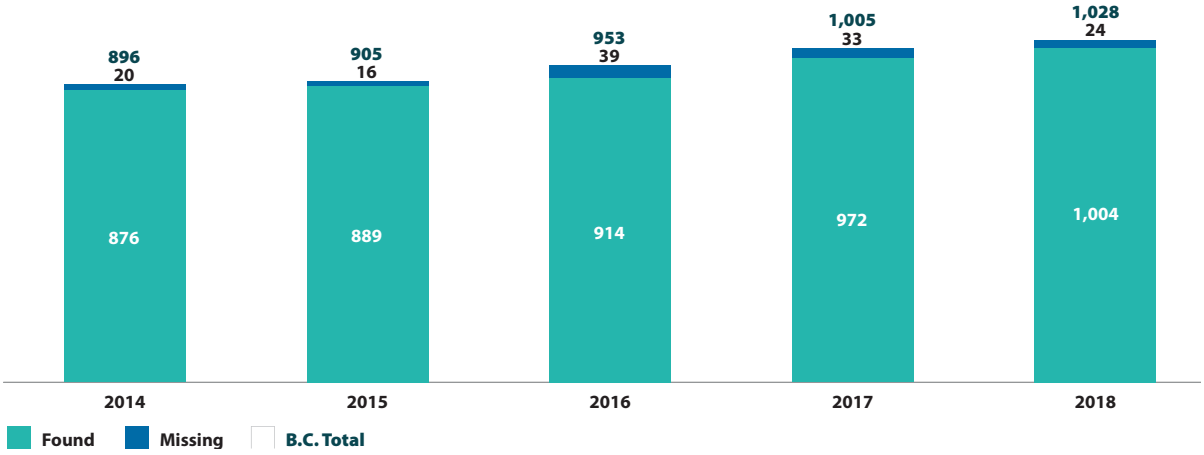


Note: "Other" includes bike theft, theft from mail, shoplifting, other theft over $5,000, possession of stolen property, other general occurrence, arson, theft of utilities and mischief to data
Source: (84)

Missing Persons Cases

There were 1,028 missing persons cases for seniors aged 65 or older, 7% of all missing persons cases, opened with the RCMP E Division in 2018. At the time of reporting, 24 (2%) seniors were still missing. The number of missing seniors has been steadily increasing since 2014 (2% since 2017 and 15% since 2014) but seems to be relative to the population growth. The senior population grew 4% from 2017 to 2018, and 17% from 2014 to 2018.

Missing Persons for Seniors Aged 65+, 2014-2018



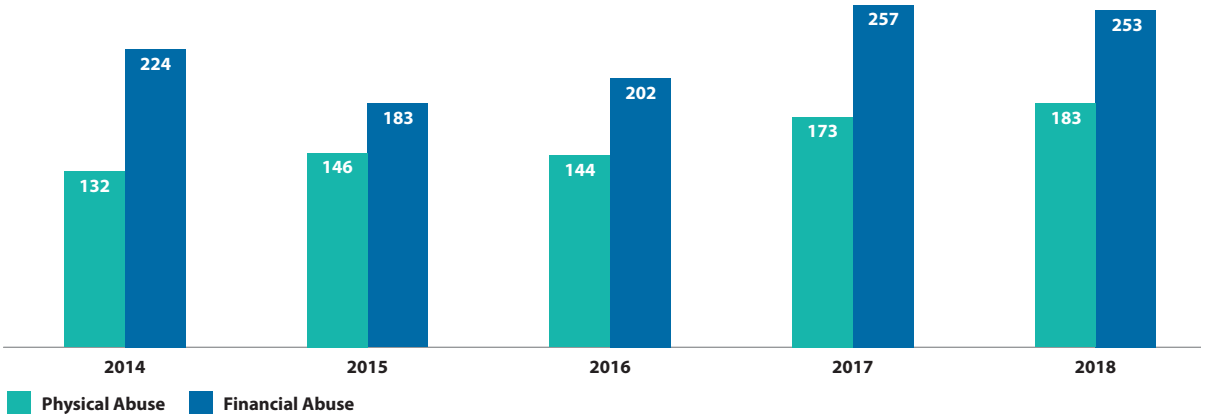
Source: (84)

Vancouver Police Department

The Vancouver Police Department tracks cases of reported physical and financial abuse each year. In 2018, there were 183 cases of physical abuse against seniors, a 6% increase over 2017. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 25% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 103 of these cases.

In 2018, there were 253 cases of financial abuse (mail, fraud, CRA & lottery scams, etc.) against seniors, a 2% decrease over 2017. In most cases the perpetrator was a stranger – very few financial abuse incidents involved family members or caregivers. Charges were laid or recommended in 6% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 29 of these financial abuse cases, a 16% increase from 2017. However, this is a substantial increase over 2015 and 2016 where they were only consulted once in each year.

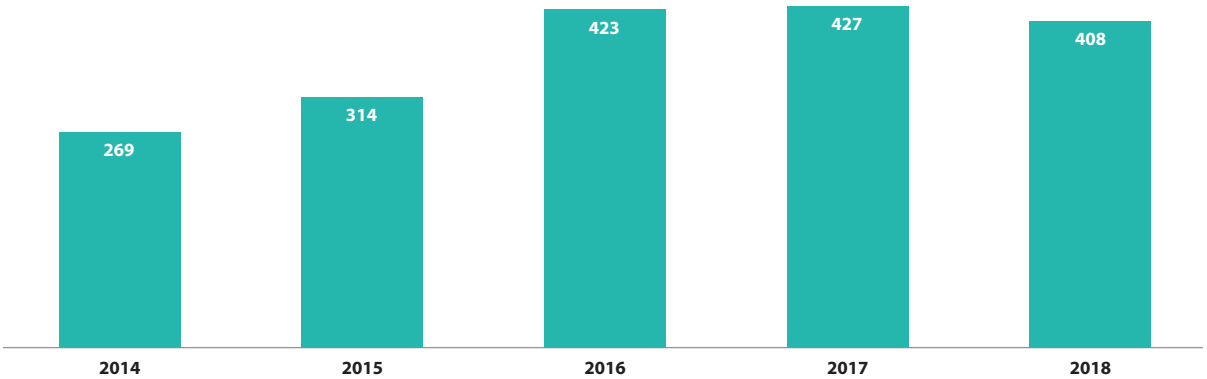
Victims of Abuse Aged 65+, 2014-2018



Source: (85)

In 2018, the Vancouver Police Department's Missing Persons Unit handled 408 missing persons cases involving seniors aged 65 or older. This was a 4% decrease from 2017. Sixteen cases reported in 2018 are still missing.

Missing Persons Cases Aged 65+, 2014-2018



Source: (85)

Appendix 1: Table of Acronyms

ALR	Assisted Living Registrar
CCALA	*Community Care and Assisted Living Act*
COE	Committee of Estate
COP	Committee of Person
CPI	Consumer Price Index
CPP	Canada Pension Plan
CSIL	Choice in Supports for Independent Living
DMER	Driver Medical Examination Report
FHA	Fraser Health Authority
FNHA	First Nations Health Authority
GIS	Guaranteed Income Supplement
GP	General Practitioner (family doctor)
IHA	Interior Health Authority
MSP	Medical Services Plan
NHA	Northern Health Authority
OAS	Old Age Security
OSA	Office of the Seniors Advocate
PCQO	Patient Care Quality Office
PCQRB	Patient Care Quality Review Board
PGT	Public Guardian and Trustee
PHC	Providence Health Care
PSLS	Patient Safety Learning System
RCMP	Royal Canadian Mounted Police
SAFER	Shelter Aid for Elderly Renters
SAIL	Seniors Abuse and Information Line
SDPR	Ministry of Social Development and Poverty Reduction
SSH	Seniors' Subsidized Housing
TSDM	Temporary substitute decision maker
VCHA	Vancouver Coastal Health Authority
VIHA	Island Health Authority
VPD	Vancouver Police Department

Appendix 2: Definitions for Population Segments for Chronic Conditions

High Complex Chronic Conditions	
• Alzheimer's Disease	• Heart Failure
• Dementia	• Organ Transplant
• Cystic Fibrosis (PharmaCare Plan D)	
Medium Complex Chronic Conditions	
• Angina	• Parkinson's Disease
• Chronic Obstructive Pulmonary Disease	• Pre-Dialysis Chronic Kidney Disease
• Multiple Sclerosis	• Rheumatoid Arthritis
Low Complex Chronic Conditions	
• Asthma	• Hypertension
• Mood/Anxiety Disorder (includes depression)	• Osteoarthritis
• Diabetes	• Osteoporosis
• Epilepsy	
Included in the Chronic Disease Registry for These Events/Interventions	
• Stroke	• Acute Myocardial Infarction (heart attack)
• Chronic Kidney Disease on Dialysis	• Percutaneous Transluminal Coronary Angioplasty
• Coronary Artery Bypass Graft	

Appendix 3: Residential Care Regulation for Long-Term Care Facilities Under the *CCALA*

Part 2 – Licensing

- Applying for a licence
- Continuing duty to inform
- Notice of change of operation
- Liability insurance
- Posting licence and inspection record
- Investigation or inspection

Part 3 – Facility Requirements

Division 1 – General Physical Requirements

- Directional assistance
- Accessibility
- Windows
- Temperature and lighting
- Water temperature
- Telephones
- Monitoring, signaling and communication
- Emergency equipment
- Equipment and furnishings
- Maintenance
- Smoking and use of vapour products
- Weapons

Division 2 – Bedrooms

- Bedroom occupancy
- Physical requirements of bedrooms
- Bedroom floor space
- Bedroom windows
- Bedroom furnishings

Division 3 – Bathroom Facilities

- Physical requirements of bathrooms
- Bathrooms in facilities other than long-term care facilities
- Bathrooms in long-term care facilities

Division 4 – Common Areas and Work Areas

- Dining areas
- Lounges and recreation facilities
- Designated work areas
- Outside activity areas

Part 4 – Staffing Requirements

Division 1 – General Staffing Requirements

- Character and skill requirements
- Additional criminal record checks
- Continuing health of employees
- Continuing monitoring of employees

Division 2 – Coverage and Necessary Staff

- Management and supervisory staff
- Staffing coverage
- Employee trained in first aid
- Food services employees
- Employee responsible for activities

Part 5 – Operations

Division 1 – Admission and Continuing Accommodation

- Prohibited service
- Admission screening
- Advice on admission
- Other requirements on admission
- Continuing accommodation

Division 2 – General Care Requirements	
• Emergency preparations	• Access to persons in care
• Harmful actions not permitted	• Release or removal of persons in care
• Privacy	• Family and resident council
• General health and hygiene	• Dispute resolution
• Program of activities	• Self-monitoring of community care facility
• Identification of persons in care off-site	
Division 3 – Nutrition	
• Menu planning	• Participation by persons in care
• Food preparation and service	• Individual nutrition needs
• Food service schedule	• Eating aids and supplements
Division 4 – Medication	
• Medication safety and advisory committee	• Changes to directions for use of medication
• Packaging and storage of medication	• Return of medication to pharmacy
• Administration of medication	
Division 5 – Use of Restraints	
• Restrictions on use of restraints	• Reassessment
• When restraints may be used	
Division 6 – Matters That Must Be Reported	
• Notification of illness or injury	• Reportable incidents
Part 6 – Records	
Division 1 – Records for Each Person in Care	
• Records for each person in care	• Care plan needed if more than 30 day stay
• Records respecting money and valuables of persons in care	• Implementation of care plans
• Short-term care plan on admission	• Nutrition plan
	• Use of restraints to be recorded in care plan
Division 2 – Additional Records	
• Policies and procedures	• Record of minor and reportable incidents
• Repayment agreements	• Record of complaints and compliance
• Records respecting employees	• Financial records and audits
• Food services record	
Division 3 – General Requirements Respecting Records	
• Currency and availability of records	• Confidentiality
• How long records must be kept	
Part 7 – Transitional	
• Transitioned facilities	• Transition – Criminal record check
• Unacceptable threat to health or safety	

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