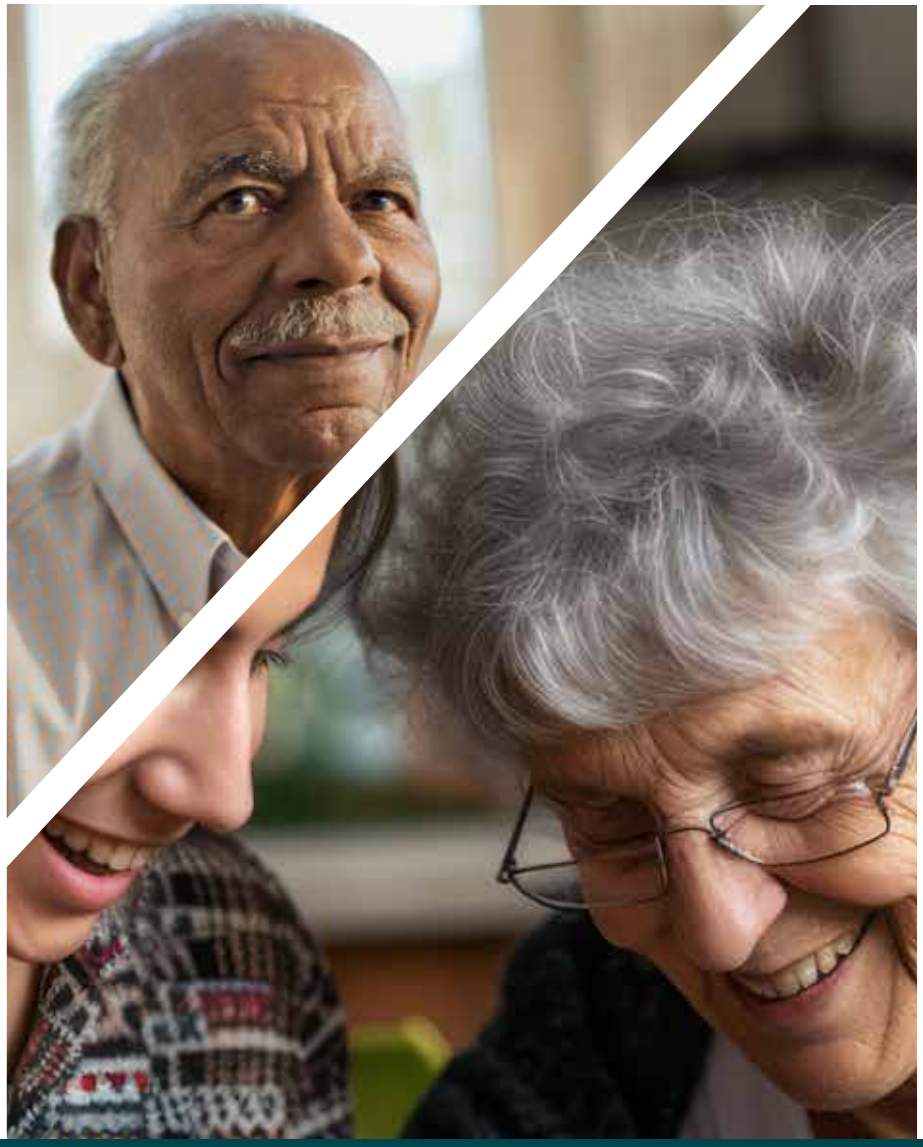
OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA



Monitoring Seniors Services 2024 Report

10th Edition

www.seniorsadvocatebc.ca

MESSAGE FROM THE SENIORS ADVOCATE

DECEMBER 2024

I'm pleased to present my first, and the office's tenth edition, annual Monitoring Seniors Services Report which brings together key performance indicators and provides an overview of British Columbian's experiences of accessing public services as they grow older. This report shows both changes over the past year, as well as trends over time, in the critical areas of health care, long-term care, home support, housing, transportation, income supports, community services and seniors' safety.

It's important to also recognize that these services are also what we hear most often from seniors and their families when difficulties and challenges arise. In addition to being areas our office is mandated to review, monitor and report on, they are of vital importance to older British Columbians and their loved ones. Ensuring access to health care, safe and affordable housing, help at home, and the ability to move into a more supportive living situation in assisted living and long-term care is essential to healthy ageing.

As we know, the demographics in our province are shifting. The seniors' population has grown 45% over the past 10 years. By 2035, approximately 25% of people in B.C. will be over the age of 65. It's vital that we are working today to meet demands of a population that is generally older now than at any other time in our history. Unfortunately, despite some government investment in seniors' services, we continue to fall behind in meeting many basic needs. Some of the most troubling data in this year's report shows:

- The waitlists for knee and hip replacements for seniors (65+) increased 53% and 59% respectively over five years;
- The number of publicly-subsidized home support clients increased 11%, while the rate of clients per 1,000 seniors (75+) decreased 7%;
- There were 6,464 people waiting for a publicly-subsidized long-term care bed in 2023/24, a 250% increase in the number waiting five years ago (2,595); and
- The number of applications for seniors subsidized housing reached close to 14,000 last year, 59% more than five years ago, and just 6% of applicants received a unit.

These numbers tell a story of a system that falls short of meeting seniors' needs at home, placing a significant burden on family caregivers, many of whom are also seniors. Some seniors are then admitted to hospital and wait weeks or months for a long-term care space, occupying a hospital bed in the meantime. Each of these important services along the continuum of care impacts the next and, when insufficient, ultimately doesn't meet the needs of seniors or loved ones and puts additional strain on the health care system.

In addition, we continue to see concerning trends related to abuse and neglect of seniors reported to the Seniors Abuse and Information Line (SAIL) which has increased 92% over the past five years. Instances of seniors who were victims of violent offences reported to the BC RCMP increased 18%, and cases of financial abuse and physical abuse against seniors reported to the Vancouver Police Department increased 67% and 7% respectively from five years ago.

However, there are a few bright spots. Generally speaking, B.C. seniors are staying healthier and living longer which is good news. The percentage of seniors with complex chronic conditions has remained relatively stable over the past five years, including the percentage of seniors with dementia in B.C., which has remained steady at 5% despite a growing population. The report also notes slight decreases in hospitalization with fewer people waiting to be discharged either home with supports or to long-term care, and emergency department visits for people over 65 also decreasing over the past five years.

All of this information outlining current and future pressures further supports my call for the Province to develop an action-oriented, measurable cross-ministry seniors' plan. Seniors services in B.C. are offered by many different ministries and are uncoordinated, fractured and confusing for people accessing public supports for the first time. I want the plan to demonstrate how government will meet seniors' health care, income, transportation and community care needs as the population ages.

There is a real life story behind each data point, that together, paint the narrative of over one million seniors in British Columbia impacted by policies that help or hinder the challenges seniors face. These stories tell us that changes are needed to not only keep pace with growing demand, but to ensure all older people feel valued not invisible; have timely access to services and supports; do not experience long wait times and are socially included and not left behind. It is critical to the well-being of all British Columbians that we continue to improve the lives of seniors to achieve better outcomes with a plan that is focused and concrete.

The Monitoring Seniors Services 2024 Report is a significant undertaking and represents many data sources, identifying the issues and barriers that may prevent older people from ageing well. While the initiative was led by staff in the Office of the Seniors Advocate, it could not be done without the participation of health authorities, ministries, service providers and others who had key roles in providing this important information. Thank you to everyone who was involved in helping our office develop this year's report.

Sincerely,

Dan Levitt
BC Seniors Advocate

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

ACKNOWLEDGMENTS & NOTES

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

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

For the most part, the data used in the report are either for fiscal year 2023/24, covering the period from April 1, 2023 to March 31, 2024, or for calendar year 2023. In some cases, as noted in the report, other time frames have been used. Comparative year-over-year data are provided in the Data Tables available in a supplementary document. Numbers may not exactly match other publications and percentages may not sum to 100% due to rounding.

2024 HIGHLIGHTS

B.C. DEMOGRAPHICS HIGHLIGHTS

- In 2023, B.C.'s seniors' population was 1,089,790. The seniors' population has grown 15% over five years and 45% over ten years. Seniors now represent 20% of the provincial population compared to 19% in 2019 and 16% in 2013.
- The number of people 85 years and older has grown 10% over five years and 28% over ten years but has remained relatively stable as a proportion of the population at 2%. The main growth in the seniors' population from last year was the 75 to 84 age group.
- The percentage of seniors is highest in Vancouver Island Health, immediately followed by Interior Health, a trend that was also observed five years ago.
- The life expectancy at 65 years in B.C. is 22.4 years (23.8 years for females and 20.9 years for males) compared to 22.2 years in 2019 and 21.8 years in 2014. Health adjusted life expectancy at age 65 is 17.2 years, compared to 17.0 years in 2019 and 16.7 years in 2014.
- Over 35,000 seniors (65+) died in 2023, 14% more deaths than in 2019 but 3% decline from 2022. The fatality rate for seniors (65+) was 326 per 10,000 seniors, a 6% decrease from last year.
- The top five causes of death for people aged 65+ were cancer (26%), heart disease (19%), cerebrovascular diseases (stroke) (5%), chronic lower respiratory diseases (5%) and Alzheimer's disease (3%). The top five causes of death have remained relatively unchanged over the past ten years with the exception of diabetes mellitus replaced by COVID-19 in 2020 and 2022.

HEALTH CARE HIGHLIGHTS

- 19% of seniors aged 65 and older are living with high complexity chronic conditions, and 5% are diagnosed with dementia; these percentages have remained relatively stable over the last ten years.
- 51% of seniors received the publicly-funded flu vaccine from pharmacies compared to 35% in 2019/20; 2% received their flu vaccine from a physician/nurse compared to 10% in 2020/21.
- 84% of residents in publicly-subsidized LTC were vaccinated for influenza, compared to 87% last year and 85% five years ago. Only 36% of staff were vaccinated for influenza, the lowest in the past five years due to lower rates of self-reporting.
- Nearly 60% of seniors were vaccinated for at least five doses of COVID-19 (as of June 30, 2024)
- The hospitalization rate per 1,000 seniors (65+) has fallen 3% over the last five years and 6% over ten years.
- While the overall number of emergency department visits by seniors has increased 10% over the last five years and 29% over ten years, the rate of emergency department visits per 1,000 seniors (65+) has fallen 4% and 8% over the same time period due to the growing seniors' population.
- 83% of alternate level of care (ALC) days were for seniors and this proportion was relatively stable over the last ten years, ranging from 80% to 84%. The average length of stay in ALC for seniors increased 6% last year and rose 4% compared to 2014/15.
- Over the last five years, the numbers in each of the top five surgeries completed for seniors increased and the median wait time in two of the top five surgeries decreased. The number of seniors waiting for surgeries increased except for cataract surgery.
- Over the last five years, the rate of home support clients per 1,000 seniors (75+) decreased 7% and the average hours per client decreased 2%. The number of home support clients increased 11% over the same time period.
- While the number of clients receiving community-based professional services (i.e., case management, OT/PT, home care nursing) increased 10% over the last five years, the rate of clients per 1,000 seniors (65+) decreased 5% over the same time period.

- There were 645 home care complaints, a 5% decrease from last year and an 8% decrease from five years ago.
- Overall, there are 245 overnight respite beds in the province, 3 fewer than five years ago.
- Adult Day Programs (ADP) have not fully rebounded from COVID-19 pandemic closures. The number of clients and program days fell 5% and 11% respectively since 2019/20.
- Over the last five years, the waitlist for subsidized assisted living units increased by 37% while the rate of subsidized units per 1,000 seniors (75+) decreased 15%. Average care hours per unit increased 2% since 2019/20.
- Reportable incidents in registered assisted living increased nearly 22% from last year; 52% were unexpected illness and 34% were falls. The volume of reportable incidents has increased year-over-year, particularly for unexpected illness and falls.
- There are 28,364 publicly-subsidized long-term care (LTC) beds in 298 sites. The number of publicly-subsidized LTC sites and beds increased 1% and 3% respectively over the last five years. The rate of publicly-subsidized LTC beds per 1,000 seniors (75+) decreased 13% during that same time period.
- 79% of LTC residents live in single occupancy rooms, a three percentage point increase over the past five years.
- The average and median lengths of stay for people living in LTC has decreased <1% and increased 2% respectively over the last five years.
- Nearly 9,990 seniors were admitted to LTC – 47% from hospital and 53% from the community. The total number of LTC admissions increased 8% from 2020/21.
- There were 6,464 clients waiting for a publicly-subsidized LTC bed, 25% increase from last year and 2.5 times the number waiting five years ago (2,595). The average wait time for people on the waitlist was 242 days.
- There were 4,440 clients in interim care waiting for their preferred care home, a 13% and 63% increase compared to the previous year and five years ago respectively. The average wait time was 506 days compared to 473 days and 510 days over the same time periods.
- The proportion of LTC residents taking antipsychotic medications without a diagnosis of psychosis in 2023/24 increased to 29.5%, the highest in the last five years.
- There were 17,718 reportable incidents in LTC, which fell 3% from last year and was 1% lower than in 2019/20. 70% of reportable incidents were related to expected deaths (37%) and unexpected illness (33%).
- The Patient Care Quality Office received 786 complaints regarding LTC, 5% lower than the previous year but 5% higher than five years ago.
- Over the last five years, there has been an increase in physicians (15%), nurses (11%), care aides and community health workers (44%), physiotherapists (22%) and occupational therapists (18%) in the health care sector.

COMMUNITY SUPPORTS HIGHLIGHTS

- The federal New Horizons for Seniors Program approved 437 new community-based projects in B.C. with funding of nearly $9.6 million. In 2023/24, there was a 9% increase in approved projects and a 12% increase in funding compared to the previous year.
- First Link® dementia support served over 14,000 clients, of which nearly 6,500 were new clients. There were more clients and client contacts over the previous year (8% and 7%) and five years ago (4% and 54%).

2024 HIGHLIGHTS, continued

- Better at Home served almost 16,000 clients and provided over 336,000 services; approximately 5,300 were new clients. Over the last five years, the number of clients and services increased 33% and 76% respectively.
- Better at Home waitlist has increased 56% since 2019/20 from 3,063 to 4,768 people. Over half of the waitlist were people in need of light housekeeping services.

HOUSING HIGHLIGHTS

- 95% of seniors live independently in private homes, while 5% of seniors live in assisted living or LTC. A higher proportion of B.C. seniors live independently compared to five years ago.
- New users of the Property Tax Deferral Program decreased 3% compared to last year and were 6% lower than five years ago. The average amount of property tax deferred was $5,055, 6% more than in 2022/23 and 16% more compared to 2019/20.
- The number of seniors receiving the Shelter Aid for Elderly Renters (SAFER) subsidy (22,899) decreased 3% from the previous year and 8% over five years. There were 16 SAFER clients per 1,000 seniors (60+), which decreased 18% from 2019/20.
- The average SAFER subsidy was $192 per month, a 3% decrease over last year and 7% lower than five years ago ($207). The average monthly rent for SAFER recipients was $1,168, a 5% increase over last year and 13% increase from 2019/20. The average monthly income of single SAFER recipients was $1,792, 3% and 10% increase over the same time period.
- Over 80% of SAFER recipients pay rents that were, on average, $355 above the rent ceiling.
- There were 32,207 Seniors Subsidized Housing (SSH) units, 3% more than five years ago, however, the rate of SSH units per 1,000 seniors (55+) fell 4.5% in the same time period. The waitlist has increased 61% over the last five years, with 17% of applicants waiting more than 5 years.
- The proportion of Seniors Subsidized Housing (SSH) units represented 27% of BC Housing's total subsidized housing units, this proportion fell one percentage point from last year and five years ago.
- In 2023/24, BC Rebate for Accessible Home Adaptations (BC RAHA) approved 377 applications and the average value of adaptations was $11,067. Both the number of applicants approved and average value increased from 2022/23 (11% and 10% respectively).

TRANSPORTATION HIGHLIGHTS

- 81% (879,900) of seniors maintained an active driver's licence, a 4% increase from last year and 18% more than five years ago.
- Nearly 65,000 seniors received the annual BC Bus Pass available to seniors receiving GIS; 17% increase from last year and slightly lower than in 2019.
- Over the past five years, the number of active HandyDART clients decreased 24% for BC Transit and increased 15% for TransLink. The number of rides provided over the same period decreased by 16% for BC Transit and 15% for TransLink.
- There were 53,332 unfilled HandyDART rides, a 19% increase from last year and 44% increase from five years ago.

INCOME SUPPORTS HIGHLIGHTS

- Overall, 93% of B.C. seniors receive Old Age Security (OAS), 31% receive the Guaranteed Income Supplement (GIS), over 90% receive the Canada Pension Plan (CPP) and 9% receive the BC Seniors Supplement (BCSS). These percentages have remained relatively stable over the past five years.
- As of January 2024, OAS increased 4% to a maximum of $713.34 for seniors aged 65 to 74, GIS increased 4% to $1,065.47 from January 2023 and the BCSS remained the same amount of $99.30 maximum, after doubling in 2021.

- In June 2024, the maximum CPP benefit was $1,364.60 per month with an average of $815.00 per month. The maximum increased by 4% and the average increased by 5% in the last year.
- Nearly $1.7 billion was spent on prescription medications and medical supplies or devices for seniors. PharmaCare Plans covered $522 million and the remaining $1.17 billion (8% increase) was paid out-of-pocket by seniors or by their third-party insurers. The proportion covered by PharmaCare decreased to 31% from 33% in 2019/20.

SAFETY AND PROTECTION HIGHLIGHTS

- Overall, calls (7,102) to the Seniors Abuse and Information Line (SAIL) increased 28% over the last five years, however calls related to abuse increased by 92% in that same time period.
- There were 2,310 cases of abuse, neglect and self-neglect of seniors reported to Designated Agencies, an increase of 21% compared to 2019.
- 79% of all referrals (1,794) of suspected cases of abuse, neglect or self-neglect to the Public Guardian and Trustee involved seniors (1,414) which increased 9%since last year and 15% from five years ago.
- Victims of violent offences against seniors reported to the BC RCMP increased 18% but complaints of property offences dropped by 7% in the last five years.
- Cases of financial abuse and physical abuse against seniors reported to the Vancouver Police Department (VPD) increased 67% and 7% respectively from five years ago.
- Missing seniors reported to the RCMP (1,194) and the Vancouver Police Department (208) increased 6% and decreased 39% respectively from last year.
- There were 2,779 seniors (65+) designated with involuntary status under the Mental Health Act, a 6% decrease compared to the previous year and 12% from 2020/21. Seniors account for 11% of all cases, and this proportion has remained unchanged over the last 4 years. The average length of stay was 39 days for seniors compared to 15 days for non-seniors.

OVERVIEW

The **2024 Monitoring Seniors Services Report** highlights the performance and trends of a wide range of supports and services for B.C. seniors and their families. Through comprehensive year-over-year comparisons, we can see improvement and gaps in the areas of health care, community supports, housing, transportation, income support and the safety and protection of seniors.

HEALTH CARE

A comprehensive continuum of health care services is required to provide optimal care and support for seniors in B.C., including primary health care, specialist care, chronic disease management programs, hospital care, home care, long-term care and palliative care. Traditionally, the gateway to the health care system is through the family physician.

COMMUNITY SUPPORTS

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

HOUSING

Seniors in B.C. live in a range of housing types, from detached homes, where they live independently, to long-term care, where they receive 24-hour care. Many seniors are homeowners while others rent. Financial and supportive housing programs are available to help both homeowners and renters.

TRANSPORTATION

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

INCOME SUPPORTS

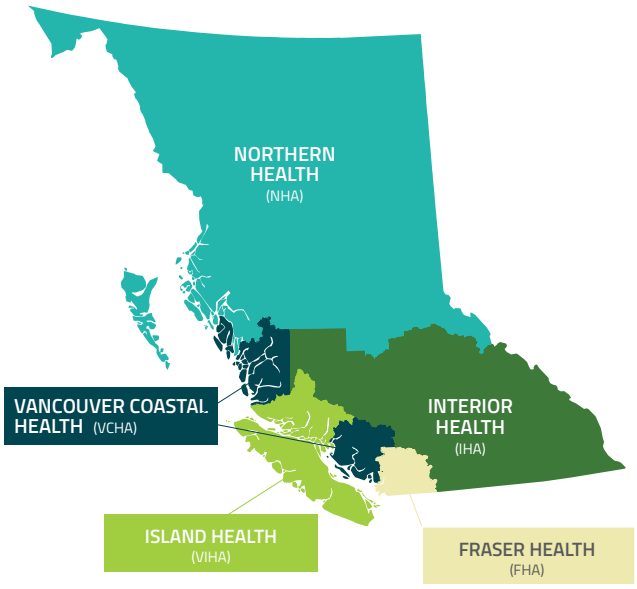
Both the federal and provincial governments provide income support programs for seniors such as the Canada Pension Plan (CPP), Old Age Security (OAS), Guaranteed Income Supplement (GIS) and the B.C. Seniors Supplement (BCSS). There are also federal and provincial tax credits and provincial health insurance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

SAFETY AND PROTECTION

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

B.C. DEMOGRAPHICS

In 2023, the population of B.C. was 5,519,013, a 3% increase from the previous year. The number of seniors aged 65 and older (1,089,790) grew 3% and people aged 85 and older (127,679) grew 3%. Over the last ten years, the seniors' population grew 45% while the overall population grew by 19%. The largest proportion of seniors live in Vancouver Island Health (26%) and Interior Health (25%) regions.



There were 187,773 seniors who live in rural areas of B.C., representing a quarter of the total rural population and 17% of all B.C. seniors. Over two-thirds of seniors in rural communities live in Interior Health (43%) and Vancouver Island Health (26%) regions. Rural B.C. also has a faster growing seniors' population than the urban regions.

B.C. SENIORS DEMOGRAPHICS

POPULATION BY HEALTH AUTHORITY AND AGE GROUP, 2023

	<65	65+	ALL AGES	% 65+
IHA	659,059	217,640	876,699	25%
FHA	1,760,393	351,686	2,112,079	17%
VCHA	1,087,807	235,994	1,323,801	18%
VIHA	673,743	234,884	908,627	26%
NHA	248,221	49,586	297,807	17%
B.C.	**4,429,223**	**1,089,790**	**5,519,013**	**20%**

SOURCE(S): 1

B.C. SENIORS DEMOGRAPHICS

POPULATION BY RURAL/URBAN, 2023

	<65	65+	ALL AGES	% 65+
RURAL	562,575	187,773	750,348	25%
URBAN	3,866,648	902,017	4,768,665	19%

SOURCE(S): 1

B.C. SENIORS DEMOGRAPHICS

POPULATION BY HEALTH AUTHORITY AND RURAL/URBAN, 65+, 2023

	RURAL	URBAN	% RURAL	% URBAN
IHA	81,054	136,586	37%	63%
FHA	15,864	335,822	5%	95%
VCHA	17,847	218,147	8%	92%
VIHA	47,906	186,978	20%	80%
NHA	25,102	24,484	51%	49%
B.C.	**187,773**	**902,017**	**17%**	**83%**

SOURCE(S): 1

HEALTH CARE

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

LIVING WITH ILLNESS

Overall, seniors in B.C. are healthy and independent. As seen in the table below, in 2022/23: 14% of seniors did not use the health care system; 29% had low complexity chronic conditions; 28% had medium complexity chronic conditions; and 19% had high complexity chronic conditions. Only 5% of seniors were diagnosed with dementia. All percentages remained essentially the same between 2018/19 and 2022/23.

LIVING WITH ILLNESS

LIVING WITH ILLNESS, 2022/23

	<65	65+	ALL AGES
DEMENTIA			
PERCENTAGE OF POPULATION DIAGNOSED WITH DEMENTIA	0.1%	4.9%	1.0%
POPULATION SEGMENTS			
NON-USERS OF HEALTH CARE AND HEALTHY POPULATION	60.9%	13.6%	51.4%
LOW COMPLEXITY CHRONIC CONDITIONS	23.9%	28.6%	24.8%
MEDIUM COMPLEXITY CHRONIC CONDITIONS	4.3%	27.8%	9.0%
HIGH COMPLEXITY CHRONIC CONDITIONS	1.4%	19.1%	4.9%
FRAIL IN LONG-TERM CARE AND END OF LIFE	0.1%	3.3%	0.8%
OTHER	9.4%	7.6%	9.1%

NOTE(S): Individuals who died during the fiscal year are excluded. Population segments may not sum to 100% due to rounding. The "other" category includes individuals in the following population segments: adult major illness, child and youth major illness, severe mental health and substance abuse, maternity and healthy newborns, and cancer. Individuals may have health conditions that fall into multiple population segments but have been categorized into the highest level for this grouping.

SOURCE(S): 2

IMMUNIZATION

INFLUENZA IMMUNIZATION

The Public Health Agency of Canada recommends vaccination against influenza for everyone over the age of six months, and particularly people who are at higher risk of complications such as seniors. However, vaccination is only one part of preventing the spread of respiratory illness. Care homes and home support organizations should also have strong infection prevention and control policies in place. For example, masking of unvaccinated staff and staff education have important roles in preventing the spread of infectious diseases such as influenza.

SOURCE(S): 3

IMMUNIZATION

PERCENT OF POPULATION VACCINATED AT PHARMACIES, 2023/24

	<65	65+	ALL AGES
IHA	13%	49%	22%
FHA	15%	52%	21%
VCHA	21%	49%	26%
VIHA	16%	53%	25%
NHA	9%	37%	13%
B.C.	16%	51%	23%

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

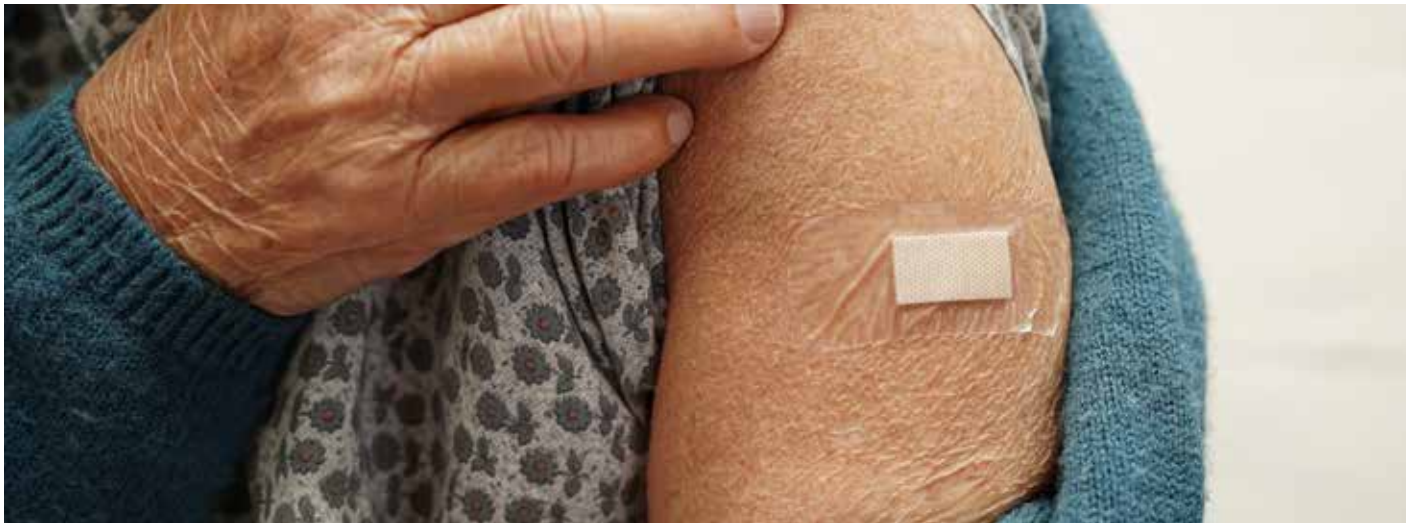
SOURCE(S): 1, 4, 5

INFLUENZA IMMUNIZATION IN THE COMMUNITY

Pharmacies across B.C. dispensed 1,262,708 publicly-funded vaccinations, 3% more than last year and 59% more compared to 2019/20. Overall, 43% of publicly-funded vaccinations were dispensed to seniors, which was relatively similar to past years. The number of vaccinations for seniors has increased in all health authorities over the last five years, with Vancouver Coastal Health showing the largest increase (93%).

INFLUENZA IMMUNIZATION BY PHYSICIANS/NURSES

About 2% of seniors received their flu vaccine from a physician or nurse. Physicians/nurses administered the publicly-funded flu vaccinations to 64,245 people, 37% of whom were seniors. There were 43% fewer people vaccinated by a physician/nurse compared to last year. More seniors continue to access influenza vaccinations from pharmacies than in physicians offices and clinics.



IMMUNIZATION

PERCENT OF POPULATION VACCINATED BY PHYSICIANS/ NURSES, 2023/24

	<65	65+	ALL AGES
IHA	0.2%	0.6%	0.3%
FHA	1.0%	2.8%	1.3%
VCHA	1.8%	5.0%	2.3%
VIHA	0.2%	0.4%	0.2%
NHA	0.2%	0.8%	0.3%
B.C.	**0.9%**	**2.2%**	**1.2%**

SOURCE(S): 1, 6

INFLUENZA IMMUNIZATION IN HOME CARE & LONG-TERM CARE

The proportion of influenza immunization is lower for home care clients than in LTC. The percent of home care clients vaccinated against influenza increased to 72% compared to 71% the previous year.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE FOR HOME CARE CLIENTS, 2023/24

	CLIENTS
IHA	74%
FHA	67%
VCHA	71%
VIHA	78%
NHA	72%
B.C.	**72%**

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

SOURCE(S): 7

BC Centre for Disease Control (BCCDC) data showed 84% of LTC residents and 36% LTC staff received their influenza vaccine. The resident vaccination rate was 3.2 percentage points lower than 2022/23 and 1.1 percentage points lower than 2019/20. Staff vaccinations rates were the lowest since the influenza prevention policy was enacted in 2012, which is largely attributed to lower self-reporting rate of the health care staff.

IMMUNIZATION

INFLUENZA IMMUNIZATION COVERAGE IN LONG-TERM CARE, 2023/24

	RESIDENTS	STAFF
IHA	81%	26%
FHA	87%	34%
VCHA	86%	46%
VIHA	83%	34%
NHA	80%	25%
B.C.	**84%**	**36%**

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

SOURCE(S): 8

COVID-19 IMMUNIZATION

COVID-19 is an infection of the airways and lungs caused by the SARS-CoV-2 coronavirus. While some people with COVID-19 may have no symptoms or only mild symptoms, others can require hospitalization and for seniors, it may be fatal. Serious illness is more common for people who are older and people with

certain chronic health conditions such as diabetes, heart disease or lung disease. COVID-19 vaccines protect against infection. B.C. began the COVID-19 vaccination program in December 2020, prioritizing the most vulnerable populations including residents and staff in LTC and seniors aged 80 and older in the community.

COVID-19 IMMUNIZATION IN THE COMMUNITY

As of June 30, 2024, approximately 60% of seniors in B.C. were vaccinated with five doses of COVID-19 vaccines.

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE, JUNE 30, 2024

	5-64	65+	ALL AGES
IHA	14%	57%	25%
FHA	13%	52%	20%
VCHA	20%	60%	27%
VIHA	22%	69%	34%
NHA	10%	48%	17%
B.C.	16%	58%	25%

NOTE(S): The vaccinated population is B.C. residents vaccinated with fifth doses of COVID-19 vaccine as of June 30, 2024 from Provincial Immunization Registry (PIR). The total population are P.E.O.P.L.E. estimates for 2024. The records with invalid or missing PHN, geography, age were excluded from this calculation.

SOURCE(S): 1, 9

COVID-19 IMMUNIZATION IN LONG-TERM CARE

In 2023/24, 75% of residents in publicly-subsidized LTC facilities were vaccinated with five doses of COVID-19 vaccine. A resident may not be vaccinated for a variety of reasons including certain pre-existing health conditions.

IMMUNIZATION

COVID-19 IMMUNIZATION COVERAGE IN LONG-TERM CARE, 2023/24

	RESIDENTS
IHA	70%
FHA	77%
VCHA	74%
VIHA	80%
NHA	60%
B.C.	75%

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

SOURCE(S): 8

HOSPITAL CARE

HOSPITALIZATIONS AND EMERGENCY DEPARTMENT VISITS

When seniors experience an acute health problem, a visit to the emergency department or an admission to hospital may be necessary.

About 27% of emergency visits and 48% of hospitalizations across B.C. were for seniors. Overall, emergency visits for seniors increased 5% and hospitalizations for seniors increased 3% from the previous year. The hospitalization and emergency visit rate per 1,000 seniors (65+) decreased less than 1% and increased 2% respectively from last year but decreased by 3% and 5% respectively compared to 2019/20. In 2023/24, the average inpatient length of stay for seniors was 8.5 days, almost 4 days longer than the younger population.

HOSPITAL CARE

HOSPITAL CARE, 2023/24

	<65	65+	ALL AGES
HOSPITALIZATIONS	523,337	477,167	1,000,504
INPATIENT	255,437	210,191	465,628
DAY SURGERY	267,900	266,976	534,876
INPATIENT AVERAGE LENGTH OF STAY (DAYS)	5.0	8.5	6.6
EMERGENCY DEPARTMENT VISITS	1,718,326	637,389	2,355,715

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

SOURCE(S): 10, 11, 12

ALTERNATE LEVEL OF CARE

Alternate level of care (ALC) is a designation used when patients occupy a hospital bed after their treatment has ended and they no longer require acute care services. Other non-acute medical conditions can prevent discharge from hospital to home resulting in waiting periods until suitable care services, such as LTC or home

support, become available or medical conditions change. ALC status begins at the time the designation decision is made by care professionals and ends when patients leave the hospital.

ALC cases decreased by less than 1% to 22,943; of these, 83% were seniors. About 9% of inpatient cases among seniors were designated as ALC; this proportion has fluctuated less than 1% over the last five years.

HOSPITAL CARE

ALC CASES IN HOSPITAL BY AGE GROUP, 2023/24

	<65	65+	ALL AGES
ALC CASES	3,830	19,113	22,943
% ALC CASES OF TOTAL INPATIENT CASES	1.7%	9.4%	5.4%

SOURCE(S): 10

Hospital inpatient days designated as ALC increased 7%; 82% of these days were for seniors. All health authorities have over 80% of ALC days for seniors except Vancouver Coastal Health with 72%. ALC days for seniors increased in Vancouver Coastal Health, Vancouver Island Health and Northern Health.

HOSPITAL CARE

ALC DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2023/24

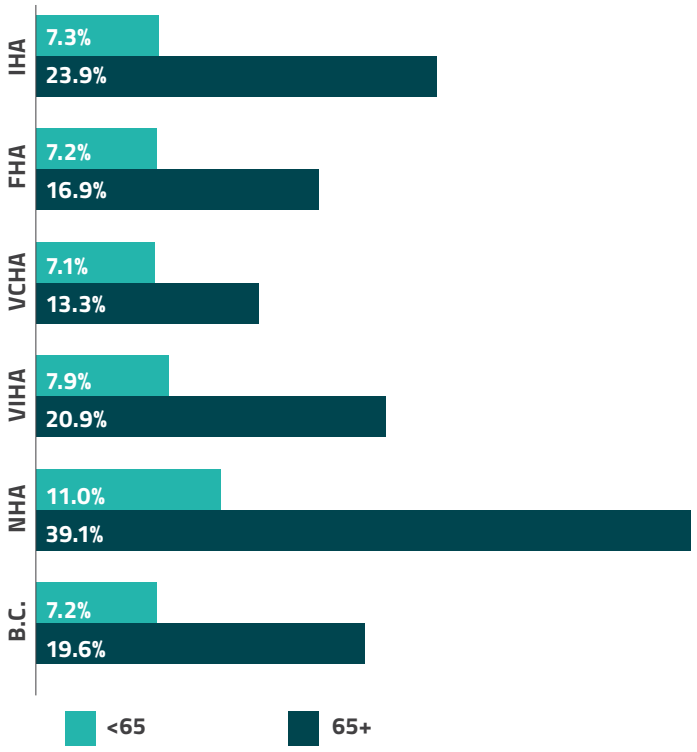
	<65	65+	ALL AGES
IHA	14,966	89,307	104,273
FHA	29,617	123,143	152,760
VCHA	24,763	65,170	89,933
VIHA	17,263	102,433	119,696
NHA	10,301	55,236	65,564
B.C.	**96,910**	**435,316**	**532,226**

SOURCE(S): 10

ALC days as a percent of total inpatient days was 15% overall and 20% among seniors, almost the same as the previous year.

HOSPITAL CARE

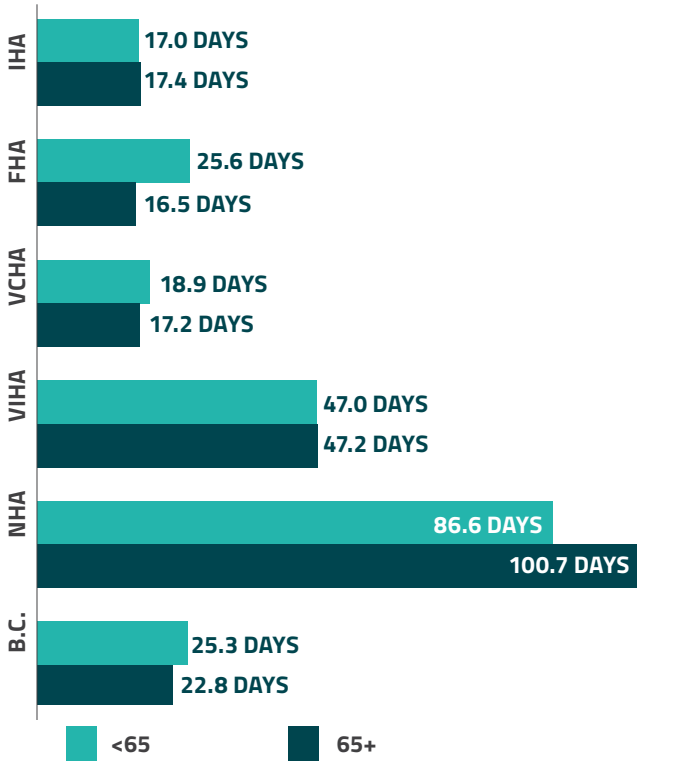
ALC DAYS AS A PERCENT OF TOTAL INPATIENT DAYS BY HEALTH AUTHORITY AND AGE GROUP, 2023/24



SOURCE(S): 10

HOSPITAL CARE

AVERAGE LENGTH OF STAY IN ALC (DAYS) BY HEALTH AUTHORITY AND AGE GROUP, 2023/24



SOURCE(S): 10

The average length of stay in ALC was 23 days for seniors, a 6% increase from the previous year and unchanged from 2019/20. The average length of stay for ALC has been rising over the past three years and this trend is consistent across all health authorities. However, this number varied significantly between health authorities, a pattern that has been observed in past years. The ALC length of stay for seniors ranged from 17 days in Fraser Health to 101 days in Northern Health in 2023/24. The shortest ALC stay in the past five years was 11 days in Interior Health in 2020/21.

ALC PATIENTS WAITING FOR SERVICES OR SUPPORTS TO BE AVAILABLE

Early discharge planning helps ensure services are ready for a patient when they return home or are transferred to long-term care and reduces extended hospital stays. Measuring the extended stay in hospital until supports or services are ready is an indication whether patients are receiving timely access to service such as home support or long-term care when they no longer need acute care in hospital. Delays in seniors being discharged from hospital can be due to various factors including availability of family support, waiting for safety equipment to be installed in the home, coordinating care or awaiting bed availability in long-term care.

Of all ALC cases for seniors, 16% were discharged home with no support service required with an average length of stay of 12 days; this trend has remained relatively unchanged over the past five years. The proportion of seniors discharged home with support was 19%, a 2 percentage point increase over the previous year and 4 percentage point increase from 2019/20. The average length of stay was 13 days, an increase of 5% over the previous year and a steady increase year over year since 2020/21.

HOSPITAL CARE

ALC FOR SELECT DISCHARGE LOCATIONS FOR 65+, 2023/24

	# ALC CASES	% ALC CASES	AVG LOS (DAYS)
B.C.	19,113	9.4%	22.8
DISCHARGED HOME (NO SUPPORT SERVICE REQUIRED)	3,136	16.4%	12.0
DISCHARGED HOME WITH SUPPORT	3,684	19.3%	13.3
TRANSFER TO LONG-TERM CARE	5,495	28.8%	34.4

NOTES: Patients who are discharged home (no support service required) are discharged without supports or referral for community at home services.

SOURCE(S): 10

The proportion of seniors discharged to long-term care was 29%, a 3 percentage point decrease from the previous year and from 2019/20. These seniors have the highest ALC average length of stay at 34 days, an 11% increase over the previous year. The length of stay has been steadily increasing since 2020/21.

The proportion of ALC patients discharged to home with support is higher in Fraser Health (21%) and Vancouver Coastal Health (25%), while the proportion of ALC patients discharged home with no support services required is higher in Interior Health (21%) and Northern Health (21%). In Island Health, the proportions tend to be similar at 18%.

ALC patients transferred to LTC have consistently higher ALC stays. This is consistent across all health authorities. NHA and VIHA had the highest average ALC days for patients transferred to LTC at 175 days and 80 days respectively, while IHA and FHA had the lowest number at 25 days.

SOURCE(S): 10

SURGICAL WAIT TIMES

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

SOURCE(S): 13

COMPLETED AND WAITING SURGICAL CASES

There were 274,691 completed scheduled surgeries (all ages) in 2023/24, 7,634 (3%) more surgeries compared to 2022/23 and 26,166 (11%) more compared to 2019/20. This increase was due to the additional resources implemented through the province's Surgical Renewal commitment to help address the backlog of postponed non-urgent surgeries due to the pandemic. Of the completed cases, 136,128 (50%) were for patients 65+ compared to 138,563 (50%) patients under 65. For seniors who had surgery in 2023/24, the median wait time was 6 weeks before receiving surgery compared to almost 8 weeks in 2019/20. One in ten seniors waited 28.3 weeks or longer before receiving surgery compared to 32.7 weeks in 2019/20.

As of March 31, 2024, there were 96,802 patients (all ages) on the surgical waitlist, 6% more than the number waiting in 2022/23 and 3% more than 2019/20. Of those patients, there were 43,170 (45%) patients 65+ on the waitlist. Half of seniors have waited less than 11.3 weeks, 2.8 weeks shorter than 2019/20. One in ten seniors continue to wait 44.7 weeks or more for surgery.

SURGICAL WAIT TIME

SCHEDULED SURGICAL CASES AND WAIT TIME, 2023/24

	<65	65+	ALL AGES
CASES COMPLETED	138,563	136,128	274,691
50TH PERCENTILE WAITNG TIME	6.9	6.0	6.4
90TH PERCENTILE WAITING TIME	32.6	28.3	30.4
CASES WAITING	53,632	43,170	96,802
50TH PERCENTILE WAITING TIME	14.4	11.3	12.4
90TH PERCENTILE WAITING TIME	53.7	44.7	49.6

SOURCE(S): 14

The top five scheduled surgeries performed for seniors remained unchanged over the last five years: cataract surgery, knee replacement, abdominal hernia repair, prostate surgery and hip replacement. In 2023/24, there was an increase in the number of completed surgeries across all top five scheduled surgeries for seniors, most notably for knee replacements (11% increase) over the previous year. There were 62,517 cataract surgeries performed on seniors, approximately 1% more over the previous year and 21% more compared to 2019/20. While more cataract surgeries were completed last year, there were 23% fewer seniors waitlisted compared to five years ago. However, it is still the longest waitlist among all surgeries for seniors.

SURGICAL WAIT TIME

TOP FIVE SURGICAL PROCEDURES, COMPLETED AND WAITING CASES (65+), 2023/24

	COMPLETED CASES	WAITING CASES (MARCH 31, 2024)
CATARACT SURGERY	62,517	15,942
KNEE REPLACEMENT	8,190	6,724
ABDOMINAL HERNIA REPAIR	5,714	2,165
HIP REPLACEMENT	5,035	3,284
PROSTATE SURGERY	4,987	1,346

SOURCE(S): 14

SURGICAL WAIT TIME

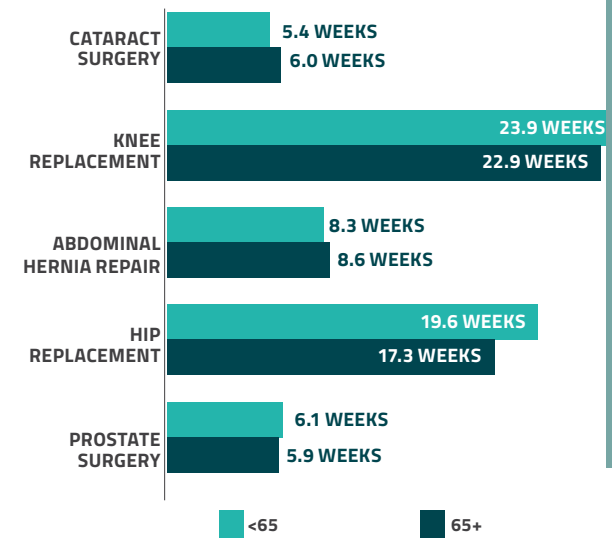
In the majority of the last five years, seniors had longer median wait times for cataract, knee replacement and abdominal hernia repair surgeries but shorter median wait times for hip replacement and prostate surgeries than patients below the age of 65. The difference ranged from 1 to 16 days in 2023/24.

Half of seniors waited up to 6 weeks to complete cataract surgery, 4 weeks shorter than 2019/20. Notably, the median wait time for priority procedures has improved compared to last year with the exception of abdominal hernia repair which was just 4% higher. Joint replacement wait times improved for both knee and hip replacements in 2023/24. Half of seniors waited up to 22.9 weeks to complete a knee replacement and 17.3 weeks to complete a hip replacement, both of which improved over the previous year with hip replacements showing the largest decrease (14%). Knee replacements performed for seniors had the longest wait time with 10% of seniors waiting for over 1 year (56 weeks).

Seniors in Northern Health continue to experience the longest median wait times for completed cataract surgery (14.1 weeks), knee replacement surgery (67.8 weeks), hip replacement surgery (38.3 weeks) and prostate surgery (8.3 weeks) while seniors in Interior Health had the longest median wait time for completed abdominal hernia repair surgery (12.1 weeks). For seniors, Vancouver Coastal Health had the shortest median wait times for knee replacement (19.8 weeks) and hip replacement (16 weeks) while Fraser Health had the shortest median wait times for cataract surgery (5 weeks), and abdominal hernia repair surgery (6.6 weeks). Prostate surgery median wait times were shortest in Vancouver Island Health and Fraser Health (4.7 weeks).

SURGICAL WAIT TIME

TOP FIVE SURGICAL MEDIAN WAIT TIME FOR COMPLETED CASES, 2023/24



SOURCE(S): 14

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

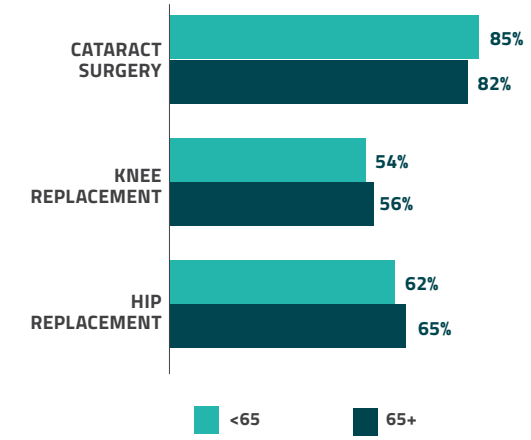
In 2023/24, 82% of cataract surgeries were completed within 16 weeks for seniors and 85% for people under 65, the highest in the last five years. However, only 56% of knee replacements and 65% of hip replacements for seniors were completed within the federal benchmarks, both remaining at or near the lowest point in the last five years. This metric performed better for people under 65 compared to seniors for cataract surgery (85% vs 82%), but worse for knee replacement (54% vs 56%) and hip replacement (62% vs 65%).

In 2023/24, the proportion of surgeries completed within the federal benchmarks for seniors were the lowest in Northern Health for cataract (53%), knee replacement (34%) and hip replacement (43%); Island Health had the highest proportion completed within the federal benchmarks for knee replacement (63%); Vancouver Coastal had the highest proportion of hip replacements completed within the federal benchmark (71%); and Fraser Health had the highest proportion of cataract surgery completed within the federal benchmark (90%).

SOURCE(S): 14, 15

SURGICAL WAIT TIME

PERCENTAGE OF SURGERIES COMPLETED WITHIN FEDERAL BENCHMARK (WEEKS), 2023/24



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

SOURCE(S): 14

HOME AND COMMUNITY CARE

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

HOME CARE

HOME SUPPORT

Home support is a service within the Province's Home and Community Care program delivered by community health workers and other clinical staff. The service helps clients with their daily personal care activities such as bathing, dressing or toileting, referred to as the 'activities of daily living'. It does not include assistance with activities such as grocery shopping, banking, driving to appointments, or other activities of independent living. Clients are assessed by a health authority case manager or clinician to determine their eligibility for home support services and level of financial contribution. Home support is provided on a long-term basis for clients with ongoing needs or on a short-term basis for clients with time-limited needs, such as immediately following discharge from hospital. This short-term service is paid for by the health authority, but long-term clients may be required to pay a contribution based on income. Clients may also organize their own services through the Choice in Supports for Independent Living (CSIL) program.

SOURCE(S): 16

COST OF HOME SUPPORT

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

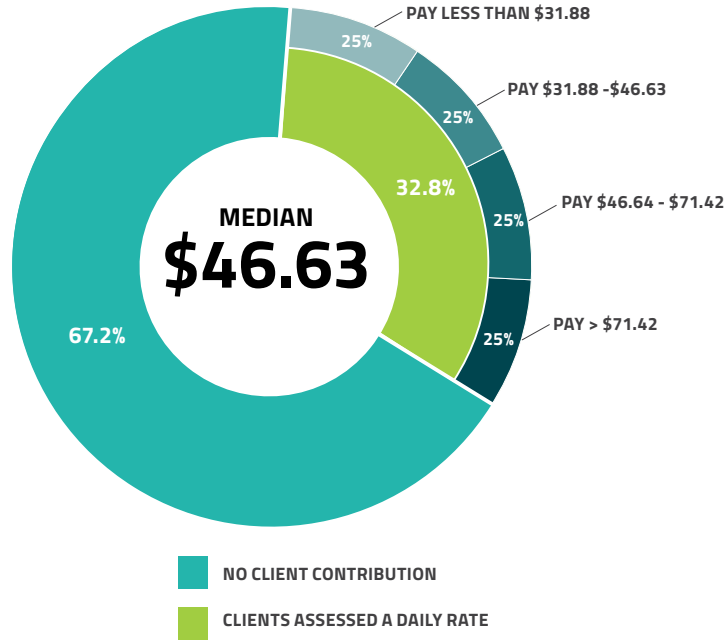
- Guaranteed Income Supplement, spouse's allowance or the survivor's allowance under the Old Age Act (Canada),
- Income assistance under the B.C. Employment and Assistance Act,
- Disability assistance under the B.C. Employment and Assistance for Persons with Disabilities Act,
- War Veterans Allowance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

SOURCE(S): 17

About 67% of long-term home support clients in B.C., including those under the CSIL program, had their client contribution waived, and 33% were assessed a daily rate. The median assessed daily rate increased 3% from the previous year, from $45.12 to $46.63.

HOME CARE

ASSESSED CLIENT CONTRIBUTIONS PER DAY FOR HOME SUPPORT, 2023/24



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

SOURCE(S): 18

HOME SUPPORT CLIENTS AND HOURS

More than 54,000 clients (all ages) received nearly 13.6 million hours of publicly-subsidized home support services, with an annual average of 251 hours of service per client. The number of clients and hours was up 5% and 8% respectively over the previous year and up 11% and 9% over 2019/20, while the average hours per client went up by 3% from the previous year but was 2% lower than five years ago. The rate of home support recipients per 1,000 seniors (aged 75 or older) was 115, the same from last year and 7% decrease from 2019/20.

HOME CARE

HOME SUPPORT CLIENTS AND HOURS, 2023/24

	CLIENTS	HOURS	AVG HOURS PER CLIENT
IHA	10,068	1,914,388	190
FHA	17,287	4,462,713	258
VCHA	12,025	3,545,667	295
VIHA	10,963	3,205,231	292
NHA	3,766	469,916	125
B.C.	54,109	13,597,914	251

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

SOURCE(S): 19

Of all home support hours, 64% were delivered under long-term support, 13% were short-term service and 23% were provided under the CSIL program. The number of clients in each type of service increased over the previous year and over 2019/20. The service hours for long-term home support, short-term home support and CSIL increased 6%, 30% and 5% from 2022/23 and 3%, 58% and 10% from 2019/20 respectively. The average hours of care for short-term home support increased 17% from 2022/23 and 32% from 2019/20 while the average hours of care for long-term home support increased 3% from 2022/23 and declined 4% from 2019/20. The average hours of care for CSIL increased 5% from the previous year, returning to the same level as it was in 2019/20.

HOME CARE

HOME SUPPORT BY SERVICE TYPE, 2023/24

	LONG-TERM	SHORT-TERM	CSIL
NUMBER OF CLIENTS	34,886	26,422	1,066
NUMBER OF HOURS	8,697,958	1,790,515	3,109,441
AVERAGE HOURS PER CLIENT	249	68	2,917

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

SOURCE(S): 19

PROFESSIONAL HOME CARE

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

PROFESSIONAL HOME CARE CLIENTS AND VISITS

The number of clients receiving professional home care services continued to increase in the past five years, with a 1% increase from the previous year and 10% from 2019/20. The number of visits had a slight increase from the previous year and a 7% increase from 2019/20, with an average of 12 visits per client, down 3% from 2019/20.

The number of clients receiving professional home care services and the number of visits increased in Vancouver Coastal Health and Vancouver Island Health compared to the previous year. The average number of visits per client showed a downward trend last year except in Northern Health and Vancouver Island Health. Compared to 2019/20, nearly all health authorities had an increase in the number of clients receiving professional home care services and the number of visits, except Interior Health which had a slight drop in the number of clients.

HOME CARE

PROFESSIONAL HOME CARE CLIENTS AND VISITS, 2023/24

	CLIENTS	VISITS	AVG VISITS PER CLIENT
IHA	31,080	362,412	12
FHA	36,367	408,969	11
VCHA	26,322	347,958	13
VIHA	34,526	499,401	14
NHA	14,757	111,579	8
B.C.	**143,052**	**1,730,319**	**12**

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

SOURCE(S): 19

HOME CARE COMPLAINTS

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

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

The PCQO received a total of 645 complaints in all health authorities, decreasing 5% from the previous year and 8% from five years ago; 4 of which were reviewed by the Patient Care Quality Review Board. The number of complaints ranged from 17 in Northern Health to 359 in Fraser Health. While the reasons for complaints cover a broad range of concerns, 73% were about:

- Care (28%) – primarily delayed or disruptive care or service, or inappropriate type or level of care.
- Accessibility (23%) – primarily care program or service denied, or not available.
- Communication (12%) – primarily inadequate or incorrect information, or relatives or carers not informed, and
- Attitude and conduct (11%) – primarily uncaring attitude or inappropriate conduct.

SOURCE(S): 20

ADULT DAY PROGRAMS AND RESPITE CARE

ADULT DAY PROGRAMS

Adult Day Programs (ADPs) are publicly-subsidized services that assist seniors and adults with disabilities to continue to live in their own homes by providing supportive group programs and activities in the community. Clients attending these services travel to a location within their own community or catchment area where they may receive personal assistance, health care services, therapeutic social and recreational activities, health education or caregiver support.

Many ADPs are connected with LTC facilities, while others operate independently. The number of days each client attends depends on the type of ADP. A nominal daily rate, not exceeding $10, may be charged to clients to assist with the cost of craft supplies, transportation (if provided) and meals. This fee may be waived if serious financial hardship would prevent a client from accessing the services.

SOURCE(S): 21

ADULT DAY PROGRAM CLIENTS AND DAYS[1]

ADPs had 6,919 clients who attended 257,269 program days with an average of 37 days per client. ADPs re-opened in 2021/22 and continued to rebound in 2023/24, but attendance was still lower than pre-pandemic levels. Overall, the number of clients, program days and average days per client increased from the previous year, however they are still lower than the level in 2019/20.

ADULT DAY PROGRAMS AND RESPITE CARE
ADULT DAY PROGRAMS CLIENTS AND DAYS, 2023/24

	CLIENTS	PROGRAM DAYS	AVG DAYS PER CLIENT
IHA	1,617	51,711	32
FHA	2,159	75,530	35
VCHA	1,551	67,482	44
VIHA	1,499	59,492	40
NHA	93	3,054	33
B.C.	6,919	257,269	37

NOTE(S): Clients may receive service in more than one health authority. Client counts are unique within each health authority but B.C. totals are the sum of these and are therefore not unique client counts. NHA is unable to provide the distinct client count for ADP for fiscal years beyond 2020/21, therefore the average days of per client in B.C. for 2021/22 and 2022/23 are based on the other four health authorities.

SOURCE(S): 19

[1] Northern Health was unable to provide the distinct client count for ADP for fiscal years 2020/21 and 2022/23, therefore the number about the client counts and average days per client for these two years only included the numbers from the other four health authorities.

WAITLIST FOR ADULT DAY PROGRAMS

Tracking the waitlist remains a challenge for some health authorities as they work to refine the system for better data capture. However, the data shows 1,264 clients on the waitlist on March 31, 2024, ranging from 63 people waiting in Northern Health to 685 in Vancouver Island Health. The average wait time for clients on the waitlist were received from Interior Health, Fraser Health, Vancouver Coastal Health and Northern Health and ranged from 32 days to 313 days.

ADULT DAY PROGRAMS AND RESPITE CARE

WAITLIST FOR ADULT DAY PROGRAMS, MARCH 31, 2024

	ADPS	CLIENTS WAITING	AVG WAIT TIME
IHA	38	70	32
FHA	21	263	51
VCHA	22	183	107
VIHA	28	685	n/a
NHA	15	63	313
B.C.	**124**	**1,264**	**n/a**

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

SOURCE(S): 22

OVERNIGHT RESPITE

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

SOURCE(S): 23

On March 31, 2024, there were 245 respite care beds across the province ranging from 35 beds in Northern Health to 59 beds in Interior Health, which was 10 beds fewer than last year and 3 beds fewer than 2019/20 provincewide. The number of respite beds has remained relatively unchanged in all health authorities except for Fraser Health with 11 fewer beds compared to the previous year.

SOURCE(S): 22

ASSISTED LIVING

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

SOURCE(S): 24

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

ASSISTED LIVING

ASSISTED LIVING RESIDENCES AND UNITS, MARCH 31, 2024

	SITES	SUBSIDIZED UNITS	PRIVATE UNITS
SUBSIDIZED REGISTERED	135	4,342	1,327
PRIVATE REGISTERED	67	n/a	2,660

NOTE(S): Kiwanis Suites and Kiwanis House are separately registered in the Assisted Living Registry, as are Marrion Village 1950 and Marrion Village 1980. Therefore, they are not the same as the numbers reported in OSA's Long-Term Care and Assisted Living Directory.

SOURCE(S): 25

In 2024, there were 135 subsidized assisted living residences with 4,342 subsidized units which were 4 more units than the previous year and 80 (2%) more units than five years ago. The private units in subsidized assisted living residences remain unchanged from last year (1,372 units) and 30 units (2%) more than 2020.

SOURCE(S): 25

COST OF SUBSIDIZED ASSISTED LIVING

In subsidized assisted living, residents pay a set monthly rate of 70% of their net income (including the spouse, if applicable), subject to a minimum and maximum monthly rate. The minimum monthly rate is set by the Ministry of Health. In 2024, the minimum monthly rate is $1,163.90 for a single client and $1,772.90 for a couple living together living in a subsidized assisted living unit. The maximum client rates are determined by each health authority based on a combination of the market rent for housing and hospitality services for the respective community and the actual cost of personal care services requested by the client.

The maximum monthly rate ranged from $2,674 to $5,107 for a single client and from $3,200 to $8,799 for a couple. On March 31, 2024, there were 57 clients across the province paying the maximum amount, which was 1% of the clients in the subsidized assisted living units. This decreased 21% from the previous year and 33% from five years ago.

SOURCE(S): 22, 24

ASSISTED LIVING

MAXIMUM MONTHLY RESIDENT RATES ($) FOR SUBSIDIZED ASSISTED LIVING BY HEALTH AUTHORITY, 2024

	SINGLE	COUPLE	CLIENTS PAYING MAXIMUM RATE
IHA	$3,260-$5,107	$3,840-$8,799	5
FHA*	$4,031-$4,640	$5,165-$7,346	16
VCHA	$2,700-$3,530	$3,200-$4,030	24
VIHA**	$3,250	$3,750-$4,750	15
NHA	$2,674-$3,564	$4,349-$5,239	12
B.C.	**$2,674-$5,107**	**$3,200-$8,799**	**72**

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

SOURCE(S): 8, 22

The assessed average client contribution for subsidized assisted living was $1,561, a 2% increase from the previous year and 8% increase from 2020. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average. The assessed median client contribution ($1,365) has risen every year over the last five years with an increase of 4% over the previous year and 10% from 2020.

ASSISTED LIVING

ASSESSED CLIENT CONTRIBUTIONS IN SUBSIDIZED ASSISTED LIVING, 2024

	AVERAGE	MEDIAN
IHA	$1,499.38	$1,343.53
FHA	$1,641.15	$1,401.45
VCHA	$1,514.43	$1,295.29
VIHA	$1,529.57	$1,392.65
NHA	$1,619.02	$1,440.77
B.C.	**$1,560.89**	**$1,364.50**

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

SOURCE(S): 18

SUBSIDIZED ASSISTED LIVING CLIENTS AND HOURS

Since there is occupancy turnover throughout the year, there will be more clients in subsidized assisted living throughout the year than there are units. In 2023/24, there were 5,164 clients living in assisted living, declining 4% and 5% from last year and 2019/20 respectively. The number of clients living in assisted living decreased across all health authorities, except in Northern Health.

The number of personal care hours provided in subsidized assisted living increased 2% from the previous year and 4% from 2019/20. The average care hours per subsidized unit reflects the care hours each client receives in the subsidized units at any given time, irrespective of the turnover rate. On average, just over one hour of personal care was provided for one subsidized unit each day, increasing 2% from the

previous year and from 2019/20. The average care hours per subsidized unit increased in Interior, Fraser and Vancouver Coastal Health regions; Vancouver Island Health showed a 1% decrease and Northern Health region was unchanged.

ASSISTED LIVING

SUBSIDIZED ASSISTED LIVING UNITS AND CARE HOURS, 2023/24

	UNITS	TOTAL CARE HOURS	AVG HOURS PER SUBSIDIZED UNIT
IHA	926	395,811	427
FHA	1,326	611,867	461
VCHA	847	191,512	226
VIHA	950	460,395	485
NHA	293	110,500	377
B.C.	**4,342**	**1,770,084**	**408**

NOTE(S): Due to a high volume of assisted living residences late in registration by March 31, the number reported for 2023 is the numbers by November 21. Therefore, it is not the same as the numbers reported in OSA's long-term care and assisted living directory. NHA's values are estimates, as they're unable to provide the exact values.

SOURCE(S): 19

WAITLIST FOR SUBSIDIZED ASSISTED LIVING

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

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

On March 31, 2024, 1,224 people were waiting for subsidized assisted living, a 16% increase from the previous year and 37% increase from 2020. The largest increases were in Vancouver Coastal Health (54%), followed by Vancouver Island Health (50%) and Fraser Health (37%).

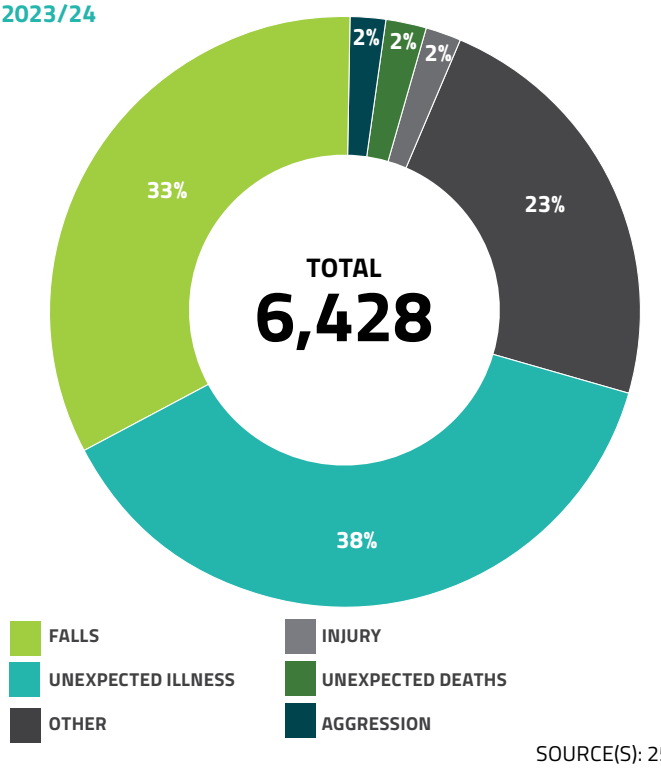
SOURCE(S): 22

REPORTABLE INCIDENTS FOR REGISTERED ASSISTED LIVING

Both subsidized and private registered assisted living residences are required to report serious incidents to the Assisted Living Registrar (ALR), where the health or safety of a resident may have been at risk. Due to changes in reporting requirements, reporting of incidents increased dramatically over the last few years, with 6,428 incidents reported in 2023/24 compared to 1,789 in 2019/20. Unexpected illness (52%), falls (34%), aggression (3%), unexpected death (2%), and injury (1%) made up 90% of all reported incidents.

ASSISTED LIVING

REPORTABLE INCIDENTS IN REGISTERED ASSISTED LIVING, 2023/24



SOURCE(S): 25, 26

Since the changes to the reporting guidelines in 2019, the number of reported falls in registered assisted living has remained relatively stable since 2021/22. The rate of falls per100 units was 26, a slight increase from the previous year. Island Health reported the highest rate at 37 falls per 100 units and Northern Health reported the lowest rate at 13 falls per 100 units in 2023/24.

ASSISTED LIVING

FALLS IN REGISTERED ASSISTED LIVING, 2023/24

	TOTAL FALLS	FALLS PER 100 UNITS
IHA	578	30
FHA	564	20
VCHA	285	20
VIHA	686	37
NHA	43	13
B.C.	**2,156**	**26**

SOURCE(S): 25, 26

COMPLAINTS IN REGISTERED ASSISTED LIVING

The ALR ensures both subsidized and private registered assisted living residences comply with the CCALA and its associated regulations. It does not, however, track the number of complaints that are substantiated. In 2023/24, the ALR received 91 complaints, 11% higher than the previous year and 60% more than 2019/20. The complaints raised 169 issues.

SOURCE(S): 27

SITE INSPECTIONS FOR REGISTERED ASSISTED LIVING

Inspections and investigations are conducted by the ALR at initial registration and then as needed based on complaints received. Over the last five years, the number of inspections has ranged from 50 to 84. In 2023/24, the ALR conducted 54 site inspections for the following reasons:

- complaints and complaint follow-up (47),
- possible unregistered residence (6), and
- application for registration (1).

SOURCE(S): 27

LONG-TERM CARE

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

SOURCE(S): 1, 8

LONG-TERM CARE BEDS AND ROOM CONFIGURATION

As of March 31, 2024, there were 29,599 LTC beds at publicly-subsidized facilities for B.C. seniors; 28,364 were publicly-subsidized beds and 1,235 were private pay beds. Of the publicly-subsidized beds, 33% were in health authority operated facilities and 67% were in contracted facilities. Proportionately, there were approximately 60 publicly-subsidized beds per 1,000 population aged 75 or older and 222 publicly-subsidized beds per 1,000 population aged 85 or older, which decreased 13% and 6% from 2019/20 respectively. From 2020 to 2024, the number of publicly-subsidized beds increased 3% while the seniors' population aged 85 and older grew 10%.

SOURCE(S): 1, 8

The Office of the Senior Advocate (OSA) collects information from LTC operators on room configuration. Under CCALA, residents are required to be housed in single occupancy rooms, but some facilities were built under older standards and may have rooms that house two or more residents. The room configuration within publicly-subsidized LTC facilities has remained relatively consistent over the years. In 2023/24, 91% of rooms were single occupancy, two percentage points higher than in 2019/20. Nearly 80% of beds are now in single occupancy rooms.

LONG-TERM CARE

ROOM AND BED CONFIGURATION IN LONG-TERM CARE, MARCH 31, 2023/24

	ROOMS	BEDS
SINGLE OCCUPANCY ROOMS	91%	79%
DOUBLE OCCUPANCY ROOMS	6%	11%
MULTI-PERSON ROOMS	3%	11%

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

SOURCE(S): 8

COST OF LONG-TERM CARE

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

LONG-TERM CARE

MONTHLY RATES FOR CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2024

	COST PER PERSON
MINIMUM - SINGLES	$1,417.00
MINIMUM - COUPLES SHARING A ROOM	$1,001.69
MAXIMUM	$3,974.10

SOURCE(S): 28

On March 31, 2024, 9% of clients in publicly-subsidized beds were paying the maximum annual rate for LTC in B.C., which was one percentage point higher than in 2019/20.

SOURCE(S): 8, 22

Average assessed client rates increased 3% from the previous year and 15% from 2019/20. However, averages can be skewed by high income earners. The median contribution is a more stable measure and is lower than the average. In 2023/24, the median assessed

rate increased 3% over the previous year and 12% over 2019/20.

LONG-TERM CARE

ASSESSED CLIENT CONTRIBUTIONS IN LONG-TERM CARE, 2023/24

	AVERAGE	MEDIAN	CLIENTS PAYING MAXIMUM RATE
IHA	$2,197.50	$1,742.97	473
FHA	$2,131.92	$1,691.77	669
VCHA	$2,100.77	$1,567.86	734
VIHA	$2,305.24	$1,871.06	580
NHA	$2,176.83	$1,714.87	91
B.C.	**$2,174.58**	**$1,708.07**	**2,547**

SOURCE(S): 18, 22

LONG-TERM CARE CLIENTS AND DAYS

Taking into account bed turnover, the number of seniors living in LTC homes (41,983) increased 1% from the previous year and from 2019/20. Of these, 9,986 were new admissions, a 7% decrease from the previous year and 8% increase from four years ago.

LTC days are generally defined as occupied bed days. Any days where a client is hospitalized but not discharged from LTC are included in the length of stay. The number of LTC days increased by 3% from the previous year and 2% from 2019/20.

Overall, the average length of stay in publicly-subsidized beds was 838 days. However, the median length of stay is a better measure than the average as it is less prone to skewing by a few residents whose length of stay is very long. The median length of stay in LTC for all clients discharged from publicly-subsidized beds during the year was 494 days, a 3% increase from the previous year and 2% from 2019/20.

SOURCE(S): 8, 19, 29

LONG-TERM CARE

LONG-TERM CARE DAYS AND LENGTH OF STAY, 2023/24

	CLIENTS	DAYS	MEDIAN LENGTH OF STAY
IHA	10,529	2,117,137	408
FHA	12,524	3,108,171	465
VCHA	9,015	2,408,065	639
VIHA	8,184	2,050,892	477
NHA	1,731	406,672	667
B.C.	**41,983**	**10,090,937**	**494**

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

SOURCE(S): 8, 19

WAITLIST FOR LONG-TERM CARE

Once assessed for placement, people may wait in hospital or in their own homes for admission into a LTC facility. On March 31, 2024, there were 6,464 clients waiting to be admitted to LTC, which was two and a half times the waitlist in 2019/20. The average wait time for people on the waitlist as of March 31, 2024 was 242 days, a 16% increase over the previous year and 67% from 2019/20. Wait times ranged from 96 days in Interior Health to 256 days in Northern Health.

LONG-TERM CARE

WAIT TIMES (DAYS) FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2024

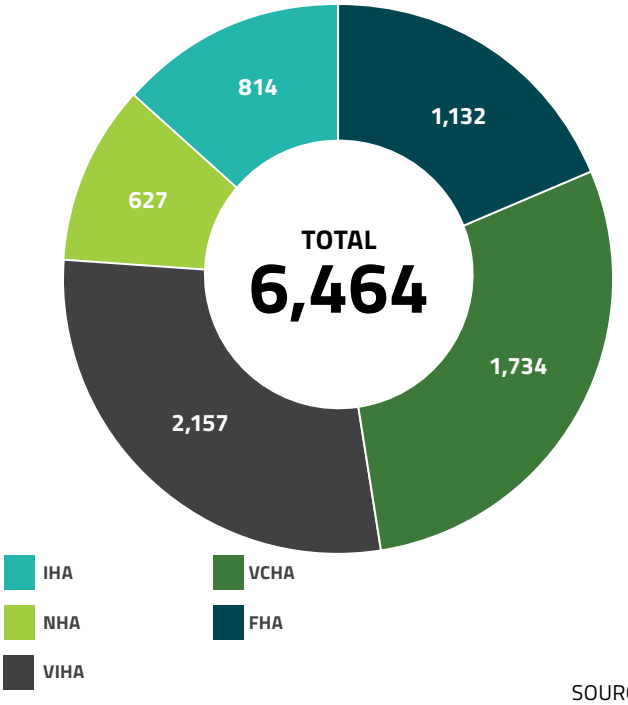
	AVERAGE	MEDIAN	MAXIMUM
IHA	161	96	971
FHA	189	164	880
VCHA	276	179	2,460
VIHA	246	184	1,514
NHA	334	256	2,483
B.C.	**242**	**n/a**	**2,483**

NOTE(S): Notes: The B.C. average wait time is a calculated weighted average; This time is based on people (on the waitlist) waiting for placement into LTC as of March 31, 2023. NHA's values are estimates, as they're unable to provide the exact values.

SOURCE(S): 22

LONG-TERM CARE

NUMBER OF CLIENTS WAITING FOR PLACEMENT INTO LONG-TERM CARE, MARCH 31, 2024



SOURCE(S): 22

In 2023/24, there were 9,986 admissions into LTC throughout B.C.; 5,302 were admitted from the community and 4,689 were admitted from hospital. Wait times varied, depending on where the client was admitted from. On average, clients waited for 151 days when admitted from community and 59 days when admitted from the hospital (including when admitted from hospital while previously waiting in community). These wait times increased by 12% and 26% from 2022/23 respectively.

For clients admitted from the hospital (excluding Northern Health), while previously waiting in community (107 days) experienced nearly three times the wait time of clients waiting in the hospital (36 days), representing increases of 43% and 24% from 2022/23 respectively. Overall, all average wait times for clients admitted to LTC have been increasing over the last four years.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO LONG-TERM CARE HOME, 2023/24

	IHA	FHA	VCHA	VIHA	NHA	B.C.
FROM COMMUNITY	147	144	104	185	267	151
NON-URGENT	159	255	298	303	n/a	225
URGENT	36	61	53	106	n/a	73
FROM HOSPITAL - TOTAL	64	37	29	146	239	59
FROM HOSPITAL	36	21	25	113	n/a	36
FROM HOSPITAL - PREVIOUSLY WAITING IN COMMUNITY	151	67	53	191	n/a	107

NOTE(S): The B.C. average wait time is a calculated weighted average based on IHA, FHA, VCHA and VIHA only.

SOURCE(S): 29

Urgent admissions from community are clients identified by the health authority as living with intolerable risk including clients with immediate risk of abuse and neglect, caregiver breakdown or considerable risk of hospital admission. Non-urgent admissions (or routine admissions) are clients who need LTC and can be kept safely at home with appropriate community supports until a LTC bed becomes available. There are differences in wait times for clients in the community for non-urgent or routine admission compared to urgent admissions.

The average wait time of urgent admission in 2023/24 (excluding Northern Health) was 73 days, 50% longer than the previous year and more than two times over five years ago. The average wait time was 225 days for non-urgent admissions (excluding Northern Health), an 18% increase over the previous years and nearly 90% increase from 2020/21. The average wait times for non-urgent admissions varied across the health authorities, ranging from 159 days in the Interior Health to 303 days in Vancouver Island Health.

SOURCE(S): 29

PREFERRED BED ACCESS

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

In addition to clients waiting for placement into LTC, there were clients in an interim care home waiting for transfer to their preferred care home. On March 31, 2024, there were 4,440 clients in an interim care home waiting for transfer to their preferred care home with a median wait time ranging from 173 days in Northern Health to 445 days in Vancouver Island Health.

SOURCE(S): 22

For clients already admitted to their preferred care home, wait times also varied depending on where the client was admitted from. On average, clients waited 203 days to be placed into their preferred care home when admitted from the community and 263 days when admitted from an interim care home; both have increased 43% and 30% since 2020/21 respectively. These wait times varied across health authorities; average wait time ranged from 175 days to 237 days for clients be placed into their preferred care home when admitted from community and ranged from, on average, 226 days to 345 days when admitted from an interim care home.

LONG-TERM CARE

AVERAGE WAIT TIMES (DAYS) FOR CLIENTS ADMITTED TO PREFERRED LONG-TERM CARE HOME, 2023/24

	IHA	FHA	VCHA	VIHA	NHA	B.C.
FROM COMMUNITY	175	237	203	208	n/a	203
NON-URGENT	188	350	298	329	n/a	265
URGENT	43	64	68	114	n/a	86
FROM INTERIM CARE HOME	268	226	233	345	n/a	263

NOTE(S): The B.C. average wait time is a calculated weighted average based on IHA, FHA, VCHA and VIHA only.

SOURCE(S): 29

This year the average wait times for clients admitted to their preferred long-term care home from the community has also been broken down into urgent and non-urgent cases. On average, the wait time for clients admitted to their preferred care home was 86 days for urgent cases compared to 265 days for non-urgent cases. For urgent cases, the average wait time varied across health authorities, ranging from 43 days in Interior Health to 114 days in Vancouver Island Health and for non-urgent cases, the average wait time ranged from 188 days in Interior Health to 350 days in Fraser Health.

SOURCE(S): 29

USE OF ANTIPSYCHOTICS IN LONG-TERM CARE

Antipsychotic drugs are sometimes used to manage behaviours of residents with dementia; using these drugs raises concerns about safety and quality of care. Antipsychotic medications were administered to 36% of LTC residents, a 2% increase over the previous year. This rate of antipsychotic use has increased each year over the last five years and reached the highest in 2023/24, a 16% increase from 2019/20. Another measure of antipsychotic usage is the percent of residents prescribed an antipsychotic without a diagnosis of psychosis. This measure excludes residents with symptoms that may be treated with antipsychotics, such as hallucinations or delusions.

Antipsychotic medications were administered to nearly 30% of residents who did not have a diagnosis of psychosis, a 2% increase over the previous year and a 19% increase over 2019/20. Both measures of antipsychotic usage in B.C. are above the national level, six percentage points higher for antipsychotic usage and four percentage points higher for antipsychotic usage without a diagnosis of psychosis.

LONG-TERM CARE

PERCENT OF RESIDENTS IN LONG-TERM CARE TAKING ANTIPSYCHOTICS, 2023/24

	IN B.C.	IN CANADA
WITHOUT A DIAGNOSIS OF PSYCHOSIS	29.5%	23.5%
WITH OR WITHOUT A DIAGNOSIS OF PSYCHOSIS	35.8%	32.0%

NOTE(S): Data reflects facilities with publicly-funded/subsidized beds. Results for Newfoundland and Labrador, Ontario, Alberta, British Columbia and Yukon reflect full coverage in that province/territory. Results for the remaining provinces/territories are based on partial coverage (i.e., only certain facilities and/or regional health authorities submitted data to CCRS). Without a diagnosis of psychosis is the adjusted rate.

SOURCE(S): 30

REPORTABLE INCIDENTS IN LONG-TERM CARE

Licensed LTC facilities are required to report incidents as defined under the Residential Care Regulation. Licensing officers perform any necessary inspection or follow-up. (Note: Reportable incidents are not available for Vancouver Island facilities licensed under the Hospital Act. These facilities reported 15 adverse events, but these are not comparable to reportable incidents outlined in the Residential Care Regulations)

Health authority licensing offices received 17,718 incident reports, a 3% decrease from the previous year and 1% decrease from 2019/20. About 70% of reportable incidents related to expected deaths and unexpected illness. Falls with injury (13%) continued to be the next most commonly reported type, followed by aggressive behaviour (5%), and other injuries (4%).

The 2,281 reported falls with injury equate to 8.2 falls per 100 beds in B.C., a 5% decrease from the previous year and 8% from 2019/20. The falls rate was highest in Vancouver Island Health (11.5) and lowest in Vancouver Coastal Health (7.0).

LONG-TERM CARE

INCIDENTS AND FALLS WITH INJURY PER 100 BEDS, 2023/24

	REPORTABLE INCIDENTS	FALLS WITH INJURY
IHA	77.3	9.6
FHA	52.6	6.8
VCHA	61.1	7.0
VIHA	72.9	11.5
NHA	63.4	7.2
B.C.	**63.8**	**8.2**

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

SOURCE(S): 8

COMPLAINTS IN LONG-TERM CARE

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

The PCQO received a total of 786 complaints in all health authorities, a 5% decrease from the previous year and 5% increase from 2019/20; 17 were reviewed by the PCQRB.

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

- care (39%) – e.g., inappropriate type of care, or

delayed or disruptive care

- accommodation (12%) – primarily dissatisfied with placement or preferred accommodation not available
- communication (9%) – e.g., relatives/carers not informed or inadequate/incorrect information
- accessibility (7%) – e.g., visiting hours issues, or programs services denied, delayed or not available
- attitude and conduct (6%) – e.g., inappropriate conduct, uncaring attitude, unwelcome physical contact or physical/sexual/verbal abuse
- administrative fairness (5%) – primarily policy or procedure interpreted or applied unfairly

SOURCE(S): 20

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

Reporting facilities received 409 complaints, of which 126 were substantiated resulting in some type of licensing infraction. Overall, complaints decreased by 11% compared to the previous year and 30% from 2019/20. Substantiated complaints decreased for five years in a row, 2% decrease from the previous year and 35% decrease from 2019/20. While Vancouver Island Health continued to have the highest number of complaints and substantiated complaints, its substantiated complaints decreased 13% over the previous year and 44% from 2019/20. The rate of substantiated complaints per 1,000 beds continue to be above the provincial average (4.5) in Vancouver Island Health (9.3).

LONG-TERM CARE

COMPLAINTS IN LONG-TERM CARE RECEIVED BY LICENSING OFFICES, 2023/24

	COMPLAINTS RECEIVED	SUBSTANTIATED COMPLAINTS	SUBSTANTIATED COMPLAINTS PER 1,000 BEDS
IHA*	59	15	2.9
FHA	74	17	1.8
VCHA	60	31	4.7
VIHA	198	55	9.3
NHA**	18	8	8.9
B.C.	**409**	**126**	**4.5**

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

SOURCE(S): 8

SITE INSPECTIONS FOR LONG-TERM CARE FACILITIES

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

At least one inspection was conducted in 96% of LTC homes during the fiscal year; this has increased each year since 2021. The inspection rate varied across health authorities with 100% in Fraser Health and Northern Health, 96% in Vancouver Coastal Health, 94% in Interior Health and 90% in Vancouver Island Health. There were 868 inspections conducted with 1,373 licensing infractions found.

Due to variation in the size of care homes and the number of care homes inspected, it is more meaningful to compare infraction rates per 1,000 beds in the facilities inspected. The infraction rates in the facilities inspected was the highest in Interior Health (78.1) and the lowest in Fraser Health (29.3). Most of the infractions found related to records and reporting (20%), care and supervision (18%), staffing (17%), and the physical environment (15%).

LONG-TERM CARE

INSPECTIONS AND INFRACTIONS IN LONG-TERM CARE, 2023/24

	PERCENT OF FACILITIES INSPECTED	LICENSING INFRACTIONS PER 1,000 BEDS IN FACILITIES INSPECTED
IHA	93.8%	78.1
FHA	100.0%	29.3
VCHA	96.4%	44.6
VIHA	89.8%	44.5
NHA	100.0%	71.9
B.C.	**95.6%**	**47.8**

SOURCE(S): 8

FATALITIES

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

LIFE EXPECTANCY AT 65

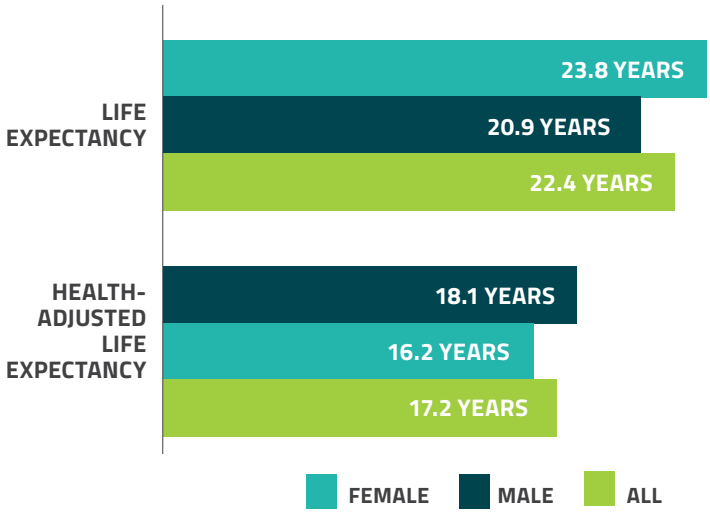
Life expectancy is a measure of a population's ability to live a long life. Life expectancy at 65 is the average number of years that a person can expect to live after age 65. B.C. seniors who are 65 years of age could expect to live an additional 22.4 years. Senior women can expect to live an additional 23.8 years, and senior men can expect to live 20.9 years. The life expectancy at 65 years of age increased 0.6 years over the previous year and 0.2 years compared to 2019.

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

In 2023, the HALE for B.C. seniors who were 65 years of age is 17.2 years; it was higher for senior women at 18.1 years compared to senior men at 16.2 years. It increased 0.4 years from the previous year and decreased slightly (0.1 years) compared to 2019.

FATALITIES

LIFE EXPECTANCY AT 65 & HEALTH ADJUSTED LIFE EXPECTANCY (HALE) AT 65, 2023



SOURCE(S): 31

FATALITY TRENDS

In 2023, about 35,329 seniors died in B.C., 3% fewer deaths than the previous year and 14% more than 2019. The fatality rate for seniors was 326 deaths per 10,000 seniors, a 6% decrease from last year and 1% decrease from 2019.

Vancouver Coastal Health had the lowest fatality rate (290 per 10,000 seniors) while Northern Health had the highest fatality rate (374 per 10,000 seniors).

FATALITIES

NUMBER OF DEATHS AND AGE-SPECIFIC FATALITY RATE BY HEALTH AUTHORITY, 65+, 2023

	NUMBER OF DEATHS	AGE-SPECIFIC FATALITY RATE
IHA	7,707	359
FHA	11,043	312
VCHA	6,753	290
VIHA	7,917	343
NHA	1,909	374
B.C.	35,329	326

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

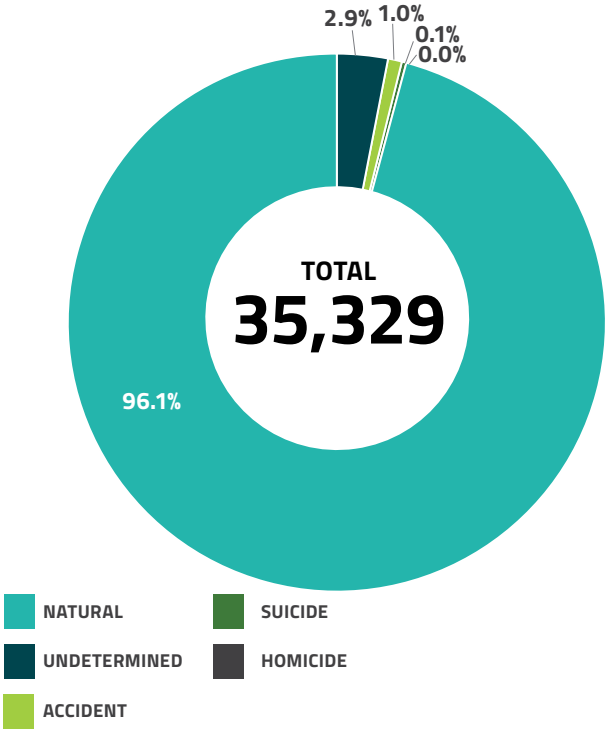
SOURCE(S): 1, 32

MANNER OF DEATH

Most seniors died from natural causes which accounted for 96% of seniors' deaths. However, undetermined seniors' deaths of 1,016 in 2023 are only 3% of total deaths.

FATALITIES

MANNER OF DEATH 65+, 2023



NOTE(S): *People with unknown age are included in all ages. ** Undetermined: includes open cases still under investigation by the Coroner; "closed" cases where the Coroner's investigation is complete and the death cannot reasonably be classified as natural, accidental, suicide or homicide due to insufficient evidence or inability to determine manner of death.

SOURCE(S): 33

LEADING CAUSE OF DEATH

The top five leading causes of death for seniors have remained fairly consistent over the last five years. These were cancer, heart disease, cerebrovascular disease (including ischemic and hemorrhagic stroke), chronic lower respiratory diseases (including bronchitis, chronic obstructive pulmonary disease, and asthma) and Alzheimer's disease, which accounted for 58% of seniors' deaths in 2023. Data should be interpreted with caution due to the volume of "undetermined" cases from BC Coroners Service.

Cancer (malignant neoplasms) and heart disease were the top two leading causes of death for seniors (65+) in the past five years. In 2023, one in four seniors died from cancer (9,163, 26%) and almost one in five seniors died from heart disease (6,810, 19%). Across all health authorities, seniors who died from cancer and heart disease increased from five years ago while seniors died from cerebrovascular diseases decreased from five years ago.

FATALITIES

TOP FIVE LEADING CAUSE OF DEATH, 65+, 2023

	DEATH COUNT	PROPORTION OF OVERALL DEATHS
MALIGNANT NEOPLASMS	9,163	26%
DISEASES OF HEART	6,810	19%
CEREBROVASCULAR DISEASES	1,920	5%
CHRONIC LOWER RESPIRATORY DISEASE	1,616	5%
ALZHEIMER'S DISEASE	1,114	3%

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

SOURCE(S): 32

Seniors in LTC had different top five leading causes of death: heart disease, Alzheimer's disease, cancer, cerebrovascular diseases and chronic lower respiratory diseases. Heart disease has been the leading cause of death for seniors (65+) in long-term care in the past five years. Alzheimer's disease surpassed cerebrovascular disease and COVID-19, becoming the second leading cause in 2023.

SOURCE(S): 32

FALL-RELATED DEATHS

Falls are the leading cause of injury among seniors in Canada and can have negative outcomes ranging from fractures and head injuries to long-term hospitalization and deaths. Fall-related deaths are defined as deaths in which a fall initiated the chain of events that led to the person's death. There were 345 fall-related deaths of seniors (65+) and 214 for older seniors (85+), a 32% and 30% decrease from the previous year and 40% decrease from 2019. Fall-related deaths accounted for 1% of seniors' deaths in 2023.

SOURCE(S): 32, 33

FATALITIES

FALL-RELATED DEATHS OF SENIORS, 2023

	65+	85+
NUMBER OF DEATHS	345	214
AGE-SPECIFIC FATALITY RATE	3	18

SOURCE(S): 1, 32

HEALTH HUMAN RESOURCES

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

ACTIVE REGISTRANTS

The number of active registrants was on an upward trend for all professions listed in the table below in the last five years except a dip in 2020/21 for physiotherapists. Nurse practitioners had the largest increase (14%) from the previous year and 84% from 2019/20, followed by care aides and community health workers (13% and 44% increase), and physiotherapists (8% and 22% increase).

HEALTH HUMAN RESOURCES

NUMBER OF ACTIVE REGISTRANTS IN SELECT HEALTH CARE OCCUPATIONS, 2023/24

	NUMBER OF ACTIVE REGISTRANTS
PHYSICIANS	15,288
GENERAL/FAMILY PRACTITIONERS	7,685
SPECIALISTS	7,532
NURSES	58,591
REGISTERED NURSES	42,719
NURSE PRACTITIONERS	1,028
LICENSED PRACTICAL NURSES	14,844
CARE AIDES & COMMUNITY HEALTH WORKERS	52,060
PHYSIOTHERAPISTS	5,177
OCCUPATIONAL THERAPISTS	3,137

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

The Health Career Access Program (HCAP) is a province-funded program aimed to provide a path for applicants with little to no experience to be trained as a health care assistant or a mental health and addictions worker. In the past five years, the number of new registrants of Health Care Assistant (HCA) program graduates fluctuated with an upward trend, increasing by 41% from 2,405 graduates in 2019 to 3,398 in 2023. In 2022, the number of new registrants of HCA graduates reached a record high, with 4,278 students, marking the peak in the last five years.

SOURCE(S): 32

WORKFORCE

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

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

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

- Registered nurses and registered psychiatric nurses increased 2%,
- Nurse practitioners increased 11%,
- Licensed practical nurses increased 3%,
- Care aides increased 6%,
- Community health workers increased 3%,
- Physiotherapists increased 4%, and
- Occupational therapists increased 0.3%.

The average age of employees and the years of seniority have not changed substantially over the years between 2019 and 2023. In 2023, the average age of employees ranged between 41 and 46 across all of the listed professions. Community health workers and care aids had an average of six years of seniority; Licensed practical nurses and nurse practitioners had an average of seven years; registered nurses and physiotherapists had an average of eight years; and occupational therapists had an average of nine years.

SOURCE(S): 39

HEABC job vacancy data is not available for this report.

COMMUNITY SUPPORTS

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

COMMUNITY SUPPORT PROGRAMS

SENIORS CENTRES

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

NEW HORIZONS

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

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

SOURCE(S): 40

In 2023/24, there were 437 approved community-based projects in B.C. with federal funding of nearly $9.6 million. This is a 12% increase in funding from the previous year and 82% from 2019/20. The projects are based in 42 communities across the province and cover a wide variety of social and educational opportunities for seniors. There was one approved pan-Canadian agreement for $500,000 covering 2019/20 to 2021/22 and three ongoing pan-Canadian contribution agreements for $7.5 million covering 2019/20 to 2024/25.

SOURCE(S): 41

PERSONAL SUPPORT PROGRAMS

FIRST LINK® DEMENTIA SUPPORT

First Link® dementia support, available provincewide, is jointly funded by the Ministry of Health and the Alzheimer Society of B.C. The program connects people with dementia and their families to supports from the time of diagnosis and throughout the progression of the disease. In 2023/24, the service covered 421 communities, 16 more from the previous year. The number of clients increased by 8% from the previous year and 4% from 2019/20. The number of client contacts continued its upward trend since 2019/20, 7% from the previous year and 54% from five years ago.

PERSONAL SUPPORT PROGRAMS
FIRST LINK® PROGRAM, 2023/24

	NUMBER
TOTAL UNIQUE CLIENTS	14,070
NEW CLIENTS	6,469
FORMAL REFERRAL	3,097
SELF-DIRECTED CONTACTS	3,372
CLIENT CONTACTS	53,206
COMMUNITIES SERVED	421

SOURCE(S): 42

BETTER AT HOME

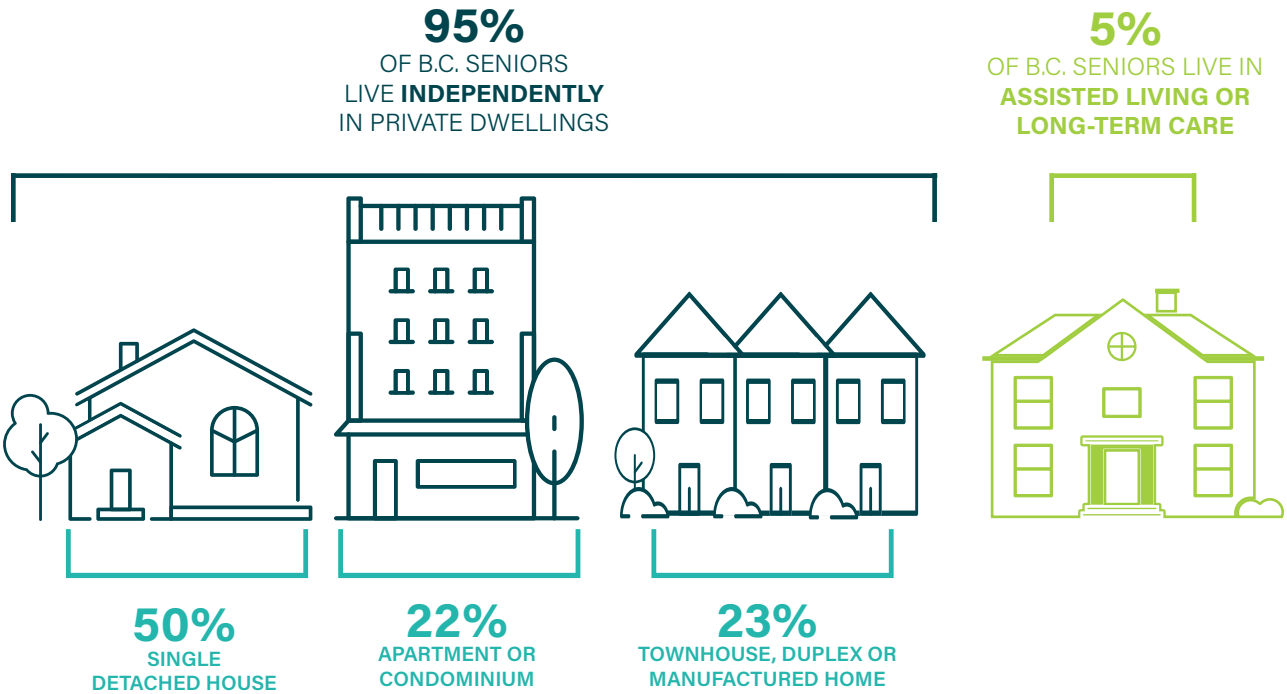
Better at Home is a government-funded program that helps seniors with daily tasks so that they can continue to live independently in their own homes. The program is managed by the United Way British Columbia. Services, designed to complement existing government home support services, are provided by local non-profit organizations. In 2023/24, staff, contractors and 2,551 volunteers provided 336,415 services to 15,859 seniors, 90% of whom are seniors (65+). The number of clients and the services provided increased each year in the past five years except 2020/21 when it was combined with Safe Seniors, Strong Communities and no separate data was available for Better at Home. The most common services provided were light housekeeping (30%), meal delivery (21%), friendly visiting (16%) and grocery shopping (10%).

The waitlist for Better at Home services has grown significantly, increasing by 55% from 3,085 to 4,768 in 2023/24. Most people were on a waitlist for light housekeeping (53%), followed by transportation (8%) and friendly visiting (8%). The primary reasons for waitlists were the need for a subsidized spot (31%), the lack of contractors available (20%) and waiting for intake (13%).

SOURCE(S): 43

HOUSING

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



SOURCE(S): 44, 45

HOMEOWNERS

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

SOURCE(S): 46, 47, 48

HOME OWNERSHIP COSTS

In 2023, average home prices in B.C. varied widely from under $300,000 to over $1.6 million, depending on location. Across the province, home prices have increased dramatically over the past 10 years. In 2023, the average home price in B.C. reached $970,768, almost double from 2013 ($536,720). The average home price decreased 3% from last year ($996,821) and increased 38% compared to 2019 ($701,314).

In 2024, the average estimated property taxes and municipal charges went up by 10% from 2023 and 27% from 2020. BC Hydro rates for electricity increased 2.3% from 2023, however, the one-time, year-long B.C. Electricity Affordability Credit will partly offset this increase with an average $100 credit for residential households.

SOURCE(S): 49, 50, 51

HOMEOWNER GRANT FOR SENIORS

Homeowners who are residents of B.C. are eligible to claim a grant that reduces property taxes for their principal residence. An additional grant may be claimed for homeowners 65 years and older, persons with disabilities, veterans, or a spouse or relative of a deceased owner. For homes valued up to $2.15 million, the maximum grant for seniors is $845 in urban areas; homeowners may be eligible for an additional $200 if they live in a northern or rural area. In 2023, for homes valued above $2.125 million, the additional homeowner grant was reduced incrementally ($5 decrease for each $1,000 of assessed value) as the assessed home value rose until the value of the grant was $0. While the property tax owing is reduced when the additional homeowner grant is applied, homeowners must still pay at least $100 in property tax annually to contribute to essential services, such as road maintenance and police protection.

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

SOURCE(S): 52

In 2023, there were 483,328 Homeowner Grants for seniors claimed. Additional grants are based on criteria for disability, surviving spouse or relative of deceased

owner, or surviving spouse of a veteran who received the War Veterans Allowance. The additional grants are not claimed by seniors who are qualified for senior grants.

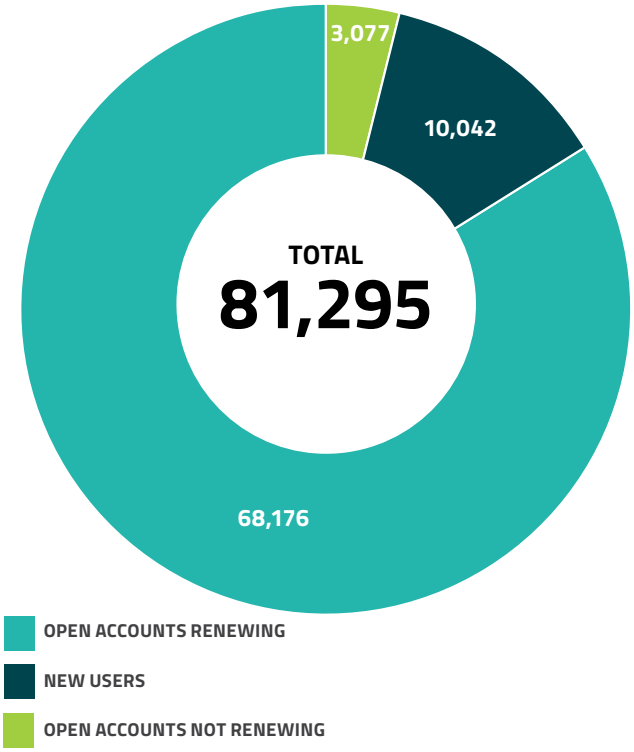
SOURCE(S): 53

PROPERTY TAX DEFERMENT

B.C.'s Property Tax Deferment Program allows eligible homeowners 55 and older, surviving spouses and persons with disabilities to defer paying their property taxes for a low simple interest (non-compounding) charge that accrues until the account is paid in full when the homeowner passes away or sells the property. While the value of deferred taxes under the program is growing each year, there were 3% fewer new users and 9% more homeowners continuing deferment compared to the previous year. Compared to five years ago, 25% more homeowners were deferring their property taxes.

HOMEOWNERS

NUMBER OF PROPERTY TAX DEFERMENT USERS, 2023/24



SOURCE(S): 53

The total amount of property tax dollars deferred in 2023/24 exceeds $390 million, a 13% increase over the previous year and 39% more than 2019/20. Of this amount, over $42 million (11%) was newly deferred.

The median assessed value of homes in B.C. for which property taxes were deferred in 2023/24 under the regular program was $1.364 million, up 9% from the previous year. The median increased 4% in Vancouver, 8% in the Lower Mainland and 10% in Capital Regional District.

The interest rate was 4.45% between April and September 2023, before being increased to 4.95% between October 2023 to March 2024. The annual interest accrued in 2023/24 on the average amount of deferred taxes in B.C. ($5,055) was $237.58, a 364% increase over the previous year. The homeowner using this program has deferred an average cumulative amount of $25,105 in property taxes.

The total amount of property tax deferred has increased each year, and the amount repaid to the province $149 million, a 9% increase over the previous year.

This program began in 1974 and, as of March 31, 2024, the total cumulative amount of property tax deferred was more than $2.723 billion, up 17% over March 2023.

SOURCE(S): 53

RENTING

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

SOURCE(S): 54

In aggregate, across the province, 20% of senior households rent. In addition, there is a wide range in the average costs of renting. In 2023, the average cost of a one-bedroom apartment in Port Alberni was $953, compared to $1,696 in Vancouver.

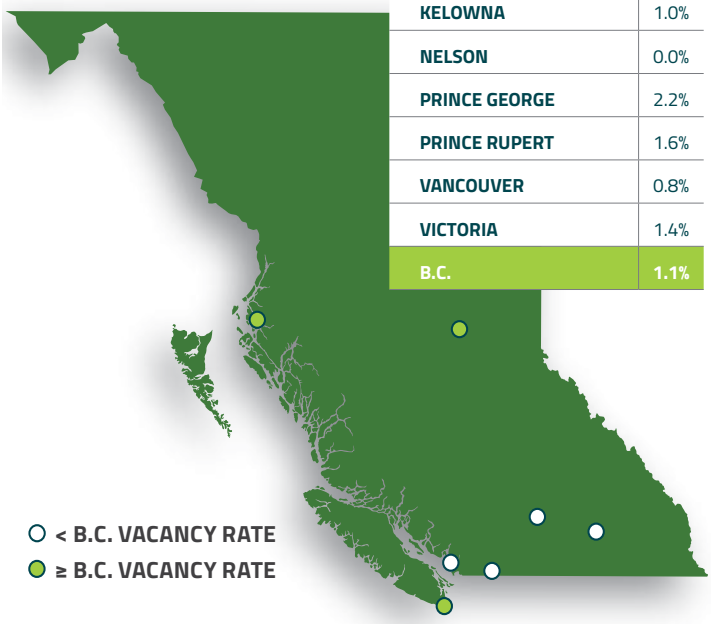
Vacancy rates vary throughout the province. For example, the vacancy rate for one-bedroom apartments was 0.8% in Vancouver and 1.0% in Kelowna in 2023. The vacancy rate for one-bedroom apartments in B.C. remains 1.1%, the same level as the previous year.

SOURCE(S): 46, 55

SENIORS RENTING IN B.C.

VACANCY RATES (1 BEDROOM), OCTOBER, 2023

COMMUNITY	2023
ABBOTSFORD/MISSION	0.8%
KELOWNA	1.0%
NELSON	0.0%
PRINCE GEORGE	2.2%
PRINCE RUPERT	1.6%
VANCOUVER	0.8%
VICTORIA	1.4%
B.C.	1.1%



SOURCE(S): 55

SHELTER AID FOR ELDERLY RENTERS (SAFER)

SAFER provides a subsidy directly to B.C. renters aged 60 and older who have a low to moderate income and pay more than 30% of their gross monthly income towards rent. In 2023, the maximum qualifying annual income for single renters in Metro Vancouver was $30,600 ($29,352 in the rest of the province). In April 2024, the B.C. government announced improvements to the SAFER program that include changes to the income eligibility up to $37,240, increased the minimum benefit to $50 and raised the rent ceiling to $931 for single and couple renters in all communities. These changes are effective August 2024 and will be reflected in the report next year.

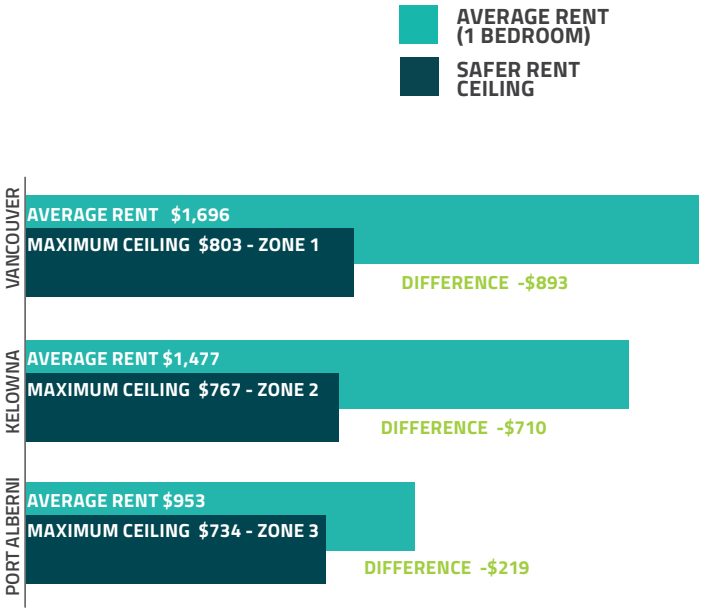
The total SAFER subsidy provided by BC Housing has steadily declined since 2020/21. In 2023/24, BC Housing provided $57 million in subsidies, $1 million less than the previous year.

SOURCE(S): 56, 57, 58

The average rent for a one-bedroom apartment in B.C. increased dramatically in the past ten years. In 2023, the average rent for a one-bedroom apartment in B.C. increased 68% compared to 2013, 24% compared to 2019 and 9% from last year, depending upon the geographic region. However, the rent ceiling used in the calculation of SAFER subsidies has not kept pace. During this period, there have been two increases to the SAFER rent ceilings – in 2014 and in 2018. Effective August 2024, B.C. Housing increased the rent ceiling to $931 for all communities.

SENIORS RENTING IN B.C.

AVERAGE RENT VERSUS SAFER RENT CEILING, 2023



SOURCE(S): 55, 56, 58

There were 22,899 SAFER recipients, 3% less than the previous year; 96% were single seniors with an average income of $1,792 per month. The average monthly rent paid by SAFER recipients increased 5% from last year, while the average monthly rent subsidy decreased 3% to $192 per month and fell 7% from five years ago ($207).

Historically, the SAFER formula does not recognize any rent increases above the maximum SAFER rent ceiling, regardless of how much rent is paid. The rent ceiling is not tied to inflation or to allowable rent increases. In addition, the SAFER formula can also reduce the amount of subsidy even though the senior is facing a rent increase because the formula recognizes an income increase but not a rent increase. Over 80% of SAFER recipients pay rents that are, on average, $355 above the rent ceiling.

Although the number of SAFER recipients has increased each year between 2013/14 to 2020/21 and declined in the last three years, there may still be eligible seniors who are not taking advantage of this subsidy. According

to the 2021 Canadian Census, B.C. renters aged 65 and older had a median income of less than $26,000 and 44% of them paid more than 30% of their income on shelter, some of whom may qualify for a SAFER subsidy. First-time SAFER recipients ranged between 13% and 17% in each of the last five years, indicating there might still be additional seniors who could benefit from this subsidy.

SOURCE(S): 48, 56

SENIORS' SUBSIDIZED HOUSING

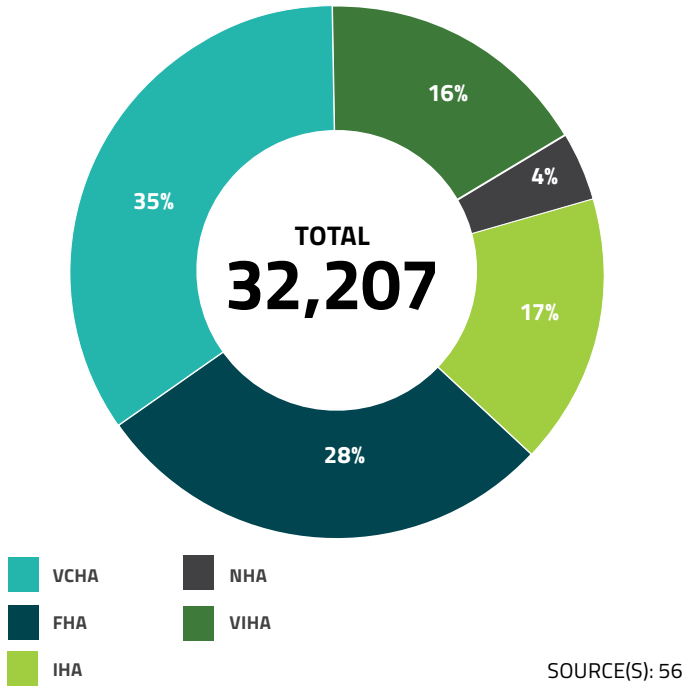
Seniors' Subsidized Housing (SSH) is long-term housing, funded by the provincial government, that is available to low-income B.C. residents aged 55 or older, or people who have a disability. Rents are calculated based on income; tenants pay 30% of their gross income toward the cost of their housing.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

In 2023/24, there were 32,207 SSH units in B.C., of which 34% were supportive housing units and 66% were independent housing units. The number of SSH units slowly increased over the past few years, with a slight decrease (0.2%) last year with 63 fewer units. In 2023/24, there were 21,244 independent housing units, the same level from last year; the number of supportive housing units were 10,983, a 0.4% decrease from last year.

While the number of SSH units increased by 3% compared to five years ago, the units per 1,000 population (55+) decreased 5% compared to 2019/20. The number of applications for SSH has risen consistently and reached close to 14,000 applications last year, 59% more than 2019/20. While there were nearly 14,000 applicants, only 884 applicants received an SSH unit, just 6% of total applicants. As of March 31, 2024, there were 12,996 applicants waiting, a 13% increase over last year and a 61% increase from five years ago. Despite the growing waitlist, the proportion of applicants housed each year has remained relatively unchanged.

SENIORS RENTING IN B.C.

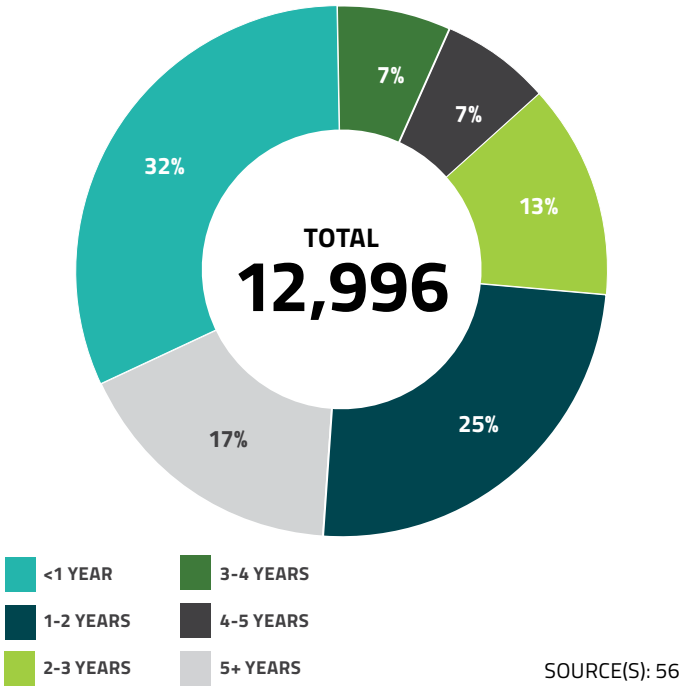
SENIORS' SUBSIDIZED HOUSING UNITS BY HEALTH AUTHORITY, 2023/24



SOURCE(S): 56

SENIORS RENTING IN B.C.

WAIT TIME DISTRIBUTION FOR SENIORS SUBSIDIZED HOUSING APPLICANTS WAITING AT MARCH 31, 2024



SOURCE(S): 56

For those SSH applicants housed, the median wait time is 1.09 years in 2023/24, which is 3% longer than last year and 11% longer than five years ago. Among the 884 seniors who were housed, almost half were housed within one year, but 17% waited more than five years. The median wait time for seniors who were housed is longest in Vancouver Coastal Health (1.5 years) and shortest in Interior Health (0.75 years) and Northern Health (0.78 years). Across B.C., the median wait time for SSH applicants housed ranged from 9 months to 18 months.

The median wait time for SSH applicants waiting on March 31, 2023 was 1.66 years, which went up 4% from 2022/23 and relevantly maintained the same as 2019/20. The median wait time is longest in Vancouver Coastal Health (1.89 years) and shortest in Northern Health (1.18 years). All regions in B.C. have a median wait time in excess of one year.

Of the waiting applicants, 32% have been waiting for less than one year while 43% have been waiting for two years or more and 17% have already been waiting for more than 5 years.

BC REBATE FOR ACCESSIBLE HOME ADAPTATIONS

The BC RAHA program provides financial assistance in the form of rebates to eligible low or moderate-income households for home adaptations to enable home owners to continue living independently. The program is intended to offset costs but does not necessarily cover the full cost of the work. Eligibility criteria for the 2023 application cycle include:

- A member of the household has a permanent disability or lasting ability loss
- Adaptations must be directly related to this loss of ability (may need assessment from an occupational or physical therapist)
- The member(s) of the household who require the adaptation must meet Canadian residency requirements and the household is their principal residence
- The household's combined before-tax income must be $134,140 or below
- Excluding the value of the home, total household assets are less than $100,000

- The BC assessment value of the home must be below the Home Value Limits for BC-RAHA, which vary by region, or the home value is below the average assessed value of homes in the area where the home is being adapted

A set schedule of rebates for specific adaptions is published by BC Housing. The lifetime maximum funding from the program is $20,000. Any work undertaken prior to approval for funding from BC Housing is not eligible for a rebate. Renters may be eligible to access the program through a joint application with their landlord to undertake the necessary home adaptations.

In 2023/24, BC Housing received 646 applications and approved 377 applications, 11% more than the previous year. The average value of approved adaptions was $11,067, a 10% increase from $10,099 in the previous year.

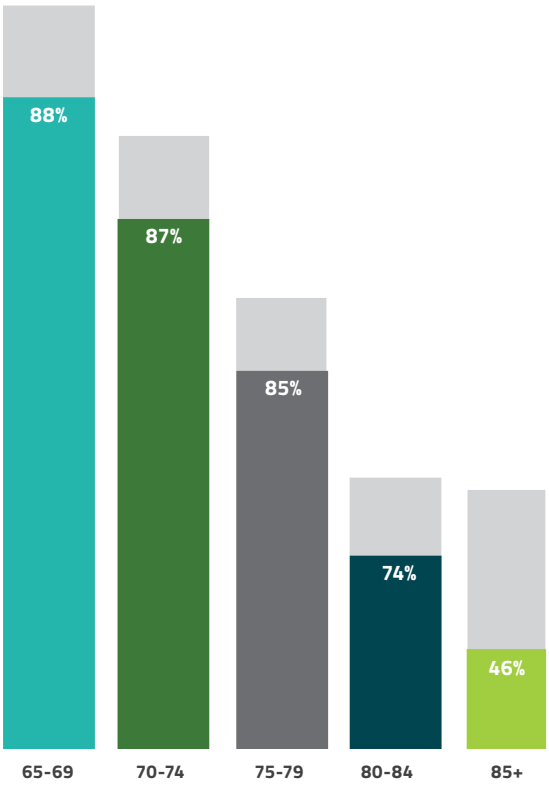
SOURCE(S): 56, 59

TRANSPORTATION

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

ACTIVE DRIVERS

PERCENT OF POPULATION WITH ACTIVE DRIVER'S LICENCE BY AGE GROUP, 2023



SOURCE(S): 1, 60

ACTIVE DRIVERS

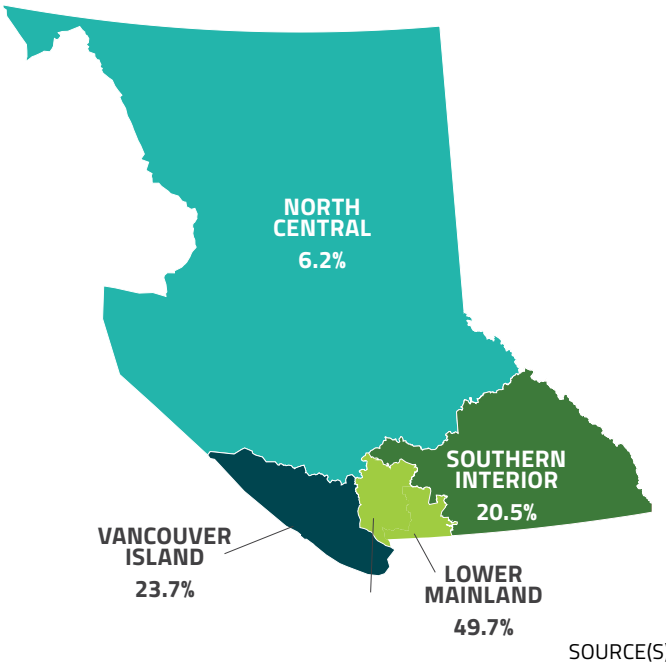
Most B.C. seniors (81%) still hold an active driver's licence. Within the combined age group 65 to 74, 88% still hold an active driver's licence, but at 75, more seniors begin to relinquish their licence.

The number of seniors with active driver's licences (879,900) increased 4% from the previous year and 18% from five years ago. The seniors' population grew 3% and 15% over these same time periods. In the last year, the greatest increase in active drivers was observed in the 75 to 79 age group, going up 7%. Half of all seniors maintaining an active driver's licence live in the Lower Mainland.

SOURCE(S): 1, 60

ACTIVE DRIVERS

ACTIVE DRIVER'S LICENCES FOR SENIORS BY GEOGRAPHIC REGION, 2023



SOURCE(S): 60

Driver's licences must be renewed with ICBC every five years; senior drivers aged 65 or older pay $17 for renewals. In 2023, 164,664 seniors renewed their licence while 12,309 surrendered their licence. Renewals increased 1% from the previous year and 19% from five years ago. Surrenders increased by 7% from the previous year and decreased 8% from five years ago.

SOURCE(S): 60, 61

At the age of 80, 85 and every two years thereafter, all B.C. drivers are required to complete a Driver's Medical Examination Report (DMER). The DMER, completed by the driver's physician or nurse practitioner, is the primary tool used to assess any medical conditions that may affect a person's ability to drive. A driver may be required to complete an Enhanced Road Assessment (ERA), administered by ICBC examiners, as part of RoadSafetyBC's process of making a Driver Medical Fitness determination. The ERA is a comprehensive assessment rather than just a pass or fail road test. There is no fee for the ERA.

The first DMER notice sent to senior drivers is accompanied by a letter informing the individual about why they are required to complete the DMER along with instructions to take the form to their physician or nurse practitioner. Drivers are also provided with information regarding the option of voluntarily surrendering their licence in exchange for a BCID card. The cost of the DMER is determined by the driver's physician and is not covered by the B.C. Medical Services Plan (MSP). Enrolled physicians are permitted to claim $75 reimbursement through MSP for DMERs required for drivers with known or suspected medical conditions. While the Doctors of BC 2023 Fee Schedule for Uninsured Services suggest that physicians charge $238 for the full DMER, there is a wide range in what physicians charge across the province. Some physicians may waive the fee in cases of financial hardship.

SOURCE(S): 62, 63

In 2023, RoadSafetyBC opened 152,774 driver fitness cases (30% of these cases were aged 80 or older), a 30% increase from the previous year and a 17% decrease from 2019 due to the suspension of issuing age based DMERs. Approximately 4% of cases (80+) were subsequently referred for an ERA. Outcomes for driver fitness cases in 2023 are outlined in the following table.

ACTIVE DRIVERS

ROADSAFETYBC DRIVER FITNESS CASE DECISIONS, 2023

	<80	80+	ALL AGES
CASES OPENED	107,827	44,947	152,774
REFERRED FOR ENHANCED ROAD ASSESSMENT (ERA)	1,636	1,936	3,572
CASE DECISIONS			
ULTIMATELY FOUND FIT TO DRIVE	40,772	8,005	48,777
THAT DID NOT RESPOND / CANCELLED LICENSE	1,391	1,102	2,493
VOLUNTARILY SURRENDERED LICENCE	31	54	85
FOUND MEDICALLY UNFIT TO DRIVE	2,253	1,485	3,738
CASES REMAINING OPEN	63,261	34,138	97,399
DRIVERS DECEASED	119	163	282

NOTE(S): Data is as of September 18, 2024. RoadSafetyBC implemented Mercury in February 2024, a new case management system that offers enhanced reporting capabilities. Documents submitted to RoadSafetyBC that are waiting to be processed now appear as open cases, resulting in a high number of cases reported as remaining open. The counts are subject to ongoing revisions as new information is received by RoadSafetyBC. A year's cases are generally not considered to be settled until 12-18 months have passed.

SOURCE(S): 64

PUBLIC TRANSPORTATION

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

Service availability varies not only by region, but by type of transit, with more fixed-route systems offering evening and weekend service. TransLink is a single system offering fixed route transit and HandyDART services in Metro Vancouver. The rest of B.C. currently has 34 public transportation systems, all of which offer fixed route transit systems that provide a network of transit services within their defined service area. There are 29 HandyDART systems across the province outside of Metro Vancouver, but most do not currently offer evening or weekend service. Paratransit systems are an alternate mode of transportation that is also available but there is no guarantee of consistency of service.

PUBLIC TRANSPORTATION

PUBLIC TRANSPORTATION AVAILABILITY, 2024

	BC TRANSIT	TRANSLINK
HANDYDART SYSTEMS	29	1
OFFERING SERVICES 7 DAYS A WEEK	5	1
OFFERING EVENING SERVICES (PAST 6PM)	5	1
FIXED-ROUTE TRANSIT SYSTEMS	34	1
OFFERING SERVICES 7 DAYS A WEEK	20	1
OFFERING EVENING SERVICES (PAST 6PM)	25	1
FLEXIBLE/PARATRANSIT SYSTEMS	35	0

SOURCE(S): 65, 66

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

PUBLIC TRANSPORTATION

SENIOR ONE-WAY FARES IN SELECT MUNICIPALITIES, 2024

	CONVENTIONAL	HANDYDART
VANCOUVER	$2.15-$4.35	$2.15
VICTORIA	$2.50	$2.50
QUESNEL	$1.50	$3.00-$9.00
WEST KOOTENAY	$2.25	$1.25-$2.50
CHILLIWACK	$1.75	$2.00-$2.75

SOURCE(S): 67

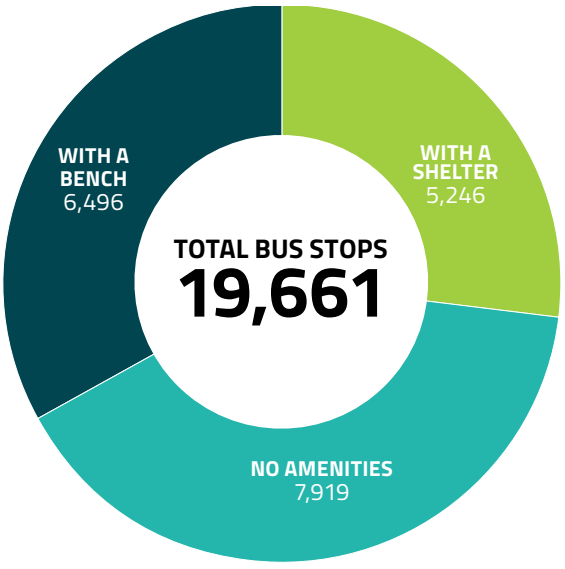
PUBLIC TRANSIT

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

SOURCE(S): 68, 69

Waiting at a bus stop can pose challenges for seniors. Approximately 33% of bus stops in B.C. have a bench available and 27% have a shelter. Many seniors have mobility challenges which make it difficult to stand at a bus stop for long periods of time.

PUBLIC TRANSPORTATION
BUS STOP AMENITIES, 2024



SOURCE(S): 65, 66

BC BUS PASS PROGRAM

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

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

SOURCE(S): 70

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 2023, 64,934 seniors received a bus pass, increasing 17% over the previous year, resulting in a trend change from a continued decline since 2019;

44,034 persons with disabilities received a BC Bus Pass, a 5% increase from 2022 and 7% increase from 2019.

SOURCE(S): 71

HANDYDART

HandyDART is a shared ride service for passengers with physical or cognitive disabilities who are unable to use conventional public transit without assistance. HandyDART offers door-to-door service, aiding with boarding and exiting the bus, and reaching the door of the destination safely. Both BC Transit and TransLink operate similar but separate HandyDART services.

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

HANDYDART CLIENTS

The number of active HandyDART clients across the province increased 4% from 43,641 on March 31, 2023, to 45,182 on March 31, 2024, but was a 2% decrease from 2019. The number of active clients with TransLink went up 11% from 2023 and 15% from 2019 while the number of active clients with BC Transit went down 9% from 2023 and 24% from 2019. Approximately 75% of TransLink active clients are aged 65 or older. The age distribution is not available from BC Transit.

The number of new clients registered for HandyDART service increased 4% from the previous year and decreased 21% from five years ago. The number of new clients registered for TransLink and BC Transit increased by 6% and 2% respectively. Approximately 73% of new TransLink clients were aged 65 or older (age distribution is not available from BC Transit).

PUBLIC TRANSPORTATION

HANDYDART CLIENTS, 2024

	TRANSLINK	BC TRANSIT	TOTAL
ACTIVE	30,341	14,841	45,182
NEW	6,859	5,103	11,962

SOURCE(S): 65, 66

HANDYDART RIDE REQUESTS

TransLink received over 1.5 million ride requests and BC Transit received over 770,000. TransLink had less than 2% unfilled ride requests and BC Transit had 4%. Unfilled ride requests are those where the rides were denied, refused or became unaccommodated standby rides. Overall, HandyDART ride requests increased 16% in 2023 but dropped 14% from 2019; TransLink had a 19% increase while BC Transit had an 8% increase from the previous year. Unfilled rides increased 6% with TransLink and 31% with BC Transit.

In addition to regular ride requests, same day or standby ride requests may be accommodated if they fit into the drivers' schedule. A round trip is considered two one-way trips but securing a trip one way does not guarantee the return trip will also be accommodated. In 2023, TransLink fulfilled approximately 30% of standby ride requests, decreasing 8% from last year and the lowest in the last five years. BC Transit does not capture standby rides separately.

The target window to pick up a client varies by location, with the most common being a 30-minute target window (pick up occurs within 15 minutes before or after the scheduled time). The rate of rides delivered on time by TransLink dropped slightly to 92% from 94% in 2021 after increasing three years in a row. BC Transit does not report data for on-time ride delivery.

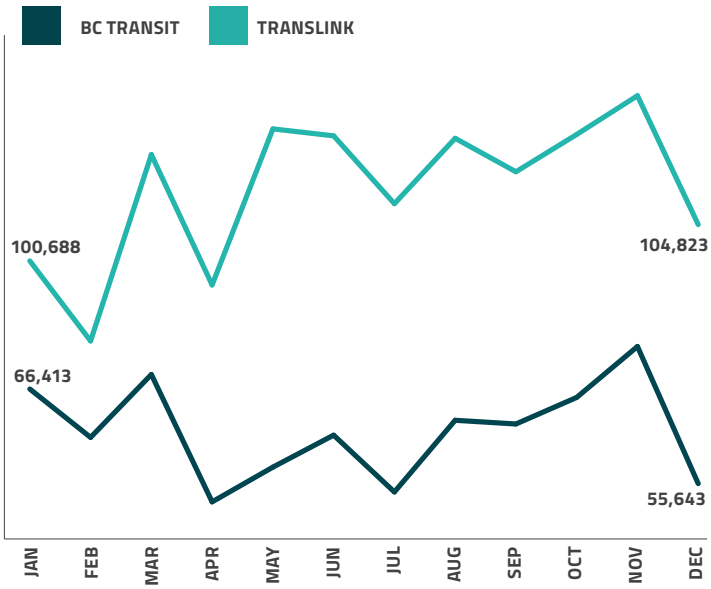
SOURCE(S): 66

RIDERSHIP

The ridership in 2023/2024 continued to rebound, with a 14% increase from 2022, but still 16% lower than 2019. By December 2023, the TransLink and BC Transit HandyDART ridership both stand at 84% of the pre-COVID levels.

PUBLIC TRANSPORTATION

MONTHLY HANDYDART RIDERSHIP, 2023



SOURCE(S): 65, 66

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 2023, TransLink received 3,172 complaints, 17% more than 2022 and 1% more than 2019; 31% were service complaints and 69% were operator-related complaints. Of the total complaints, 99% were resolved within three days and four were escalated for resolution. There were 202 complaints made to regional transit companies servicing BC Transit routes and 20 of them required escalation to BC Transit.

SOURCE(S): 65, 66

TAXIS

Some seniors pay out-of-pocket to use a taxi and relying on taxis may not be financially viable for seniors with low incomes.

TAXI SAVER PROGRAM

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

TransLink HandyDART clients purchased $935,525 in taxi vouchers in 2023. The average amount spent per HandyDART client was $30.83 in 2023 and was less than half the amount purchased in 2019 ($62.55). However, only 9% of TransLink HandyDART clients purchased vouchers and this percentage has continued to decrease in each year over the past five years from 20% in 2019. Voucher requests went up 15% from the previous year and decreased 42% from 2019.

SOURCE(S): 66

BC Transit HandyDART clients purchased $1.16 million in taxi vouchers. The average amount spent per HandyDART client was $77.86, an 18% increase from the previous year and a 23% drop from 2019. The percent of BC Transit HandyDART clients purchasing taxi vouchers is unknown. Voucher requests increased 8% from last year but decreased 42% from 2019. Both the value and request of taxi voucher and the average amount spent per HandyDART client has been increasing in the past three years.

SOURCE(S): 65

INCOME SUPPORTS

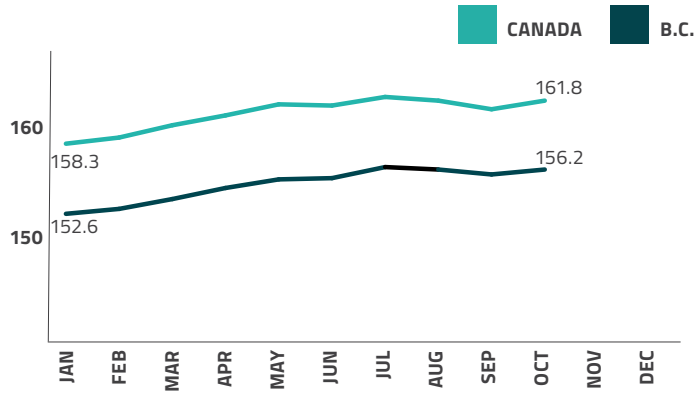
Income security is critical for seniors who want to continue to live a healthy and active lifestyle as they age. The provincial and federal governments provide a range of financial programs, such as Old Age Security (OAS), Canada Pension Plan (CPP), Guaranteed Income Supplement (GIS) and BC Seniors Supplement (BCSS), to help seniors. There are also provincial and federal tax credits and provincial health insurance plans that benefit seniors.

COST OF LIVING

Changes in the cost of living can be estimated with the Consumer Price Index (CPI), an indicator of changes in consumer prices experienced by Canadians. The CPI is calculated by looking at the cost of a fixed basket of goods and services and comparing changes in cost over time. The CPI is used in determining the maximum allowable rent increase and setting annual increases in income supports, such as OAS, GIS, and CPP. In 2023, the annual CPI for B.C. and Canada rose 3.9% compared to the previous year. Since 2019, the CPI has risen 15.1% in B.C. and 15.5% nationally. In 2024, the monthly CPI increased ranging from 2.0% to 3.0% in B.C. and 1.6% to 2.9% in Canada compared to the same period last year.

COST OF LIVING

CONSUMER PRICE INDEX, 2024



SOURCE(S): 72

FEDERAL AND PROVINCIAL INCOME SUPPORTS

OLD AGE SECURITY, GUARANTEED INCOME SUPPLEMENT AND BC SENIOR'S SUPPLEMENT

OAS is the Government of Canada's largest pension program. The OAS pension is a taxable monthly payment available to all seniors aged 65 and older who meet the Canadian legal status and residence requirements, regardless of whether a senior ever worked or is still working. As of July 2022, seniors aged 75 and over

received a 10% increase in their OAS pension. As of October 2024, for seniors aged 65 to 74 years, the maximum payment is $727.67 per month and for seniors aged 75 and over, the maximum payment is $800.44 per month, a 3% increase over the same time last year for both. OAS is indexed quarterly based on the change in the CPI from the previous quarter, but payments are not reduced if the average CPI decreases. OAS can be deferred up to age 70 to increase the benefit amount. Each month of deferral increases the payment by 0.6%, up to a maximum of 36% after 5 years. In March 2024, 1,010,645 seniors in B.C. received OAS, a 3% increase over the same time last year and 13% from March 2019.

SOURCE(S): 73, 74

GIS is a monthly non-taxable benefit paid to OAS pension recipients who have a low income and are living in Canada. A single senior whose annual income (excluding OAS) is below $22,056 is eligible to receive some amount of GIS. The maximum amount as of October 2024 is $1086.88, a 3% increase over the same time last year and 19% increase from October 2020.

In March 2024, 339,014 seniors in B.C. received GIS, a 6% increase from March 2023 and 24% increase from March 2019. If OAS is deferred, an individual is not eligible for GIS during the deferment.

SOURCE(S): 73

The BCSS is a monthly top-up to the federal OAS and GIS. The supplement payment is calculated on the amount of federal GIS received. The BCSS is not indexed to inflation, however, in April 2021, the BCSS was increased for the first time since 1987, from a maximum of $49.30 to $99.30 per month. Single seniors whose annual income, including OAS and GIS, is less than $22,879 (65 to 74 years) or $23,752 (aged 75+) may be eligible to receive the BCSS. Note this is only an estimate of annual income for eligibility based on October 2024 rates.

As of December 2023, approximately 96,000 seniors received the BCSS, a 5% increase over the previous year and 46% increase from 2019.

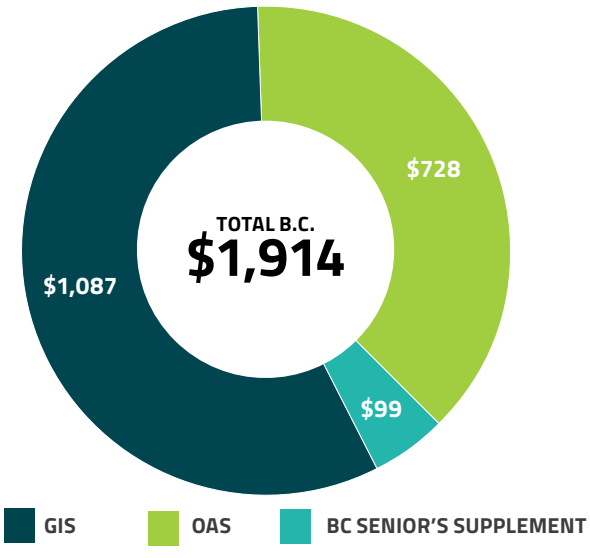
SOURCE(S): 74, 75

Between October and December 2024, low-income single seniors in B.C. could receive up to $1,913.85 per month (65 to 74 years) or up to $1,986.62 per month (aged 75 plus) in federal and provincial income supports, an increase of 3% over the same time last year.

SOURCE(S): 74, 75

FEDERAL AND PROVINCIAL INCOME SUPPORTS

INCOME SUPPLEMENTS FOR SINGLE LOW-INCOME SENIORS, 65-74, 2024

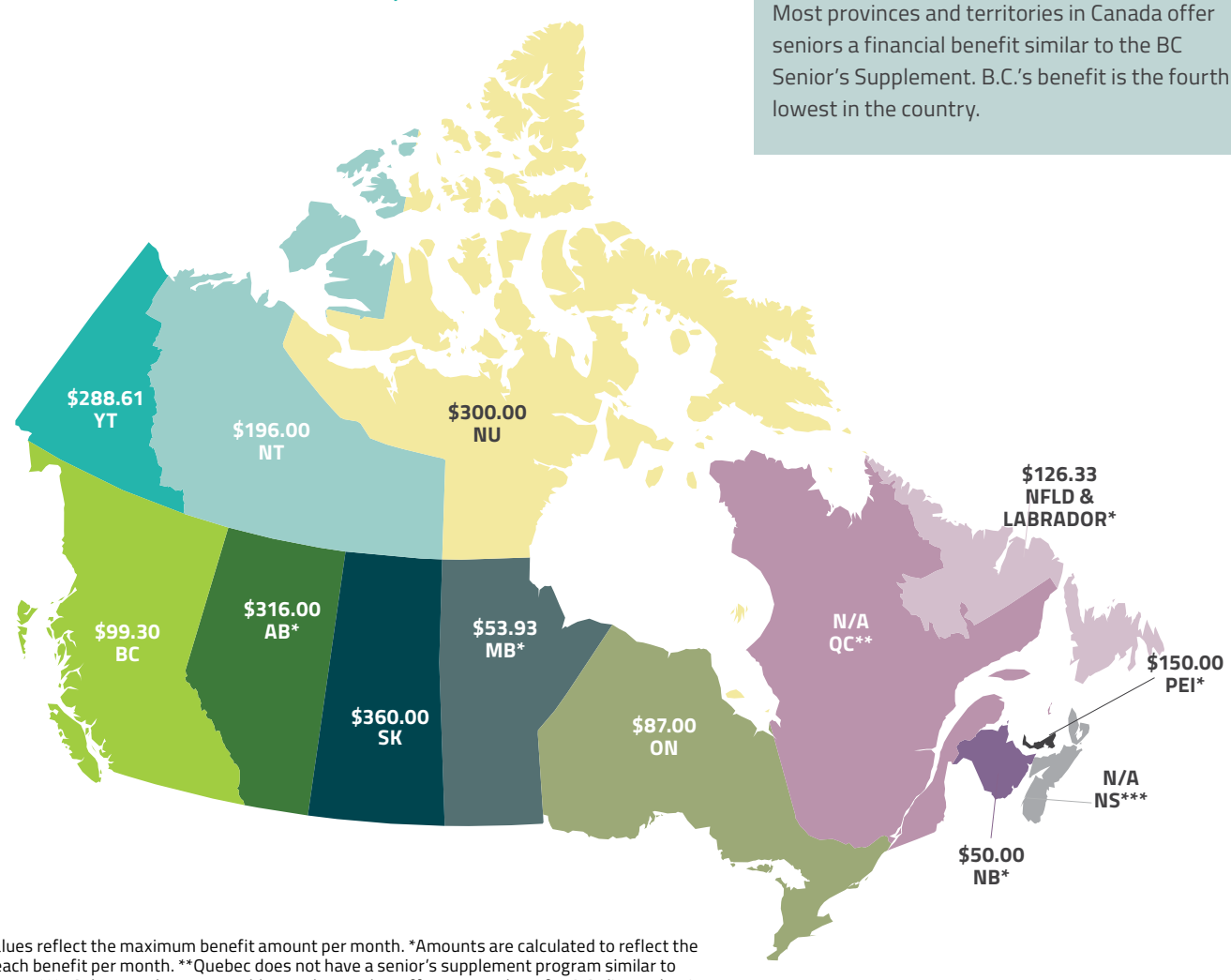


SOURCE(S): 73, 74

MONTHLY SUPPLEMENTS FOR SINGLE SENIORS, 2023

BC SENIOR'S SUPPLEMENT

Most provinces and territories in Canada offer seniors a financial benefit similar to the BC Senior's Supplement. B.C.'s benefit is the fourth lowest in the country.



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

SOURCE(S): 76

CANADA PENSION PLAN (CPP)

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

- The individual must have contributed into CPP for at least 39 years, which is 83% of the period between the ages of 18 and 65; and
- The individual must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of the years of employment in which they contributed into CPP. The YMPE for 2024 is $68,500.

The maximum CPP benefit in 2024 was $1,364.60 per month, a 4.4% increase from the previous year. The average monthly payment amount for new beneficiaries was $815.00.

In March 2024, nearly 1.1 million people in B.C. received CPP; this includes people who retired and opted to receive CPP before age 65.

People may choose to continue contributing into CPP up to age 70 if the maximum YMPE has not been met for the full 39 years in order to increase their post-retirement benefits. For each month of deferral, the payment increases by 0.7%, up to a maximum of 42% after five years.

SOURCE(S): 76, 77, 78

TAX CREDITS

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

FEDERAL AND PROVINCIAL INCOME SUPPORTS

TAX CREDITS AVAILABLE TO SENIORS, 2024

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

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

Most of the B.C. tax credits listed are indexed each year to the B.C. CPI. The provincial indexation rate was 5% in 2024. The Home Renovation Tax Credit is a refundable tax credit; if the credit is higher than the taxes owed, the difference is received as a refund.

Several of the federal tax credits listed above are indexed each year to the Canadian CPI. The federal indexation rate was 5% in 2024.

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

PREMIUM ASSISTANCE PROGRAMS

MEDICAL SERVICES PLAN (MSP)

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

For 2024, the annual adjusted net income for supplementary benefits is $42,000 or less. MSP will contribute $23 per visit for a combined limit of 10 visits per calendar year for the following services: acupuncture, chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry. In addition, MSP covers one full eye exam per year by an optometrist for all seniors. Optometrists are permitted to charge patients over and above what is payable by the MSP for this service.

SOURCE(S): 83

FAIR PHARMACARE

B.C. provides universal drug coverage under its Fair PharmaCare program, which ensures B.C. residents do not pay more than about 4% of their net household income for eligible drug costs. Families with at least one spouse born in 1940 or earlier do not pay more than about 3%. Assistance levels are proportionate to income. Fair PharmaCare rates did not change in 2024.

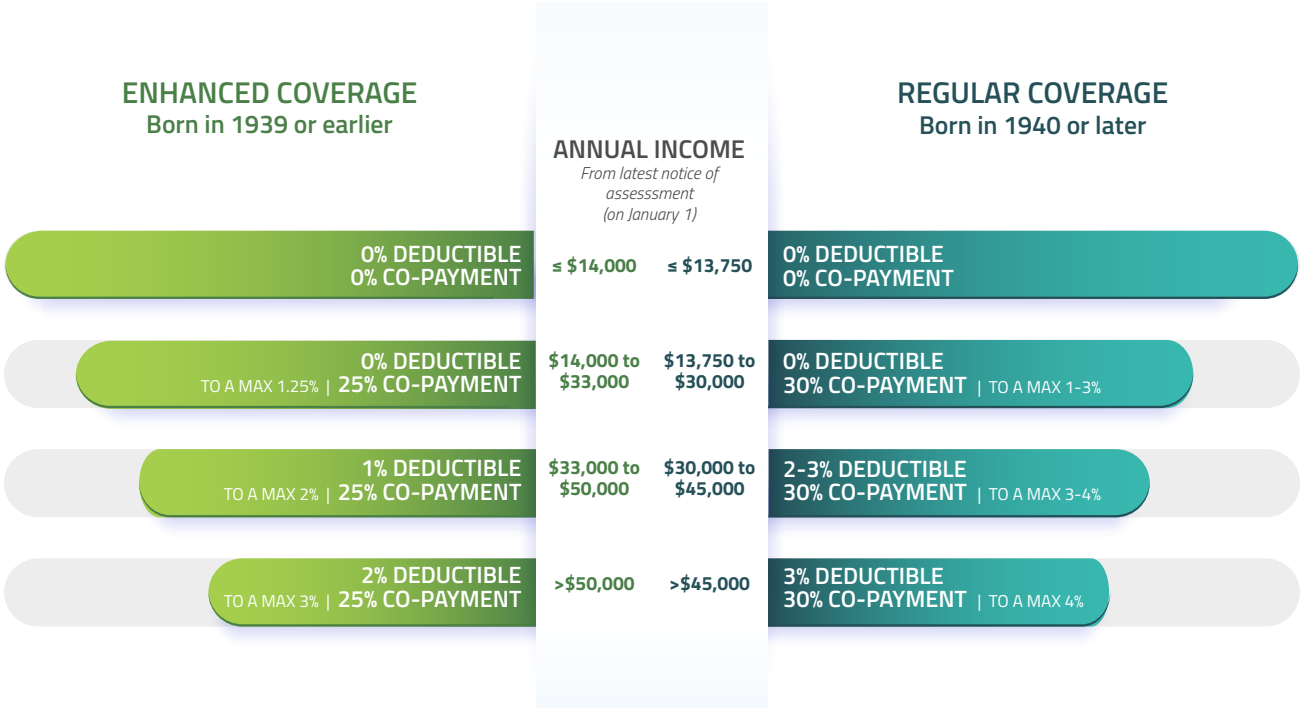
SOURCE(S): 84

Overall, in 2023/24, B.C. seniors spent nearly $1.7 billion on prescription medications and medical supplies or devices, of which all PharmaCare Plans covered $522 million (31%), with the remainder paid for by seniors or covered by third-party insurers.

SOURCE(S): 85

PREMIUM ASSISTANCE PROGRAMS

FAIR PHARMACARE ASSISTANCE LEVELS, 2024



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

SOURCE(S): 87

DISPENSING FEES

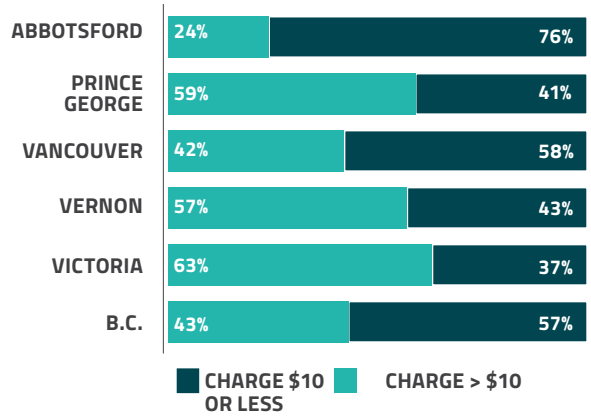
Pharmacies charge a dispensing fee for every claim. PharmaCare will reimburse a maximum $10 dispensing fee. If the customer has reached their Fair PharmaCare family maximum for the year, or otherwise has their prescription fully paid by PharmaCare, the pharmacy cannot charge the patient any additional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

Once the maximum is reached, it is at the pharmacy's discretion whether to charge an additional fee for blister pack medications. In 2023/24, 43% of pharmacies in B.C. charged a dispensing fee over $10. Nearly 12 million claims were processed with a dispensing fee of more than $10 for over 580,000 seniors. The following table shows data for select cities in B.C. for comparative purposes.

SOURCE(S): 85

PREMIUM ASSISTANCE PROGRAMS

PROPORTION OF PHARMACIES CHARGING UP TO $10 AND OVER $10 DISPENSING FEE FOR SELECTED COMMUNITIES IN B.C., 2023/24

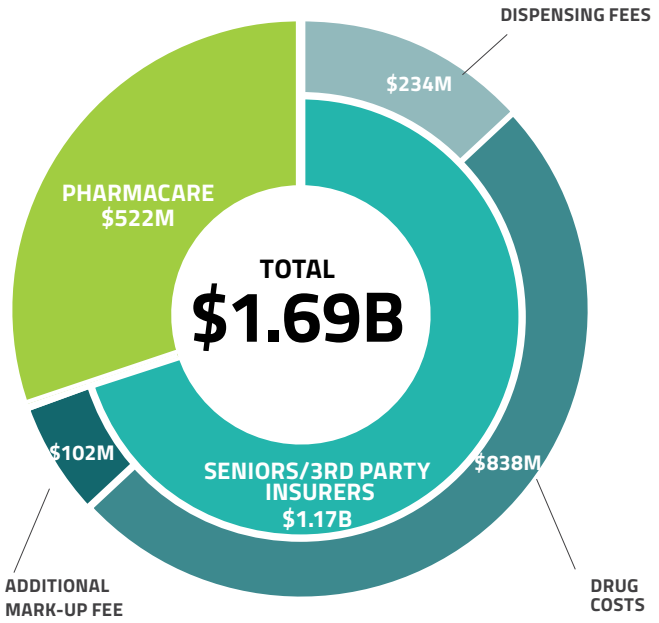


NOTE(S): A pharmacy cannot charge more than the maximum dispensing fee if the individual is receiving full (100%) PharmaCare coverage and the drug or product is eligible for full PharmaCare reimbursement. A pharmacy is considered charging over $10 dispensing fee if they charge over $10 dispensing fee for most commonly prescribed medications.

SOURCE(S): 85

PREMIUM ASSISTANCE PROGRAMS

EXPENDITURES FOR PRESCRIPTIONS (MEDICATIONS AND MEDICAL SUPPLIES/DEVICES), 2023/24



SOURCE(S): 85

SAFETY AND PROTECTION

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

SOURCE(S): 86

COMMUNITY RESOURCES

COMMUNITY RESPONSE NETWORKS

A Community Response Network (CRN) is a group of community members who come together to establish a network of Designated Agencies, service providers and community members to provide help for adults experiencing or at risk of experiencing abuse, neglect, or self-neglect. The BC Association of Community Response Networks (BCCRN) provides small project funding, resources, training, and on-going support to assist CRNs in their work. It also hosts provincial learning events about prevention and education activities targeted toward ending abuse, neglect, and self-neglect.

In 2023/24, there were 92 active community response networks servicing 265 communities throughout the province. Each community has a contact list that provides emergency and non-emergency phone numbers and contact information for adult abuse services. Some examples of services included are health authority contacts, helplines, victim services, transition houses, emergency shelters, outreach and community services, and legal services.

SOURCE(S): 87

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

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

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

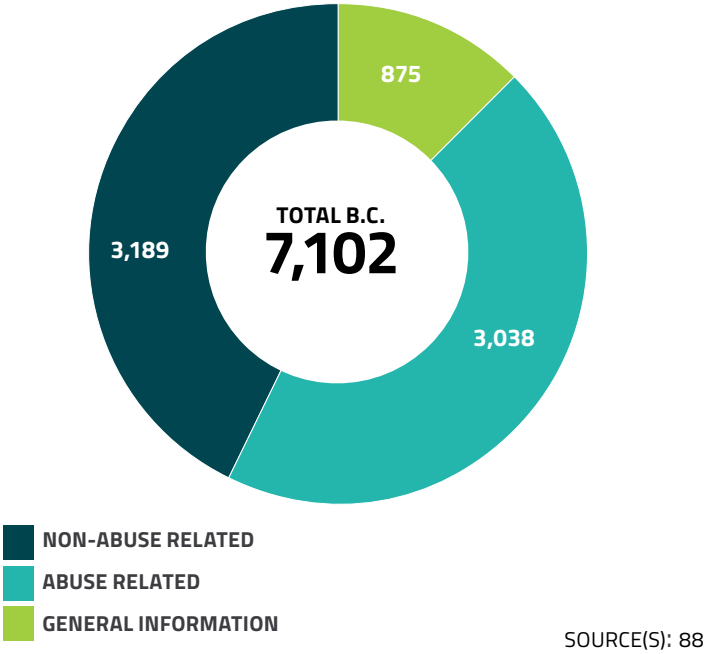
SENIORS ABUSE AND INFORMATION LINE (SAIL)

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

providing supportive programs to seniors who have been abused and/or neglected. The SAIL line is a safe place for older adults and those who care about them to talk to someone if they feel they are being abused or mistreated, or to receive information about seniors' abuse prevention.

In 2023, SAIL received 7,102 inquiries, up 13% from the previous year and 28% from five years ago. Of all inquiries received, 43% were abuse related, 45% non-abuse matters, and 12% for general information. Abuse related inquiries has been increasing for five years, up 8% from the previous year and 92% from five years ago.

COMMUNITY RESOURCES
INQUIRIES TO SAIL, 2023



SOURCE(S): 88

Recording of data at inquiry intake has improved since 2017, however, the last four years has seen a large volume of inquiries where the degree of harm could not be determined, which was 15% in 2023 with the peak at 27% in 2021. In 2023, approximately 69% of inquiries were assessed as moderate to severe harm, compared to 66% the previous year and 80% five years ago.

A senior can suffer from many forms of harm or abuse, meaning that an inquiry may have more than one type of harm or abuse reported. The percentages below indicate the frequency of the type of harm or abuse reported, not the number of inquiries received.

The frequency of reported emotional/psychological abuse was at 30%, followed by financial abuse at 28%. Emotional/psychological abuse has been the most frequently reported type of harm between 2019 and 2023, except in 2022, when it was financial abuse. Criminal and Threatening (10%) was the third most common type of abuse reported, where in past years, neglect was the third most common type of abuse reported. Self-neglect and systemic/structural has increased dramatically post-pandemic. There were five times more reports of self-neglect and twenty times more reports of systemic/structural in 2023 compared to 2019.

In 2023, over 60% of alleged abusers were identified as family members, followed by landlord/housing provider (11%) and friends/neighbours (9%).

SOURCE(S): 88

bc211 HELPLINE

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

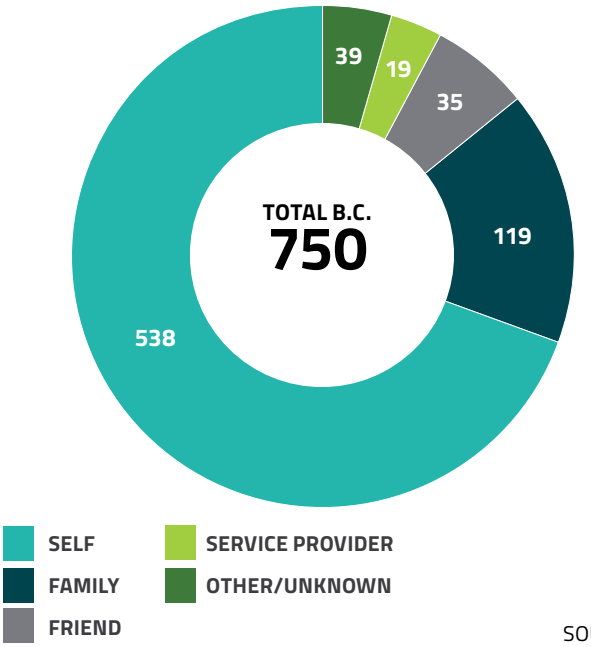
In 2023/24, bc211 received 750 calls about seniors' abuse, a 29% jump from the previous year and 116% increase from 2019/20.

Callers may report more than one type of abuse. In 2023/24, there were 720 incidents of abuse reported by 211 callers aged 55 or older calling on behalf of themselves, which was 40% up from 2022/23 and 178% up from 2019/20. Most of the incidents were domestic violence (27%) and elder abuse (16%) and most callers were female (88%).

SOURCE(S): 89

COMMUNITY RESOURCES

CALLS TO bc211, 2023/24



SOURCE(S): 89

SUSPECTED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

There were 2,906 suspected cases of abuse, neglect and self-neglect reported to Designated Agencies in 2023; 79% were for seniors aged 65 or older.

PROVINCIAL AGENCIES

CASES OF ABUSE, NEGLECT AND SELF-NEGLECT, 2023

	<65	65+	ALL AGES
OPEN	169	453	622
CLOSED	413	1,856	2,269
CONFIRMED	166	700	866
UNKNOWN	14	1	15
TOTAL B.C.	596	2,310	2,906

NOTE(S): NHA only reports cases that are closed and confirmed to be abuse, neglect or self-neglect, therefore open and closed cases may be undercounted.

SOURCE(S): 90

PROVINCIAL AGENCIES

DESIGNATED AGENCIES

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

While cases are usually opened as they are received, much of the data is not entered into reporting systems until the case is closed. For this reason, the goal is to report case details for closed cases aged 65 or older. Because designated agencies only began collecting and reporting data in 2018, data should be interpreted with caution. Data quality has been improving every year. In April 2021, improvements were made to the data collection system, including new data categories. Some data that was previously reported may not be available or reported differently in this report.

CLOSED CASES OF ABUSE, NEGLECT AND SELF-NEGLECT

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

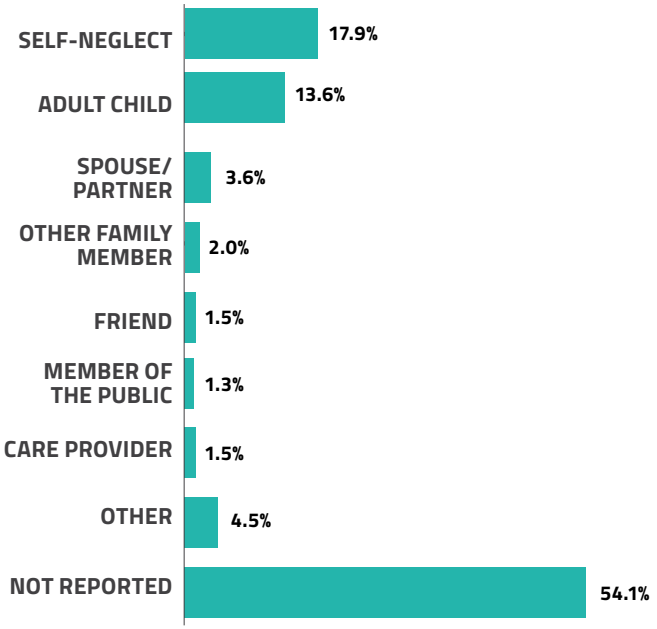
Anyone can report concerns about adult abuse or neglect of a vulnerable adult to a Designated Agency. In 2023, most cases were reported by health care providers (30%) or family members (14%).

Often seniors who are victims of abuse are in a trusting relationship with the abuser. In 2023, 19% of the cases reported that the suspected abuser was a family member, in most cases an adult child (14%), or a spouse or common-law partner (4%), and in some cases other family members (2%).

SOURCE(S): 90

PROVINCIAL AGENCIES

RELATIONSHIP OF SUSPECTED ABUSER FOR CASES AGED 65+, 2023



NOTE(S): Member of the Public includes co-patient/resident, landlord, roommate, neighbor, or other member of the public not otherwise listed. Other includes Power of Attorney, not applicable, unknown, or other suspected abused not otherwise listed. CLBC didn't report this data for this measure and are excluded from the calculation. VIHA transferred to a new system "Cerner" in 2022, and the data is unavailable from Cerner, therefore, VIHA were excluded from the calculation for all the years. Fraser Health reported this data for all closed cases and cases of abuse; all other health authorities reported for confirmed cases only. Percentages reflect the total number reported for this measure.

SOURCE(S): 90

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

Designated Agencies reported 700 confirmed cases of abuse, neglect or self-neglect involving seniors in 2023; this is understated as the confirmation field is not generally completed until the case is closed. Of these confirmed cases, 72% were self-neglect, 30% were abuse, and 19% were neglect. In 54% of cases, the senior lacked decision-making capacity where the primary reasons were dementia or cognitive impairment (45%) and frailty or injury due to advanced age, illness or condition (16%). Primary reasons were not reported in 18% of cases.

Multiple types of abuse or neglect can be reported for one confirmed case. In 2023, the most common types reported were:

- Self-neglect (470 cases) - personal hygiene (43%), medication (37%), Unsanitary living conditions (32%) and malnutrition (29%);
- Abuse (198 cases) - financial abuse (52%), emotional or psychological abuse (29%), physical abuse or assault (28%) and intimidation or threats (17%); and
- Neglect (118 cases) - not receiving adequate personal care (47%), not receiving adequate nutrition (25%), unsafe living conditions (27%), unsanitary living conditions (27%), not receiving medical care (25%) and isolation or seclusion (24%).

Once a case is investigated and confirmed, it can result in a variety of outcomes. In most cases, the AGA issue is resolved and the individual remains a client of the health authority with additional support(s) and resources provided, protective measures taken or admission to a facility to provide care and treatment.

SOURCE(S): 90

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

PUBLIC GUARDIAN AND TRUSTEE

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

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

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

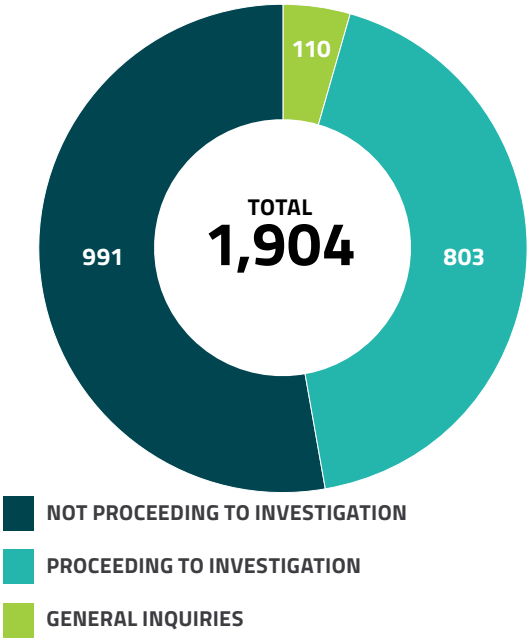
In 2023/24, the PGT supported 2,268 COEs and 50 COPs for B.C. seniors. The number of COEs was about the same as last year and 3% fewer than 2019/20. The number of COPs dropped 15% from the previous year and 4% lower than 2019/20.

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

The PGT received 1,904 referrals and general inquiries, an 8% increase over the previous year.

PROVINCIAL AGENCIES

PGT REFERRALS AND GENERAL INQUIRIES, 2023/24

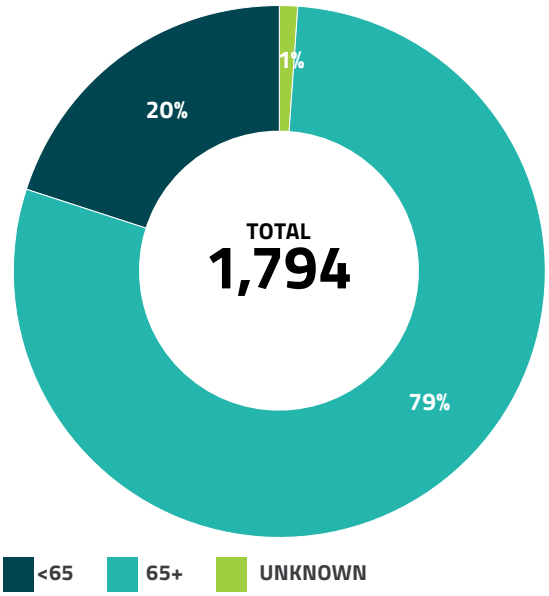


SOURCE(S): 91

The total number of referrals of suspected cases of abuse, neglect or self-neglect (1,794) increased 6% over the previous year and the number involving seniors (1,414) increased 9%. The proportion of referrals involving seniors that proceeded to investigation increased from 44% in 2022/23 to 48% in 2023/24.

PROVINCIAL AGENCIES

PGT REFERRALS BY CLIENT AGE, 2023/24



SOURCE(S): 91

LAW ENFORCEMENT

BC ROYAL CANADIAN MOUNTED POLICE (BC RCMP)

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

SOURCE(S): 92

VIOLENT AND PROPERTY OFFENCES

Victims of violent offences against seniors reported to the BC RCMP continue to increase in the last five years except for a small dip in 2020. In 2023, there were 1,980 victims aged 65 or older, an 11% increase from the previous year with 1,931 violent offences against these seniors, a 10% increase from the previous year. Charges have been laid or recommended in 25% of the offences and 49% were not yet cleared at the time of reporting.

The top five types of violent offences have accounted for around 98% of violent offences against seniors for the last five years. Assaults account for 79% of all violent offences in 2023.

LAW ENFORCEMENT

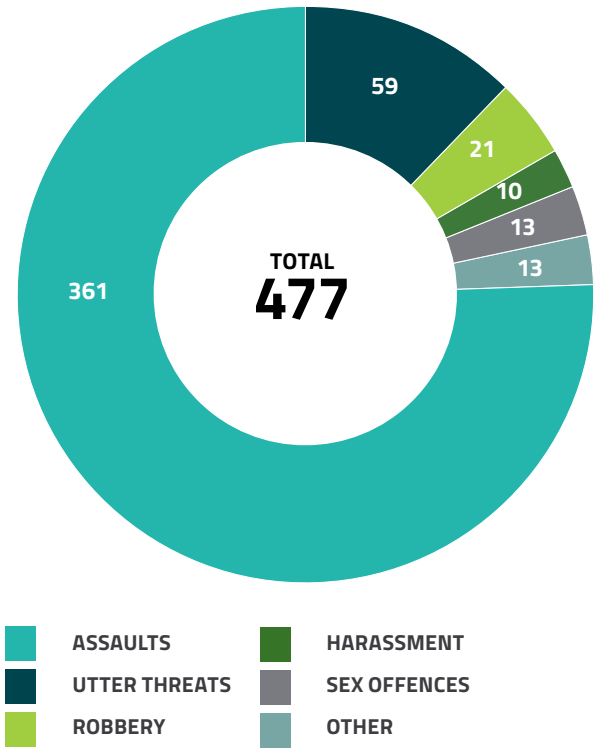
VIOLENT AND PROPERTY OFFENCES, 2023

	VICTIMS / COMPLAINANTS	OFFENCES
VIOLENT OFFENCES	1,980	1,931
PROPERTY OFFENCES	18,600	18,350
TOTAL B.C.	20,580	20,281

SOURCE(S): 93

LAW ENFORCEMENT

CHARGES LAID, TYPES OF VIOLENT OFFENCES WITH VICTIMS AGED 65+, 2023



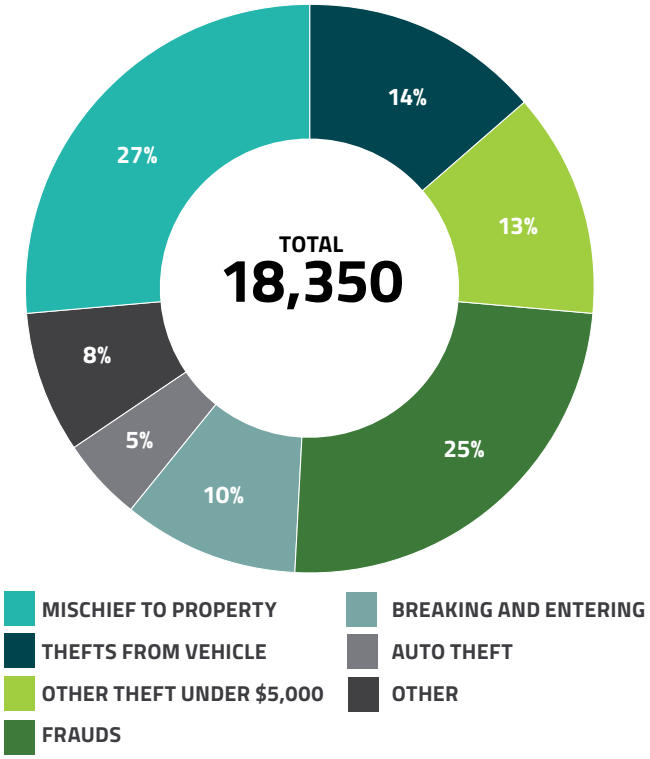
SOURCE(S): 93

In 2023, 18,600 seniors were complainants of a property offence with 18,350 offences, less than 1% increase for both from 2022.

The top seven types of property offences accounted for around 90% of property offences against seniors for each of the last five years. Mischief to property was the most common type of property offence in 2023 followed by frauds and theft from vehicle.

LAW ENFORCEMENT

TYPES OF PROPERTY OFFENCES WITH COMPLAINANTS AGED 65+, 2023



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

SOURCE(S): 93

MISSING PERSONS CASES

BC RCMP E Division opened 1,194 missing persons cases for seniors aged 65 or older, representing 8% of the Division's missing persons cases. At the time of reporting (September 2024), 20 (2%) seniors were still missing; of those who went missing 62% were male and 38% were female.

SOURCE(S): 93

VANCOUVER POLICE DEPARTMENT

The Vancouver Police Department (VPD) tracks cases of reported physical and financial abuse each year. In 2023, cases of physical abuse against seniors increased 2% compared to 2022 and were 7% higher than 2019. In these cases, the victim may or may not have known the offender. Charges were laid or recommended in 29% of the cases. The Elder Abuse Unit, which focuses on assaults, intimidation or harassment of elders, provided consultation in 98 of these cases.

Cases of financial abuse (i.e., mail, fraud, Canada Revenue Agency and lottery scams etc.) against seniors have increased significantly in the last five years, with a 16% increase from the previous year and 67% increase from 2019. In most cases, the perpetrator was a stranger - very few financial abuse incidents involved family members or caregivers. Charges were laid or recommended in less than 1% of cases. The Financial Crime Unit, which handles large scale frauds, provided consultation in 125 of these financial abuse cases, a 37% increase from 2022 and almost six times the cases in 2019.

LAW ENFORCEMENT

VICTIMS OF PHYSICAL AND FINANCIAL ABUSE AGED 65+, 2023

	VICTIMS
PHYSICAL ABUSE	251
FINANCIAL ABUSE	447
TOTAL	698

SOURCE(S): 94

In 2023, the VPD Missing Persons Unit handled 208 missing persons cases involving seniors aged 65 or older, a 39% decline from 2022 and 41% decline from 2019.

SOURCE(S): 94

INVOLUNTARY HOSPITALIZATIONS

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

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

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

Of the 25,401 cases of patients designated with involuntary status under the Act while in acute care,[3] 2,779 (11%) were aged 65 or older. In most cases, the diagnosed mental health condition was coded by the acute care facility as being the most responsible diagnosis that resulted in the designation of involuntary status. However, in approximately 2,668 cases, the mental health condition was not coded as being the main diagnosis, 25% of which were aged 65 or older.

Seniors with involuntary status had an average length of stay almost three times of non-seniors. Cases with mental disorder as a co-morbidity tend to have the longest length of stay, followed by cases with mental disorder as the most responsible diagnosis and cases with unspecified mental disorder.

INVOLUNTARY HOSPITALIZATIONS

INVOLUNTARY MENTAL HEALTH HOSPITALIZATIONS, 2023/24

	<65	65+	ALL AGES
CASES			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	20,612	2,121	22,733
MENTAL DISORDER AS A COMORBIDITY	1,404	585	1,989
UNSPECIFIED MENTAL DISORDER	606	73	679
AVERAGE LENGTH OF STAY (DAYS)			
MENTAL DISORDER AS MOST RESPONSIBLE DIAGNOSIS	15	37	17
MENTAL DISORDER AS A COMORBIDITY	15	47	25
UNSPECIFIED MENTAL DISORDER	4	30	7

SOURCE(S): 95

[3] Data includes select psychiatric facilities.

APPENDIX 1 - ACRONYMS

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

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

APPENDIX 2 - DEFINITIONS

POPULATION SEGMENTS FOR CHRONIC CONDITIONS	
HIGH COMPLEX CHRONIC CONDITIONS	
ALZHEIMER'S DISEASE	DEMENTIA
CYSTIC FIBROSIS (PHARMACARE PLAN D)	HEART FAILURE
ORGAN TRANSPLANT	
MEDIUM COMPLEX CHRONIC CONDITIONS	
ANGINA	CHRONIC OBSTRUCTIVE PULMONARY DISEASE
MULTIPLE SCLEROSIS	PARKINSON'S DISEASE
PRE-DIALYSIS CHRONIC KIDNEY DISEASE	RHEUMATOID ARTHRITIS
LOW COMPLEX CHRONIC CONDITIONS	
ASTHMA	MOOD/ANXIETY DISORDER (INCLUDES DEPRESSION)
DIABETES	EPILEPSY
HYPERTENSION	OSTEOARTHITIS
OSTEOPOROSIS	
OTHER EVENTS / INTERVENTIONS INCLUDED IN THE CHRONIC DISEASE REGISTRY	
STROKE	CHRONIC KIDNEY DISEASE ON DIALYSIS
CORONARY ARTERY BYPASS GRAFT	ACUTE MYOCARDIAL INFARCTION (HEART ATTACK)
PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	

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

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

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

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

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

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

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

APPENDIX 3 - ICD-10 CODES

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

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

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

NOTE(S): * Differs from Statistics Canada definitions

APPENDIX 4 - DATA SOURCES

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