

SENIORS IN VANCOUVER



A DISCUSSION PAPER PREPARED BY THE SOCIAL POLICY GROUP, SOCIAL DEVELOPMENT
DEPARTMENT, CITY OF VANCOUVER

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This report prepared by the
SOCIAL POLICY DIVISION
CITY of VANCOUVER

Our Vision

That all people in Vancouver are able to thrive in and contribute to a socially inclusive city.

Our Values

Vancouver as a city within a liveable region; through the promotion of:

Accessibility

Leadership

Urban Citizenship

Equity & Fairness

Social Inclusion

Our **Operating Principles**

Professionalism

Accountability

Communication

Teamwork

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EXECUTIVE SUMMARY

THE seniors' population is growing locally and nation-wide. Currently at 13% of the population, seniors will represent 25% of Canada's population by 2036. Governments at all levels need to plan for this shift, and to develop increased services and supports for a growing number of older, more vulnerable seniors. With this context in mind, this report provides a snapshot of trends, services, and issues at the national, regional, and municipal levels, as well as possible future directions for policy makers and community stakeholders.

Nationally, seniors' incomes have been increasing and there are far fewer low income seniors now than 20 years ago. However, unattached seniors, Aboriginal elders and older recent immigrants are much more likely to be low income than are other seniors. Incidences of low income are highest among seniors in Quebec and British Columbia.

Life expectancy has also been improving nationwide, but this also means that there are more people – mainly older women – with chronic health conditions. The increase in older seniors has already meant increasing needs for help with personal care and increasing pressures on family caregivers.

While in many ways similar to the national picture, the trends surrounding Vancouver's seniors can differ markedly from both the national and the BC averages. The most marked difference between Metro Vancouver and the rest of the country is in the percentage of visible minority seniors who represent 7.2% of all seniors in Canada; 13.4 % of BC seniors; and 25.9% of Vancouver area seniors.

Seniors benefit from federal, provincial, and municipal policies and programs but are also negatively affected by program deficiencies, lack of coordination among some programs, and cutbacks. Low income seniors are vulnerable to food insecurity and increased health risks. In Vancouver, the pressure on senior renters is compounded by high rental costs and low vacancy rates. Federal cutbacks in health transfers have led to provincial cutbacks in acute care and restrictions in the availability of both home support and residential care for seniors. While many non-profit community groups in Vancouver are supporting services and programs which welcome culturally diverse seniors, government services have not developed the same degree of cultural competence. There are relatively few programs in Vancouver specifically geared to Aboriginal Elders or to LGBTQ seniors and

these seniors, along with ethno-cultural minority seniors, may face discrimination or added challenges in such programs as home support and residential care.

The City of Vancouver has been active in providing services and supports for seniors, including physical infrastructure initiatives to make the city more age-friendly. The City also provides operating funding to Vancouver's Community Centres, and annual grants to assist Neighbourhood Houses and seniors' groups. These three types of organizations have differing mandates and different strengths in their ability to engage and support seniors. Although the City of Vancouver has not developed an overall seniors' policy, its long term investment in these community resources, coupled with the efforts of the non-profit groups themselves, has resulted in a much more diverse array of outreach initiatives, peer counseling programs, and culturally inclusive programming than is available to seniors elsewhere in the Lower Mainland.

A response to the future growth of Vancouver's seniors' population needs to take into account both the strengths and limitations of our Community Centres, Neighbourhood Houses and seniors' groups. One significant limitation is the absence of any provincial funding support for community-based seniors' programs. While the Province is a significant contributor to community programs for children, families, at risk youth and other groups, its lack of support for seniors' programs means that Neighbourhood Houses and seniors' groups in particular have a constant struggle to patch together and maintain their services. While volunteers are key to seniors' services, volunteers cannot do it all. Because much of the impetus for existing seniors' services has come from the community, and then been supported by the City, city neighbourhoods which historically have had less community capacity than others may have fewer resources for seniors.

The City has limited resources, but also has a strong basis in its existing Community Centres, Neighbourhood Houses and seniors' groups. The City can continue to support community organizations in their work to engage residents, help seniors to access government services/systems, and build programs which include and benefit from the contributions of all seniors. As the City has done in the development of service "hubs" for children and youth, it can play a role in working with the community to develop service models and governance structures to strengthen seniors' services and the contributions of seniors to the community.

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*“The seniors’ population
is growing and it is
important to understand
the demographic trends
and issues that affect
older people”*

This paper provides:

- A snapshot of Vancouver seniors from local and national perspectives
- Demographic information on seniors in Vancouver: where they live, general health information, income, ethnicity
- An overview of issues that affect Vancouver seniors
- Notes on the roles of upper levels of government with respect to planning for seniors
- A discussion of community services for seniors and current municipal roles and possible future directions

This paper provides information on seniors for municipal staff, community groups, and for anyone with an interest in Vancouver's older residents. As our seniors' population grows and ages, it becomes particularly important to gain an understanding of the issues that affect older people. Many of the services and systems that are important to seniors are governed nationally or provincially (for example, pensions and other income assistance programs, health services, and immigration policy and settlement services, etc.), so it is important as well as to evaluate the effectiveness of government policies and programs directed at this demographic. Though beneficial to seniors, some of these systems also have serious limitations.

The initiatives and choices municipalities make in supporting recreation and community services have direct effects on the well-being of seniors.

The City of Vancouver has done considerable work on the development of an age-friendly physical realm. This paper touches on this work, but the focus remains on the City's role in the social realm. Vancouver's Community Centres, Neighbourhood Houses, and a variety of non-profit seniors' centres and groups provide the majority of public space for seniors' activities and provide a broad mix of services, supports and opportunities for engagement. The City has varying roles and relationships with these groups.

Also in this paper is a discussion of the roles of community-based groups and services, strengths and challenges of Vancouver's non-profit sector, and the City's current and possible future roles with respect to these services.

INTRODUCTION

1 SENIORS: A NATIONAL CONTEXT

SENIORS have been a growing part of the population in Canada for decades. In the 1950s and 1960s they accounted for about 8% of the population¹; today seniors account for about 13% of the population, and this number is increasing.²

Canada's over-85 population has also been growing rapidly over the last two decades (from 0.8% of the total population in 1981 to 1.5% in 2005).³ This growth pre-dates the aging of the baby boom, which will soon effect a marked increase in the percentage of the population that are senior.

A number of trends have emerged for seniors across Canada, many of which have clear implications for policy and services, particularly in social- and health-related realms. For example: the majority of Canadian seniors live in an urban centre; senior women outnumber senior men; more than one-quarter of people who are now seniors are immigrants to Canada.⁴

In many areas, the situation for Vancouver seniors follows that of the national picture; in others, trends for Vancouver's seniors show a marked difference. Statistics Canada's 2006 report, *A Portrait of Seniors in Canada*, provides a national snapshot which helps to contextualize census findings relating to the Province of BC and the City of Vancouver.

1.1 SENIORS' INCOMES

Nationally, seniors' incomes have been increasing, in large part because more seniors qualify for income from the Canada Pension Plan and private pensions. In the past 20 years, the total percentage of seniors with low income has declined sharply. Of course, this is not true across the board: in Vancouver, for example, the incidence of poverty is higher for seniors who do not qualify for CPP or full Old Age Security, have recently immigrated, Aboriginal seniors and seniors who live in Downtown, Grandview-Woodland, Strathcona, the Downtown East Side.

Low Income Seniors

Low Income Cut-Offs (LICO) are frequently used in discussions of income. Looking at the Canadian seniors' population between 1980 and 2003, the percentage of seniors in low income declined from 34.1% to 15.1% when measured using the before-tax LICO, and from 21.3% to 6.8% when measured using the after-tax LICO.⁵ Incidences of low income among seniors are highest in Quebec and BC.

Government Assistance

Government income assistance is a lifeline for many seniors, particularly women. Over 95% of seniors receive some income from Old Age Security (OAS), the Guaranteed Income Supplement (GIS) or Spouses Allowance (SPA).⁶ While the percentage of seniors who rely heavily on OAS/GIS has decreased over the years, the income gap between men and women has remained constant.⁷

1 *A Portrait of Seniors in Canada 2006*, Statistics Canada, no. 89-519-XIE, February 2007, p 11.

2 *ibid.* p 12

3 *ibid.* p 13

4 *ibid.* p 13

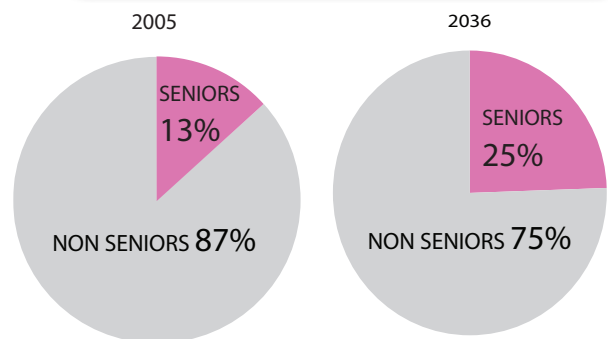
5 *ibid.*, p 68. At last census, the before-tax LICO for a single person living in Vancouver was \$20,778 (Statistics Canada, 2006).

6 *A Portrait of Seniors in Canada 2006*. Statistics Canada, no. 89-519-XIE, February 2007, p 67.

7 *Well-Being Throughout the Senior Years: An Issues Paper on Key Events and Transitions in Later Life*. Denton, M and Kusch, K. Social and Economic Dimensions of an Aging Population (SEDAP Research Paper No. 165). December 2006, p 29.

A Portrait of Seniors in Canada 2006

This Statistics Canada report provides an overview of demographic trends, sections on aboriginal and immigrant seniors, and information on such topics as health and wellness, learning, living arrangements, and leisure. Except where noted, information in this section comes from this report.



Projected Number of Canadian Seniors As a Percentage of Total Population

Source: *A Portrait of Seniors in Canada, 2006*. Statistics Canada, February 2007 p. 12.

In Canada, unattached seniors are more likely to be low income than are seniors living in families.

For seniors who have no Canada Pension Plan or other income, the maximum OAS and GIS as of January 2009 is \$1170 per month. Full OAS of \$516.96/monthly is only available to people who have lived in Canada for 40 years prior to turning 65. The minimum tenure to qualify for any OAS is 10 years residency. The GIS maximum of \$652.51 is available for those with annual incomes below \$15,672.

In 2001, more than one in ten Aboriginal seniors were living in family households that fell below the LICO index.

Aboriginal Elders

Aboriginal elders are more likely than any other seniors to be living in poverty. In 2001, more than one in ten Aboriginal elders were living in family households that fell below the LICO index. In this population as well, women

are particularly vulnerable. In the years between 1996-2001, the median income for male Aboriginal elders-seniors was \$16,046 and for females, \$13,185.⁸

Recent Immigrants

Seniors who are recent immigrants represent a small proportion of the seniors' population, but are far more likely to be low income than are Canadian-born seniors or immigrants who arrived decades ago. Senior women appear to be particularly vulnerable: among female immigrants aged 65+ who lived alone and who landed in Canada after 1990, 71% were low-income (in contrast, 42% of Canadian-born women living alone were low income).⁹ Also, 20.4% of recent immigrant male seniors living in a family were in a low income situation in 2000, compared to just 4.6% of Canadian-born male seniors living in a family.¹⁰

In many cases, immigrant seniors do not qualify for full assistance amounts, and will therefore receive incomes

well below the amounts available to Canadian-born seniors. For example, sponsored immigrants are not eligible for OAS or GIS until they have lived in Canada for 10 years (the required length of the sponsor's responsibility) regardless of age. Immigrants who are not sponsored can apply for OAS/GIS at age 65 and might get only a small OAS amount (1/40th of a monthly rate of \$516 per year of residence before turning 65).¹¹

1.2 HEALTH AND WELL-BEING

The life expectancy of Canadian seniors has risen since 2000, but the prevalence of a number of chronic diseases is also increasing.¹² The increasing number of seniors and growing proportion of older seniors will affect the need for community, acute and residential care.

Care and Supports

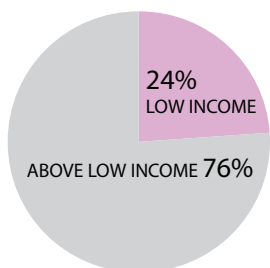
The provision of community care-giving is an ongoing issue for both seniors and caregivers. Canada has seen a shift in caregiving, as "increased numbers of individuals with complex health care needs [are] being cared for at home" with a corresponding increase in the demands on family caregivers.¹³

Health and Wellbeing For Canadian Seniors

- 81% of seniors report at least one chronic condition.
- 7-8 % live in residential care.
- Nearly 1/3 of seniors aged 85+ have dementia.

Source: McMaster University's Well-Being Throughout the Senior Years.

% Immigrant Seniors arriving between 1991 - 2001 by Income Status



Source: *A Portrait of Seniors in Canada*. Statistics Canada, 2007.

Statistics on the numbers of seniors receiving care vary from source to source: as informal forms of care tend to predominate the field, this type of data is difficult to come by. Older seniors are most likely to seek or be placed in formal care settings.

8 *A Portrait of Seniors in Canada* 2006. p 238.
 9 *ibid.* p 281.
 10 *ibid.* p 282.

11 Low-income seniors generally receive the full GIS amounts, regardless of whether other qualifications are met.
 12 *Seniors in Canada 2006 Report Card*. National Advisory Council on Aging, p 5-11.
 13 "Quality of Life for Family Caregivers of People with Chronic Health Problems". Canam, C and Acorn, S (1999). *Rehabilitation Nursing, Journal of the Association of Rehabilitation Nurses*. 24(5), p 192-196, 200.

Older seniors in particular have increasing needs for help with personal care. In 2003, one in ten seniors aged 75+ living in a private household needed someone else to help with their personal care such as washing, dressing, eating or taking medication. Only one in a hundred individuals aged 25 to 54 were in the same situation¹⁴.

Seniors who are recent immigrants are less likely than others to get support services they need from government, though they may be more likely than other seniors to need such supports.¹⁵

Gender provides another marker for the differing needs of seniors, as discussed in a recent report from McMasters University:

Today a 65 year old man could expect to live 16.1 more years, 12.7 of them dependence-free. 1.5 of the other three years would be spent in moderate dependence needing help with tasks like meal preparation and shopping, with 1.1 years spent in severe dependence relying on assistance with tasks like moving about the house or personal care, and .8 years in an institution. A 65 year old woman could expect to live another 19.4 years but the last 6 years of her life, she will spend 2.7, 1.6 and 2.1 years, respectively, in states of increased dependence. Therefore, women live longer, but spend more time in a state of dependence. [This is because while] ... men are more likely to be victims of acute illnesses such as heart disease[,]...women are more likely to suffer from chronic debilitating but not fatal diseases.¹⁶

Family Caregivers: National Findings*
Recent research shows that

- 77% of family caregivers are female
- 31% are retired and 16% homemakers
- 22% are employed full time and 19% self-employed part time
- 35% reported household incomes of \$45,000 or more.
- 23% received formal home care services to assist them

Source: *National Profile of Family Caregivers in Canada 2002*. Health Canada.

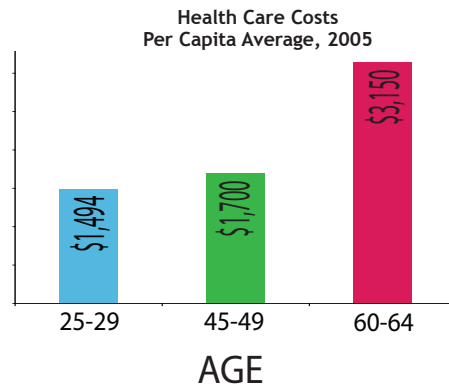
14 *A Portrait of Seniors in Canada 2006*. p 48.

15 *National Profile of Family Caregivers in Canada 2002*. Decima Research, Health Canada. 2002. p 3.

16 *National Profile of Family Caregivers in Canada - 2002*. Decima Research, Health Canada. September 2002, p 3.

Health Care Costs

Trends in health care are interesting to note from a cost perspective. A report from Urban Futures notes that while health care spending is rising for all age



Source: *A Perfect Storm*. Urban Futures Institute, 2006.

groups at approximately the same rate, per capita costs for seniors are significantly higher than for other demographics. The report estimates a real increase in provincial health spending from \$85 billion in 2005 to \$245 billion in 2055, a 186 % increase in spending. 75% of this is estimated as increased spending on the 65+ population.¹⁷

1.3 RETIREMENT AND VOLUNTEERING

Another Urban Futures report discusses workforce participation and retirement trends among seniors. There have been two general trends: the median age of retirement is declining over time; and labour force participation for older workers is increasing.¹⁸ However, despite the increase in labour force participation, about half the labour force will continue to retire before 65, a figure that amounts to almost 1.4 million people 50 and older retiring in the five years following 2006.¹⁹ To what degree the current economic situation will affect retirement or continuation/return to work, is unknown. The fact that retirement in BC is no longer mandatory at 65 may also have an effect.

A Portrait of Seniors in Canada 2006 documents seniors' contributions to their communities. Many

17 *A Perfect Storm: Sustaining Canada's Economy During Our Next Demographic Transformation*. Ramlo, A and Berlin, R. The Urban Futures Institute, 2006. Report 66.

18 *Freedom 65...55...65...An Exploration of Recent Retirement Trends in Canada*. Ramlo, A and Baxter, D. The Urban Futures Institute, 2004.

19 *A Portrait of Seniors in Canada 2006*. p 160.

provide help to others who need care or volunteer in their communities. In a national survey, almost 12 million Canadians, or 45% of the population aged 15 and older, said they volunteered. For seniors aged 65 to 74 in 2004, 39% volunteered, and on average contributed a greater number of hours to their activities than other age group²⁰.

²⁰ *A Portrait of Seniors in Canada*. p 174-175.

Canada has seen a shift in caregiving -- namely an increase in the demands on family caregivers.

2 SENIORS: THE VANCOUVER CONTEXT

THIS section provides information on Vancouver residents aged 65+, including demographics and key population trends.

2.1 DEMOGRAPHICS

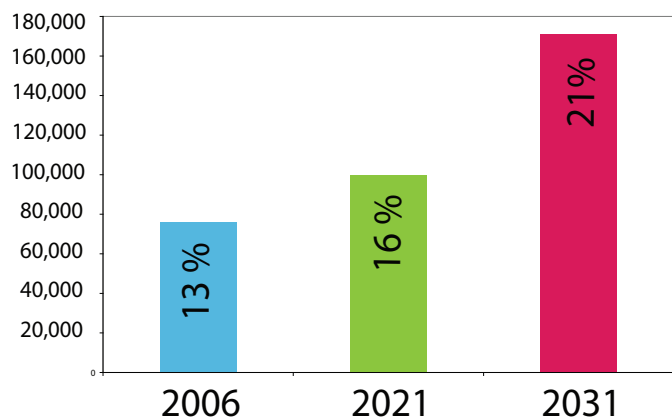
The number of seniors in Vancouver is projected to grow significantly in the coming years.²¹ In 2006, 76,215 people (13.1% of the population) were over 65, representing a growth of almost 6000 seniors in just 5 years.²² By 2021, that number will be close to 100,000, or 15.6% of the projected total population. It is anticipated that by 2036, seniors will represent one-fifth (21%) of the total population.²³

In Metro Vancouver, the most significant population growth has been witnessed in two age groups: 55-59 years and 90+ years. The increases in this latter age group are especially important to note since, as they age, older seniors tend to require greater amounts of home support, adult daycare, supportive housing and complex care.

It is also significant to note that there are currently twice as many women as men over the age of 80 in Metro Vancouver. As women tend to live longer than men, female seniors represent a greater number of reported chronic health conditions and health needs in the last years of life. As women also tend to receive lower incomes than men across the lifespan, the question of accessibility to and affordability of adequate health care and supports becomes even more important for this section of the population. Although there may be a small increase in men's average life span, older women will likely continue to outnumber older men for years to come.

By 2021 Vancouver will be home to some 3,600 additional over-85 seniors, and in Metro Vancouver the proportion of senior residents is projected to rise from 1 in 8 today to 1 in 4 by 2031. These facts are sobering given the time required to build additional supportive housing and care facilities and the resources required to augment acute and other forms of health care, as well as the implications on future needs in the areas of health, recreation, transportation, housing, and community design.

Vancouver Seniors as a Percentage of Total Population



Sources : *Social Indicators Report 2009*, Social Development, City of Vancouver. pg. 42. *Population Estimates and Forecasts*. BC Stats. P.E.O.P.L.E. 33.

2.2 WHERE SENIORS LIVE

The seniors' population can vary greatly from neighbourhood to neighbourhood. Areas with the *highest percentage* of seniors include Strathcona, Arbutus Ridge, Oakridge, and Shaughnessy. However, the neighbourhoods with

²¹ The rate of growth in the seniors population is anticipated to be even faster in several other municipalities in the metropolitan region.

²² *Social Indicators Report 2009*, Social Development, City of Vancouver. pg. 42.

²³ *Population Estimates and Forecasts*. BC Stats. P.E.O.P.L.E. 33 (Revised, March 2009)

the *greatest number of seniors* are Renfrew-Collingwood, Kensington-Cedar Cottage, Hastings-Sunrise, and the West End.

Map 1 shows the number of seniors in all local areas. 8800 (11%) seniors live on the Downtown peninsula; over 39,000 (51%) east of Main Street; and 29,000 (39%) west of Main.

The four local areas with the highest percentage of seniors (2006 census) are noted below:

Local area	Total population	% over 65	Number of seniors
Strathcona	11,920	24%	2,865
Arbutus Ridge	16,145	19.7%	3,180
Oakridge	12,725	19.6%	2,490
Shaughnessy	8,900	18.0%	1,615

The four local areas with the largest seniors populations are:

Local Area	Total population	% over 65	Number of seniors
Renfrew-Collingwood	48,885	13.8%	6,755
Kensington Cedar Cottage	44,665	13.0%	5,805
Hastings Sunrise	33,130	16.2%	5,355
West End	44,560	11.4%	5,100

Another factor of interest is the degree to which the seniors' population has increased over time.

Map 2 shows the percentage change in different local areas in the 10 years between the 1996 and 2006 censuses. Downtown has had more than a 100% increase in seniors corresponding to a general increase in total population. The next highest growth rate is in the south-east corner of the city. Renfrew-Collingwood, Victoria-Fraserview and Killarney all had over 30% increases in their seniors' population between 2001 and 2006. The local area with the largest absolute increase in seniors' population was Renfrew-Collingwood, with 1,900 more seniors for a total of 6,755 (or a 39.4% increase since 1996.)

The distribution of older seniors is important for the planning of health, social and transportation services. For older seniors in particular, access to groceries, health services, community services and transportation are crucial. These resources may not be present or easily accessible, either via walking or transit. It is also noted that for residents of the Downtown Eastside/Strathcona area and urban Aboriginals, people in their late 40s and 50s may experience similar problems with income, health and access to community supports as do older residents in other areas of the City.

Based on 2006 Census data, there are 10,635 seniors over 85 in the City of Vancouver. **Map 3** shows that Fairview, Arbutus-Ridge and Victoria-Fraserview have the highest numbers of seniors aged 85+, followed by Renfrew-Collingwood and the West End.

In 2001, there were 20,030 people over 65 (or 28.5% of all seniors) living alone in Vancouver.²⁴ For 2006, this number has increased slightly, to 20,570. This number is lower than figures for the 1996 census, which recorded 20,935 seniors living alone. Seniors who live alone may or may not be at risk, depending on an individual's income, health, age, and support systems. Currently available information shows where older seniors live, but does not provide a correlation to income or health data.

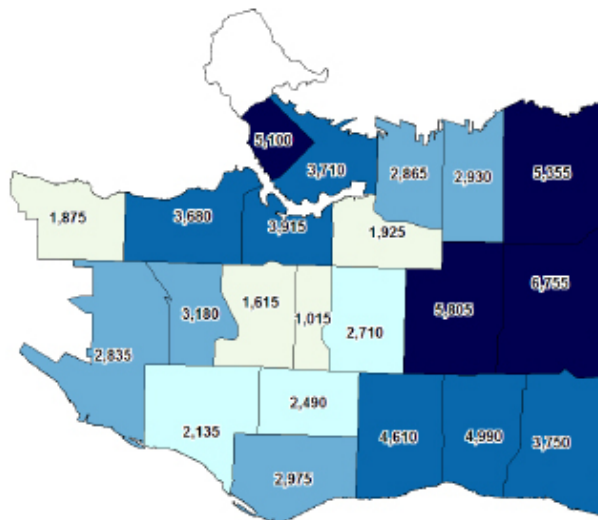
Map 4 shows the distribution of the 20,570 seniors who live alone.

²⁴ *The Social Indicators Report: 2001 Census*. Social Planning Department, City of Vancouver. December 2003, p 13.

2.3 ECONOMIC SECURITY

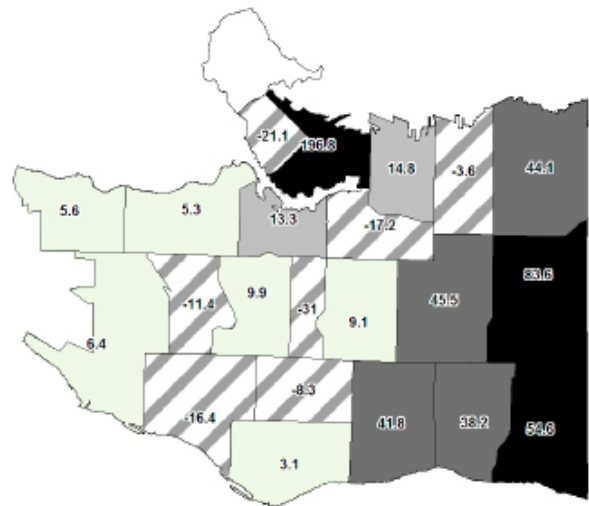
Although the *Metro Vancouver's Vital Signs 2007* report notes that seniors' poverty rates have been falling in the past 20 years, there is still a significantly higher proportion of low-income seniors living in the Lower Mainland than elsewhere in the province.²⁵ About 12,000 of Vancouver's 77,000 seniors have before-tax income below LICO.

Map 1. Seniors in Vancouver
Population aged 65 and up by neighbourhood, 2006

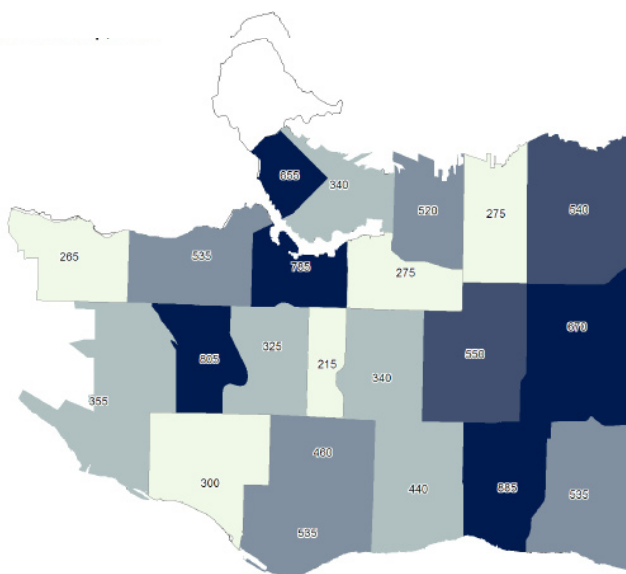


(Total number of seniors over 65= 76, 215)

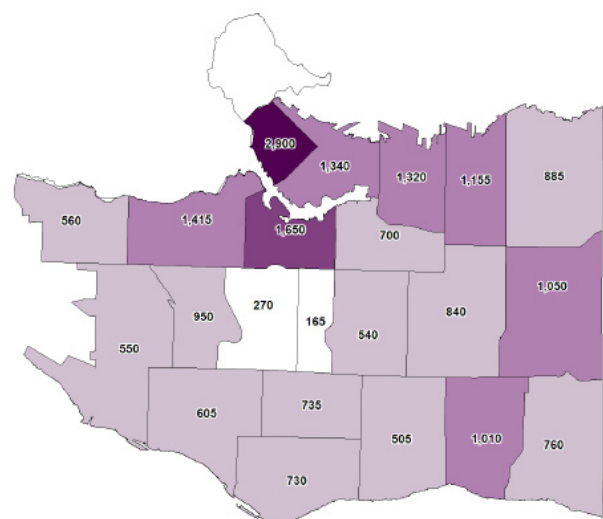
Map 2 Percentage Change in Seniors' Population
1996 to 2006, aged 65 and up, by neighbourhood.



Map 3 Older Seniors in Vancouver
Population aged 85 and up, 2006



Map 4 Isolation: Seniors aged 65+ living alone, 2006



(Total number of seniors living alone= 20,570)

²⁵ *Metro Vancouver's Vital Signs 2007: Our Region's Check-Up*. The Vancouver Foundation, 2007.

Seniors who have no CPP or other pension may qualify for Old Age Security (OAS) and a Guaranteed Income Supplement (GIS) totalling \$1,117 per month (\$14,000 per year).

Incidence of low income varies widely across Vancouver. For instance, the 2006 Census shows that 72.5% of seniors in the Downtown Eastside are low income, while other areas with high concentrations of low income seniors include Gastown, Strathcona, Mount Pleasant, and parts of Grandview-Woodlands. Downtown South, the West End, Kitsilano, Fairview and Marpole also have census tracts with 15-20% of seniors with low income.

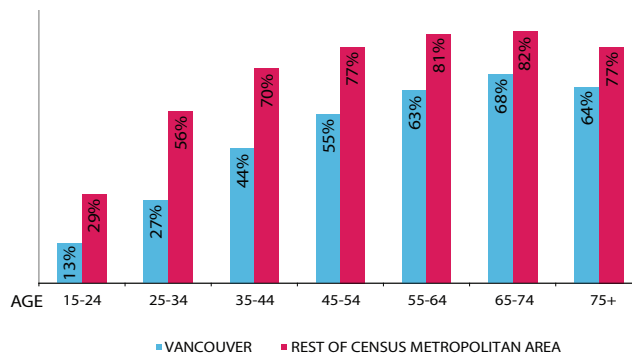
Low income is one factor that puts people at risk of homelessness. A report of the Greater Vancouver Regional Steering Committee on Homelessness notes that in 2001 there were almost 10,000 people aged 55-64 and 12,755 people in Metro Vancouver aged 65+ who were at risk of homelessness, or 12% of the total seniors population.²⁶ However, the actual number of homeless seniors recorded in the 2008 Metro Vancouver

Homeless Count was very small. Of 2500 people identified as on the street or in shelters, only 32 were over 65.²⁷

The effects of income levels differ depending on whether seniors rent or own their home. The city has a higher proportion of renters than in Metro Vancouver as a whole, and a much higher proportion than the national average.

The graph below on home ownership illustrates the difference between the city and region. Based on these figures, about 50,000 Vancouver seniors own their homes and approximately 26,000 rent.

Percentage of Population that Own their Homes, by Age Group (2006 Census)



2.4 HEALTH²⁷

The health status of Vancouver seniors appears generally similar to the national picture, including leading causes of death and overall life expectancy. For Vancouver females who are currently 65-69 years old are expected to live an additional 21.6 years; males 65-69 years are expected to live an additional 17.1 years.²⁸

Falls often have serious consequences for seniors. From 1991-1997, 449 people in Vancouver/Richmond died as a result of a fall: 359 were over 65.²⁹ In one year in Canada (1995-96), when only 12% of the population was over the age of 65, seniors accounted for one-third

of all hospital injury admissions.³⁰ About 84% of seniors' injury-related admissions are due to accidental falls. Mobility difficulties are also a problem and increase with age.

About 8% of the 65+ population experienced dementia in 1992, roughly the same as the national average.³¹ As life

expectancy increases, the probability of dementia increases from 2.4% for those 65-74, to 11.1% for 75-84 year olds, to 34.5% for those 85+.³²

It is expected that in the future the overall fitness and health of seniors will improve; however increasing numbers of older seniors will also mean increases in chronic health conditions, dementia and mobility problems.

²⁶ 2001 Census Bulletin: Three Ways to Home. Greater Vancouver Regional Steering Committee on Homelessness, 2001.

²⁷ The following information on health is from the Vancouver/Richmond Health Board's Seniors Profile 2000, which to date is the most recent report focusing on seniors by Vancouver Coastal Health.

²⁸ Seniors' Profile. Vancouver-Richmond Health Board, 2000, p 18..

²⁹ Seniors' Profile. Vancouver-Richmond Health Board, 2000. p 18,

³⁰ *ibid.* p 40

³¹ *ibid.* p 44.

³² *ibid.* p 44.

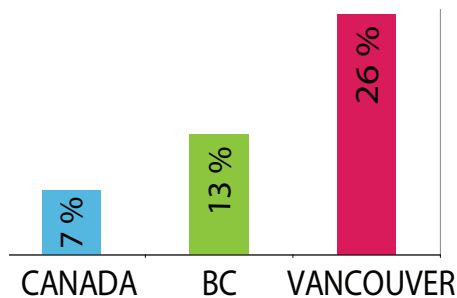
2.5 CULTURAL DIVERSITY

One of the key differences between the seniors' population in Metro Vancouver and that in the rest of BC and Canada is its cultural and ethnic diversity. Metro Vancouver has a higher percentage of both immigrant seniors and visible minority seniors than the rest of the province.

Immigration has been a key contributor to the increasing diversity of our seniors' population. While only 2% to 4% of all immigrants and refugees admitted between 1995 and 2004 arrived as seniors, more than 25% of Canada's current seniors are immigrants.

A commonly-used indicator of ethnic diversity is the presence of visible minority seniors -- defined as "any persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour"³³. In

Visible Minorities as % of Total Seniors Population



SOURCE: Sharon Koehn, PH.D and Andrea Gregg, B.C. Speaking to the Interface: A Symposium on Access to Health Care for Ethnic Minority Seniors, April 19-20, 2007. Surrey, B.C.

Canada as a whole, 7.2% of seniors identified themselves as belonging to a visible minority. In BC, 13.4% identify as a visible minority, and in Metro Vancouver, 25.9%.³⁴ The largest groups of immigrants coming to Vancouver in the past decade have been from China, South Asia and the Philippines, and this trend is expected to continue; as such, we can expect that the percentage of visible minority seniors will continue to increase in the coming years.



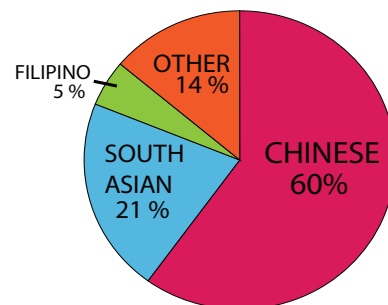
Photo, right: Strathcona elders create puppets and performance pieces. Strathcona Community Centre, Arts and Health Project: Healthy Aging Through the Arts.

The adjacent pie chart shows the current make-up of Metro Vancouver's visible minority seniors. The increase in diversity we are witnessing is accompanied by an increase in the number of people who speak neither English nor French. "Among

recent immigrants who arrived between 1991 and 2001 and lived in [Metro Vancouver], some 60% could speak neither English nor French.³⁵ By comparison, between 4.5% and 6% of all seniors in Canada aged 75 and over could not speak English or French in 2001.³⁶

Vancouver's diversity means that both government and community services need to understand the situation of many different groups of seniors, and provide enhanced supports to address language and cultural barriers.

Ethnic Makeup of Vancouver's Visible Minority Seniors



SOURCE: Sharon Koehn, PH.D and Andrea Gregg, B.C. Speaking to the Interface: A Symposium on Access to Health Care for Ethnic Minority Seniors, April 19-20, 2007. Surrey, B.C.

2.6 ABORIGINAL ELDERS

Aboriginal seniors comprise about 4.3% of the total Aboriginal population. The 2006 census shows a small increase in the numbers of people identifying as Aboriginal in Greater Vancouver. The City of Vancouver's Aboriginal population of 11,730 was larger than in any other area of Metro Vancouver.

33 "Visible Minority Population and Population Group Reference Guide, 2006 Census." Statistics Canada, 2008.

34 Sharon Koehn, PH.D and Andrea Gregg, B.C. Speaking to the Interface: A Symposium on Access to Health Care for Ethnic Minority Seniors, April 19-20, 2007. Surrey, B.C.

35 *ibid.* p 274.

36 *ibid.* p 274.

3 ISSUES

Seniors are affected by federal and provincial government policies and programs, as well as municipal initiatives.

Government programs such as income assistance and health care are crucial to seniors' well-being, but there are also deficiencies in these programs and in some cases disconnections among the support systems that seniors need.

Many of the current issues affecting seniors apply most strongly to people over 75 years of age because these seniors rely more heavily on the medical system, community health services and public transportation. Seniors of any age can have low incomes and seniors in minority groups including LGTB and ethno-cultural minorities may face additional barriers. Limited English, literacy problems and cultural differences multiply the effects of service gaps and system disconnections.

The degree to which these issues will remain problems in the future is difficult to predict. People are living longer and seniors are generally better off financially than in the past. But longer life brings more possibility of chronic health conditions; income levels may remain low for Aboriginal elders and immigrant seniors; older people who rent may be more vulnerable to cost of living increases and downloading of services such as health care.

Pressures on the health system will increase over time, not because people are less healthy but because of an aging population and the simple fact that significant costs are incurred in the last few years or months of many people's lives.

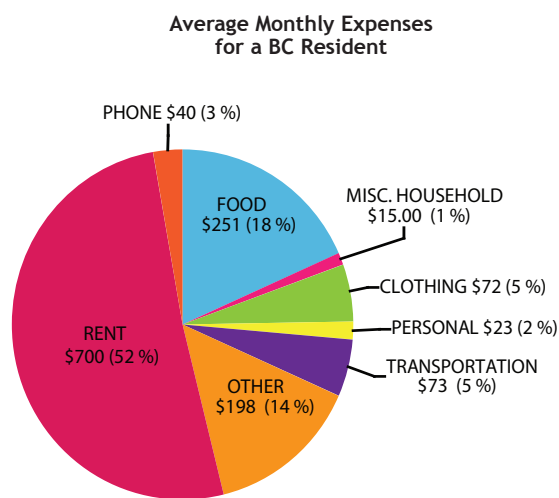
This section will discuss issues relating to:

- Economic security
- Health systems and services
- Home support and housing
- Transportation
- Diversity
- Other social issues such as abuse, legal protections, food security and safety

3.1 ECONOMIC SECURITY

Low income affects people's health status, their mobility in the community, and their ability to participate and contribute to the community. Seniors who have low incomes and rent their homes are likely to face more limitations than home owners. (At present, we do not have data on Vancouver seniors' income related to owner/renter status).

The Social Planning and Research Council of BC (SPARC) has produced cost of living estimates as part of their assessment of BC's Income Assistance program. These estimates give a sense of the challenges a senior living below LICO or depending on OAS/GIS would face.



TOTAL MONTHLY EXPENSES: \$1,372

Source: *Still Left Behind: A Comparison of Living Costs and Income Assistance in British Columbia*. Atkey, J and Siggner, R. Social Planning and Research Council of British Columbia (SPARC-BC), February 2008.

Actual costs for individuals could vary considerably depending, for example, on place of residence. For example, rental rates in Vancouver are considerably higher than the examples used in the estimated expenses above: the average rent for a one-bedroom apartment in Vancouver as of October 2008, was \$936, and the average studio rental was \$798.

3.2 HEALTH CARE SYSTEM AND SERVICES

Reductions in federal health care funding have led to nation-wide problems in acute care and community health services. The McMaster University report cited earlier notes that “[o]ver the past two decades virtually every province has responded to declines in federal investment in health care by reducing hospital stays, closing beds, and shifting the locus of care to the community.”¹

As a result, Vancouver seniors may encounter problems throughout the primary, acute and residential care systems, problems which may have profound effects on service demands at the community level.

Some of the problems seniors experience in the health care system include: a lack of health professionals and integrated health services that specialize in the needs of a growing population of older people, rising health care costs, and ongoing challenges with the funding and functioning of acute and residential health care systems.

Integrated health care

Seniors often receive care from multiple health care specialists, who may not be in contact with one another, or adequately informed about a patient’s current and past treatment history. This lack of communication between professionals and integration of services can lead to problems including overprescription of medications and poor drug interactions.

Some health authorities are responding to these problems by developing Integrated Health Networks which are intended to provide better communication and coordination amongst GPs and other health providers, and better tracking of individual patient information.

Increasing Prescription Costs

Pricing for prescription drugs is one of the major drivers of rising health care costs, though BC’s Reference-Based Pricing has helped to mitigate increases. The amount of subsidy seniors can receive from BC’s most recent version of Pharmacare depends on income, and whether an individual was a senior before or after 2005. Individual costs vary with the illness or condition, as some needed supplies may be eligible and others not. In general, anyone with an income of \$35,000 or more has higher deductibles than in the past.

1 *Well-Being Throughout the Senior Years*. p 26.

Acute Health Care

A lack of capacity of the health system to effectively move seniors from acute care to other forms of care has been a longstanding problem in BC; there continue to be ongoing challenges within all components of the system: acute care, residential care, and community care.

As in other provinces, there have been reductions in BC’s acute care system, with one study counting a loss of 158 acute care beds in the Vancouver Coastal Health Region between March 2002 and March 2004.²

A recent research proposal on primary care reform describes: “Overcrowded acute care services (ER and inpatient) that do not cater to the specialized needs of the elderly and often discharge elderly patients into a residential care setting before they meet the criteria for admission.”³

Residential Care

In addition to reducing the time spent in acute care, the Province has responded to problems with seniors’ care by focusing residential care on the most frail seniors, by developing supportive/assisted housing for seniors needing lesser levels of care, and by reducing the scope of home support services and focusing these services on frail seniors.

While the development of supportive housing is good, this plan was carried out in the context of cost-cutting, with some negative consequences. The Province’s stated intention was to increase residential care and supportive beds, but there has actually been a net reduction of 368 beds between 2001 and 2004 in the Vancouver Coastal Health region.⁴

Residential care (previously called “long term care” and now called “complex care”) is available only for seniors with dementia and very frail seniors who may be in the last year or two of their lives. Information published by Vancouver Coastal Health shows that almost all the facilities that were listed as providing Intermediate Care 2 and 3 levels in 2000, were providing care at Intermediate Care 3 and Extended Care levels in 2008.

There have been a number of high profile cases in B.C. non-profit run facilities and particularly in some for-profit, underlining serious problems with the quality of

2 *Continuing Care: Renewal or Retreat?* BC residential and Home Care Restructuring. Cohen, M et al. Canadian Centre for Policy Alternatives. April 2005.

3 *Primary Care Reform in Residential Care*. The Centre for Healthy Aging. http://www.centreforhealthyaging.ca/initiatives_care.html. Accessed September 20, 2008.

4 *ibid.* p 7, 19.

care some seniors are receiving. The B.C. Ombudsman is currently investigating these complaints.

Other problems in both acute and residential care include:

- lack of culturally appropriate care and translation services⁵
- social isolation in care facilities⁶
- lack of dental, hearing and other basic services in residential care⁷
- lack of resources for end-of-life care in residential facilities⁸

With these ongoing problems, it is perhaps not surprising that the StatsCan Portrait of Seniors in Canada, 2006, notes that “about 40% of [BC Seniors]...reported that they had “not very much” or “no confidence at all” in the health care system”⁹

3.3 HOME SUPPORT AND HOUSING

For many older people, maintaining independence and quality of life is contingent on government programs which mitigate vulnerable housing situations and provide specialised services. Unfortunately, a series of government cutbacks and program overhauls have reduced the overall availability of these services for many BC seniors.

The Province and Vancouver Coastal Health have supported a number of initiatives aimed at reducing pressure on the acute health care system, such as the Falls Prevention and Chronic Disease Self Management programs. These initiatives help to support seniors’ continued independence and are delivered in concert with neighbourhood houses and various community seniors groups.

Vancouver Coastal Health, through the Sharon Martin Community Health Fund (SMART fund grants), supports capacity building for various population groups including seniors. Funding focuses on peer support programs and also includes community kitchens, meals

on wheels and other programs which are delivered by community agencies and which help build seniors’ capacity to remain independent. Vancouver Coastal Health is unique among provincial health boards in providing funding support to community capacity building initiatives.

Home support services are also paramount to relieving mounting pressures on the acute health care system. In 2000, a Vancouver/Richmond Health Board publication discussed the importance of home support:

Availability of home support services is perhaps the single most important factor in determining whether seniors can live independently. These services include assistance with activities of daily living such as bathing, grooming, dressing, and may include meal preparation, vacuuming, and laundry.¹⁰

Subsequent cutbacks to home support services mean that seniors who used to receive assistance may no longer receive help, as available services are now more narrowly focused on the most ill or frail seniors. While VCH has implemented a central phone number for home support, it appears that home support is only available if a senior indicates that he/she can’t manage his/her medications or cannot bathe alone.

Vancouver seniors who previously received help with these daily activities now have to rely on family and friends for additional support, purchase these services privately, or do without. VCH is attempting to offset this problem by supporting small neighbourhood-based pilot projects that help seniors to maintain independence by connecting them with college/university students who can provide some housekeeping and other services at a moderate cost.

Another effect of the cuts to home support is a growing disconnect between the health system and seniors living in the community. Community groups routinely report that seniors are being discharged from hospitals with inappropriate or no home support/

care; particularly vulnerable are those seniors who have no one to notice problems or to advocate for their care. In the past, the deteriorating health of a senior who received housekeeping services could have been identified more easily, and earlier. Without an established connection to professional health and support services, seniors may not come to the attention of the health system until a crisis occurs.

Availability of home support services is perhaps the single most important factor in determining whether seniors can live independently.

5 *Alone in a Crowd: Social Isolation of Seniors in Care Facilities.* Association of Advocates for Care Reform. 1997.

6 *ibid.*

7 *ibid.*

8 *The Two Standards of End-of-Life Care in British Columbia: Submission to the Conversation on Health.* Gallager, R and Drance, E. Providence Health Care.

9 *A Portrait of Seniors in Canada, 2006.* p 185.

10 *Seniors’ Profile 2000.* Vancouver/Richmond Health Board. p 12.

Adult Day Care

Adult day care programs provide basic health support services, such as medication monitoring, podiatry, blood pressure monitoring, and stimulation for frail seniors who are still living in the community. Unfortunately, these services have also been increasingly restricted to only the frailest seniors. In Vancouver, adult day care services are provided via contracts with non-profit organizations which generally occupy rented spaces not designed for the increasingly frail participants. Only three appropriately-designed Adult Day-cares have been developed in Vancouver in the past 10 years to replace older inadequate spaces.

Non-Market Housing

For the past 25 years, federal and provincial housing priorities have been for groups other than seniors and very few new non-market seniors' buildings have been

developed. There is also now a shortage of affordable supported housing and assisted living.¹¹

Assisted Living in Vancouver

- There are 13 buildings in Vancouver that provide Assisted Living.¹²
- Facilities provide 'personal services' such as assistance with bathing or other activities of daily living, and monitoring of medications.
- Half of these buildings are new and half conversions from other forms of care or housing.
- Eight are wholly government-supported, at a cost to residents of 70% of net income.
- Some subsidized beds are available in another two Assisted Living Residences
- Private-pay Assisted Living generally costs \$3,000 to \$6,000 per month.¹³

Seniors on fixed incomes may be affected by:

- Increases in the cost of living and costs for medications plus the transfer of costs from government systems to individuals.
- Recent reductions in the scope of home support services means that more seniors must either rely on family members to do shopping or housework or must pay for these services themselves. Many seniors cannot afford to pay the cost of private home support at \$35/hour.
- Vancouver seniors groups have been reporting that more seniors can't afford to pay even modest charges to participate in activities or programs. There has also been an increase in food programs across all social and community services. Virtually every seniors centre in the city (e.g. 411 Seniors, South Granville Seniors, Oakridge Seniors) is providing low cost meals at least once a week, and in some cases, daily. These are some indicators of financial pressures as well as a declining ability to shop and prepare meals.
- Sponsored immigrants are the responsibility of their sponsor for 10 years. Older sponsored immigrants may have no personal financial resources during this time. Seniors groups report that these individuals may be working as farm labourers or taking care of grandchildren, and thus have no time to attend community programs. They also report that some of these seniors are unable to take the bus, as they have no money, and can only come to programs which are within walking distance.

Other renter-related factors include:

The SAFER Program

- The Province's SAFER program provides rent subsidies for low income seniors who pay more than 30% of their gross income for rent, but high Vancouver rents make affordability a problem even with SAFER. The maximum eligible rent in Metro Vancouver is \$700/month and the maximum income is \$2330/month (\$28,000 annually). As an example, a senior with a monthly income of \$1400 paying \$700/month rent could qualify for a SAFER subsidy of \$217. BC Housing has increased its advertising of the SAFER program in recent years.

Low Vacancy Rates

- Vancouver currently has an extremely low vacancy rate, and there are problems with renters being forced out when landlords decide to renovate. The closure of local Residential Tenancy Offices has made RTO services difficult to access. The best way to get service is to physically go to the office in Burnaby, which is a significant barrier for seniors with limited income or mobility issues.

¹¹ Office of the Assisted Living Registrar. BC Ministry of Health Services. <http://www.health.gov.bc.ca/assisted/>. Accessed April 1, 2009.

¹² *ibid.*

¹³ *Continuing Care: Renewal or Retreat? BC Residential and Home Health Care Restructuring, 2001-2004.* Cohen, M et alus. Canadian Centre for Policy Alternatives, BC Office. April 2005.

Supported Housing In Vancouver

- There is only one project in Vancouver that provides subsidized supported housing units.
- Supportive housing provides meals, housekeeping, 24 hour security and social/recreational programs but does not provide the “hands-on” services provided in Assisted Living.
- There are eight non-profit groups which provide supportive housing for costs in the range of \$1,500-\$2,500/month.
- Private supportive housing costs \$3,000 – \$6,600+/month.

Homelessness

Though abject homelessness affects only a small number of seniors, seniors are especially vulnerable to the risk of homelessness. Once on the street, the challenges typically faced by street-involved persons, such as extreme weather conditions, frail health, and risk of physical, financial and emotional abuse, may be particularly difficult for seniors to survive. Concern for this population is sufficient enough to have the lack of emergency shelters and housing for seniors identified as an important gap in services in the Lower Mainland. The Seniors Service Society opens 150-200 new files per month for seniors needing help accessing housing and other resources, and opens 16 new files per month for homeless seniors.¹⁴

Seniors who rent and live alone may lose their housing due to a hospital stay. The Seniors Service Society reports that hospital social workers phone the Society expecting it to find apartments for seniors who are being discharged. Some seniors have to be placed in shelters, which are not appropriate for older, frail people. The United Way is currently funding two apartment units which provide transitional housing for homeless seniors.

¹⁴ Seniors Services Society, *Temporary Housing Program Fact Sheet*.

3.4 TRANSPORTATION

Transportation is a major issue for seniors who can't drive or have difficulty using public transit.

HandyDART

- The system gives priority to trips for doctor's appointments, but scheduling pressures mean one doctor's visit can take 5 hours of a frail/ill senior's time.
- Transportation to community activities is low priority and often unavailable.
- In Vancouver, transport for Adult Daycare takes up a significant amount of capacity.
- A 2005 report, *Engaging the Future*, identified the need for increased service, especially for “non-priority” rides; better coordination across zones; and better integration with other Translink services.¹⁵
- A new HandiDART provider is in place as of January, 2009 which will replace the current multiple providers in the Lower Mainland and eliminate the problems with transferring across provider boundaries. A new information management system which will improve bookings is also in place.

Bus/Public Transportation

- The bus system has made improvements with wheelchair accessible buses, but there are some design problems (lack of grab bars), and conflicts among users (large baby strollers).
- Community groups in the west side and south east have been lobbying for shuttle buses to augment regular buses and reduce walking distances.
- Eligibility for reduced-cost bus passes is an issue for some seniors.

Taxis

- Wheelchair accessible taxis and the taxi-saver program, which offsets taxi costs, assist both seniors and people with disabilities.

¹⁵ *Engaging the Future: Making HandyDART a Translink Subsidiary*. Vriak, A for the Coalition of HandyDART Users. November 2005.

3.5 OTHER SOCIAL ISSUES

Food security

People who live on low incomes may be forced to choose between basic needs - adequate shelter or a healthy diet? Populations at greatest risk for food insecurity include people with low incomes, children, the elderly, Aboriginal people, new immigrants and refugees, and single female parent families.

% LOW-INCOME RESIDENTS FACING FOOD INSECURITY IN BC - 2005



Source: Senior Service Society. BC Housing. www.seniorshousing.bc.ca/housing.asp. Accessed April 1, 2008.

Information specific to Vancouver seniors and food security is not readily available, but increasing numbers of meal programs in many seniors' centers indicate that food security is a growing concern. Aside from a lack of affordable and nutritious food, seniors' access to food may be limited for a number of reasons: access to transit, inability to physically carry groceries, mobility limitations, etc. Preparing meals is also difficult for seniors who have various health problems including limited mobility and vision problems.



Elder abuse

Abuse of seniors is a serious issue. Seniors can be victims of emotional, physical, sexual or financial abuse at the hands of their children, spouses, caregivers, as well as strangers.

Financial abuse is the most common form of elder abuse.¹⁶ Seniors often do not understand how to use tools such as a Power of Attorney to access tempo-

Representation Agreements

These are legal tools which can help ensure that a senior's wishes with respect to health care and finances are respected. They provide a means for any individual to name representatives who will act on his/her behalf to manage health care and finances, should the individual be unable to do so. Representation Agreements are flexible; they can provide a means to handle financial issues and health care decisions in an ongoing fashion or for short periods. Much public education is still needed to ensure that seniors understand and can make use of this tool.

rary help in managing finances (e.g. during a hospital stay), and, if the person to whom they have given the Power of Attorney takes advantage of them, may end up losing their house and being completely financially dependent on the abuser.

Safety

Seniors have been victims of home invasions, purse snatchings, frauds and scams, and other crimes. Public safety initiatives such as Block Watch or those carried out by community policing offices can be very positive. An example is a Collingwood Community Safety Office initiative that trains seniors in safe SkyTrain riding.

¹⁶ *Financial Abuse of Older Adults: Some Preliminary Findings.* Spencer, C. Paper presented to the Gerontological Society of America, Atlanta, Georgia: November 1994.

3.6 DIVERSITY

Ethno-cultural minority seniors

All the factors which provide challenges to seniors' independence are multiplied for seniors who have limited or no English skills. As well, public institutions and services in general are challenged in their ability to provide culturally competent services and there is an overall lack of interpretation/translation for non-English speaking individuals.

Ethnic seniors may be affected by:

- Dependence on families for social and cultural needs
- Extreme low income, leading to economic dependence on families
- Family expectation that seniors will work/babysit
- An inability to take transit due to lack of money/difficulty with language barriers
- The fact that many seniors are under the 10-year sponsorship provision and do not have full access to health care services or financial assistance
- Different cultural views of health, taboos
- Role of the family and the role that "systems" presume the family will play
- Inappropriate use of family/children for interpretation
- Lack of understanding that services are even available

Local research affirms these issues and concerns. A study on ethnic-minority seniors reports that the seniors surveyed knew little about the health services available to them. Issues included lack of communication between family doctors and the health authority, inability to find a doctor who spoke their language, lack of knowledge about the availability of interpreters, scarcity of interpretation services and translated materials, insufficient English language skills to use the telephone or public transit, reliance on family members for transportation and interpretation, restrictions on movement outside the home due to childcare responsibilities or cultural mores, and lack of access to the internet.¹⁷

This research also found that seniors groups can be very helpful in increasing seniors' knowledge about the system and promoting positive mental health among minority seniors.¹⁸ This paper also recommends the pro-

17 "Ethnic Minority Seniors Face a Double Whammy in Health Care Access" Koehn, S. in GRC News, 25 (2): p 1-2. Accessed from www.sfu.ca/publications/grcnews/grcn_pdfs/vol25no2.pdf on August 22, 2008.

18 "Community-based Research Seeks to Address Barriers to Access to Care for Ethnic Minority Seniors" Koehn, S in GRC News, 24(2), 2005.

vision of programs/services in different languages, better training for service providers in culturally appropriate services, and media campaigns targeting various ethnic communities.

Similar findings have been found for access to home and community-care services. A 2005 study of Chinese-Canadian seniors found that "... slightly more than one-third of Chinese-Canadian elders did not access home and community care services due to structural barriers such as difficulty in accessing social service agencies, complicated application procedures, long waiting lists and a general lack of knowledge of the services available in their communities."¹⁹

Aboriginal Elders

Aboriginal Elders in Vancouver face a number of issues, and there are few Elder-specific programs in the city.²⁰ The Residential School experience has impacted the parenting skills of many Elders. Poverty and health issues, and the opportunity to contribute to their community, are also key concerns for Aboriginal Elders.

Aboriginal groups which provide support for Elders include the Vancouver Aboriginal Friendship Centre, Vancouver Native Housing Society, Aboriginal Front Door, Vancouver Native Health, the Native Policing Centre and the Pacific Association of First Nations Women. Non-Aboriginal organizations such as the Downtown Eastside Women's Centre and the Carnegie Centre also provide supports.

LGTB Seniors

LGTB (Lesbian, Gay, Transgendered, Bisexual) seniors may have issues and concerns not experienced by heterosexual seniors. Some seniors have been closeted their entire lives and fear coming out, some have been rejected by their families, and some are experiencing discrimination and homophobia in various settings, including within the home-support and residential care systems.²¹

Among Vancouver's non-profit seniors' groups, 411 Seniors Society has made the most intentional efforts to welcome LGTB seniors, including policy development, diversity training, and ongoing work on both LGTB-only and inclusive events and programs.

19 *Well-Being Throughout the Senior Years*. p 29.

20 *Inventory of Aboriginal Services, Issues and Initiatives in Vancouver*. Gray, L. Social Planning Department, City of Vancouver. January 2007.

21 *Organizational Change at the 411 Seniors Centre: a Framework to Welcome Lesbian, Gay, Transgendered and Bisexual Seniors*. p 6.

4 ROLES OF UPPER LEVEL GOVERNMENTS

Recommendations of the B.C. Premier's Council on Aging and Seniors

- Appoint a provincial Minister of State and Secretariat to help implement changes to help adapt to an older population.
- Change the Human Rights Code to extend human rights protection to those over the age of 65, eliminating mandatory retirement in B.C.
- Work with Aboriginal and ethno-cultural organizations to ensure cultural appropriateness of services.
- Support and promote volunteerism.
- Make outreach and education for seniors a priority.
- Enhance healthy living initiatives focused on older adults, including policies that help prevent and manage chronic conditions.
- Ensure sufficient incomes for older people.
- Introduce a broader and more widely available home support system.
- Recognize the contribution of informal caregivers
- Implement culturally appropriate quality improvement initiatives across our health system.

Source: *Aging Well in British Columbia: Report of the Premier's Council on Aging and Seniors' Issues*. November 2006.

UPPER level governments have been slow to engage in comprehensive planning for our rapidly aging population. A University of Toronto study published in 2000 comments that:

At the federal level, Canada is one of the few industrialized nations with no implemented formal plan for dealing with the ever-increasing population of seniors and their issues. At the provincial level, policy emphasis on program reduction continues, eroding supports for seniors. Neither the federal nor the provincial government recognizes the value of having a Minister for Seniors Affairs.¹

In 2006, the B.C. government took a step toward a more comprehensive vision for seniors by appointing a Premier's Council on Aging and Seniors. This group met with seniors and those interested in seniors issues, province-wide, and submitted a report to the Province in November, 2006. "Aging Well in British Columbia" made a number of recommendations to the provincial government.

In response to the report of the Premier's Council, the Province has taken the following actions:

- Promoting "active aging" and producing guides on age-friendly communities.
- Eliminating mandatory retirement.
- The establishment of a Seniors' Healthy Living Secretariat in the Ministry of Healthy Living and Sport.

¹ "A City for All Ages: Fact or Fiction? Effects of Government Policy Decisions on Toronto Seniors' Quality of Life." Raphael, D, Brown, I. and Wheeler, J (eds). Centre for Health Promotion, Department of Public Health Services, City of Toronto. 2000.

The Secretariat has the potential to restore the visibility for seniors' issues within the Provincial government that was lost when the Office for Seniors was closed and the Seniors Advisory Council disbanded in 2001. Support for healthy living and age-friendly communities is positive, but the "framework" appears to put much more emphasis on engaging the efforts of community volunteers than it does on providing any Provincial funding support to address systemic problems. The Secretariat's ability to move forward on its mandate has also been limited by the current economic situation.

The most recent provincial development of note is the BC Ombudsman's review of seniors' care issues, which began in mid-2008; the final part in a series of reports is expected later in 2010. The first report² focuses on issues in residential care facilities, primarily addressing the need for a bill of rights for seniors living in care, the provision of much improved and accessible information for seniors and families about facility operation, complaint procedures, etc. and enhancing and supporting the role of resident and family councils which advocate for seniors living in facilities. The Province has responded by passing Bill 17, The Health Statutes (Resident's Bill of Rights) Amendment Act 2009, and by agreeing to require that this bill of rights be posted in every facility. The Ombudsman's report discusses the inadequacies of the provincial response to the recommendations for improved information and the support of family councils. While the Ombudsman's recommendations are very positive, the mandate of the Ombudsman does not include the funding issues which are at the root of many problems with seniors' care.

² Part 1, The Best of Care: Getting it Right for Seniors in British Columbia. <http://www/ombudsman.bc.ca/seniors>.

The Senior's Healthy Living Secretariat

The Secretariat is to implement a "Healthy Living Framework" which seeks to:

- Develop information services for seniors.
- Mobilise and support volunteers.
- Encourage age-friendly communities and support for older workers.

The Secretariat is also mandated to

- Explore new models for providing non-medical home support.
- Work with the Joint Federal-Provincial Immigration Advisory Council to ensure that all seniors can access information and services.
- Engage Aboriginal Elders in program/policy development.

Source: *Seniors in British Columbia: A Healthy Living Framework*.
Ministry of Healthy Living and Sport, BC. p. 5.

One additional and systemic problem for all the voluntary and non-profit services which support seniors at the community level, is that the Province has never provided financial support for this sector. Though some community-based seniors' groups receive gaming funds and have sporadic one-time project funding from various provincial or federal sources, there are no sources of ongoing operating funds from either of these upper-levels of government. This severely limits the scope of work which can be sustained by these community groups.

There are no sources of ongoing operating funds from provincial or federal governments. This severely limits the scope of work which can be sustained by these community groups.

5 CURRENT CITY OF VANCOUVER ROLES

MUNICIPAL governments have a responsibility to enhance livability for their residents through land use policies, infrastructure development, advocacy and partnerships with upper tier levels of government on key concerns, and allocation of staff and financial resources to policy and program development.

While the City of Vancouver does not control many of the major services that affect seniors' lives (the health system, income supports, etc.), what the City does with respect to the physical environment and transportation, and with respect to supporting social inclusion and a socially sustainable city, can have a profound effect on the well-being of older residents.

Municipal involvement in improving the lives of seniors can generally be divided into initiatives around physical infrastructure and social inclusion.

5.1 THE PHYSICAL CITY: CURRENT INITIATIVES

The City of Vancouver is already active in developing an age-friendly physical city. The need for more work on physical access will increase along with the number of older residents.

Pedestrians

The City has for many years had an active program for providing curb cuts throughout the city. Audible traffic signals have been installed in many downtown and high use locations. Council's Advisory Committees on Seniors and Disability Issues comment on priorities for additional improvements.

Building Accessibility

Section 3.7 of the Building Code provides for accessibility of new public buildings, accessible washroom requirements.

Transportation

When asked about barriers to participation and access to basic necessities, transportation problems frequently top the list of seniors' concerns. The City has supported the provision of wheelchair accessible taxis and the re-

duced-cost taxi-saver program. The City is represented on TransLink, which provides wheelchair accessible buses. The HandiDART program is also a resource.

Community Policing Offices

These offices provide a contact point for information and educational initiatives.

Housing

The City operates five Downtown buildings which provide low cost housing, primarily to older residents. The City's current discussion of densification and the development of neighbourhood centres and local shopping areas may provide additional housing for seniors. Accessible and affordable housing within walking distance of essential services would benefit seniors.

Safety

Various City-supported programs and initiatives support community and individual safety. Programs include Crime Free Multi-housing, Block Watch, and the work of Community Policing Centres.

The ongoing development of an age-friendly city needs the involvement of many different City departments, agencies such as Translink, and communities. Further development of recommendations in this section will need to happen in consultation with these groups.

5.1.1 SUPPORTING SENIORS

Seniors are a large group, with divergent needs and interests. Seniors access programs and services through the City's 23 Community Centres, ten neighbourhood houses, various seniors' centres and non-profit seniors' groups.

The City currently provides support to seniors both directly and indirectly, through:

- Operating funding for programs in 23 Community Centres. This funding is supplemented by funding from individual Community Centre Associations. The City also directly funds the Carnegie Community Centre, the Gathering Place, and the Evelyn Saller Centre.
- Operating funds to non-profit community

organizations such as Neighbourhood Houses and seniors groups, via the annual Community Services Grants program.

- Capital funding for Community Centres, capital contributions to the development of Neighbourhood Houses, and periodic capital funding and/or negotiation to secure space for non-profit seniors groups.

Together, Community Centres, Neighbourhood Houses and individual seniors' centres/groups provide a range of opportunities for engagement and a broad mix of services and supports. They provide the primary public spaces for seniors' activities, support social well being, and provide specialized supports for seniors who are isolated, who do not speak English, who are older and less mobile, etc.

It is important to understand the different roles that these community resources play, and their different strengths and limitations.

5.1.2 COMMUNITY RESOURCES

Understanding how these resources work and the issues they face as organizations is important to understanding the current array of services as well as existing service gaps and future needs.

Community Centres

The City's 23 community centres are located across Vancouver's local areas, providing a range of programs to all age groups. They serve large numbers of seniors in various social and recreational activities and provide rental space in which seniors associations can carry on their own activities.

Together, community centres, neighbourhood houses and individual seniors' centres/groups provide Vancouver seniors with a range of opportunities for engagement and a broad mix of services and supports.

etc). While community centre resources are shared by all ages, their facilities can be available for seniors-focused programs. Some of the large seniors' fitness

The local Community Centre Associations which co-manage these centres may provide funding to supplement city-funded seniors' staff/programs.

One strength of community centres is in their size and facilities (gyms, fitness centres, pools, outdoor tracks

and exercise programs could only be accommodated by community centres. Community centres also have the benefit of City capital funding and annual operating funding. This means that while Community Centre Associations fundraise to provide additional programs they do not have to fundraise their total annual operating budgets.

Community centres provide many social, recreational and cultural programs, but they do not generally provide social services nor do they have the capacity, as currently structured and funded, for the level of outreach and capacity-building which neighbourhood houses and seniors' centres often provide.



Photo, above: Through programs like the Arts and Health project, seniors make use of Community Centre resources to both express themselves artistically and stay healthy.

Neighbourhood Houses

Vancouver's Neighbourhood Houses are a very important resource for seniors. While six of the ten Vancouver Neighbourhood Houses are owned by the City and most have received some City capital support, the impetus for the development of Neighbourhood Houses has come from communities, not the City.

All but two of Vancouver's ten Neighbourhood Houses are located on the east side of the city, as this part of Vancouver has historically had more affordable housing and been the area where successive waves of newcomers have settled. The Neighbourhood Houses differ in size and total operating budgets, and in the extent of their seniors' programming. A full continuum of Neighbourhood House seniors' programs would include educational, social, health promotion, social service, and leadership development programs, and would stress active outreach to and engagement of all

seniors, including ethno-cultural seniors, peer support, advocacy, and partnerships with other groups.

Neighbourhood Houses are key organizations which support community development and capacity building, as well as providing a range of social services for all ages.

Neighbourhood Houses receive ongoing City Community Services Grants to help support core staff costs. This funding covers only a limited portion of core costs, but helps support organizational stability and the ability to secure program funding from other sources.

Non-Profit Seniors' Centres and Groups

Independent non-profit seniors groups such as 411 Seniors Centre, Vancouver Second Mile, and South Granville Seniors tend to serve older seniors i.e. +75 years of age. These centres vary in their size, vision and programming. Some are small and may provide only low cost meals and a modest range of social/recreational programming; others are very active in including seniors from different cultural communities and providing city-wide information, and referral. They also provide specialized programs such as outreach to isolated seniors and peer counselling.

Independent seniors' centres exist because of the vision and persistence of local seniors, combined with development opportunities the City may have supported to provide the needed space: a heritage house, a heritage church needing renovation, a major mall re-development. Even with the space and the vision, some of these seniors' groups continue to struggle with limited operating funding and fund-raising capacity.

City Community Services Grants provide some assistance with operating costs for a number of these centres/groups.



A Strathcona senior takes advantage of a Community centre program to collaborate with local artists to develop and perform a public theatre piece.

Connecting Community

Community services become more important when government regulated and funded services are under pressure, as gaps and disconnects in formal government systems and services are felt at the community level. In the absence of comprehensive planning for an aging population, these disconnects may be invisible to system managers. Some problems include:

- Inaccessibility of the Residential Tenancy Office to seniors.
- Lack of culturally accessible and relevant services across many systems.
- Lack of information on how to access services.

In this context, the non-profit sector is vital in connecting individuals in the community to formal service systems, and in relaying community concerns to government. An increasingly older population and growing cultural diversity will make the role of informal, local resources for seniors even more important in the future.

5.1.3 STRENGTHS AND CHALLENGES

Funding Shortages

Neighbourhood Houses and independent seniors' centres/groups suffer from a lack of stable operating funding. Unlike other population groups which receive provincial or federal support, community-based seniors' services have no ongoing operating funding apart from the City's Community Services Grants and, for a limited number of programs, Vancouver Coastal Health's SMART Fund grants. Only two Vancouver seniors' groups have received ongoing operating

Seniors groups can be very helpful in increasing minority seniors' knowledge about the health system.

funds via United Way membership (United Way is currently revamping its funding model and while seniors are one of United Ways' three priorities, it is unclear what support may be available for Vancouver seniors from this source). Other sources such as the Vancouver Foundation have provided 1-3 year start-up funding and there is sporadic one-year project funding from various federal and provincial sources.

Neighbourhood Houses currently receive ongoing operating funding from both the City and United Way for their core operations, and thus have more stable funding than the individual seniors' groups. Even so, the extent of Neighbourhood House seniors' programs varies from house to house and over time, with each house's ability to secure short-term project funding from multiple sources.

Even with ample space and a vision, some of these seniors' groups continue to struggle with limited operating funding.

One effect of limited funding is that most groups which focus solely on seniors tend to have relatively small budgets and to spend considerable energy staying afloat. While seniors' centres do engage in partnerships and initiatives with other groups, this type of outreach is more limited than with the neighbourhood houses.

Integration and Service to non-English Speaking Seniors

Unlike younger immigrants, people who arrive in Canada as older adults or seniors frequently do not learn English, or lose the English they have as they age. Immigrants who do not access ESL are at a significant disadvantage in accessing services. These seniors may have been stay-at-home mothers or sponsored seniors who work as farm labourers or baby-sitters

Sponsored seniors are completely dependent on their families for any income.

Community groups have limited ability to hire bilingual staff. The neighbourhood houses and seniors' centres that actively attempt to engage with non-English speaking seniors are constantly challenged to find and retain bilingual staff and volunteers. Developing programs and activities that meet the needs of immigrant seniors is also difficult.

Reliance on Volunteers

Volunteers drive the Boards of community centres, Neighbourhood Houses and seniors' centres. These service providers rely heavily on volunteers who support programs and activities, staff the front desks and help with fundraising. Groups vary in their ability to support volunteers, and to engage

Many volunteers in seniors' organizations are themselves seniors, and may have difficulty committing to regular schedules, or limited ability to help out.



Photo: Group members of Queer Imaging and Riting Kollektive for Elders (Quirk-E) collaborate to create a mental map of a video theme. Britannia Community Centre, Arts and Health Project: Healthy Aging Through the Arts.

volunteers from different ethno-cultural backgrounds. Many volunteers in seniors' organizations are themselves seniors, and may have difficulty committing to regular schedules, or may have increasingly limited ability to help out.

Roles of Community Resources

In addition to providing programs and activities, community-based seniors groups, particularly the Neighbourhood Houses and seniors centres, play a number of important roles. They are also asked to play roles for which they do not have adequate resources:

Information and Referral

Community groups can be important sources of information and referral, providing a "bridge" to information on Old Age Security, accessing home support, and other services and supports. This is especially important given that some seniors may be unaware of services, or face language and cultural barriers to access. Different community organizations vary in their ability to provide information and referral.

Outreach

Community organizations have identified outreach to isolated seniors as a serious need, though capacity fluctuates with available project funding, which is generally lacking and/or time limited. In addition, some seniors need accompaniment and individual advocacy to help access services.

There is often pressure on neighbourhood houses, seniors groups and other non-profit groups to compensate for reductions in health system services and other government services. There are similar pressures to address problems caused by lack of co-ordination among formal service systems. For example, isolated seniors may be evicted from their rented apartments due to a hospital stay. In these cases, hospital social workers often call community groups at the time of a senior's discharge, expecting them to immediately find new housing for these patients. Some of these seniors end up in homeless shelters.

Similarly, seniors may be discharged to their homes without any home care/home support, and sometimes, hospital/health system staff expect community volunteers to provide these services.

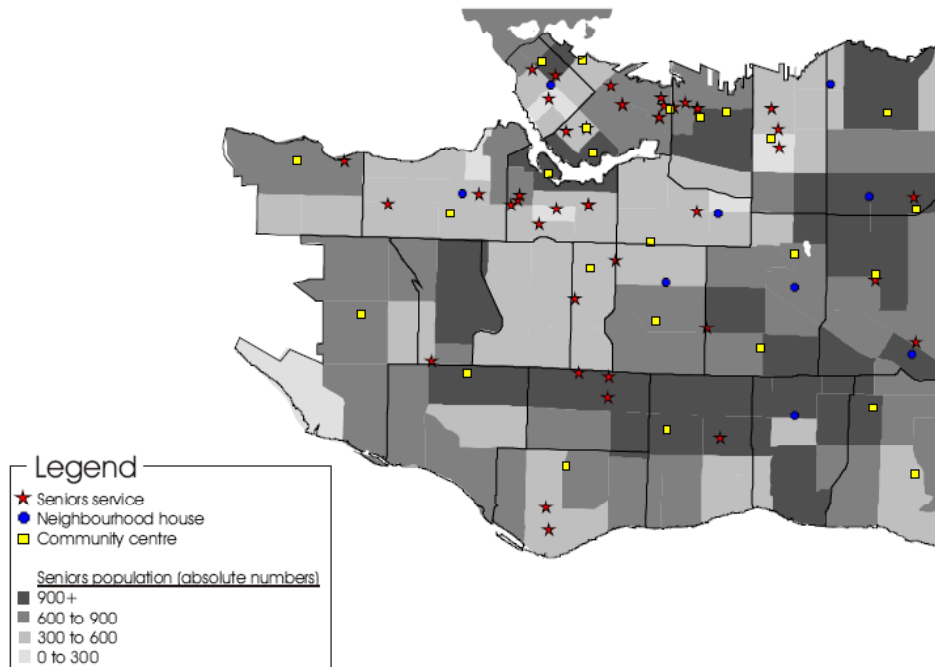
Geographic Distribution of Services & Resources

As noted earlier, Community Centres are distributed across the City's 22 local areas, neighbourhood houses are mainly on the east side of the city, and independent seniors centres and groups are mainly on the west side.

The following map shows the locations of Community Centres, Neighbourhood Houses, seniors' centres and other key locations which provide services to seniors.

There are clearly some neighbourhoods which have fewer resources for seniors than do others. However,

Seniors services in Vancouver



understanding what the gaps are and how to address them is not only a matter of assessing the amount of physical space which is available for seniors activities and programs.

Other factors include:

- The nature of the programs and activities provided by local Community Centres, Neighbourhood Houses, and Seniors Centres; and how these programs compliment each other;
- The socio-economic status and degree of cultural and linguistic diversity of seniors in the area;
- The presence of other community infrastructure such as health centres or business organisations;
- The accessibility and availability of transit, grocery shopping, and other services; and
 - each community's capacity to develop and sustain resources.

5.2 FUTURE CITY ROLE: ISSUES FOR DISCUSSION

What model(s) will best address current gaps and meet future needs?

Vancouver has three primary types of resources for seniors, making it unique among Lower Mainland municipalities. Each of the three models – community centre, neighbourhood house, and seniors' centre – has limitations and strengths.

Other Lower Mainland municipalities have taken different approaches in supporting seniors' services in their communities. Some have built and provide on-going operating funding to seniors' centres. Burnaby, Richmond, Delta, Surrey, Coquitlam, New Westminster



and West Vancouver all have dedicated seniors centres, either stand-alone facilities or as part of a larger recreation centre. In Vancouver, the only dedicated seniors' space within the Community Centre system is the seniors' wing at Kerrisdale Community Centre. The operation of this space is funded by the Park Board and the Kerrisdale Community Centre Association and governance is based on a joint operating agreement between the two bodies.

While Vancouver has no municipally-built and funded "seniors' centres," there are a great many non-profit community groups in Vancouver that work with and/or provide dedicated programming for seniors, including ten Neighbourhood Houses (compared with three in the rest of the Lower Mainland). There are also many more independent seniors' centres/groups in Vancouver than in other municipalities. The City, via its Community Services Grants, contributes to the operation of nine different seniors' centres and to six different outreach programs, many of which engage seniors of different ethnocultural backgrounds.

Vancouver's neighbourhood houses and seniors' groups add an outreach/engagement dimension to seniors' services that is generally lacking in cities which only have municipally-funded seniors' centres. A recent United Way scan demonstrated the diversity of socially-oriented programs such as peer support, advocacy, and outreach available to Vancouver's seniors compared to similar programs in other municipalities.

Given limited capital and operating funding, it is important that the City build on the strengths of existing resources and develop future models and governance structures which effectively serve and engage Vancouver's diverse seniors' population.

What range or continuum of services is needed?

As noted earlier, community resources provide publicly accessible activity and meeting space, recreation, social and outreach programs and supports, all of which are important for seniors. These resources need to be available to active seniors and must also support and engage seniors who are older, less mobile, and who may have physical, financial, language and/or cultural barriers.

Community resources provide the following needs:

- Space for programs and activities.
- Engagement of seniors as contributors to governance, program planning, fundraising, delivery of services.
- ‘Bridging’ role between individuals and systems.
- Engagement and inclusion of ethno-cultural seniors, LGBT seniors and other marginalized/isolated seniors.

Where and how can additional resources be developed?

Vancouver residents have greatly contributed to the establishment of community centres, neighbourhood houses and seniors’ centres. Community Centre Associations helped develop the community centres that are now part of an overall City system. Neighbourhood houses and seniors centres exist primarily because of community impetus which then received capital support from the City and other sources. All three types of resources are important but, apart from the community centres, their development and funding has not been supported by any coherent and comprehensive City policy.

Establishing additional resources for seniors will require further assessment of population growth, location of recent immigrant populations, and the locations of seniors living alone. While Social Policy staff have considerable information on the nature and types of programs provided by community centres, neighbourhood houses and seniors centres, this information is not formally documented, correlated with population information, or assessed for gaps in services.



Photo: A packed audience delights in the year-end performances of the Arts and Health Project: Healthy Aging Through the Arts. Roundhouse Community Arts and Recreation Centre.

It is known, for instance, that Victoria-Fraserview and Killarney, in the SE part of the city, have seen an increase of some 30% in their seniors’ population in the past 10 years. Seniors in SE Vancouver have formed a society with the intention of working toward a new seniors centre in this neighbourhood. However, Renfrew-Collingwood has had an increase of 39% and Hastings Sunrise and Kensington Cedar Cottage have increases of 20-25 %. So while there is a need to improve senior’s resources in SE Vancouver, the need for additional services/space may be equally great in other areas.

Some additional steps the City could take to address geographic gaps and address the needs of future seniors might include:

- A more comprehensive assessment of the availability of program space and the constellation of services/activities currently available in local areas. Work on this has been started via a project which maps Information Vancouver’s Red Book list of seniors-serving locations/services.
- Developing a response to gaps/needs both via developing new spaces and by developing more coordinated networks of services and service providers.
- Working with other funding bodies such as Vancouver Coastal Health to build capacity in the community-based seniors sector; co-fund priority activities/services.

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