United Way

Seniors Vulnerability Report

Aging with Dignity - Making it Happen for Everyone

2011

United Way of the Lower Mainland

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Introduction

This report focuses on vulnerable seniors in Metro Vancouver and the Sea to Sky corridor.[1] It recognizes multiple dimensions of vulnerability in order to grasp the situation of at-risk seniors and identify ways to improve their quality of life.

The contents of this report are based on a review of relevant statistics and secondary literature pertaining to the quality of life of vulnerable seniors in our region, as discussed in a series of discussion papers authored by scholars and researchers from post-secondary institutions and public interest research organizations in BC.

The report is divided into several sections, each of which features key facts and discussion points. Throughout the report, maps are presented regarding conditions affecting seniors which in turn identify 'hot spots' or clusters of at-risk seniors in Metro Vancouver and where possible the Sea to Sky corridor.

Socio-demographic indicators are presented after this introduction, which is followed by a discussion of economic security issues affecting seniors. Mental and physical health matters negatively affecting seniors are explored next. The living arrangements and emotional well-being of seniors are discussed in the subsequent section, which is followed by a review of key housing facts and trends contributing to seniors' vulnerability. Transportation, transit and issues of walkability for seniors constitutes the next section. The second last section focuses on physical mobility and related considerations for the built environment. Strategic directions for research, services/programs and policy pertaining to vulnerable seniors are described in the final section in an effort to advance the dialogue and action leading toward improved well being for all seniors in our region.

The report is accompanied by six discussion papers, each of which elaborates on one dimension of vulnerability. Nine community information bulletins serve as additional companions to this report, providing analysis of key socio-demographic and economic indicators for municipalities in the region. The bulletins are intended for use at the municipal level and by seniors' community planning tables.

[1] Seniors are defined as people aged 65 or older unless otherwise stated. For more on this definition, see: Turcotte, M., & Schellenberg, G. (2007). *Catalogue no. 89-519-XIE. A Portrait of Seniors in Canada*. Produced for Statistics Canada: Social and Aboriginal Statistics Division. Retrieved on July 22, 2011. www.statcan.gc.ca/bsolc/olc-cel/olc-cel?catno=89-519-XIE&lang=eng.

Investment for seniors is a United Way priority

"It is a priority for United Way of the Lower Mainland to work together with partners to support an active aging agenda and ensure that seniors have the opportunity to live well and contribute to the community."

United Way has been supporting services for seniors in the Metro Vancouver/Sea to Sky area for decades.

Research demonstrates that by focusing on the following issues faced by seniors, we can strengthen our community in a way that benefits us all.

With one in five seniors living in poverty – and with seniors soon to outnumber children in many Lower Mainland communities – we face a growing risk of senior vulnerability and isolation. Ignoring their needs today means tough challenges tomorrow, as the impact of demographic change quickens and the implications of an aging society is felt by all of us. When older people are lonely and isolated, poor or homeless, we all lose.

United Way is helping seniors to age well – in their own homes and communities, surrounded by friends, families and caregivers. Our goal is independent and engaged seniors who contribute fully to society. By providing seniors with the support they need, United Way prevents isolation, loneliness, and related health problems. We can change the future by helping seniors live independently for as long as possible.

Today, United Way of the Lower Mainland is a catalyst for action by organizations and individuals devoted to strengthening our community. For example, United Way helped to establish and is now funding 10 seniors community planning tables throughout the region and in 2011, a regional senior community planning table was launched.

United Way brings together the resources needed to improve lives and strengthen communities. We invest in preventative social services throughout 23 communities, from Pemberton to Langley. Together, with a network of community partners, we're building a healthy, caring and inclusive community.

United Way of the Lower Mainland does more than raise and distribute funds to the community.

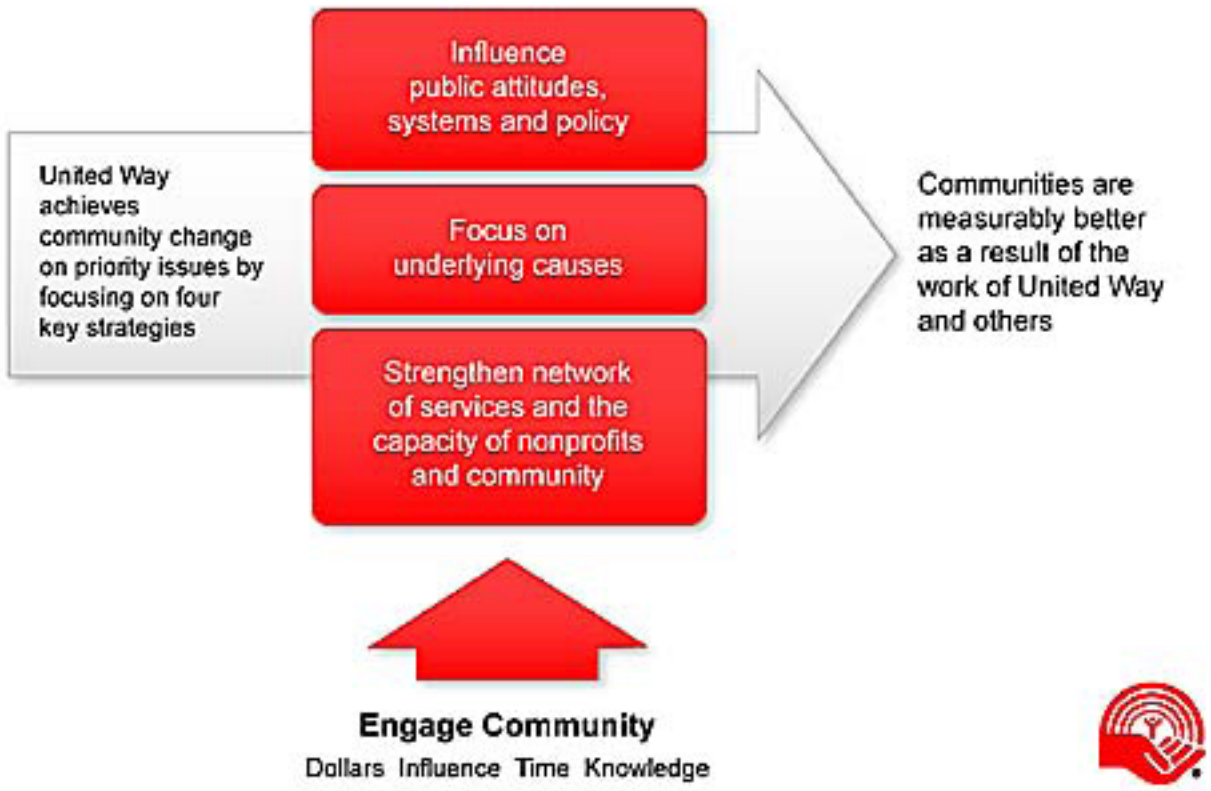
We prevent problems by:

- Focusing on underlying causes;
- Engaging in community-based planning solutions; and,
- Strengthening community capacity to help those who are vulnerable.

We build partnerships by:

- Identifying shared goals for community change;
- Providing the foundation for communities to work together; and,
- Supporting the most comprehensive social service collaboration in BC.

United Way's Community Impact Strategy



Executive summary

This report focuses on key socio-demographic and economic facts pertaining to vulnerable seniors in Metro Vancouver and the Sea to Sky corridor. Special attention is paid to analyzing and discussing primary data and related issues that affect older adults who are at-risk in various ways.

The purpose of this report is to review factors facing vulnerable seniors in order to build a vision for how the United Way of the Lower Mainland (UWLM) can target investments and work with community partners to create supportive, age-friendly communities. The report builds on the good work already going on in communities and adds important insights about how to tackle the social, economic, cultural and built environment-related conditions that have the greatest detrimental impact on the lives of older adults. The maps featured throughout the report highlight areas of the region where concentrations of at-risk seniors reside and where the most work needs to be done.

This summary provides a snapshot of the key facts and discussion points presented in the body of the report.

Key socio-demographic highlights

- In 2010, there were an estimated 677,770 seniors in British Columbia. In Metro Vancouver,[2] there were 316,972 seniors (13 percent of the total population). The Squamish Lillooet Regional District[3] had 3,152 seniors (8 percent of the total population).

- The first baby boomers (born between 1947 and 1956) are turning 65 this year. The total number of 55 to 64 year olds in Metro Vancouver in 2006 was almost as large as the total number of seniors 65+ in the same year. We are on the verge of a major demographic shift as baby boomers hit their senior years: by 2036, Metro Vancouver's 65+ population is expected to more than double – close to 1 in 4 people will qualify as a 'senior.'

- Women comprise 56.1 percent of all seniors in the Lower Mainland (2006). Among seniors 85+, women outnumber men by more than 2 to 1.

- Over half of all Metro Vancouver seniors in 2006 immigrated to Canada with 77 percent arriving in 1990 or before. Recent immigrant seniors arriving in 2001 or after totaled 5,900 in Metro Vancouver in 2006, making up just 2 percent of all seniors.

In Metro Vancouver, projections suggest the 85+ population will increase by 200 percent by 2036 from 2006 levels, growing from 35,700 to 108,300.

- Almost one third of seniors in Metro Vancouver consider themselves members of a visible minority group. This is the highest incidence of visible minority seniors in any metropolitan area in Canada.

- Metro Vancouver has a large number of seniors and older adults with different mother tongues. Fifteen percent speak neither English or French.

Key findings on seniors' economic security

- Some groups of seniors are more likely to fall below the before tax low income cut-offs (LICOs)[4], and thus are more

[2] Note: Statistical information for 'Metro Vancouver' is utilized to describe circumstances for the Lower Mainland. The 'Metro Vancouver' area is populated by residents of the following 21 municipalities: Anmore, Belcarra, Bowen Island, Burnaby, Coquitlam, Delta, Langley (City and District Municipality), Lions Bay, Maple Ridge, New Westminster, North Vancouver (City and District Municipality), Pitt Meadows, Port Coquitlam, Port Moody, Richmond, Surrey, Vancouver, West Vancouver, White Rock, Electoral Area A and the Greater Vancouver Regional District (GVRD). Data for Abbotsford, Chilliwack and Mission are not included in this report.

[3] The Squamish-Lillooet Regional District (SLRD) is comprised of four member municipalities - Squamish, Whistler, Pemberton and Lillooet – and four Electoral Areas – A, B, C, and D. Wherever possible, this report focuses only on Pemberton, Whistler and Squamish since these communities are served by the United Way of the Lower Mainland.

economically vulnerable. These groups include senior women 75+, both male and female unattached seniors, visible minority seniors, Aboriginal seniors, recent immigrant seniors, and seniors without a certificate, degree, or diploma.

- Older seniors (75+) are more likely to be living in economic insecurity: 23 percent – almost 1 in 4 – of individuals aged 75+ in Vancouver fell below the before-tax LICO in 2006.

- Areas of UWLM's region that are "hotspots" for low-income seniors include: Maillardville/Burquitlam, South Burnaby/New Westminster, Richmond City Centre area, and the Downtown Eastside/Downtown/Mount Pleasant areas of Vancouver.

- Similar to Canada as a whole, Metro Vancouver and Sea to Sky corridor have witnessed a large improvement in the economic insecurity of seniors over the past three decades. Since 2007, however, this trend seems to be reversing for Metro Vancouver seniors.

Key findings on seniors' mental and physical health

- There is a correlation between life expectancy and socio-economic status. Seniors in the region's wealthier neighbourhoods are more likely to live longer lives than those in poorer areas.

- Seniors and older adults in BC deal with the impacts of chronic disease daily. In BC, 27 percent of seniors living at home and 38 percent of seniors in care homes experience chronic pain every day. In Richmond, 41 percent of seniors report suffering from arthritis.

- In Metro Vancouver, 5 to 13 percent of seniors perceive themselves to be living with 'a lot of stress.'

- Almost half of all seniors in BC have a disability, with rates being higher for women than men.

- Residents in Metro Vancouver and Sea to Sky corridor are living longer lives than ever before. In Metro Vancouver, overall life expectancy ranges from 79 to 85 years.

Key findings on emotional wellbeing and living arrangements for seniors

- Older adults who live alone and have small social networks are often believed to be vulnerable to decreased emotional well-being due to their limited social connections.

- In BC, 27 percent of seniors 65+ live alone. In 2006, the proportion of seniors aged 75+ living along in Metro Vancouver and Sea to Sky corridor ranged from 16 percent of seniors in Whistler to 53 percent of seniors in the City of Langley. Other communities with large proportions (40 percent or more) of live-alone seniors are Bowen Island, the City of North Vancouver, New Westminster, West Vancouver and White Rock.

- Women are much more likely than men to live on their own. In BC's 65+ population, 36 percent of women and 17 percent of men live alone. Living alone is also influenced by age, ethnicity, immigration status, and place of residence.

- Social isolation is more common in women than men, especially among those who are widowed, among working class older adults, and among those who are in poor health and have mobility limitations. Not everyone living alone characterizes themselves as vulnerable due to social isolation. Some value time alone as solitude while other experience painful loneliness.

- Studies link large supportive social networks to improved health outcomes in later life; whereas having a small unsupportive network increases one's risk for poor physical and mental health.

- The highest proportion of older adults in Metro Vancouver who perceive themselves as having a lot of stress live in the more affluent areas of West and North Vancouver.

[4] Low-income cutoffs (LICOs) "represent an income threshold where a family is likely to spend 20 percent more of its income on food, shelter and clothing than the average family, leaving less income available for other expenses such as health, education, transportation and recreation. LICOs are calculated for families and communities of different sizes" (Statistics Canada 2008).

Seniors living alone and older adults are more precariously housed. Based on the available 2006 data, approximately 60 percent of unattached senior renters were spending 30 percent or more of their income on housing while 26 percent were spending 50 percent or more.

Key findings on seniors' housing

- In Metro Vancouver, the number of senior led households in core housing need[5] has increased since 1996. In the Sea to Sky corridor, there has been a small year over year increase in the number of senior led households in core housing need.

- Approximately 36 percent of all senior-led economic families in Metro Vancouver who rented in 2006 were spending 30 percent or more of their income on housing costs, while 12 percent were spending 50 percent or more.

- A significant share of seniors living alone are precariously housed. Approximately 60 percent of unattached senior renters were spending 30 percent or more of their income on housing while 26 percent were spending 50 percent or more.

- In Metro Vancouver 6,990 senior renter households are in 'worst case need.' These are households that are spending more than 50 percent of their income on their housing costs and are considered to be at extreme risk of becoming homeless.

- The number of seniors living on the streets or staying in emergency shelters is on the rise. Local planning tables and senior service organizations across the region have recently reported the presence of frail, older seniors (80+) in the shelter system for the first time.

- Seniors social housing units are concentrated in Vancouver and Burnaby. As of 2011, there were 2,312 seniors on BC Housing's Applicant Registry waitlist, up from 1,946 in 2010.

Key findings on seniors' transportation, transit and walkability

- As we age, the world we get around in shrinks. The travel behaviour of seniors 65+ is considerably different

[5] A household is considered to be in core housing need if they are unable to find housing in their community that is suitable in size or in good repair without spending 30 percent or more of their income on housing costs.

than that of other age cohorts. Older adults take fewer trips out of the home and for different reasons. Vulnerable seniors, such as older adults with health concerns, mobility impairments or low-incomes, leave their homes the least.

- Older drivers depend on private vehicles to make the majority of their trips. Older adults' ability to operate a car, however, can change quickly and those living in car dependent environments can experience a sudden loss of independence. Older adults who do not drive are reported to make only half the number of trips as their older driving counterparts.

- Wide streets, limited railings and walkways, fast cars and a dizzying pace of life can contribute to insecurity about navigating the community. A mix of land uses (i.e. having a variety of destinations within a close proximity) and higher density neighbourhoods with well connected streets encourage increased levels of physical activity as seniors can walk to close by amenities.

- Walkability in Metro Vancouver varies by region. Delta, Langley, Pitt Meadows, South Surrey and West Vancouver are areas with low walkability and high concentrations of older adults. Delta, Maple Ridge, Pitt Meadows, South Surrey and West Vancouver are also areas with limited access to transit.

Key findings on seniors' personal physical mobility and the built environment

- Approximately 134,645 seniors in Metro Vancouver experience activity limitations. The number of activity limited male seniors (65+) falling below LICO (before tax) rose between 2001 and 2006, from 9,355 individuals in 2001 to 10,610 individuals in 2006. The number of activity limited female seniors falling below the LICO (before tax) also rose between 2001 and 2006, from 19,940 individuals in 2001 to 20,590 individuals in 2006.

- Sidewalks – their presence, location, material and condition – can play an important role in the life of an older adult. This is especially true for those older adults who have physical impairments. The presence and location of level, unobstructed pathways encourage physical activity. A lack of adequate curb cuts, as well as cracks and disruptions caused by tree roots are a falls safety hazard.

- Getting outside has benefits for quality of life and longevity. Vulnerable older adults and seniors with reduced mobility may be at higher risk of poor physical and mental health.

Key overall findings

Vulnerabilities in our seniors' population are concentrated in certain groups of 65+ individuals in the Metro Vancouver and the Sea to Sky corridor.

Groups most affected include:

- The "oldest old" women (85+);
- Unattached, single-income seniors;
- Visible minority seniors;
- Aboriginal seniors;
- Recent immigrant seniors;
- Seniors without a certificate, degree, or diploma; and,
- Seniors with mobility limitations and/or chronic illnesses.

We know that vulnerable older adults are often concentrated in certain neighbourhoods in our region.

As we continue our work together with partners to support an active aging agenda, the United Way of the Lower Mainland will pay increasing attention to these epicenters of need to help ensure that all older people – and especially the most vulnerable – have the opportunity to both live independently as long as possible and participate in their communities to reap the positive benefits of being included.

Multiple dimensions of vulnerability

This report and accompanying information (e.g., discussion papers and community information bulletins) are focused on vulnerable seniors living in Metro Vancouver and the Sea to Sky corridor. Population groups defined as vulnerable, in general, identify with some type of barrier to accessing a good quality of life.

Dimensions of vulnerability referred to in this report and accompanying information include but are not limited to:

- **Economic insecurity**
- **Social isolation**
- **Inadequate and unaffordable housing**
- **Poor mental and physical health**
- **Inaccessible transportation and built environments**
- **Food insecurity**
- **Physical mobility limitations**
- **Marginalized identities and cultures**
- **Barriers to multi-lingual communication and lack of multi-lingual services**

Below we define each dimension of vulnerability based on points raised in the companion discussion papers.

- **Economic insecurity:** Seniors are considered to be economically insecure when their household does not have available money to buy healthy food, afford appropriate housing, pay for utilities and services, enroll in recreational activities or cover medical and dental costs. In this report we utilize Statistics Canada's before tax low income cut-offs (LICOs) to measure economic insecurity. Statistics Canada explains that LICOs "represent an income threshold where a family is likely to spend 20 percent more of its income on food, shelter and clothing than the average family, leaving less income available for other expenses such as health, education, transportation and recreation. LICOs are calculated for families and communities of different sizes." Individuals can have a low income but not live in 'poverty' because they have financial assets and savings that may help them through hard times.

- **Social Isolation:** Seniors are generally thought to be socially isolated when their social networks are small, weak, or lacking altogether. Having a small unsupportive network increased one's risk for poor physical and mental health. Not all older adults who live alone consider themselves to be vulnerable because of their solitary lifestyle.

- **Inadequate and unaffordable housing:** Generally, any household that is experiencing inadequate and unaffordable housing is said to be in core housing need. To be in core housing need is to be unable to find housing in one's community that is suitable in size or in good repair without spending 30 percent or more of one's income on housing costs with available resources.

- **Poor mental and physical health:** Physical and mental health is a complex interplay of biology and genes, the social, cultural and physical environments that we live in, the health services accessible to us and that we actually receive, and our own individual behavior. To have real or perceived poor health is a common condition for many seniors in our region and limited available local data makes it difficult to know much about the health trends of our seniors.

- **Inaccessible transportation and built environments:** Older adults who experience transportation and other services as inaccessible live in households where these things are difficult to reach for some reason. They may have physical mobility limitations, live in a (suburban) household without a car, live too far away from a bus stop, or lack the resources to use public transit. Or they may live in a neighbourhood without services, like grocery stores, and lack a car to overcome the distances involved.

- **Food insecurity:** A lack of food security is the absence of reliable

access to nutritious food. Food security is generally understood as the development of community food systems in which food production, processing, distribution and consumption are integrated to enhance the environmental, economic, social and nutritional health of a specific place. Food security is increasingly framed as a social determinant of health, where weaknesses in the food system can present barriers to accessing healthy local food which can in turn lead to public health problems.[6]

- **Physical mobility limitations:** Personal mobility is a key determinant of independence and quality of life. Defined as the capacity of individuals to physically move through their environment, good mobility contributes to a dynamic, independent life, and is fundamental to healthy aging. When a person loses their ability to move and navigate their environment, their world shrinks dramatically and is often accompanied with negative health impacts.

- **Marginalized identities, cultures and histories:** Older adults whose identities, cultures or histories are marginalized find themselves relegated to the fringes of society. Excluded from meaningful participation in the larger society, they are isolated both individually and as members of their socio-cultural group – in ethnic enclaves, for example. Material deprivation is a common result.

- **Barriers to multi-lingual communication and lack of multi-lingual services:** Older adults who face linguistic barriers generally do not possess either English or French language skills and are not able to access services in their mother tongue. This may be because they are simply not available or not available at costs they can afford.

Seniors that identify with any one or combination of these dimensions of vulnerability may be less able than others to meet and safeguard their own needs and interests. Where groups of older adults experience multiple dimensions of vulnerability, and live in such circumstances over extended periods of time, the outcome is often troubling and persistent disparities within and across our communities.

The data in this report suggest that disparities within the 65+ population are quite common in our region. They are not inevitable, however. Many disparities are the result of social practices, public policy priorities and a combination of action taken without the needs of older members of the population in mind.

To facilitate the identification of needed research, programs and policy in Metro Vancouver and Sea to Sky corridor regarding seniors' health and well being, this report concentrates on a selection of key dimensions of vulnerability experienced by many seniors in our region. Through these foci, we provide an evidence-based picture of what contemporary issues affect the lives of older adults as well as a lens through which we can look into a future that we have the ability to shape today.

[6] Although food insecurity is not addressed in this report, the community information bulletins do include some reference to the location of grocery stores and their spatial relation to where concentrations of vulnerable seniors are living in our cities. For more information on food security in the BC context, see: BC Provincial Health Officer. (2006). Food, health and well-being in British Columbia: Provincial Health Officer's Annual Report 2005. Victoria, B.C.

Seniors population projections and socio-demographic overview

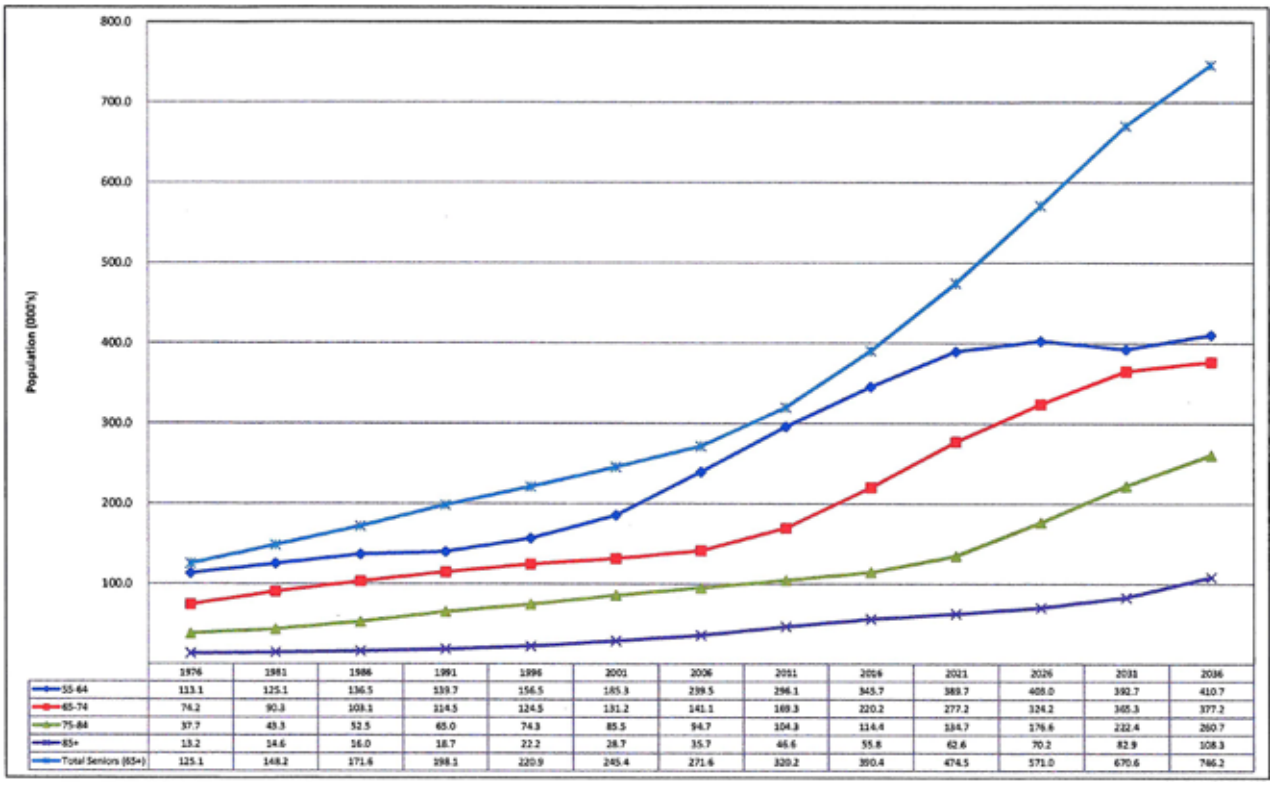
In 2010, there were an estimated 677,770 seniors 65+ in BC making up 15 percent of the total provincial population. In Metro Vancouver there were 316,972 seniors (or 13 percent of the region's population). In the Squamish Lillooet Regional District (SLRD) there were 3,152 seniors (8 percent of the region's population).[7]

We are on the verge of a major demographic shift as baby boomers hit their senior years (the first baby boomers turned 65 this year). Projections indicate that by 2036 Canada's population of seniors will be double its 2006 figure, growing from 14 to 25 percent of the country's total population. Close to 1 in 4 people will qualify as a 'senior.'

Seniors aged 85+, referred to as the "oldest old", are the fastest growing segment of seniors. In Metro Vancouver, the total number of 55 to 64 year olds in 2006 was almost as large as the total number of seniors in the same year.[8]

By 2036 Metro Vancouver's 85+ population is to increase 300 percent (from 35,700 in 2006 to 108,300). **Figure 1** shows the projected growth of older adults by age category from 1976 to 2036. Note the gradual leveling of the 55-64 group.

Figure 1: Projected number of adults 55+, by gender and age groups, Metro Vancouver, 1976-2036



	1976	1981	1986	1991	1996	2001	2006	2011	2016	2021	2026	2031	2036
55-64	113.1	125.1	136.5	139.7	156.5	185.3	239.5	296.1	345.7	389.7	408.0	392.7	410.7
65-74	74.2	90.3	103.1	114.5	124.5	131.2	141.1	169.3	220.2	277.2	324.2	345.3	377.2
75-84	37.7	43.3	52.5	65.0	74.3	85.5	94.7	104.3	114.4	134.7	176.6	232.4	260.7
85+	13.2	14.6	16.0	18.7	22.2	28.7	35.7	46.6	55.8	62.6	70.2	82.9	108.3
Total Seniors (65+)	125.1	148.2	171.6	198.1	220.9	245.4	271.6	320.2	390.4	474.5	571.0	670.6	746.2

Source: BC Stats. (2010). Regional Population Estimates and Projections. Retrieved August 24, 2011. www.bcstats.gov.bc.ca/data/pop/pop/dynamic/PopulationStatistics/SelectRegionType.asp?category=Census

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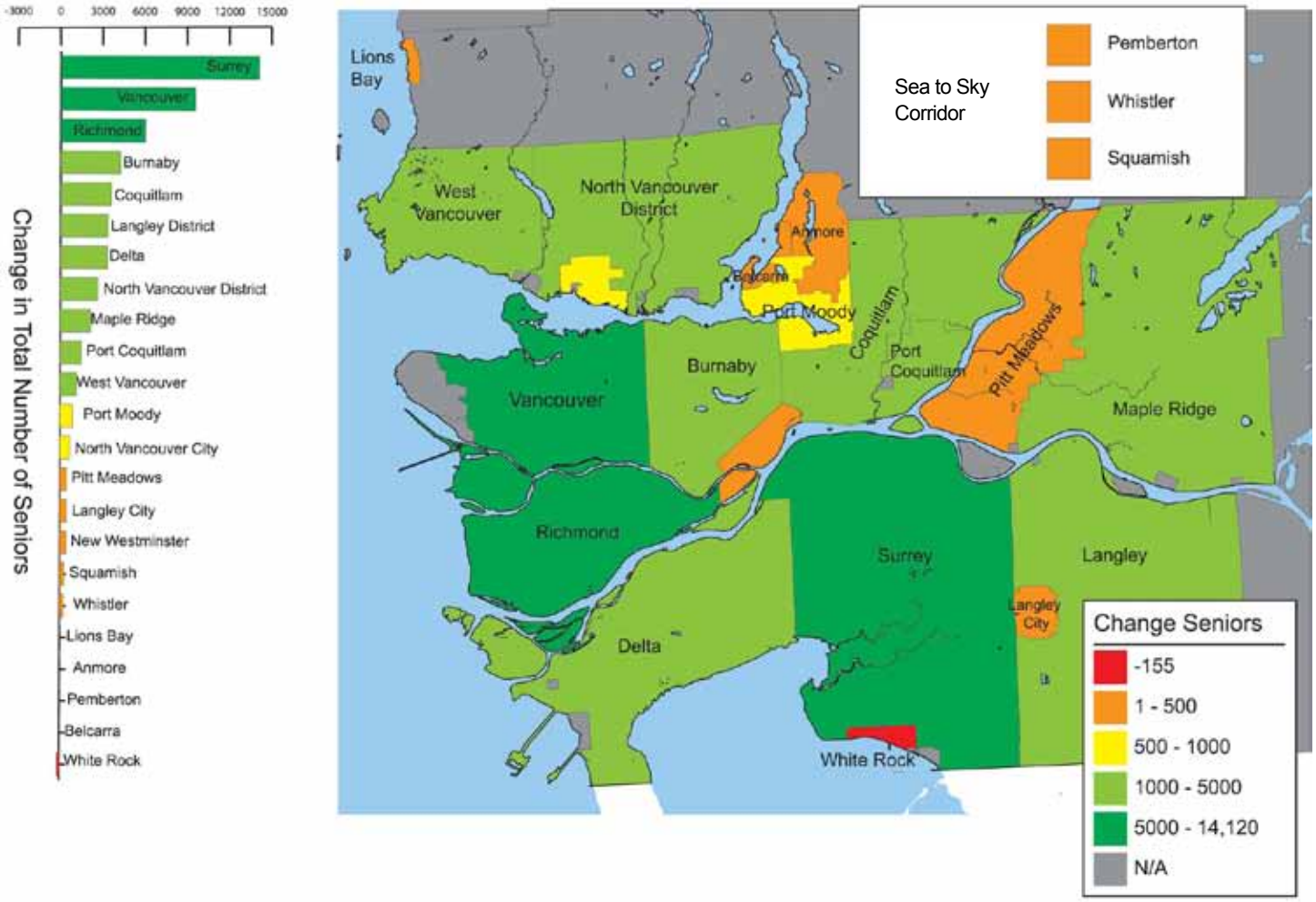
[7] BC Statistics (2010). Regional Population Estimates. Retrieved August 24, 2011. www.bcstats.gov.bc.ca/data/pop/pop/dynamic/PopulationStatistics/Query.asp?category=Census&type=RD&topic=Estimates&agegrouptype=Standard&subtype=&region=15000&year=2010&agegroup=5-year&gender=t&output=browser&rowsperpage=all

[8] BC Statistics (2010). Regional Population Estimates and Projections. Retrieved August 10, 2011. www.bcstats.gov.bc.ca/data/pop/pop/dynamic/PopulationStatistics/SelectRegionType.asp?category=Census

The number of seniors has grown substantially between 1996 and 2006 in Metro Vancouver and Sea to Sky census subdivisions. By numbers, Surrey's 65+ population grew most significantly, followed by Vancouver and Richmond. White Rock was the only area to see a decrease in this age group. By percent, the smaller communities of Pemberton and Whistler experienced the fastest rate of 65+ population growth (333 percent and 324 percent respectively). In 2006, women comprised 56 percent of all seniors in Metro Vancouver. Among seniors 85+, there are two women to every one man. Seniors are not evenly distributed across our region. Population by census tract show that seniors make up 25 percent or more of the population in South Surrey/White Rock, parts of West Vancouver and a handful of tracts in Vancouver, Burnaby, New Westminster and Langley. **Figure 2** demonstrates the uneven growth of seniors populations in Metro Vancouver from 1996 to 2006.

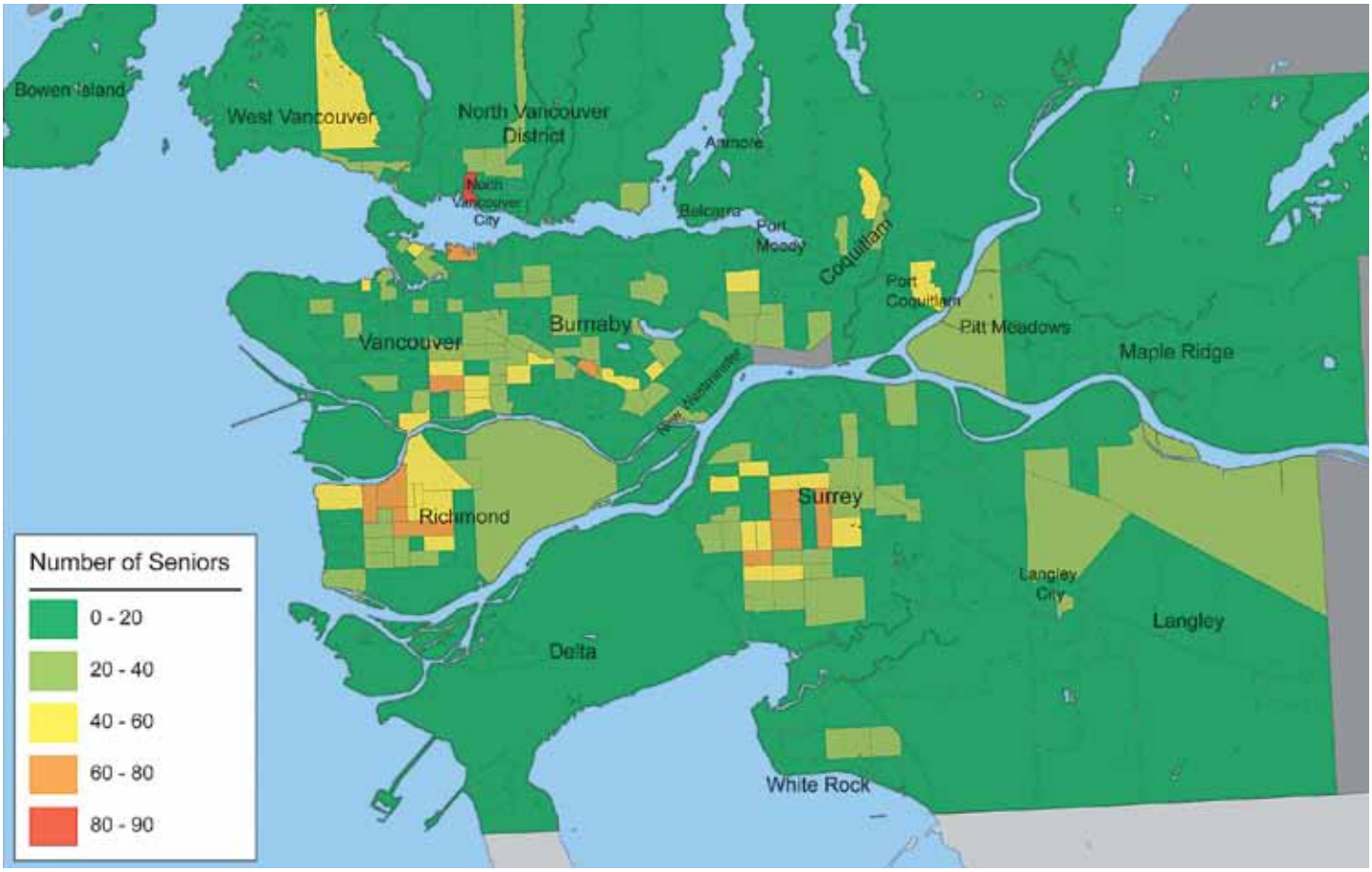
Figure 2: Change in Metro Vancouver and Sea to Sky corridor seniors population, 1996 to 2006



Aboriginal peoples comprised a relatively small percentage (2 percent) of the region's 2006 total population.[9] Due to a young age structure, this group comprised an even lower percentage of Metro Vancouver's seniors population – 0.6 percent (1,640 individuals) in 2006.

Over half of all Metro Vancouver seniors in 2006 immigrated to Canada,[10] of which the majority arrived prior to 1990.[11] Seniors who recently immigrated (between 2001 and 2006) total just 5,900 in Metro Vancouver and are most likely to live in Vancouver, Surrey or Richmond. Two of the largest concentrations of recent immigrant seniors were in Surrey (Newton area), and Richmond City Centre. Seniors' populations in these areas were more than 40 percent recent immigrants. The encircled areas are hot spots identified in mapping software.[12] (see **Figure 3**)

Figure 3: Number of seniors in Metro Vancouver who immigrated to Canada between 2001 and 2006



Source: Statistics Canada 2006 Census. *Catalogue No. 97-557-XCB2006012. Immigrant Status and Place of Birth (38), Sex (3) and Age Groups (10) for the Population of Census Metropolitan Areas, Tracted Census Agglomerations and Census Tracts and (2006h). Catalogue No. 97-557-XCB2006018. Place of Birth (33), Period of Immigration (9), Sex (3) and Age Groups (10) for the Immigrant Population of Census Metropolitan Areas, Tracted Census Agglomerations and Census Tracts.*

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[9] Metro Vancouver. (2008). *2006 Census Bulletin: Data on Aboriginal Peoples.* Retrieved July 30, 2011. www.metrovancouver.org/region/aboriginal/Aboriginal%20Affairs%20documents/2006CensusBulletinOnAboriginalPeoples.pdf

[10] Statistics Canada (2006c). *2006 Census.* Age (123) and Sex (3) for the population of Census Metropolitan Areas, Tracted Census Agglomerations and Census Tracts, 2006 Census – 100% Data.

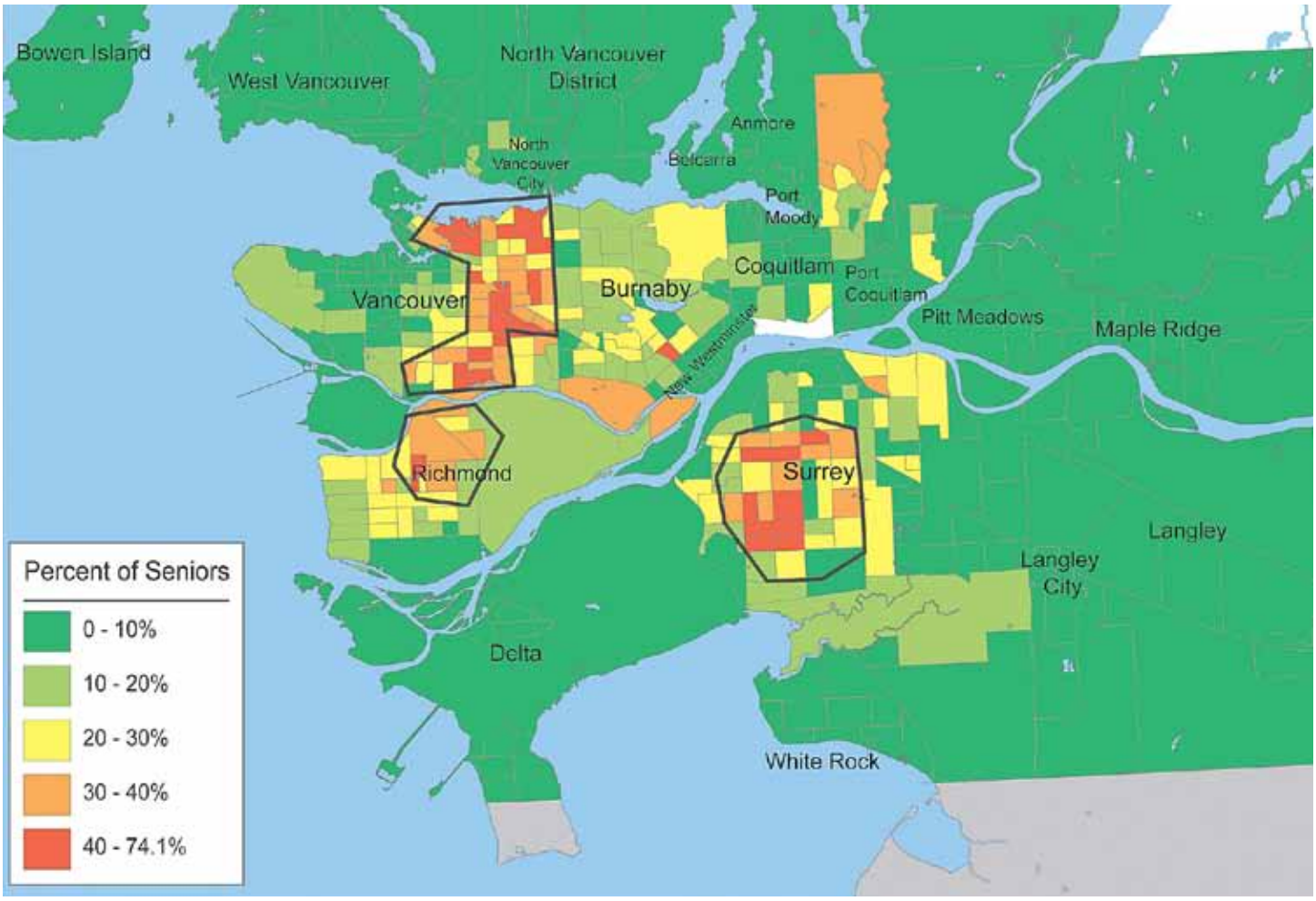
[11] Statistics Canada (2006d) *2006 Census. Catalogue No.97-557-XCB2006013.* Immigrant Status and Place of Birth (38), Sex (3) and Age Groups (10) for the Population of Canada, Provinces, Territories, Census Metropolitan Areas and Census Agglomerations, 2006 Census - 20% Sample Data.

[12] Hotspot analysis uses a combination of geography, statistics, and spatial analytic parameters (distance, spatial relationship models) to determine statistically significant concentrations of high and low values based on the input geography. This type of analysis is performed on several other maps in the report.

At 32 percent, Metro Vancouver had the highest percentage of visible minorities[13] among its senior population of any metropolitan area in Canada, in 2006. Visible minorities comprised high percentages of the seniors population in Richmond (52 percent of seniors were visible minorities in 2006), Vancouver (47 percent), and Burnaby (39 percent).

Linguistically, most seniors in Metro Vancouver speak English, but 15 percent speak neither English nor French. Metro Vancouver seniors who speak neither official language were heavily concentrated in Vancouver, Surrey, Richmond and Burnaby. **Figure 4** shows the incidence of seniors who speak neither French nor English, including hot spots.

Figure 4: Percentage of seniors who speak neither English nor French in Metro Vancouver, 2006



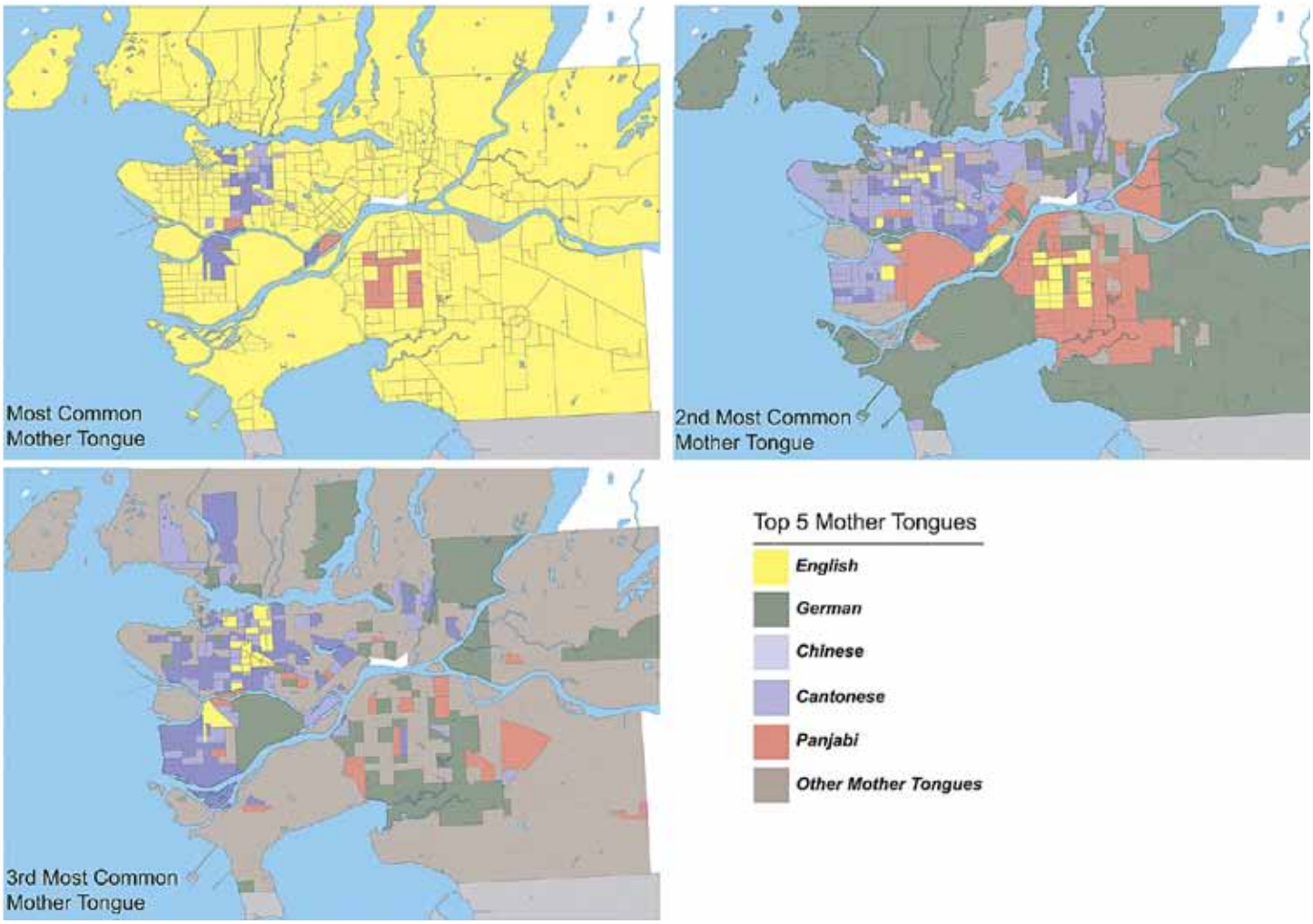
Source: Statistics Canada. (2006i). *2006 Census. TB_Ethnic_Minorities_97-562-XCB2006016*. Visible Minority Groups (15), Immigrant Status and Period of Immigration (9), Age Groups (10) and Sex (3) for the Population of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census

[13] The Employment Equity Act defines visible minorities as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in 'colour'" (Statistics Canada, 2006).

Metro Vancouver has a large number of older adults with diverse mother tongues. By number of speakers, the most common mother tongues in 2006 were English, Chinese, Cantonese, Punjabi and German (in descending order). 53 out of Metro Vancouver's 409 census tracts had a non-English language as the top seniors' mother tongue. Cantonese and Chinese speakers are visibly concentrated in Vancouver's Eastside, primarily along Kingsway and Grandview Highway corridors as well as in Chinatown, Strathcona, and Richmond City Centre. Punjabi was the top seniors' mother tongue in many parts of Surrey (Newton, Whalley and Fleetwood) and South Vancouver. Italian was the top mother tongue among seniors in Vancouver's Hastings Sunrise area.[14] **Figure 5** shows the most common mother tongues by census tract in the region.

The lack of English (or French) on the part of 15 percent of the region's seniors means that about 38,470 older people are at a distinct disadvantage when it comes to meeting and safeguarding their needs and interests. It makes them dependent upon English-speakers in the family, neighbourhood and community who may or may not have the older person's needs in mind. Perhaps most obviously, the lack of English-speaking skills places these seniors at a greater risk in relation to health, legal and housing services.

Figure 5: Top mother tongues among seniors in Metro Vancouver, 2006



Source: Statistics Canada. (2006l). 2006 Census. Catalogue No. 97-555-XCB2006014. Detailed Mother Tongue (103), Knowledge of Official Languages (5), Age Groups (17A0, and Sex (3) for the Population of Census Metropolitan Areas, Census Agglomerations, and Census Tracts

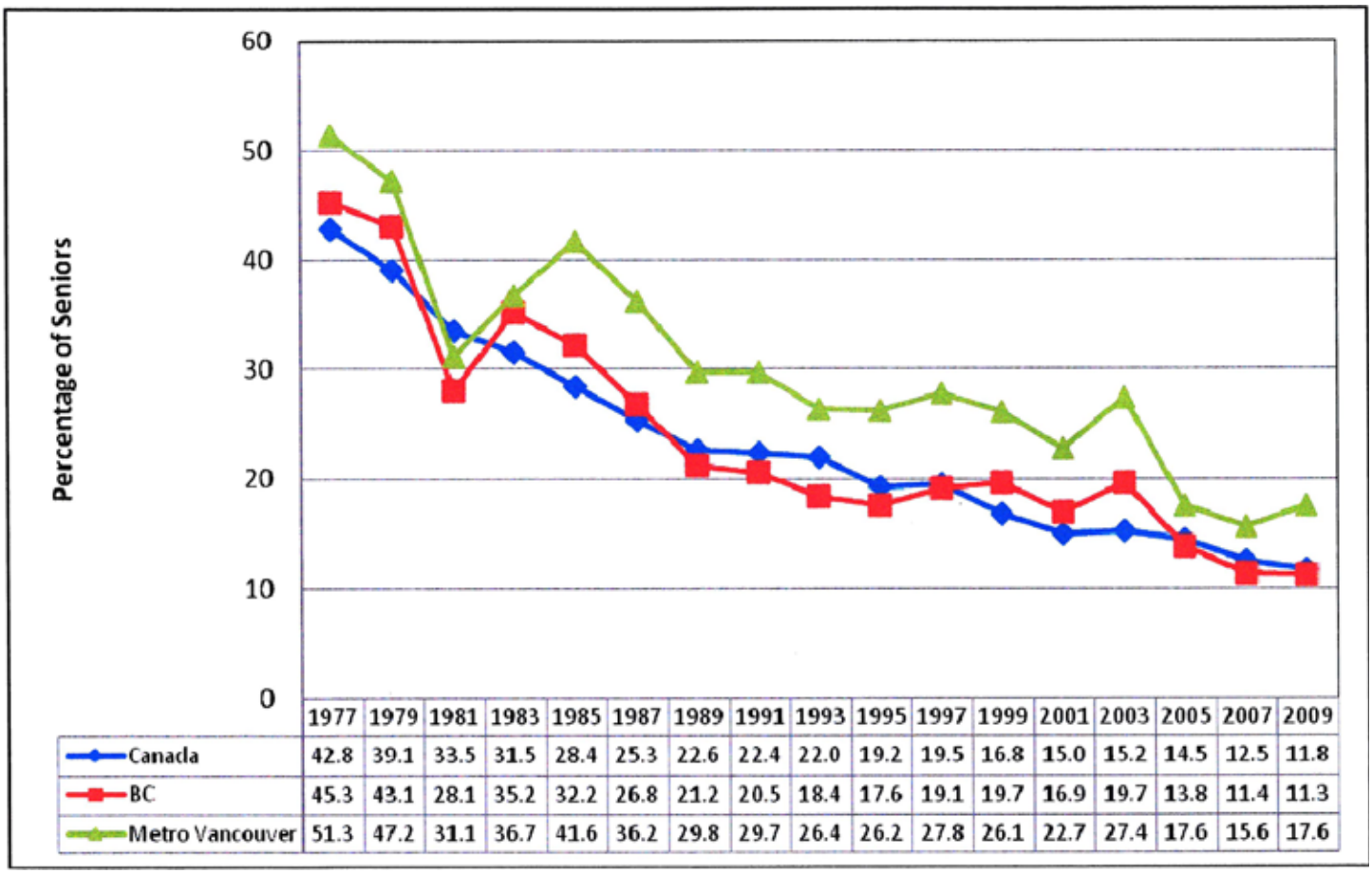
[14] Vancouver. (2011). Neighbourhood Profiles. Retrieved July 1, 2011. http://vancouver.ca/community_profiles/communitylist.htm

Economic security

Content in this section is drawn from the discussion paper on seniors and economic security authored by SPARC BC.

Overall, the low income situation of seniors in Canada has significantly improved over the past four decades. The percentage of seniors in Canada falling below the before tax LICO went from 43 percent in 1977 to 12 percent in 2009. BC has witnessed a similar drop. In the Vancouver Census Metropolitan Area, the percentage of seniors falling below the before tax LICO dropped from 51 percent in 1977 to 18 percent in 2009. Despite these long term gains, it is important to note the recent increase in the percentage of seniors in Metro Vancouver falling below the before tax LICO between 2007 and 2009.[15]

Figure 6: Percentage of seniors falling below the before-tax LICO, Canada, BC and Vancouver (1977 - 2009)



	1977	1979	1981	1983	1985	1987	1989	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009
Canada	42.8	39.1	33.5	31.5	28.4	25.3	22.6	22.4	22.0	19.2	19.5	16.8	15.0	15.2	14.5	12.5	11.8
BC	45.3	43.1	28.1	35.2	32.2	26.8	21.2	20.5	18.4	17.6	19.1	19.7	16.9	19.7	13.8	11.4	11.3
Metro Vancouver	51.3	47.2	31.1	36.7	41.6	36.2	29.8	29.7	26.4	26.2	27.8	26.1	22.7	27.4	17.6	15.6	17.6

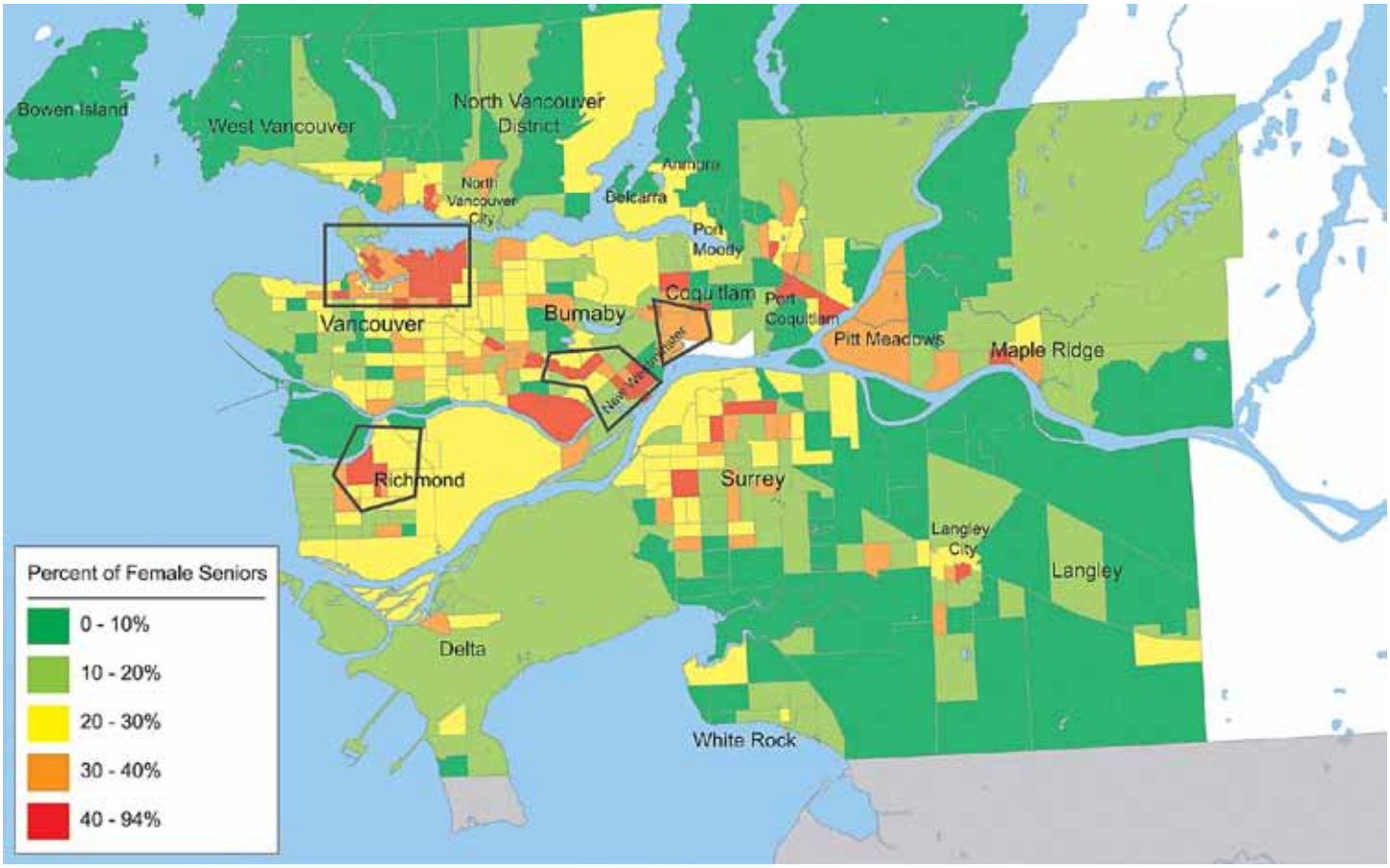
Source: Statistics Canada. (2011). *Survey of Labour and Income Dynamics (SLID)*. Modified table 202-0802 – Persons in Low Income Annual (After-Tax and Before-Tax).

[15] Survey of Labour and Income Dynamics of Canada uses metropolitan areas for data, Vancouver CMA represents the Vancouver Metropolitan area and has the same boundaries and jurisdictions contained within it as Metro Vancouver (also known as the Greater Vancouver Regional District in census data).

Almost half (46 percent) of all unattached seniors living alone were living below the before tax LICO rate in 2009. By contrast, seniors in economic families in the Vancouver CMA had before tax LICO rates of 7 percent.[16] Low income among male unattached seniors is less prevalent than for female unattached seniors: the 2009 before tax LICO for male unattached seniors was 43 percent, while the rate for female unattached seniors was 48 percent in Metro Vancouver.

As measured by the number of seniors falling below the before tax LICO levels in 2006, economic insecurity amongst seniors is most pressing in the following hotspots around the region: Maillardville/Burquitlam (women especially); South Burnaby/New Westminster (both men and women); Richmond City Centre area (both men and women, with fewer men below LICO); and Downtown Eastside/Downtown/Mount Pleasant areas of Vancouver (both men and women). The maps below show that women reported higher rates of low income and in a greater number of concentrated areas than men.

Figure 7: Percentage of female seniors falling below the before-tax LICO by census tracts in Metro Vancouver, 2006



Source: Statistics Canada, 2006 Census. *UPP06_Table1-CT:* UPP06_Table 1: Age Groups (34), Sex (3), Income Status Before Tax (3) and Selected Cultural, Activity Limitation and Demographic Characteristics (36) for the Population in Private Households of Census Metropolitan Areas, Tracted Census Agglomerations and Census Tracts, 2006 Census - 20 percent Sample Data

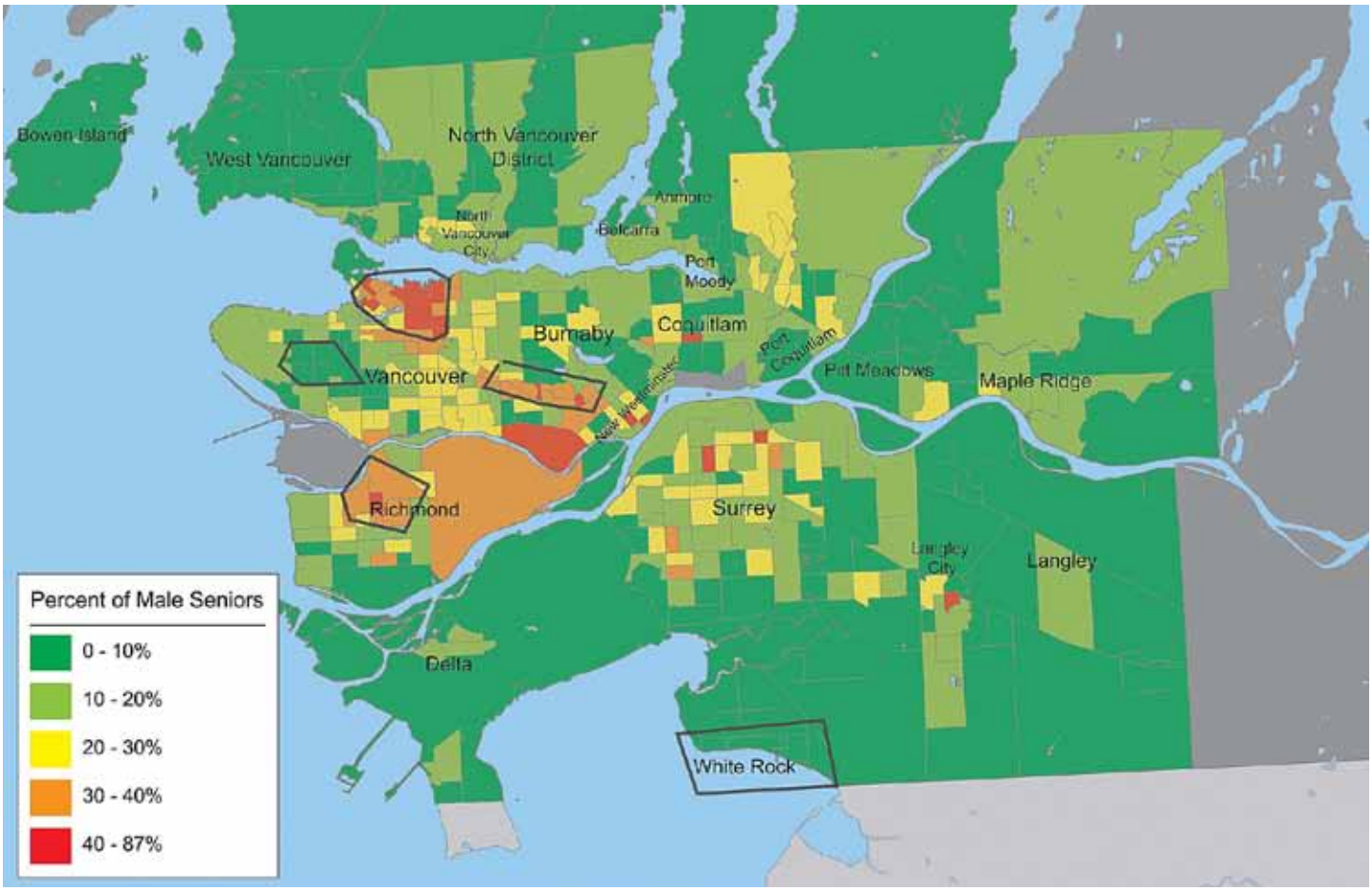
[16] Statistics Canada (2008a) defines economic families as "a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. Unattached individuals refers to individuals who are not in an economic family." The Survey of Labour and Income Dynamics defines elderly persons as 65+ years of age, the same as the definition of seniors used in this discussion paper.

Pemberton and the City of Langley had the highest percentages of seniors falling below the before tax LICO among seniors (men and women) in 2006 in the region, at 46 percent and 31 percent respectively, followed by Vancouver (27 percent) and Richmond (25 percent). In other words, almost 1 in 2 older adults in Pemberton, almost 1 in 3 in Langley City and about 1 in 4 in Vancouver and Richmond were poor. In contrast, many of the smaller outer census subdivisions had no seniors living below the before tax LICO in 2006, with i.e. Anmore, Lions Bay, Whistler and Bowen Island. Such spatial variations highlight the social polarization of income amongst the region's seniors.

These below before tax LICO groups include senior women over 75 years of age, unattached seniors (both male and female), visible minority seniors, Aboriginal seniors, recent immigrant seniors and seniors without a certificate, degree, or diploma.

Older seniors (75+) are more likely to be living in economic insecurity: 23 percent – almost 1 in 4 – of individuals aged 75+ in Metro Vancouver fell below the before-tax LICO in 2006. Women in that age group had the highest incidence of low-income. Twenty-eight percent (19,015) of women aged 75+ fell in this category – or more than 1 in 4 women.

Figure 8: Percentage of male seniors falling below the before-tax LICO by census tracts in Metro Vancouver, 2006



Source: Statistics Canada, 2006 Census. *UPP06_Table1-CT:* UPP06_Table 1: Age Groups (34), Sex (3), Income Status Before Tax (3) and Selected Cultural, Activity Limitation and Demographic Characteristics (36) for the Population in Private Households of Census Metropolitan Areas, Tracted Census Agglomerations and Census Tracts, 2006 Census - 20 percent Sample Data

Aboriginal seniors had much higher incidences of before tax LICO (34 percent) compared to non-Aboriginal seniors (21 percent). There were 1,450 Aboriginal seniors in Metro Vancouver in 2006, 490 of whom fell below the before tax LICO.[17] Over one third (34 percent) of all recent immigrants were in low-income as measured by before tax LICO measure in 2006. Twenty-seven percent of visible minority seniors fell below LICO compared to 18 percent of non-visible minority seniors living in Metro Vancouver.

Education also appears to be related to whether seniors are below the before tax LICO; 27 percent of Metro Vancouver seniors with no certificate, no diploma, or degree were below the before tax LICO in 2006. In comparison, only 16 percent of Metro Vancouver seniors with postsecondary certificates, diplomas, or degrees were below LICO before tax.[18]

It is important to note that while seniors living below the LICO can be found in abundance in the region's hotspots (16,875 in total), the total number of seniors living below LICO in non-hotspot areas is high (36,255).

It is also worth noting that in 2004, there were an estimated 300,000 seniors eligible for GIS or the Survivors Allowance who had not applied.[19,20] About 50,000 seniors who were eligible for OAS and had not applied and 55,000 seniors eligible for CPP had not applied. Elderly single women, one of the most vulnerable groups of seniors, were among the most likely to not apply for their eligible benefits.[21] More effort needs to be invested into informing seniors about these benefits.

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[17] This is based on Urban Poverty Project data on the basis of answering the income questions on the short-form census. Some people did not answer the income question, therefore, the total number of Aboriginal seniors may be slightly larger than the total provided here.

[18] Statistics Canada. (2006b). *UPP06_Table-03: Age Groups (8), Sex (3), Income Status Before Tax (3) and Selected Educational and Labour Force Characteristics (84) for the Population 15 Years and Over Living in Private Households of Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2006 Census - 20% Sample Data*

[19] No article with more recent data on the number of seniors not informed about GIS and OAS was found. Therefore, the 2004 numbers were used.

[20] National Council on Aging. (2005). Aging in Poverty in Canada. Federal Government of Canada. P.15

[21] Ibid. P.15

Mental and physical health

Content in this section is drawn from the discussion paper co-authored by Dr. Jean Kozak and Dr. Akber Mithani.

Note: A lack of health data for seniors in Metro Vancouver/Sea to Sky Corridor is perhaps the most significant limitation of this report. While the Canadian Community Health Survey provides some useful health information, it reports at large geographies (Health Service Delivery Areas) and is based on small samples of older adults. Seniors' health data is currently collected at the level of smaller geographies (the municipality and census tract) by the two health authorities in the region, namely Fraser Health Authority and Vancouver Coastal Health Authority. However, it is not made available to the public on a uniform basis. As such, the following section relies on data from the Canadian Community Health Survey, BC-wide statistics and secondary sources.

As we age, our health generally declines and healthy living becomes a priority. But individuals 65 years and older, as with any age group, range in health from the fully independent healthy person to the frail dependent person living in the community or institutional sector. They include people who are at end of life requiring pain and symptom management control all the way to those requiring only episodic care through the health care system.

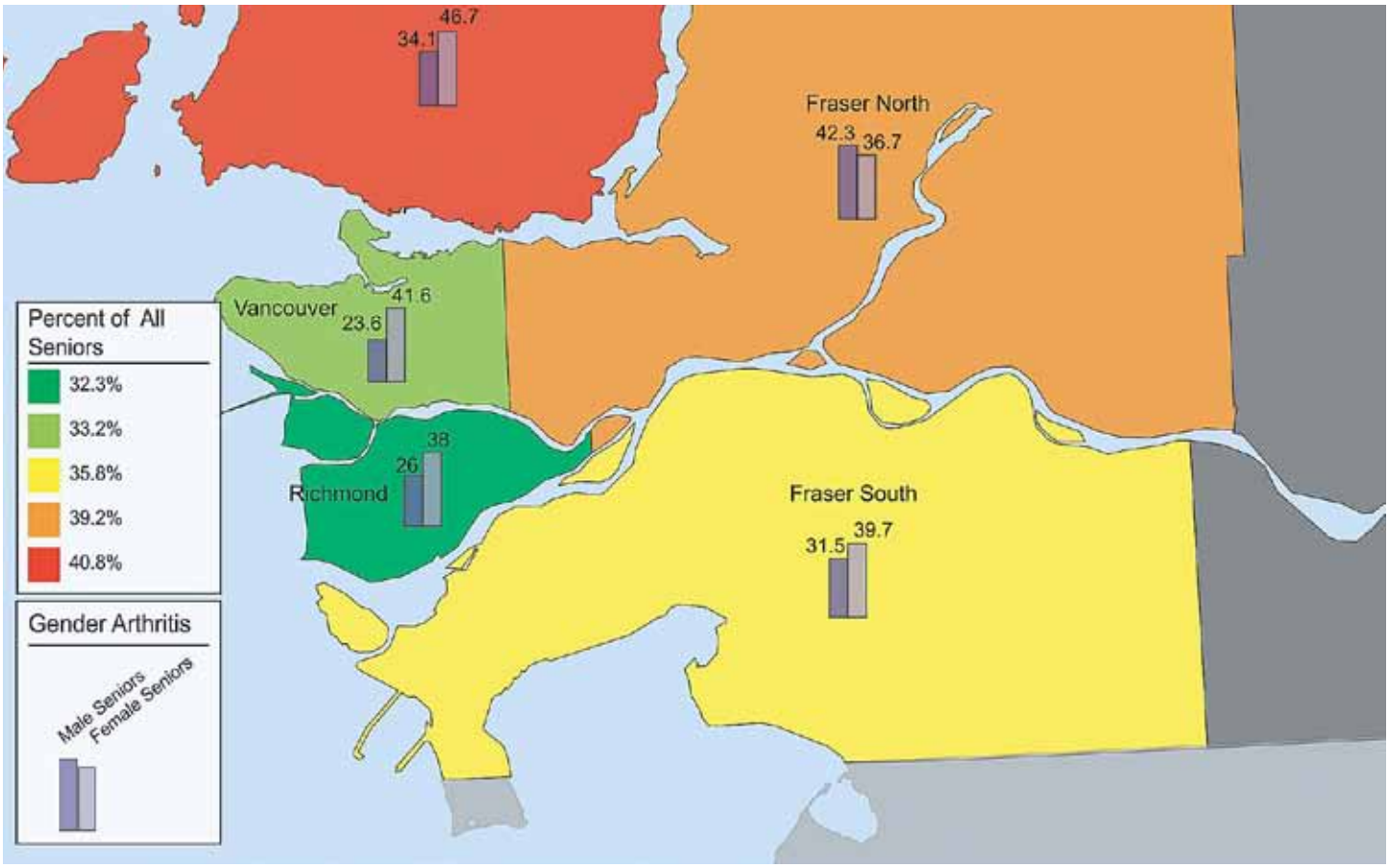
In BC, 75 percent of seniors were found to have one or more chronic health problems.[22] Moreover, many 65+ live with chronic daily pain (about 27 percent of those living at home and 38 percent of those in care homes, compared to 15.5 percent of adults under 65 living at home).[23] One of the more common chronic health problems in our region among seniors is arthritis. **Figure 9** maps rates of seniors with arthritis in the region. Arthritis is experienced variously across the region and experiences range from 32 percent of seniors in the Richmond area to 40.8 percent in the North Shore and Coast Garibaldi regions. Variations can also be seen in reported arthritis among older women and men, with the former typically higher.

[22] Chapman KR, Tashkin DP, Pye DJ. Gender bias in the diagnosis of COPD. Chest. 2001 Jun;119(6):1691-5.

[23] Ramage-Morin PL. Chronic pain in Canadian seniors. Statistics Canada. 2008.

Between one to five percent of seniors have a major diagnosed depressive disorder.[24] Rates vary across living arrangements, with seniors residing in nursing homes having higher rates of depression[25] and older women having higher rates of depression than older men. The highest rates of hospitalization for anxiety disorders in general hospitals are among those aged 65+.[26] Suicide rates among seniors are also higher than for the general public, especially for men.[27] The suicide rate for Canadian men 65+ ranges from 14.2 to 23.8 per 100,000 persons, which is very high compared to the overall Canadian suicide rate of 12.2/100,000.[28]

Figure 9: Percentage of seniors (male and female) with arthritis by health service delivery area, 2010



Source: Statistics Canada, 2011. *Health Profile. June 2011. From Canadian Community Health Survey.*

[24] Pepersack T, De Breucker S, Mekongo YP, Rogiers A, Beyer I. Correlates of unrecognised depression among hospitalised geriatric patients. Journal of Psychiatric Practice 2006;12:160–167.

[25] A report on mental illnesses in Canada. Public Health Agency of Canada, Health Canada, 2002.

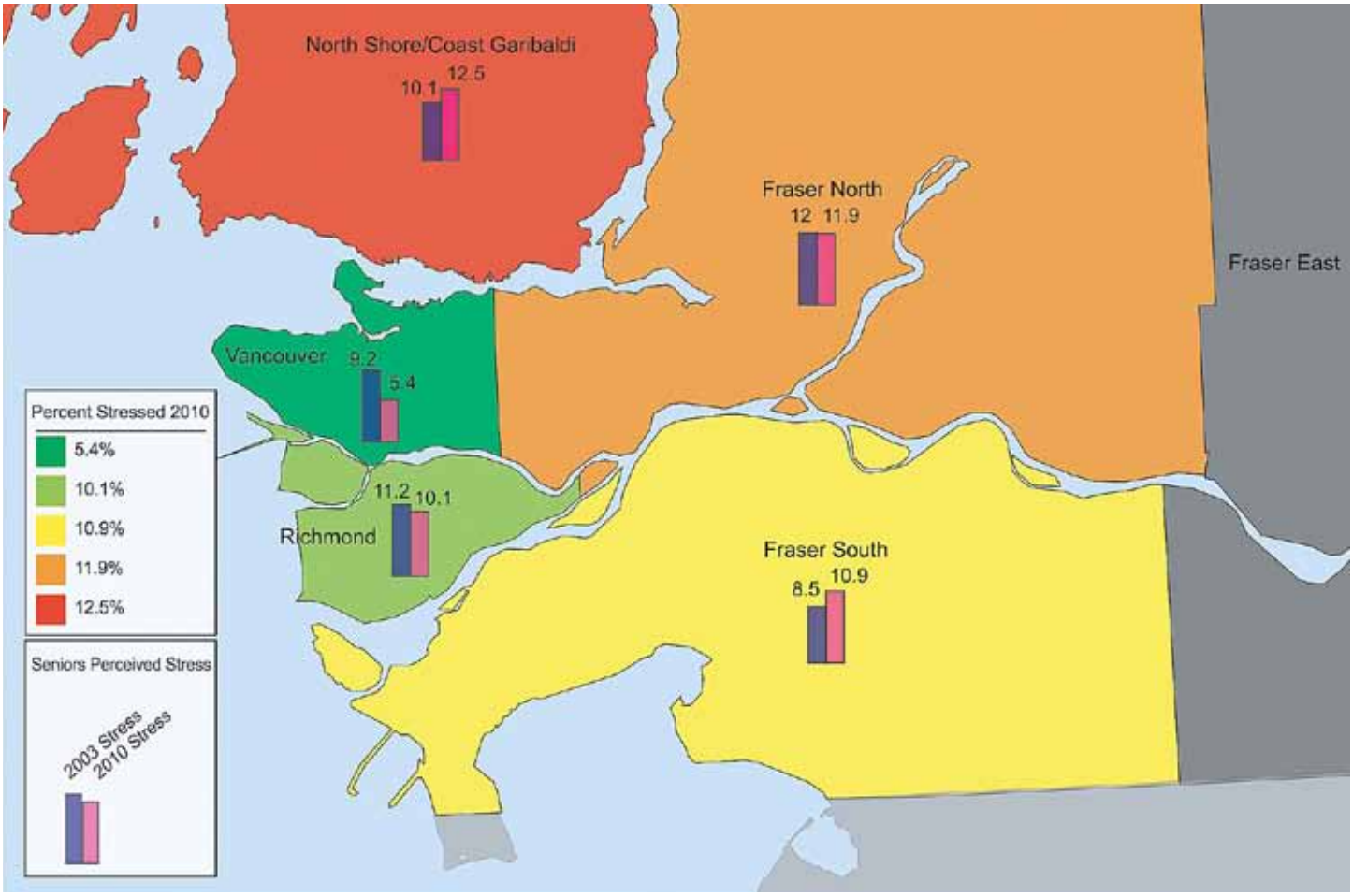
[26] Depression among seniors in Residential Care. Analysis in Brief. Canadian Institute for Health Information, 2010.

[27] Suicides and suicide rate, by sex and by age group: Male Rate and Female Rate, Statistics Canada. 2007. www.40.statcan.gc.ca/l01/cst01/hlth66e-eng.htm

[28] Ibid. P.15

In Metro Vancouver, 5.4 percent to 12.5 percent of seniors perceive themselves to be living with 'a lot of stress.' As can be seen in **Figure 10**, seniors residing in the Vancouver area had the greatest decrease in reported stress on this dimension (from 9.2 percent in 2003 to 5.4 percent in 2010). Geographic variations are also evident, with the percentage of seniors reporting high stress being slightly higher in North Vancouver/Coast/Garibaldi and Fraser North than other regions.

Figure 10: Percentage of seniors reporting stress by health service delivery area, 2003-2010



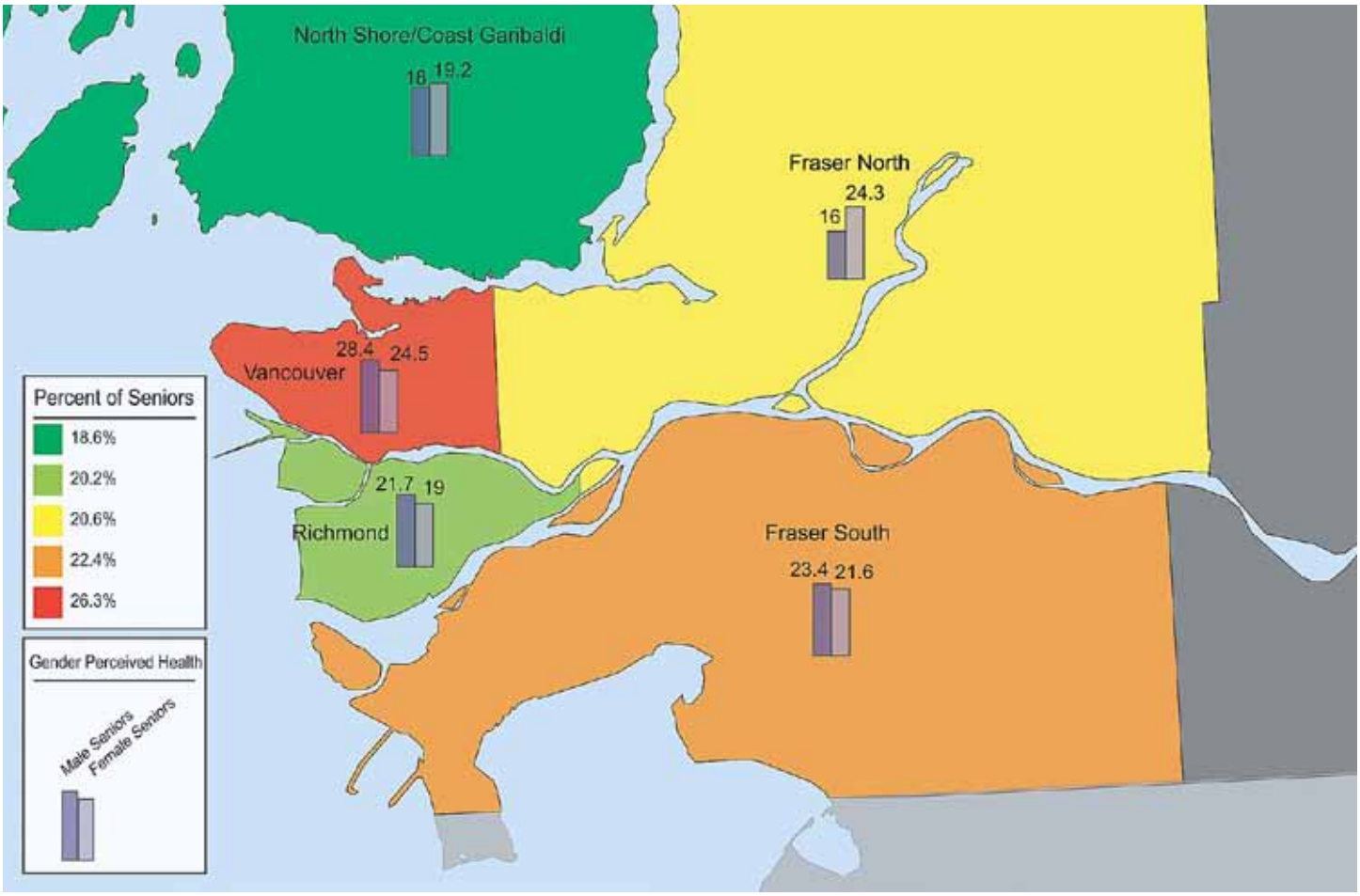
Source: Statistics Canada, 2011. *Health Profile. June 2011. From Canadian Community Health Survey.*

In Metro Vancouver, the percentage of seniors reporting poor perceived health varied by region and sex, ranging from 16 percent for older males in Fraser North to 28.4 percent for older males in Vancouver (see **Figure 11**).

Almost half (45.7 percent) of seniors 65 years of age and older in BC have a disability, with rates being higher for older women than men.[29] Over 50,000 seniors in BC have a diagnosis of dementia. Of those, the majority (90 percent) will experience problem behaviours over their lifetime with the disease (e.g., wandering, agitation, physically striking out).[30]

Seventy-five percent of BC seniors regularly take one or more prescribed medications, almost half take three to six medications and twelve percent take 11 or more.[31] Taking the right medication at the right time is a skill most seniors must master, and one that can be complicated by the health issues that merit the prescription.

Figure 11: Percentage of seniors (male and female) reporting perceived poor health by health service delivery area, 2010



Source: Statistics Canada, 2011. *Health Profile. June 2011. From Canadian Community Health Survey.*

[29] Wister AV, Sixsmith A, Adams RG, Sinden D. Fact Book on Aging in British Columbia. 5th Edition. Gerontology Research Centre, Simon Fraser University, 2009.

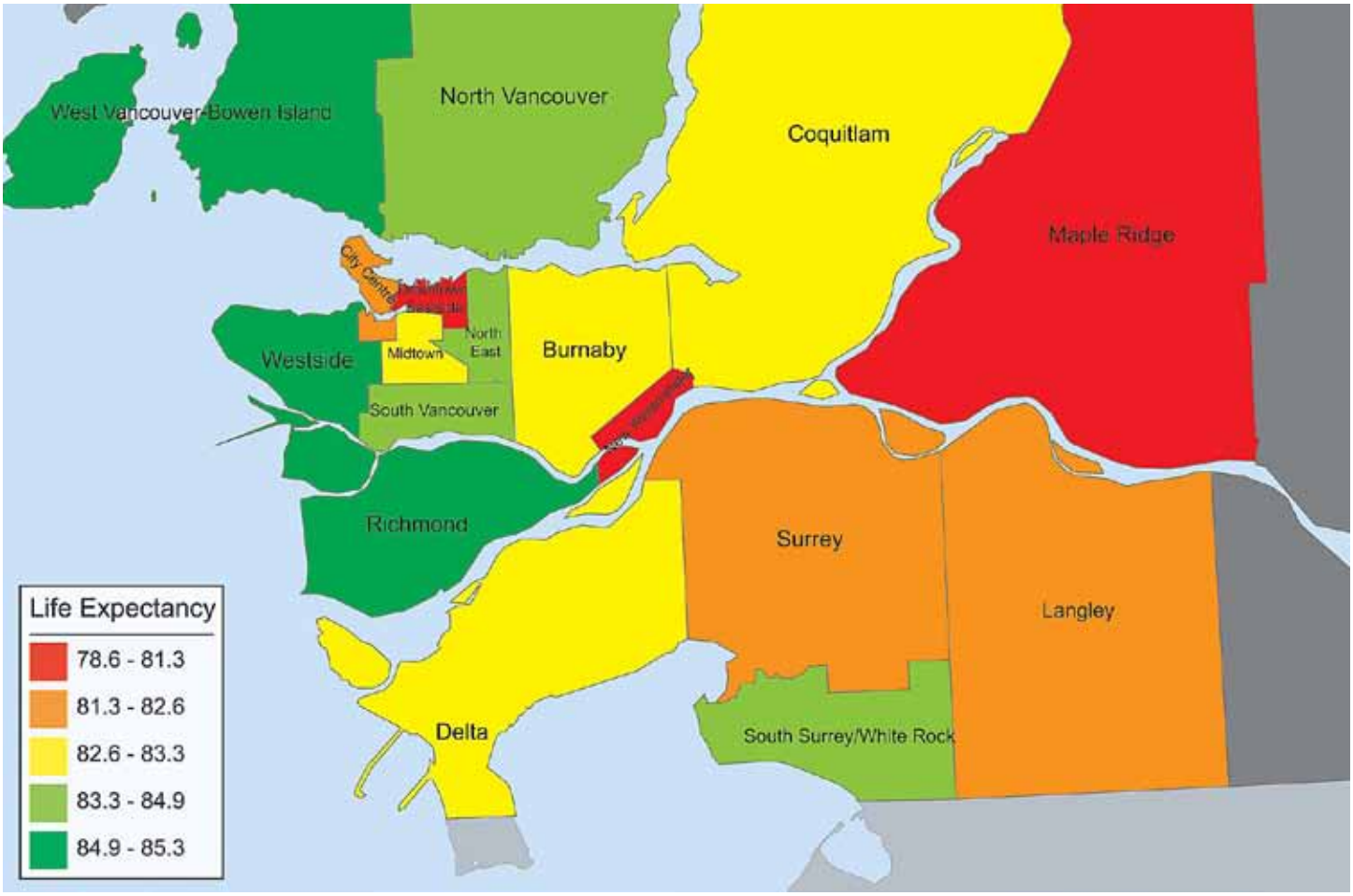
[30] Steinberg M, Shao H, Zandi P, Lyketsos CG, Welsh-Bohmer KA, Norton MC, Breitner JC, Steffens DC, Tschanz JT; Cache County Investigators. Point and 5-year period prevalence of neuropsychiatric symptoms in dementia: the Cache County Study. International Journal of Geriatric Psychiatry 2008; 23: 170-177.

[31] Profile of seniors in British Columbia. BC Ministry of Health Services, 2004. www.health.gov.bc.ca/hcc/dialogue.html

Despite some of these health challenges, residents of Metro Vancouver and the Sea to Sky region are living longer lives than ever before. In Metro Vancouver, overall life expectancy ranges from 79 to 85 years. Women generally live longer than men (81 years compared to 76 years), though the gap has been shrinking since the 1980s.[32] The number of years a person can expect to live free from disability or disease also varies by gender (70 years for women and 67 years for men).

Figure 12, a map of life expectancy groupings, points to a correlation between socio-economic status and life expectancy (e.g., higher life expectancy in West Vancouver versus Maple Ridge). In all Greater Vancouver and Squamish local health areas, the female life expectancies were at least 2 years longer than the male life expectancies. The Downtown Eastside Local Health Area had an especially large spread between female and male life expectancies, with females expected to live 10 years longer than their male counterparts (84.6 years compared to 74.6 years).

Figure 12: Life expectancy in Metro Vancouver municipalities, 2010



Source: B.C. Stats, 2011. Life Expectancy at Birth – Local Health Area Query. Retrieved July 12, 2011. http://www.bcstats.gov.bc.ca/data/pop/pop/dynamic/LifeExpectancy/Query.asp?type=HA

[32] DesMeules M, Manuel D, Cho R. Women's Health Surveillance Report: A multidimensional look at the health of Canadian women. Health Issues, 2003. www.phac-aspc.gc.ca/publicat/whsr-rssf/index-eng.php

Emotional wellbeing and living arrangements

Content in this section is drawn from the discussion paper authored by Dr. Karen Kobayashi.

In BC, 27 percent of seniors live alone (36 percent of women and 17 percent of men).[33] This proportion is down from 29 percent in 2001, as a result perhaps of increased life expectancy, increased rates of remarriage amongst widowed or divorced senior men and the return of adult children to the 'empty nest.'

The experience of living alone in BC is gendered; that is, older women are much more likely than their male counterparts to live on their own. It is also influenced by other socio-demographic factors like age, ethnicity, immigration status, and place of residence. For example, it is more common for the oldest old, those who are 85+ years, to live alone and for visible minority older adults (e.g., South Asians and Chinese) to live in multigenerational households with their children and grandchildren than non-visible minority older adults.[34] Richmond and Surrey have large pockets of visible minority older immigrants, the former being predominately Chinese and the latter South Asian.

Seniors and older adults who live alone and have small social networks are often believed to be vulnerable to decreased emotional wellbeing due to their limited social connections.[35] Those who are socially isolated have fewer social ties to rely on for practical and emotional support.

Social isolation is more common in women than men;[36] among those who are widowed;[37] among working class older adults;[38] and in those who are in poor health and have mobility issues.[39] Characteristics of socially isolated persons are related to broader socio-cultural contexts.

- Increased length of residence in BC is significantly associated with lower levels of isolation.
- Older adults who rent their homes compared to owning them have higher odds of being isolated.
- Those who move later in life or who have spent less time in a community are more vulnerable to social isolation.
- The odds of being socially isolated are much higher for those who do not attend any religious event in a month compared with those who attend more regularly (e.g., monthly).

[33] BC Statistics. (2008). 2006 Census Fast Facts: Living Arrangements of Seniors in British Columbia. www.bcstats.gov.bc.ca/data/cen06/facts/cff0606.pdf

[34] Koehn, S. (2011). Intersecting Sources of Inequality in Punjabi-Speaking Families in BC. Retrieved from file:///Users/karen/Library/Caches/TemporaryItems/Intersectionality%20and%20th(TFCE)/Intersectionality%20and%20th(TFCE

[35] Cloutier-Fisher, D., Kobayashi, K.M. & A.P. Smith. 2011. The subjective dimension of social isolation: A qualitative investigation of older adults' experiences in small social support networks. *Journal of Aging Studies.* 21: and Grenade, L., & Boldy, D. (2008). Social isolation and loneliness among older people: Issues and future challenges in community and residential settings. *Australian Health Review,* 32, 468-478.

[36] Qureshi, H., & Walker, A. (1989). The caring relationship, elderly people and their families. Basingstoke: Macmillan.

[37] Carey, R. G. (1977). The widowed: a year later. Journal of Counselling Psychology, 24, 125-131.

[38] Lowenthal, M., & Robinson, B. (1976). Social networks and isolation. In R. Binstock, & E. Shanas (Eds.), Handbook of aging and the social sciences (pp. 432–456). New York: Van Nostrand Rheinhold.

[39] Lynch, J. J. (1977). The broken heart: The medical consequences of loneliness in America. New York: Basic Books.

Studies link large supportive social networks to improved health outcomes in later life, whereas having a small unsupportive network increases one's risk for poor physical and mental health.[40] Socially isolated individuals are also at greater risk of long-term exclusion from social relations and are more likely to experience reduced access to health services.[41]

Not everyone living alone characterizes themselves as vulnerable to social isolation or loneliness. Some value time alone as solitude while others experience painful loneliness. All socially isolated older adults, however, require more assistance or support from both informal and formal sources as they age.

Although social isolation is usually framed negatively vis-à-vis health outcomes among older adults, there are exceptions. Recent research on older ethno-cultural minority immigrant women in the Lower Mainland, a large proportion of whom are family-sponsored immigrants, indicates that living with family members in multi-generational households does not necessarily result in better emotional well-being than living alone for this group.[42] Unsafe circumstances can manifest as elder abuse or neglect for older adults and seniors living with family. Contributing to this problem is the fact that sponsored parents are financially dependent for 10 years, ineligible for many services, and may experience significant status and role reversals in the family.

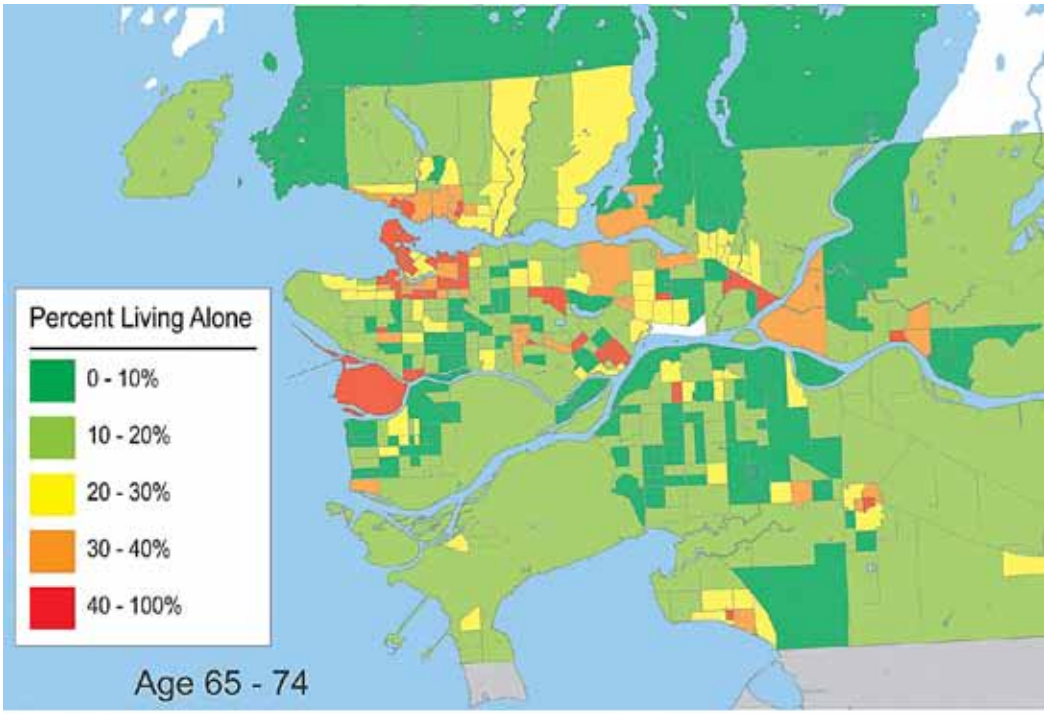
[40] Bosworth, H. B., & Warner Schaie, K. (1997). The relationship of social environment, social networks, and health outcomes in the Seattle Longitudinal Study: Two analytical approaches. *Journal of Gerontology: Psychological Sciences,* 52B, 197-205.; Wenger, G. C., Davies, R., Shahtahmasebi, S., & Scott, A. (1996). Social isolation and loneliness in old age: Review and model refinement. *Ageing and Society,* 16:333-358.

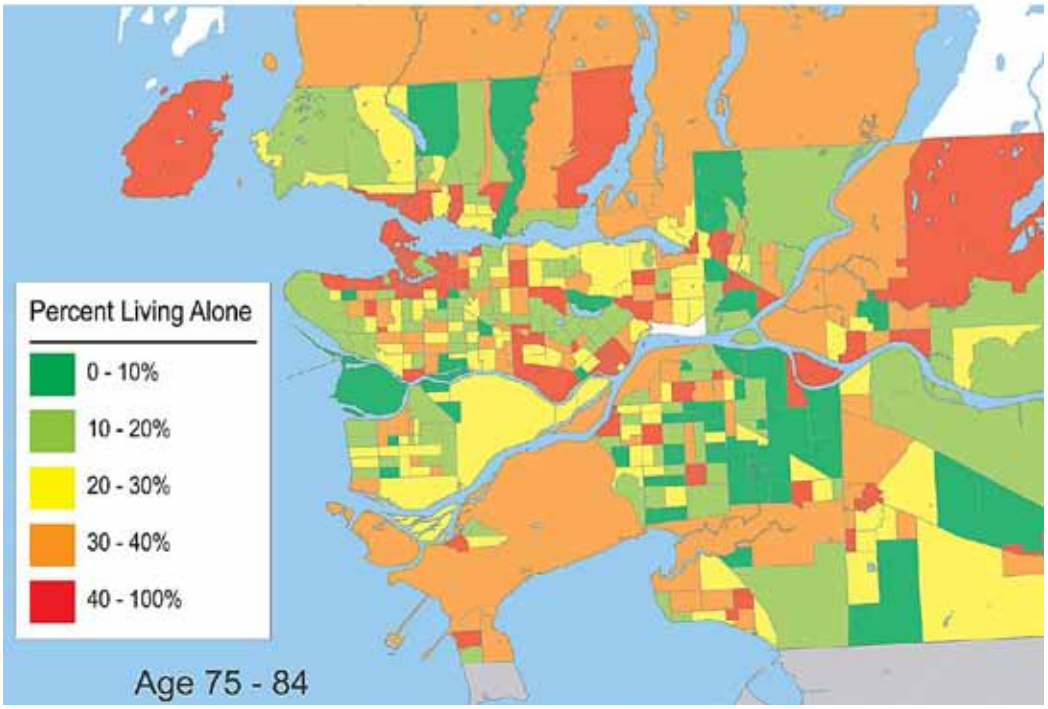
[41] Scharf, T., & Smith A. E. (2004). Older people in urban neighbourhoods: Addressing the risk of social exclusion in later life. In C. Phillipson, G. Allan, & D. Morgan (Eds), *Social Networks and Social Exclusion: Sociological and Policy Perspectives* (pp 162-179). Burlington, VT: Ashgate.

[42] Koehn, S. (2011). Intersecting Sources of Inequality in Punjabi-Speaking Families in BC.

Three key indicators of social isolation are: (1) living alone, (2) emotional well-being and stress, and (3) perceived health. **Figure 13** shows that a significant number of the census tracts in which a large proportion of older adults live alone are found in the downtown core and Downtown Eastside of Vancouver, two areas where poverty rates, poor health status and low life expectancies are higher than average for both men and women. The maps also show that older seniors (aged 75-84 years) are more likely to live alone and be more widely dispersed across the region.

Figure 13: Percentage of seniors living alone in Metro Vancouver, by age range, 2006





Source: Statistics Canada, 2006. Catalogue No. 97-553-XCB2006017. Household Living Arrangements (11), Age Groups (20) and Sex (3) for the Population in Private Households of Census Metropolitan Areas, Census Agglomerations and Census Tracts, 2006 Census - 20 percent Sample Data

The living arrangements of seniors appear to be linked to their low-income status even more than age and gender. For example, elderly persons in economic families in the Vancouver Census Metropolitan Area had before tax LICO rates of 7 percent in 2009.[43] This was much lower than the before tax LICO rate of 46 percent for unattached elderly individuals.

Regarding emotional well-being, the highest proportion of older adults who perceive themselves as having a lot of stress live in the more affluent areas of West and North Vancouver and not in City of Vancouver, where many socially isolated low income older adults reside.[44]

The reality of reduced social networks may be perceived to translate into the use of health services in later life. But the socially isolated and other older adults report similar levels of service usage. An examination of health care utilization patterns reveals no statistically significant differences in annual doctor visits, nights spent in hospital, home care or tele-health use between the socially isolated and their non-socially isolated counterparts.[45]

Socially isolated older adults in BC are not heavier users of the predominant health services (i.e., doctors and hospitals) most often identified with vulnerable populations. Socially isolated older adults in BC have similar profiles to socially isolated older Canadians; notably, they are older, proportionally more likely to be female, to have lower income, to be widowed or single, to have poorer health and a tendency towards more chronic conditions.[46]

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[43] Statistics Canada (2008a) defines economic families as "a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption. Unattached individuals refers to individuals who are not in an economic family." The Survey of Labour and Income Dynamics defines elderly persons as 65+ years of age, the same as the definition of seniors used in this discussion paper.

[44] This observation runs counter to the findings in the literature on socially isolated older adults. It is important to further examine the way in which "emotional well-being," is measured by BC Stats, i.e., what variables are used as proxies for emotional health, and how "accurate" these measures really are.

[45] Kobayashi, K.M., Cloutier-Fisher, D. & Roth, M. (2009). Making meaningful connections: A profile of social isolation and health among older adults in small town and small city, British Columbia, Journal of Aging and Health, 21(2), 374-397.

[46] Cloutier-Fisher, D., & Kobayashi, K. M. (2009). Examining social isolation by gender and geography: conceptual and operational challenges using population health data in Canada. Gender, Place and Culture, 16(2), 181-199.

Housing

Content in this section is drawn from the discussion paper on seniors and housing authored by SPARC BC.

Access to safe, secure and affordable housing is recognized as both a basic need and human right in Canada. Without access to housing with these characteristics, the lives of families and individuals are upset by significant insecurity. The changing needs of an aging population represent an important area of consideration in terms of housing choices and affordability, particularly as it relates to vulnerable and low income seniors and older adults.

Across Metro Vancouver, there were 158,395 senior-led households in 2006.[47] This includes 119,750 which were living in the ownership market and 36,605 that were renters.[48] Of the senior-led households, approximately 43 percent are living alone.[49] While each of these different households have different circumstances and challenges, it is important to note that across both owners and renters there are many senior-led households that face significant economic difficulties as a result of dependence on a single or fixed income.

While both seniors who rent and seniors who own face income constraints, those who own typically have more resources to draw on in times of need. In 2006, a similar percentage of Metro Vancouver senior-led households rented compared to Canadian senior-led households and BC senior-led households (see **Figure 14)**.

Figure 14: Number of senior-led renter households in Canada, BC, Metro Vancouver and Sea to Sky, 2006

	Number of Senior Led Households	Number of Senior Led Renter Households	% of Senior Led Households that Rent
Canada	2,646,090	729,640	27.6%
BC	365,565	74,200	20.3%
Metro Vancouver	158,395	38,735	24.5%
Sea to Sky (SLRD) [50,51]	1,640	215	13.1%

Source: CMHC, 2010. Canadian Housing Observer: Household Characteristics Data Table.

[47] CMHC (Canada Mortgage and Housing Corporation), 2010. Canadian Housing Observer: Household Characteristics Data Table.

[48] CMHC (Canada Mortgage and Housing Corporation), 2007.

[49] Statistics Canada, 2006. Catalogue No. 97-554-XCB2006007.

[50] SLRD (Squamish Lillooet Regional District) contains areas in addition to the Squamish, Whistler, and Pemberton areas serviced by United Way of the Lower Mainland.

[51] The universe of senior led households for SLRD from CMHC, 2007, is slightly smaller than the universe provided by Statistics Canada, 2006. Catalogue No. 97-554-XCB2006035, which is 1,645 households.

Housing needs among seniors typically cut across a number of different dimensions. These include affordability considerations as well as specific housing and support needs. Housing affordability can typically be viewed as an income problem as well as a housing problem. For seniors (especially some senior-led renter households) the challenges that they face are related to the fact that they do not have the income or resources needed to access suitable and appropriate housing in the private rental market without spending more than 30 percent of their income on their housing.

Approximately 36 percent of all senior-led economic families who rented were spending 30-99 percent of their income on housing costs, while 12 percent were spending 50-99 percent. [52]

Unattached seniors and older adults (those living alone) are more precariously housed. Based on the available 2006 data, approximately 60 percent of single seniors who rented were spending 30 percent or more of their income on their housing costs while 26 percent were spending 50 percent or more. [53]

In 2006 across Metro Vancouver, there were 129,145 households in core housing need, of which 29,695 or 23 percent were senior-led. Of those senior-led households in core housing need, approximately 16,205 or 55 percent were renters. Of the seniors in core housing need (both renters and owners) average housing cost was $740 per month and their average annual income was $19,797. Among seniors who rent, their average housing costs were $713 per month. In Metro Vancouver the number of senior led households in core housing need has continued to increase since 1996.

In the Sea to Sky region in 2006 there were 1,390 households in core housing need, of which 195 were senior-led. Of those approximately half were renters. Of the seniors in core housing need, average housing cost was $578 per month and average annual income was $17,474. Senior renters housing costs were $722 per month in this region. In the Sea to Sky region, the number of senior led households in core housing need has continued to increase. In addition, the data suggests that almost half of all senior-led households who rent in the Squamish-Lillooet Regional District were in core housing need.

In the Lower Mainland, of those senior renter households who were in core housing need 6,990 or 43 percent were in 'worst case need.' These are households that are spending more than 50 percent of their income on their housing costs and are considered to be at extreme risk of becoming homeless.

Recent homeless counts show that the number of seniors living on the streets or staying in emergency shelters has increased over time. While age-specific data from Metro Vancouver's most recent 2011 homeless count is not yet available, previous regional homeless counts have reported a significant increase in the number of seniors who were without a place to live. Local planning tables and senior service organizations across the region have recently reported the presence of frail, older seniors (80+) in the shelter system for the first time. The change in incidence of homelessness among older adults in Metro Vancouver is laid out in **Figure 15**.

Figure 15: Incidence of homelessness among older adults aged 55+ in Metro Vancouver

	2002	*2005*	*2008*
Total homeless count	1,050	2,057	2,503
Total homeless 55+	51	171	212
Incidence of homelessness among 55+	4.9%	8.3%	8.5%

Source: GVRD, 2002. Metro Vancouver, 2005. Metro Vancouver, 2008.

[52] Statistics Canada. 2006b. UPP06_Table9EF Part A.

[53] Statistics Canada. 2006a. UPP06_Table9UI Part A.

These findings show that not only have there been significant year over year increases in the number of seniors who are homeless, but also that homeless seniors are comprising a larger share of the total homeless population.

The Lower Mainland is recognized as having some of the highest housing costs in Canada. The average income of seniors who rent in Metro Vancouver ($35,357 in 2006) rides close to the edge of affordability in a market where the average rent for a 1 bedroom unit is $940 (requiring $37,600 in 2010). For a senior living on fixed income, it is difficult to find the resources needed to close the gap between income, the cost of housing, and other basic costs (e.g., food, medication). Furthermore, many low income seniors have very little to fall back on in an emergency.

Not only is finding housing difficult for some seniors, but staying in their housing is difficult for renters where security of tenure is an issue. Several high profile cases in Vancouver, particularly in the West End and Kitsilano areas, have involved tenants being evicted from their suites to allow for their suites to be upgraded and re-rented at market value.[54] No official statistics have been kept on these renovation-related evictions, but a rental advocacy group, Renters at Risk, estimated that over 50 buildings have been tracked for "renovictions" (renovation-related evictions) in the past few years.[55]

Across the Metro Vancouver region there are approximately 19,950 social housing units (not including co-operative housing units) that have been developed under a range of housing programs to respond to the specific needs of seniors. This represents almost half of the inventory of social housing across the region. An important asset for responding to the on-going affordability challenges that many seniors face, many low income seniors have been assisted through this housing.

As of 2011, there were approximately 2,312 seniors on BC Housing's Applicant Registry who were in need of housing, up from 1,946 in 2010. These households have to wait for a unit to become vacant before they can be housed. Between 2010 and 2011, the number of seniors on BC Housing's waiting list has increased by almost 400 households which means that demand is growing at a faster rate than supply.

[54] Sinoski, K. (2011). "Renters rally to protect rights against unfair evictions". Vancouver Sun. May 7, 2011.
[55] Ibid.

Within Metro Vancouver, there have been approximately 4,300 new Independent Living BC units created in response to the increased demand.[56] Based on the expected increase of 474,600 seniors across Metro Vancouver over the next 25 years (from 2011 to 2036), it is anticipated that the demand for this type of housing and related supportive services will remain high.[57]

Seniors in the Lower Mainland are at the intersection of two strong trends: rising housing costs and unchanging social support incomes. If the cost of living grows and fixed incomes do not, we are likely to see a continuation of the current trend towards increases in seniors in core housing need and continued increases in the size of the seniors homeless population.

[56] BC Housing. (2011). *Independent Living BC*. Retrieved on-line from www.bchousing.org/Initiatives/Creating/ILBC

[57] BC Stats. (2011). *Population Projections – BC and Regional*. Retrieved July 29, 2011. www.bcstats.gov.bc.ca/data/pop/pop/popproj.asp

Transportation, transit and walkability

Content in this section is drawn from the discussion paper authored by Dr. Lawrence Frank and Andrea Procyk.

Access to transportation, whether taking public transit or driving a car, enables us to complete day to day tasks such as shopping, going to appointments and participating in social, cultural, and recreational activities. For many people the ability to travel is linked to independence, personal freedom, personal image, and well-being.[58,59,60] Access to transportation can become problematic in older age, and as a result, seniors may suffer from reduced mobility, increased isolation and the associated health consequences.

Evidence suggests that the travel behaviour of seniors 65+ is considerably different than that of other age groups. Older adults take fewer trips out of the home and for different reasons. 2008 in Metro Vancouver, the number of daily trips made by seniors age 65-79 was 2.49 during a 24 hour period. For older seniors aged 80+, the average number of trips made per day was 1.68. Comparatively, the average number of trips made per day by all residents of the Lower Mainland was 2.65.[61]

Older drivers depend on private vehicles to make the majority of their trips.[62] Through the aging process there is a general shift from being a car driver to becoming a car passenger and then to relying on public transit, particularly for women.[63] With this shift can come a diminished sense of independence and feelings of guilt and shame from relying on friends and families for rides.[64] Older adults' ability to operate a car, however, can change quickly and those living in car dependent environments can experience a sudden loss of independence. Also, older adults who do not drive are reported to make only half the number of trips as their older driving counterparts.

There are substantial numbers of older adults in the Lower Mainland/Sea to Sky region choosing to age in place in suburban and rural communities that are car dependent. These individuals may experience reduced access to amenities, community services and medical care when driving is no longer an option.

58 Cobb, R. & Coughlin, J. (2004). Transport policy for an ageing society: Keeping older Americans on the move in *Transportation in an Aging Society: A Decade of Experience*. Transport Research Conference Proceedings, 27, 272-292.

59 Coughlin, J. (2000). *Transportation and older persons: Needs, preferences and activities*. Public Policy Institute, American Association of Retired Persons, Washington, D.C.

60 Harrison, A. & Ragland, D.R. (2003). Consequences of driving reduction or cessation for older adults. *Transportation Research Record,* 1843, 96–104.

61 Mustel Group Market Research and Halcrow Consulting Inc. (2010). TransLink's 2008 Regional Trip Diary Survey: Final Report. Presented toTransLink, South Coast British Columbia Transportation Authority. Accessed online at www.translink.ca/~/media/Documents/bpotp/plans/trip_diary/2008%20TransLink%20Trip%20Diary%20Survey%20Report.ashx

62 Ibid.

63 Golob, T., & Hensher, A. (2007). The trip chaining activity of Sydney residents: A cross-section assessment by age group with a focus on seniors. *Journal of Transport Geography,* 15: 298-312.

64 Coughlin, J. (2001). *Transportation and older persons: Perceptions and preferences.* Washington, DC: AARP.

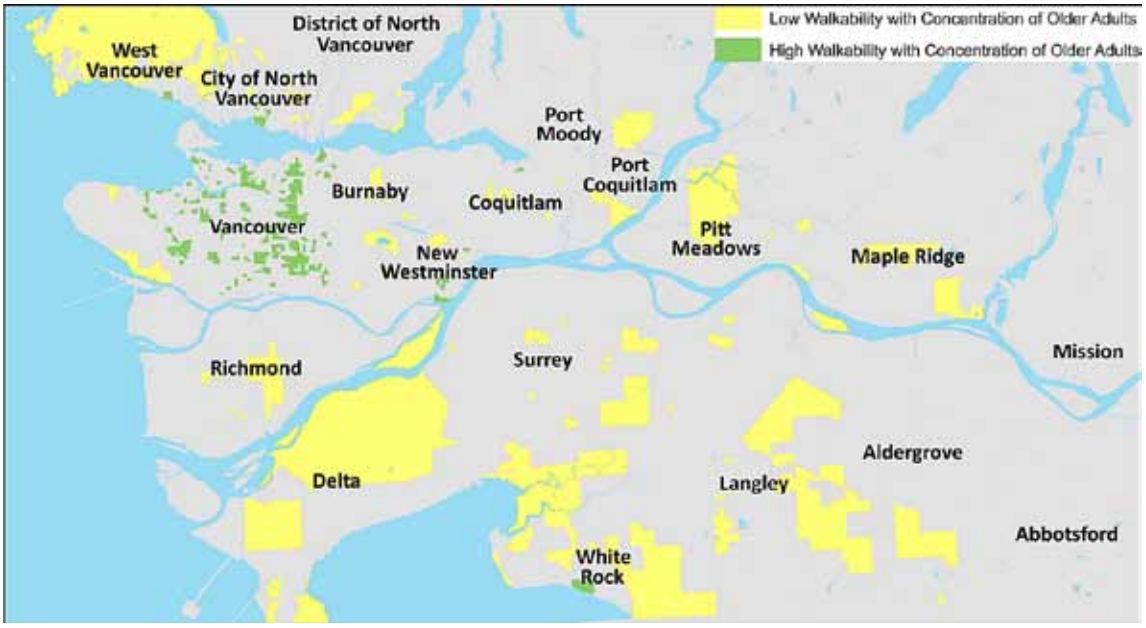
A lack of affordable and appropriate transportation options increases risks of social isolation[65] and those over age 60 are often considered to be at higher risk of becoming "transport captives."[66] Although services such as volunteer drivers and community shuttles exist to fill the transportation gap, they can be expensive and inefficient.[67]

As capacity declines with age, the physical environment plays an increasingly important role in helping adults maintain health and independence. The negative effects of dependence on the personal vehicle is less exaggerated in urban locations characterized by mixed-use zoning where commercial and residential lots are within walkable distances and safe pedestrian networks (including accessible sidewalks, crosswalks, etc.). A mix of land uses and higher density neighbourhoods with well connected streets encourage increased levels of physical activity, mostly in the form of walking.[68] This is true for all age groups. Residents of medium walkable neighbourhoods are 32 percent less likely to be overweight relative to those in low walkable neighbourhoods.[69]

Based on data from the Metro Vancouver Walkability Index (VWI),[70] walkability in Metro Vancouver varies by community. Areas of high walkability are characterized by higher population densities, a mix of land uses and connected street networks. In the context of an aging population, it is expected that areas of higher walkability will offer older adults more transportation options.

Figure 16 depicts areas in Metro Vancouver with both high and low walkability that have a high concentration of older adults. The map shows that Delta, Langley, Port Coquitlam, South Surrey and West Vancouver have both low walkability and high concentration of older adults.

Figure 16: Metro Vancouver areas with high concentrations of older adults 65+ and high or low walkability



Source: Procyk, A. and Frank, L. (2011). Transportation, community design and healthy aging. Active Transportation Collaboratory, University of British Columbia

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65 Cvitkovich, Y. & Wister, A. (2001). The importance of transportation and prioritization of environmental needs to sustain well-being among older adults, *Environment and Behavior,* 33(6), 809–829.

66 Hine, J. & Mitchell, F. (2003). Better for everyone? Travel experiences and transport exclusion. *Urban Studies,* 38 (2), 319-322.

67 British Columbia Psychogeriatric Association. *Seniors Policy Lens Toolkit*. Accessed online at: www.seniorspolicylens.ca/Root/AccessibilityTransport.html Accessed August, 2011.

68 Frank, L.D., Engelke, P.O., & Schmid, T. (2003). *Health and community design: The impact of the built environment on physical activity.* Island Press, Washington, DC.

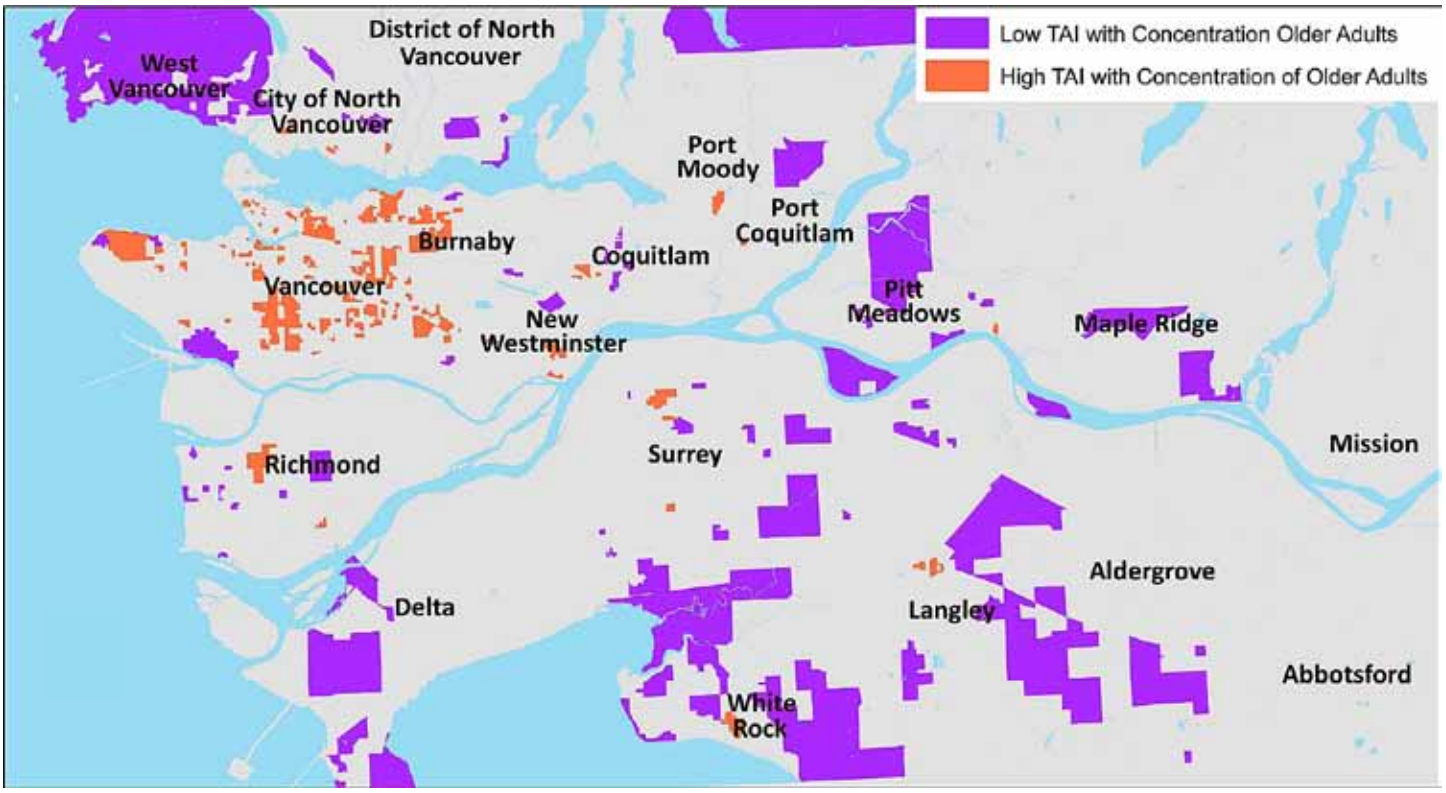
69 Frank, L., Kerr, J., Rosenberg, D., & King, A. (2010). Healthy aging and where you live: Community design relationships with physical activity and body weight in older Americans. *Journal of Physical Activity and Health,* 7(Suppl 1), S82-S90.

70 Developed by UBC's Active Transportation Lab.

Similarly, **Figure 17** below depicts areas where transit accessibility[71] is lower and where non-driving older adults may therefore experience difficulty accessing goods, services and activities.

Areas with limited access to transit and a high concentration of older adults include South Surrey, Delta, Maple Ridge, Pitt Meadows and West Vancouver. The areas shaded in purple represent approximately 25,000 older adults.

Figure 17: Metro Vancouver areas with high concentrations of older adults 65+ and high and low transit accessibility



Source: Procyk, A. and Frank, L. (2011). Transportation, community design and healthy aging. Active Transportation Collaboratory, University of British Columbia

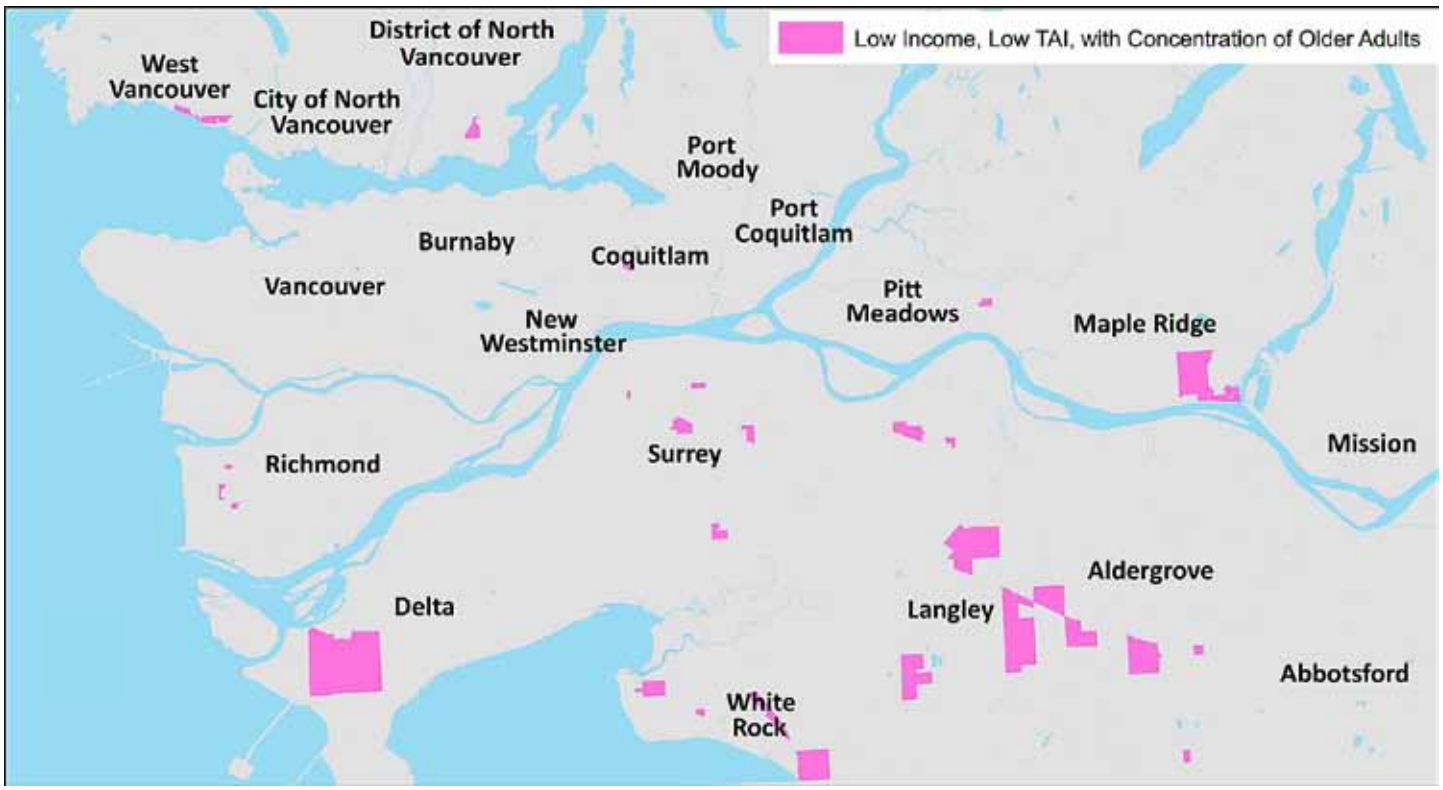
[71] Using the Transit Accessibility Index (TAI), which is based on three measures: service coverage, frequency and capacity.

When the VWI is overlaid with socio-economic and demographic information it provides a mechanism to assess disparities across specific mobility and health outcomes for vulnerable populations. **Figure 18** illustrates areas of low average income, low transit access and a high concentration of older adults.

Given the very high cost of housing in the Lower Mainland region, older adults with low incomes may not have the option to move to more walkable, transit-oriented neighbourhood as they age.

While higher density, more walkable neighbourhoods have many potential benefits for aging populations, some attention must be given to potentially adverse health impacts of acute and chronic exposure to air pollution. Evidence suggests that the elderly are particularly susceptible to elevated exposures to pollution with day to day changes. There are several policy approaches to address and mitigate air pollution exposure in central walkable areas. These include strategies to reduce vehicle use on certain corridors, require cleaner vehicles, and design for setback from roadway edges.

Figure 18: Metro Vancouver areas with low average income and low transit access with high concentrations of older adults 65+



Source: Procyk, A. and Frank, L. (2011). Transportation, community design and healthy aging. Active Transportation Collaboratory, University of British Columbia

Physical mobility and the built environment

Content in this section is drawn from the discussion paper by Dr. Maureen Ashe.

Approximately 134,645 seniors in Metro Vancouver experience activity limitations. The number of activity-limited male seniors (65+) falling below LICO before tax rose from 9,355 individuals in 2001 to 10,610 individuals in 2006. The number of activity-limited female seniors falling below LICO before tax also rose between 2001 and 2006, from 19,940 individuals to 20,590 individuals.

Personal mobility is a key determinant of independence and quality of life. Defined as the capacity of individuals to physically move through their environment, good mobility contributes to a dynamic, independent life, and is fundamental to healthy aging. When a person loses their ability to move and navigate their environment, their world shrinks dramatically.

As we age, our spatial footprint (the size of the environment our life is lived in) decreases. Even active, community-dwelling older adults take fewer and shorter trips from home than their younger counterparts.[72] Vulnerable seniors, such as older adults with health concerns, mobility impairments or low-incomes, may get out even less frequently.[73] Research has shown that getting outside has benefits for quality of life and longevity. Vulnerable older adults and seniors with reduced mobility may be at higher risk of poor physical and mental health.[75]

Older adults' participation in their community is dependent on their physical capacity, cognition, motivation to get outside, self-confidence and, of course, the opportunities that are present. The built environment, or urban form, is increasingly becoming recognized as an important determinant influencing older adults' physical activity and community participation.[76] Wide streets, limited railings and walkways, fast cars and a dizzying pace of life can contribute to insecurity about navigating the community. Other issues relate to the proximity of available amenities within a community, such as grocery stores, drugstores and medical services. These community features can and do effect an older adult's decision to venture outside. Microscale features of the built environment, including the presence and condition of sidewalks, benches, and bathrooms, affect older adults' falls risk and mobility.

[72] McInnes L, Briggs P, Little L, Rochester L. New metrics for exploring the relationship between mobility and successful ageing. Sheffield, UK: University of Sheffield; 2010.

[73] Cohen-Mansfield J, Shmotkin D, Hazan H. Homebound older persons: Prevalence, characteristics, and longitudinal predictors. Arch Gerontol Geriatr 2011.

[74] Simonsick EM, Guralnik JM, Volpato S, Balfour J, Fried LP. Just get out the door! Importance of walking outside the home for maintaining mobility: findings from the women's health and aging study. J Am Geriatr Soc 2005;53:198-203.

[75] Qiu WQ, Dean M, Liu T, et al. Physical and mental health of homebound older adults: an overlooked population. J Am Geriatr Soc 2010;58:2423-8.

[76] Van Cauwenberg J, De Bourdeaudhuij I, De Meester F, et al. Relationship between the physical environment and physical activity in older adults: A systematic review. Health & place 2011; 17:458-69.

Sidewalks – their presence, location, material and condition – can play an important role in the life of an older adult. This is especially true for those older adults who have physical impairments. The presence and location of level, unobstructed pathways encourage physical activity. Lack of adequate curb cuts, as well as cracks and disruptions caused by tree roots are a falls safety hazard.[77] This can lead to injuries and are barriers for older adults to leave their homes in the first place. Although Vancouver is generally described as walkable, there are areas across the Lower Mainland where more could be done to enhance walkability, especially for those regions with a higher concentration of older adults.

The presence of benches and safe, clean bathrooms can also encourage mobility. Older adults with health concerns have special challenges when venturing outside. Appropriately placed benches or shelters can provide a short refuge while journeying to a destination such as the grocery store or doctor's office. Bathrooms along the path are also important – for everyone, not just older adults. Numerous studies indicate that continence can be significant factor in a number of adverse health outcomes such as depression, social isolation and an increased risk for falls. As a community, we need to support older adults who wish to age in place. Putting in place a built environment that helps everyone get out and get around is a critical part of supporting that goal.

Social environments "encompass the immediate physical surroundings, social relationships, and cultural milieus within which defined groups of people function and interact."[78] Creating a positive, welcoming social environment can help encourage people to get out and reap the positive health benefits of increased mobility and interaction.

Walking programs are one approach to encourage socialization and community participation. Walking is the most popular form of exercise for older Canadians. The least active group of older adults are women aged 80+[79] As previously discussed, older women are also at the greatest risk for social isolation and poverty. Encouraging intergenerational walking programs may be one way of meeting this challenge.

Gardening initiatives are another recreational activity that encourages socializing and mobility. It's the ultimate 'green exercise.' Gardening was the second most popular type of physical activity reported by older Canadians.[80] Therapeutic gardening or horticulture therapy is reported to be positively associated with well-being, increased physical activity, and increased consumption of vegetables. While outdoor gardening is optimal, indoor gardening also provides benefits.

[77] Gallagher EM, Scott VJ. The STEPS Project: participatory action research to reduce falls in public places among seniors and persons with disabilities. Canadian journal of public health Revue canadienne de sante publique 1997; 88: 129-33.

[78] AARP Public Policy Institute. Planning Complete Streets for an Aging America. Washington DC: AARP Public Policy Institute; 2009.

[79] Ashe MC, Miller WC, Eng JJ, Noreau L. Older adults, chronic disease and leisure-time physical activity. Gerontology 2009;55:64-72.

[80] Ibid.

Recommended strategic directions

This report and its companion documents (i.e., expert discussion papers and community profiles) put United Way of the Lower Mainland and its partners in a good position to address the major issues that affect vulnerable seniors in the region.

It is important to note that UWLM's work is always with seniors, community, researchers and government partners. By providing the funding, time, knowledge and continuity necessary to engage and mobilize communities successfully, UWLM can lead the way to a better future for all.

The UWLM has a role and responsibility to tackle our community's key social issues in profound ways. Our role: to build a healthy, caring, inclusive community; a community that we are all proud to call home. Our responsibility: to do it with integrity and courage and to ensure sustainability and embrace diversity, every step of the way.

The recommendations below provide United Way of the Lower Mainland, governments, partner agencies, researchers and the public with clear directions to better serve and support the region's aging population, including vulnerable seniors.

There are three proposed directions extending from the analysis in this report: research directions, program/service directions and policy directions.

Recommended research directions

1. **Reinstitute mandatory completion of the long-form census. In the meantime, encourage government, services agencies and working groups in the region to think creatively in the formation of a public research agenda to help compensate for the loss of the long-form data from Statistics Canada**

    - Multi-year data drawn from the long-form census (especially census tract level data) formed the backbone of much of the research and map work in this report. Eliminating the long form census and its mandatory completion means that public interest researchers, planners and service providers can not develop population level analysis at smaller geographies in the future, rendering comparisons over time impossible and as a corollary affecting our collective ability to assess the efficacy of current public policy decision making regarding seniors.

2. **Conduct further longitudinal research to follow socially isolated older adults over time in order to determine how their vulnerable status changes and affects their health and/or health service use over time**

    - Particular attention could be paid to the role that gender plays in this relationship. Research is also required that would include larger samples of socially isolated older adults living within several specific smaller communities to enable a better understanding of the relationship between individual health within local community contexts.

3. **Undertake research to examine the role that culture, immigration and length of settlement play in terms of older adults' inclusion in communities**

    - Studies of this nature would provide much needed insight into social isolation among subgroups of vulnerable older adults in the region, such as ethno-cultural minority older immigrant women.

4. **Examine the effects of specific interventions like outreach programs in socially isolated older adults to explore gains in health and/or more effective (i.e., appropriate) use of health services over time.**

    - A close look at particular programs through the use of comparative case studies or a review of performance measurement outcomes will be a useful starting point to determine what helps get older adults more engaged in their communities.

5. **Use partnership approaches to engage Aboriginal organizations in the co-development of a research agenda that is relevant and responsive to the needs and interests of Aboriginal Elders in the region**

    - Because Aboriginal persons make up a small relative share of seniors in the region, it is a challenge to capture an accurate picture of aging and vulnerability for Aboriginal seniors. Participatory and partnership approaches to research will ensure that knowledge about Aboriginal Elders are respected and included in a process of knowledge exchange about how their diverse abilities can be honored and best supported as they age.

6. **Adopt research processes and reporting formats that help set achievable goals in the increased health and quality of life of seniors and older adults – monitor whether goals are met**
    - One such approach is that which Healthy People 2020 used to set and monitor population health goals in the United States (www.healthypeople.gov/2020/default.aspx). Standardized health processes and report formats can provide data to inform a Lower Mainland and Sea to Sky regional health report. Ongoing reporting will add to the knowledge base in the region and assist planning.

7. **Develop and coordinate an integrated health intelligence system in the Lower Mainland and Sea to Sky region**

    - Our ability to understand and meet the health needs of seniors, and that of any population, is dependent on information that is comprehensive, reliable, and recent. Unfortunately, our understanding of the health of seniors in the lower mainland, and across Canada in general, is greatly hindered by the lack of such information. Pool municipal and Health Authority resources to collect administrative health and social annonymized data, and coordinate the analysis of data on the region's population on a regular basis.

8. **Conduct additional research into the travel patterns of older adults and the built environment's connection to various health outcomes in Metro Vancouver and the Sea to Sky region**

    - Create a descriptive visual assessment of older adults' environments. Building on current analyses it would be possible to evaluate the spatial distribution of older adults in the Lower Mainland relative to a variety of services including transit, medical facilities, social services, parks and open space, and food outlets. It would also be possible to evaluate proximity to adverse features such as high speed traffic, air pollution, noise, congestion, and more. Such an assessment could be stratified by age and income to observe if and where disparities exist.

    - Evaluate seniors travel patterns and urban form using TransLink's 2008 travel survey spatially matched to the walkability surface to provide a comprehensive overview of the variations in travel behavior of older adults across levels of walkability and socio-demographic contexts. A stratified approach to data analysis would also help to inform us of changes in travel patterns that occur across different age groups of seniors. The outcomes of this research would support policy development and planning in land use and transportation at the municipal and regional level.

    - Evaluate the relationship between health status, health care utilization and urban form. A project combining the walkability surface and data from the Canadian Community Health Survey would enable researchers to document variations in older adult health status based on walkability. This study could provide valuable evidence to municipal councils in support of policies and investments encouraging compact, walkable, transit oriented communities.

    - Conduct a pre-post infrastructure study to analyze the impacts of new public transit or pedestrian infrastructure on the travel behaviour, physical activity and health of older adults before and after the intervention.

Recommended program/ service directions

The number of older adults and seniors is projected to double in the next twenty years. Several service directions are recommended in order to meet the needs of this growing population, particularly the vulnerable amongst them.

1. **Increase public and professional awareness on healthy aging as a lifelong matter that concerns everyone**

    - Focus on chronic disease as the cause of disability and premature death, not aging. Share this message through multiple media venues to reach all groups and ages. Analyze how images of vulnerable groups, such as athletes with disabilities, are able to change public perceptions.

2. **Expand ethnocultural organizations' ability to offer a wide variety of culturally inclusive programs and services**

    - Ethnocultural organizations have not just provided culturally-specific programs, they have also helped to provide seniors housing (e.g., Italian Cultural Centre Society, 2011) and quality of life outreach programs (e.g., S.U.C.C.E.S.S, 2011). Expand and diversify funding options for these largely non-profit organizations to ensure they continue to provide culturally inclusive support to the regions' culturally diverse older adults and seniors.

3. **Make the pursuit of English fluency an attainable goal for all seniors by reducing costs and strategically increasing programming in needed areas**

    - A large share (14.9 percent) of Metro Vancouver seniors do not speak either English or French. Being unable to communicate in certain situations can be dangerous and isolating. It is crucial that affordable English classes and conversation groups be made available for seniors, as well as translation services.[81] Follow local leaders in this area, such as Burnaby's ESL conversation groups for seniors.

4. **Enrich housing and housing supports for low-income seniors who are renters**

    - A senior who has a low income but owns a home has substantial 'rainy day assets.' Seniors who rent and have few financial assets are more precariously positioned. Focus attention on programs that help low income renters such as the rent supplement program Shelter Aid for Elderly Renters (SAFER) as well as the continued construction of affordable housing for seniors.

5. **Switch focus from Episodic Care[82] to Integrated Community Primary Care Networks**

    - Though chronic illness is the major health problem faced by seniors, health services have been designed to focus on episodic acute health problems. Form integrated primary care models across health sectors. Tailor care plans to suit seniors' desired quality of life and comorbid [83] disease status. Standardize clinical assessment tools so as not to be onerous to clinicians or seniors.

6. **Invite regional universities and colleges as well as professional associations to create a geriatric certification training program for the health care workforce to enhance knowledge about seniors and the issues that affect them**

    - A program of this kind will increase skill and knowledge, while offering existing health

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[81] University of Toronto. (2002). *Improving Quality of Life for Urban Canadian Seniors: A Community-Based Participatory Project, Vancouver, British Columbia*. Retrieved July 13, 2011. www.utoronto.ca/seniors/Vancouver/finalReport.pdf

[82] Episodic care is a pattern of medical and nursing care in which services are provided to a person for a particular problem, without an ongoing relationship being established between the person and health care professionals.

[83] Comorbid describes a disease or other pathological process that occurs simultaneously with another.

care providers opportunities to enhance professional credentials.

7. **Explore the development of community-based services for the delivery of Instrumental Activities of Daily Living (like finding resources, arranging or providing travel, preparing meals, etc.) services to seniors in the community**

    - Current work by the United Way of the Lower Mainland on this issue will provide significant insight into the effectiveness of such services, including costs, and how services could best be structured.

8. **Optimize caregiver support across the region including the sharing of limited respite beds and developing community caregiver networks**

    - Partner with stakeholders such as the Alzheimer Society of BC, the BC Psychogeriatric Society and similar groups to enhance the identification and provision of professional social work services, for example, via primary care offices.

9. **Explore the development of low-cost dental services across the region by partnering with the UBC Geriatric Dentistry Program and other dental schools/colleges in the region**

    - One example might be the enhancement of oral health clinics through the dental training programs.

10. **Explore the development of supportive housing for seniors with mild to moderate dementia who are medically stable and do not exhibit acute problem behaviours**

    - Seniors with dementia are in a position of particular vulnerability. Housing supports need to be flexible to the different needs of individuals experiencing dementia in different ways.

11. **Program outreach initiatives like telehealth[84] and meals on wheels programs to support socially isolated seniors**

    - Given the limited social networks and personal characteristics of socially isolated seniors, this may help provide opportunities to improve health and contribute to emotional well-being. Remain sensitive to the gendered nature of vulnerability and resilience in later life and design opportunities to target both men and women.

12. **Design a communications approach to ensure seniors know what benefits they are eligible for. Inform seniors of the income security options available to them**

    - Use outreach approaches to inform the most vulnerable that are integrated with other services such as meals on wheels.

[84] Telehealth is the remote care delivery or monitoring between a healthcare provider and a patient. There are two types of telehealth: phone monitoring (scheduled encounters via the telephone) and telemonitoring (collection and transmission of clinical data through electronic information processing technologies).

Recommended policy directions

The growing population and diversity of vulnerable seniors and older adults in Metro Vancouver and the Sea to Sky region have important policy development considerations.

1. **Make planning with and for seniors an ongoing policy priority**

    - Include seniors and seniors serving organizations (e.g., the Council of Senior Citizen's Organizations of BC) in community planning activities (e.g., Official Community Plans). The need for seniors planning has been recognized at the highest level globally in the World Health Organization (WHO) initiative, "Age Friendly Cities." [85] Bowen Island, Burnaby, and West Vancouver have taken up the call [86] and other areas are also embarking on the age-friendly community planning process as well (e.g., New Westminster).

2. **Reduce miscommunication by translating all relevant government documents and public interest information for seniors into plain language in the top languages spoken by seniors in the region**

    - For non-official language speaking seniors it can be a challenge to comprehend more complicated information and documents such as lists of government services. Follow the direction of www.seniorsbc.ca and provide multilingual resources pages for seniors.

3. **Consider advocating for the weighting of GIS and OAS contribution programs so benefits reflect the disparate costs of living in different regions**

    - In metropolitan areas characterized by a high cost of living, GIS and OAS rates may not be sufficient to assist seniors in their living expenses. Increasing the amount of the GIS by even small amounts to reflect the cost of living would help to bring more seniors above the low-income line. [87]

4. **Keep Canadian Pension Plan (CPP) contribution rates stable**

    - Financial analysis of the Canadian Pension Plan (CPP) indicates that the plan is in sound shape financially and should continue to be strong over the next 75 years. No policy should be made that will result in a decrease in contribution rates or the pension plan financing scheme may become less stable.

5. **Develop a poverty reduction plan (with targets and timelines) that includes a focus on seniors**

    - The recent increase in the percentage of seniors falling below the before tax LICO is a point of concern. Civil society organizations and government need to work together to develop a poverty reduction strategy that includes a commitment to not let more seniors fall into poverty - and create supports and benefits that regularly lift more seniors out of poverty.

6. **Provide adequate funding and support for agencies that offer programs to assist in bringing isolated seniors out of their homes so they can get involved in the community and access public health nurses, mental health specialists, dentists, hospitals, eye specialists and alternative health care practitioners within local communities**

    - It is critical that programs and services address the interests, physical and emotional health needs and improvement of socially isolated seniors' health and well-being. Access to immediate, preventative health support in early years will defray more intrusive and costly major health interventions later in life.

7. **Act as an advocate on behalf of seniors rights to a liveable environment**

    - Review current standards and set progressive targets for future building and neighbourhood design to increase mobility and accessibility for all. In developing policy, seek the counsel of older adults to "walk in their shoes" and adopt guidelines that create walkable, engaged communities.

8. **Raise the maximum income levels for eligibility for rental supplement programs for seniors**

    - Rental supplements such as SAFER can help more seniors afford appropriate housing in the places where they

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[85] WHO (World Health Organization) (2007). *Global Age Friendly Cities: A Guide*. Retrieved on-line from http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

[86] Seniors BC. (2011). *Profiling Age-friendly Communities*. Retrieved www.seniorsbc.ca/agefriendly/communities/profiles.html.

[87] Battle, K. and Torjmann, S. (2009). *The Federal Role in Poverty Reduction*. Produced for the Caledon Institute of Social Policy. P.10

live. Aging in place is an exemplary and viable goal with the right supports. Reducing barriers to eligibility for rental supplements will help more seniors stay in their communities despite financial challenges.

9. **For municipalities, encourage the development of affordable housing by waiving development cost charges, applying inclusionary zoning and density bonuses and other methods**

    - We need to make it easier to build affordable housing as without proper supply frameworks in place, the marketplace will not be able to provide enough affordable housing for seniors and others on fixed incomes.

10. **For provincial and federal governments, create affordable housing strategies that include ongoing funding for housing programs and affordable housing development for seniors**

    - In this region where land costs are very high, financial incentives on their own may not be sufficient to create affordable housing units – visionary policy and long-term strategies are needed.

11. **Continue to support municipalities to "prepare and implement housing action plans" as outlined in the Metro Vancouver growth strategy**

    - Having plans in place in each municipality which can effectively accomplish this goal will be an important step in ensuring there is an adequate housing supply for seniors.

12. **Subsidize the use of care aids and nursing professionals for families to make these services more affordable**

    - Supportive housing costs are prohibitively expensive for many seniors. As a result of these high costs, many families end up providing unpaid care for senior relatives. Care aids and home nursing professionals may be able to assist in care challenges without requiring the need for seniors to move into expensive supportive housing facilities.

13. **Implement specific planning policies to increase the mobility of older adults**

    - Increase land-use mix to facilitate better access to goods and services close to home. Older adults in sprawling residential areas may encounter more difficulty travelling, which may reduce functional independence (e.g., ability to purchase food for meals, picking up prescriptions, managing finances at the bank).

    - Improve the connectivity of street networks in order to reduce trip length to transit, shops and services for older adults.

    - Increase residential densities. Higher density neighbourhoods are essential to provide the critical mass of people necessary to support a diversity of shops, services and transit options.

    - Invest in accessible forms of public transit. Access to safe and reliable public transit is important for seniors to maintain independence and access recreational facilities.

    - Municipal investments in micro-scale features to enhance safety and comfort for seniors. Dense, connected, mixed-use communities aren't enough in themselves. Older adults require benches for rest, quality sidewalks, and clearly marked curbs.

    - Modify pedestrian design guidelines to reflect the safety needs of older adults. Traffic lights and appropriately timed cross-walks would improve the safety of older pedestrians crossing arterial roads and busy streets.

    - Identify appropriate locations to site facilities for seniors. For example, mapping areas of high levels of particulate matter and excessive noise could support better decisions about facility location.

    - Site new nursing homes, subsidized senior's housing and other senior's facilities in more walkable neighbourhoods.

    - Encourage retail and services to locate in community-oriented centres as opposed to development along arterial roadways.

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