

# Aging Well

*in British Columbia*



Report of the Premier's Council  
on Aging and Seniors' Issues

November 2006



# Premier's Council on Aging and Seniors' Issues

Dear Premier,

In October of last year, you announced the formation of the Premier's Council on Aging and Seniors' Issues. It has been an honour to serve as chair of this diverse and talented group of British Columbians.

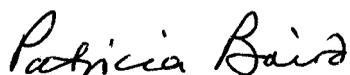
You gave the Council the task of identifying how our society can support the participation, health and well-being of older people in B.C. Over the past year, we have met regularly, heard nearly 100 presentations, met with hundreds of British Columbians, and received written input from more than 200 individuals and organizations across the province.

We have learned a great deal through this process, and are confident that implementation of the recommendations in this report will help our province deal successfully with the dramatic demographic and social changes that are taking place.

On behalf of Council members, I want to thank you for the opportunity to carry out this important work.

I wish to close by acknowledging with great sadness the loss of Dr. Bill Webber, a long-time colleague and a valuable member of this Council, who passed away during the course of our work. He has made many contributions to our province over the years, and even during the short time he was able to serve on the Council, he enriched our thinking and contributed greatly to its value. He is very much missed.

Respectfully submitted,



Dr. Patricia Baird  
Chair

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# Report Summary

British Columbia's population is becoming significantly older, and the demographic and social changes that are beginning to affect our province will forever alter how our communities look and function. There are many more older people, we are living longer and we are more active and healthier than ever before.

It is time for a new view of aging and of the role of older people in our province. The fact that older adults are a valuable and contributing part of our society hasn't been fully recognized. We must increase opportunities for older people to remain engaged with others in their communities, and continue to share their knowledge, experience and skills.

Most older British Columbians do not need or want a large number of services or supports from society, while a smaller number do need society's support. We must recognize and respond to these varying needs.

The Premier's Council on Aging and Seniors' Issues envisions a society where everyone benefits from the wealth of talent and experience of older adults, where older people are actively involved, integrated rather than isolated, supported in our desire to remain engaged with our communities, and assisted when poor health, lack of income or other barriers stand in the way of a good quality of life.

This vision is reflected in our 16 recommendations for change in our communities and in our province. We have highlighted in bold type five recommendations we judge to be key.

## Participating in society

We want a province where older people can remain involved and interacting with others in their communities, filling roles that are respected and valued.

British Columbia's *Human Rights Code* does not protect people 65 and older from discrimination on the basis of age. This is fundamentally unfair and must change immediately. The current lack of protection for older people allows mandatory retirement to be practiced in many workplaces, and when people do work after 65, they cannot count on receiving the same wages, benefits and working conditions as others doing the same work. The vast majority of older people are not finished being productive at 65, and it is inappropriate to have laws suggesting otherwise.

- **KEY:** We recommend that the B.C. government immediately change the *Human Rights Code* to extend human rights protections to those over the age of 65, thereby eliminating mandatory retirement in B.C.

Full participation of older people also depends on taking into account the particular circumstances of those in Aboriginal and ethnocultural communi-

ties to ensure that the differing needs of people in these communities are met. We must also encourage volunteerism and the non-profit sector because of the important services this sector provides and the valuable opportunities for older people to contribute through volunteerism. And we must improve the availability of information on opportunities and services for older people, because these opportunities are only useful if people know about them.

- We recommend that the B.C. government work with Aboriginal and ethnocultural organizations to ensure cultural appropriateness of services for older adults.
- We recommend that the B.C. government proactively support and promote volunteerism.
- We recommend that the B.C. government make accessible information services and outreach for older adults a priority.

## Transforming work

We must change workplaces to make it easier for older people to continue to work if they want. Our vision is of a province that welcomes older workers, benefiting from their skills, experience and dependability and enabling those who wish to work to do so.

More and more people are choosing to remain in the labour market after turning 65. Increased workplace flexibility would make it easier for people to make this choice, and would have the added benefit of helping address our province's growing labour shortage.

Increased workplace flexibility must go hand in hand with modernized rules for retirement savings. Opportunities for people to save for their retirement should be improved and promoted.

- We recommend that the B.C. government take a leadership role in supporting and promoting increased workplace flexibility.
- We recommend that the B.C. government promote greater individual retirement savings.

## Reshaping our neighbourhoods

We must reshape our neighbourhoods to make it easier for older people to thrive and remain in their homes as they age.

Our vision is of neighbourhoods designed to accommodate people of all ages and abilities, easy to walk, with highly accessible shops and services, recreational and cultural opportunities. We believe the B.C. government should work with local governments to encourage these sorts of developments. We also want a central role for a new type of enhanced community centre, which could play an important part in bringing people of all ages and cultural backgrounds together, providing a focus for interaction and community service delivery.

- We recommend that the B.C. government engage key partners and lead a provincial initiative to reshape neighbourhoods.

Our vision also includes a range of housing options supporting continued independence and quality of life, and a strong emphasis on accessible transportation, which is vital in linking older people to services, their friends and their communities.

- We recommend that the B.C. government take a strong leadership role in the area of housing for older people.
- We recommend that the B.C. government proactively address the transportation needs of older people.

## Staying healthy

It's urgent that British Columbians live healthier, so that we age better. Tomorrow's older adults have the potential to live even longer and healthier than the current generation, but how we live now affects how healthy we will be in the future. Older people are more likely to have chronic health problems such as heart disease, diabetes, dementia, or arthritis if they have been physically inactive and eaten a diet high in salt, fat, and sugar. We are concerned by recent data showing that most British Columbians are not sufficiently active and are eating unhealthy diets.

We need to structure our communities so they support healthy choices, with healthy living on municipal and local community agendas to reach people where they live, on an everyday basis.

- **KEY:** We recommend that the B.C. government significantly enhance healthy living initiatives focused on older adults, customized for British Columbia's diverse population.

## Ensuring sufficient incomes

All older British Columbians must have sufficient incomes to live decently.

Viewed as a total population, older people in B.C. are better off financially than ever before, and many who will be retiring in coming years are even wealthier. However, some older people still live with very low incomes.

This can contribute to social isolation and non-participation, significantly affecting quality of life and resulting in higher costs to society due to increased use of residential care and the health system. Action to remedy the situation of those older people who are living below the poverty line is essential.

- We recommend that the B.C. government take steps to ensure adequate incomes for all older people.

## Supporting independence

We must bring vital services, such as a broader range of home support, to older people's homes and neighbourhoods to enable continued independence and a good quality of life.

The support services currently available to older British Columbians in their communities fall well short of meeting the needs of some older people. We need a new vision for home support – one focused on prevention, maintaining quality of life, and avoiding the high cost – financial and human – of institutional care.

- **KEY:** We recommend that the B.C. government introduce a new, broader and more widely available home support system.

We also endorse the expansion of assisted living across the province, and increased support for informal caregivers.

- We recommend that the B.C. government recognize the contribution of informal caregivers.

## Providing medical services

Our health system must focus on quality so that sustainable and accessible health services will be available when older British Columbians need them. Misuse, overuse and under-use of health services raise concerns over quality, so a strong focus on quality improvement is essential.

By improving quality, not only will we provide better health outcomes, but we will also help control costs. Quality improvements should include increased attention to the reform of primary health care, the provision of sufficient residential care beds, and improved prescription drug evaluation, acquisition, regulation and information. We also support assistance for low-income older people with the cost of certain aids and treatments (such as hearing and vision aids).

- **KEY: We recommend that the B.C. government implement aggressive quality improvement initiatives across our health system, in a culturally appropriate way.**
- We recommend that the B.C. government move to more objective, transparent, evidence-based decision-making regarding what health care treatments, services and devices – mainstream and

alternative care – should be funded by our publicly-supported health system.

## Making it happen

The B.C. government must show leadership and be a catalyst for change, building partnerships with organizations and communities across the province. We need a new approach to adapt successfully to the changing age composition of our population.

A champion for change is needed both within government and for the government's outreach efforts. A Minister of State Responsible for Aging should act as this champion, supported by a secretariat with broad responsibility for programs, services and issues affecting older British Columbians. The secretariat should be attached to a ministry other than the Ministry of Health.

- **KEY: We recommend that the B.C. government appoint a Minister of State and secretariat to lead the changes needed to adapt to an older population, and to monitor and report on progress.**

The Council urges government and all British Columbians to seize the opportunity to make the changes necessary to adapt successfully to an older population.

# Introduction

## **We are living longer, British Columbia's population is getting older, and that's good news.**

The proportion of older adults in our province is growing rapidly – only 35 years ago, fewer than one in ten British Columbians was over 65, today nearly one in seven is over 65, and 25 years from now, it will be nearly one in four. In less than ten years, there will be significantly more people in B.C. who are over 65 than under 15. We've never seen this before.

Not only are there more older people – we're also living longer and healthier. Life expectancy in British Columbia rose from 62 years in 1921 to over 81 in 2005, and most British Columbians now experience many years of healthy and active living after the age of 65. The years from age 65 to 95 have as many stages and differences as the years from 35 to 65.

Along with these dramatic demographic changes, our province is seeing an evolution in what older adults expect of themselves, and new views of what family and friends, society and governments can expect of older people. These changes have many consequences, and it is essential for the well-being of individuals – and of society – that we are able to use these added years of life in positive ways.

The transformation we are beginning to experience in what it means to be older will be just as profound as the changes that redefined our understanding of childhood and adolescence over the first

half of the 20th century, and the role of women in the family and workplace beginning more than 35 years ago.

The prospect of far more older people in B.C. is a tremendous opportunity, but the fact that older adults are a valuable and contributing part of our society hasn't been fully recognized. We must increase opportunities for people to remain engaged with others in their communities, and continue to share their knowledge, experience and skills.

Most older British Columbians do not need or want a large number of services or supports from society; if attitudes toward older people change and barriers to participation are removed, they will fare well on their own. A smaller number of older people do need society's support to be safe, healthy and able to participate in their communities. We must recognize and respond to these varying needs.

We must also take into account the increasing cultural diversity of older people, as well as other differences – such as those affecting people living in rural and remote communities.

This report is about recognizing how our province is changing, and it's about proactively supporting the independence and participation of older people. It's about the need for governments, communities and institutions to adjust.

## The Premier's Council

Premier Gordon Campbell appointed the 18-member Premier's Council on Aging and Seniors' Issues in October 2005 and asked us to examine two key issues:

- how to support seniors' ability to continue as contributing members of society; and,
- how to support seniors' independence and health.

In carrying out this task, we have reviewed the demographic and socio-economic changes that are underway and that will be accelerating over the next decades. We have examined needs and opportunities to improve the independence and quality of life of older British Columbians.

### A NOTE ON LANGUAGE

How we use language reveals attitudes, and much of our society's language regarding aging is outdated. Terms such as 'old age pensioner,' 'senior,' and 'elderly' – once simply descriptive and value-neutral – have become associated with being passively out of the mainstream. By using words such as these, we reinforce stereotypes that misrepresent the reality of most older people's lives. For this reason, we have chosen to minimize the use of words such as 'senior' and 'elderly'. When we use the terms "older people" and "older adult" in this report, we are referring to people over the age of 65.

Throughout our work, Council members kept in mind the five principles of the National Framework on Aging: dignity, independence, participation, fairness and security.

Council welcomed and received written input from more than 200 individuals and organizations across British Columbia. We also held a series of meetings in Vancouver, Cranbrook, Kelowna, Prince George and Victoria, during which we heard nearly 100 presentations from older people, community organizations, governments, service providers, academics, advocacy groups and other experts.

These meetings included a Premier's Congress on Aging and Seniors' Issues in October 2005, and continued on a monthly basis through July 2006. Reports on each of these meetings were posted on our web site. Lists of presentations and written input received by the Council are in the appendices of this report.

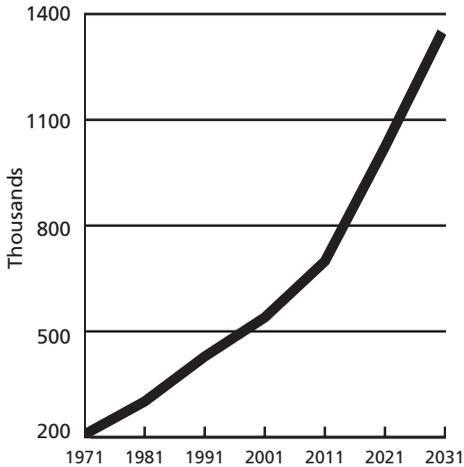
In addition, the Council reviewed current government programs and services, and a wide range of research, reports, and commentary on issues relating to our mandate, including reviews carried out in other jurisdictions.

We considered this wide range of information in the context of Council members' diverse knowledge and experience. We then set out to develop a report summarizing the key issues we encountered in our work, and to present recommendations to help our society take advantage of the tremendous opportunities lying before us.

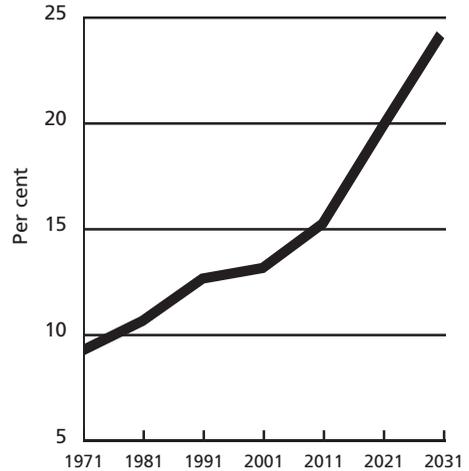
# Our province is changing

## Many more older British Columbians

Total 65+ population in B.C.



65+ as a percentage of total population in B.C.

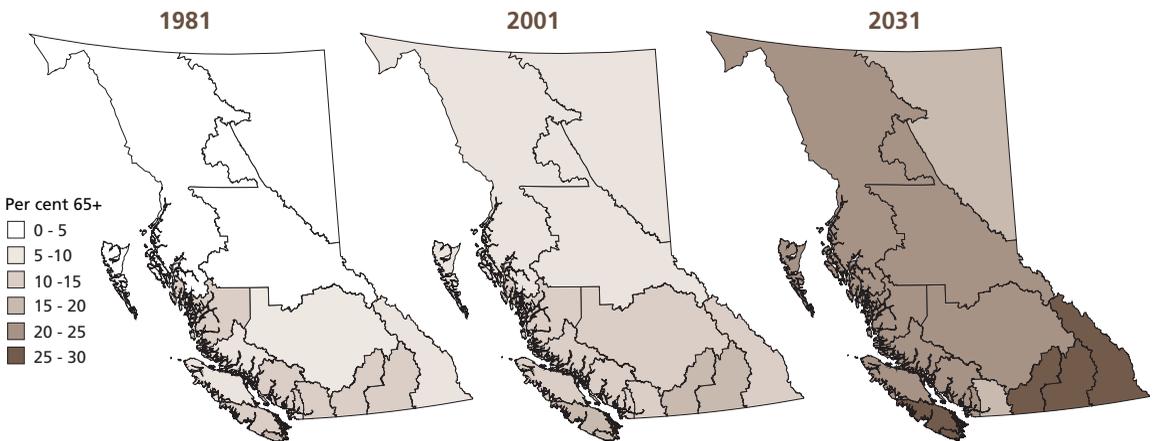


Source: Estimated (1971-2005) – Statistics Canada; forecast (2006-2031) – BC Stats 05/12

British Columbia's population of older people is growing rapidly, with nearly three times as many people over 65 living in B.C. today as compared to 35 years ago. The older population is projected to more than double over the next 25 years.

## More older people in every region

Proportion of people 65+ by region in B.C.

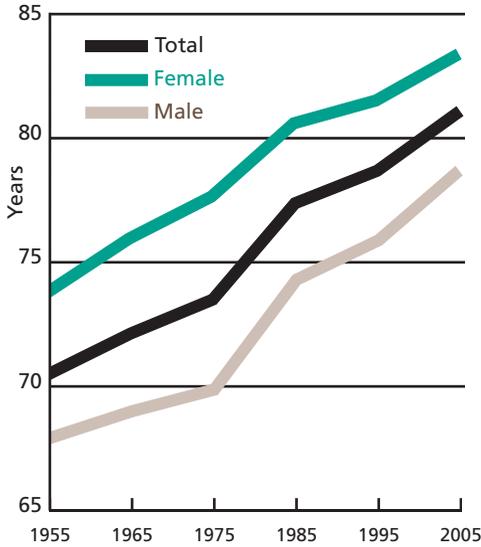


Source: BC Stats

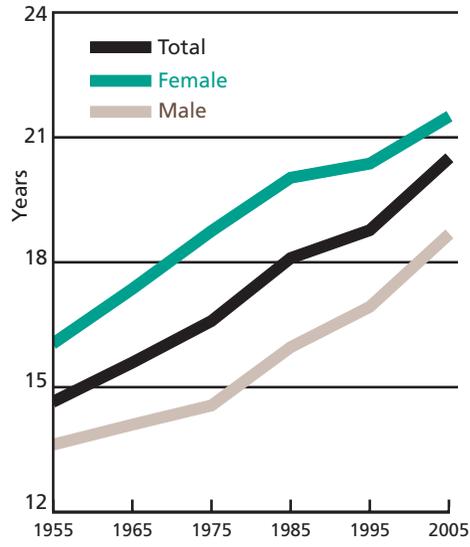
In the future, it is expected that all regions will see dramatic increases in the proportion of residents over 65.

## We're living longer

Life expectancy at birth in B.C.



Life expectancy at age 65 in B.C.

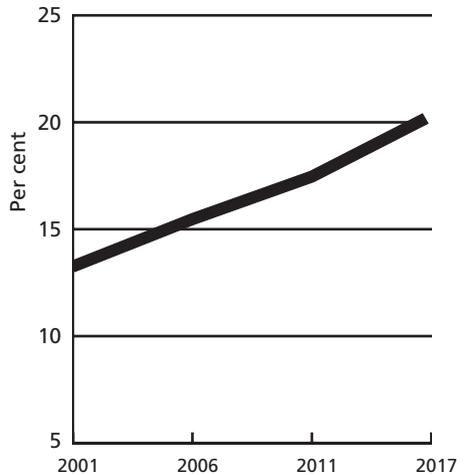


Source: BC Stats

Our province is a world leader in life expectancy. The average 65 year old today has more than two decades of life ahead of them.

## Increasing cultural diversity among older people

65+ visible minority population as a percentage of total 65+ population in B.C.



Source: Reference scenario – Population Projections of Visible Minority Groups, Canada, Provinces and Regions, 2001-2017, Statistics Canada

British Columbia's increasingly diverse population is being reflected in changes to the over 65 population, with significant increases projected in numbers of older people who are visible minorities, rising from about 69,000 in 2001 to over 160,000 in 2017.

## Our Vision

The Premier's Council on Aging and Seniors' Issues envisions a society where everyone benefits from the wealth of talent and experience of older adults, where older people will be actively involved in society, integrated rather than isolated, supported in our desire to remain engaged with others and our communities, and assisted when poor health, lack of income or other barriers stand in the way of a good quality of life.

### The future

We want a future where attitudes toward aging have changed and older adults are viewed as individuals with diverse attributes and abilities. This will be a future where older people are free to work if they wish, and have opportunities to participate in their communities in other ways. This will enable all of us – old and young – to benefit, both socially and economically.

We want people to live healthy, active lives, and we want all older adults to have the financial means to live decently. This will be a future where those who are frail or vulnerable and in need of support are served by a strong system of programs and services, and where society helps people deal with changes in mobility, vision and hearing.

We want a health care system that has adapted to help people manage chronic conditions, and does so in their communities. Our systems of transportation and housing, and the design of neighbourhoods will also

have adapted to meet the needs of older adults. There will be support services and assistance tailored to meet varying needs, so older people can thrive in their own homes for as long as possible. Volunteerism will be recognized, supported and valued.

Our mandate has been to look forward, rather than focusing on immediate issues, and to envision our province in coming decades. Looking forward at the implications of the demographic changes now occurring in British Columbia raises many questions, such as:

- What is the impact on local communities that have built services, neighbourhoods, and institutions that cater to a population with many children and a much smaller number of older people when this ratio is reversed?
- What is the impact on our economy and workplaces when many older people retire from employment, with fewer younger workers coming in behind?

- What will be the impact on families when we increasingly see people in their sixties caring for their 80- or 90-year-old parents?
- How will these demographic changes affect our current youth-oriented culture?

The policy agenda around aging has been dominated by discussion of the dependency needs of frail and vulnerable elders. Clearly, meeting these needs is essential in any caring society, but older people are healthier and more independent than ever, so we also need to focus on older adults being an integral part of our social and economic life.

## Action is essential

The demographic changes that are beginning to affect our province will forever alter how our communities look and function. We cannot prevent these changes, but we can prepare for them.

Bringing about our vision will only be possible if all levels of government, other institutions, communities, and individual British Columbians work

together. By beginning now, we can make changes that will strengthen the fabric of our society.

The following eight sections of this report outline the most important issues we identified during our work. We present 16 recommendations, outlining a comprehensive program for meeting the challenge of an older B.C. population. We have highlighted five as key recommendations but believe that the implementation of all of them is vital to the future well-being of our province, and to the quality of life of older people.

This is an interrelated set of recommendations; many of them depend on the implementation of the others for their success, so it is important to view them as a cohesive package.

While there will be costs to making the changes we have recommended, we believe they are essential if we are to make British Columbia a good place to live for older people and for all of us.

# Participating in Society



## “Relationships are at the centre of everything.”

– Shawn (A-in-chut) Atleo, BC Regional Chief, Assembly of First Nations

During the October 2005 Premier’s Congress on Aging and Seniors’ Issues, Dr. John Helliwell of the University of British Columbia argued that social connectedness – engagement with our communities and others in our society – is key to the quality of life for older people. He told us, “Community is what counts for people. It’s feeling enmeshed and comfortable in a community... Engagement is absolutely critical.”

Our vision is of a province where older people can remain involved and interacting with others in their communities, filling roles that are respected and valued.

We strongly believe in the integration and inclusion of older people. Generally speaking, we favour the concept of services for all people who need them over that of services for older adults based solely on age.

One of the most significant barriers to fuller participation is ageist attitudes that tend to dismiss older people as no longer able to contribute meaningfully. Media portrayals of older adults can reinforce outdated stereotypes and obscure the active and engaged reality most older people live.

As Michael Valpy, a senior writer for the Globe and Mail newspaper told us, the media often portray older people as ‘them’ and not ‘us’. Such images are inaccurate and an impediment to understanding the circumstances and contributions of older British Columbians.

We need new images and stories of aging that show the possibilities in this new life stage, and we need to change attitudes in our workplaces, communities and institutions to support full participation by older adults.

## Human rights and the option to work

British Columbia’s *Human Rights Code* protects most B.C. residents from discrimination in areas such as employment, housing, and services and facilities available to the public. The *Code* prohibits discrimination because of a person’s race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation or age. However, it defines “age” as being “an age of 19 years or more and less than 65 years.” As a result, British Columbians over the age of 65 are not protected from age discrimination. This

“Removing barriers and preventing mandatory retirement at 65 will bring significant advantages and choices – for individuals, for businesses, and for the continued growth of the economy.”

– *Written input, Vancouver*

is fundamentally unfair and must change immediately.

The current lack of protection for older people allows mandatory retirement to be practiced in many workplaces, where workers are required to retire when they reach the age of 65. When people do work after that age, they cannot count on receiving the same wages, benefits and working conditions as others doing the same work. Again, this must change.

Two provinces – Manitoba and Quebec – abolished mandatory retirement in the 1980s. Ontario is currently in the process of implementing a similar change. Most other provinces have placed limits on mandatory retirement, but still allow pension arrangements that discriminate on the basis of age, so the practice effectively continues. Australia, New Zealand and the United States have prohibited mandatory retirement.

With labour shortages already beginning to grow due to relatively few younger workers entering the labour market, there are strong economic arguments against mandatory retirement, and we consider them compelling. Employers are starting to realize this – an October 2005 COMPAS poll of Canadian business leaders found that 90 per cent favoured abolishing mandatory retirement.

There are also compelling moral and rights-based arguments for prohibiting the practice. Government can help change ageist attitudes and remove barriers to participation by bringing discriminatory laws into line with the realities of British Columbia’s capable

older population. This must include removing the current exemption clause in the *Human Rights Code* that allows bargained and employer-imposed retirement clauses, and extending the ground of age to *Section 8*, which pertains to facilities and services generally available to the public.

Some people argue against the prohibition of mandatory retirement because certain jobs – especially those involving public safety – have requirements that older people might not be able to fully meet. However, we believe that non-discriminatory methods should be used to ensure that all workers are able to safely fulfill job duties.

The Council heard concerns that extending *Human Rights Code* protections to people over the age of 65 might open the door to changes in age eligibility for pensions, forcing people to work until later in life. We understand these concerns, and respect the achievements of organized labour in pressing for improved retirement benefits. However, banning mandatory retirement is different from and separate from changing the age of eligibility for pensions.

Pension rights must be respected, and we believe people should be able to retire when they choose to do so. The Canada Pension Plan (CPP) should continue to be available to people who choose to retire as early as age 60, but with its benefit rates adjusted so they neither encourage nor discourage such a choice. People reaching the age of 65 should have the option of retiring and collecting a full CPP pension, phasing-in retirement while receiving a pro-rated

pension, or continuing to work full-time while contributing to a larger pension when they do choose to retire.

We are well aware that extending *Human Rights Code* protection to people over the age of 65 will have a cascade of consequences for pension plans, collective agreements, workers' compensation and other workplace provisions. Government should bring together employers, unions, and other interested parties to discuss how to bring about these changes quickly and smoothly.

## Recognizing diversity

Full participation in society can be a particular challenge for older people from ethnocultural minorities, particularly those who are recent immigrants or who have difficulty communicating in English. Throughout this report, we highlight areas where it is especially important to address these issues – such as translation services in our health system, and cultural-specific services in residential care and acute care facilities.

The National Advisory Council on Aging has produced a report on the challenges faced by ethnocultural minority older people. Throughout this document, our discussion and recommendations reflect the spirit of that report's thoughtful analysis.

The needs of people who are members of ethnocultural minority groups vary, and there often are considerable differences depending on whether a person is a recent immigrant or was born in Canada. Similarly, the needs of Aboriginal elders vary depending on whether they live on or off reserve.

We heard about many serious social and economic issues in Aboriginal communities, and about the importance of preserving connections between generations. The province's New Relationship with Aboriginal People must lead to meaningful change, and include a focus on elders.

It is important for government and service providers to collaborate with Aboriginal and ethnocultural communities to make sure all types of services are accessible and culturally appropriate. Information and resources must take into account differing cultural and language needs, so members of these communities should be involved in their development to ensure they meet the needs of older people from their communities.

## The value of volunteerism and volunteer-delivered services

Volunteerism has an important place in the lives of many older people – both as volunteers and as recipients. The broad range of volunteer-delivered services provided to older people are often vital to their independence and quality of life, ranging from meals on wheels to the prevention of elder abuse.

Older people contribute greatly as volunteers. According to Statistics Canada, nearly a third of people over 65 volunteered in 2004, putting in more hours per volunteer than any other age group. Many volunteers enjoy the social interaction and the sense that the services they are providing are valuable.

We heard that the voluntary sector is growing in importance, and that older adults are likely to depend on it increasingly. However, given the diversity of older people, it is not reasonable to expect all older adults to volunteer, and volunteers should not be called upon to fill gaps that should be filled by paid service providers, including government.

Through fundraising efforts, grant funding, and contracts to deliver services, volunteer and non-profit agencies currently receive support from different levels of government, the business community, and individuals. This arrangement is appropriate, and should continue.

However, we heard throughout our work that many non-profit volunteer-based organizations may have the people and expertise to provide much-needed services, but often lack funding for a paid employee to coordinate their efforts. We also heard about barriers faced by individual volunteers, such as rising fuel costs for volunteer drivers.

Given the magnitude of demographic change, and the benefits the volunteer and non-profit sector provides to older people, we believe dedicated provincial government funding is needed to support those organizations and their volunteers. Such a program would enable government to target funding to areas of greatest need, better track results, and highlight successful approaches. It may also allow non-profit agencies to better leverage other funding, such as the federal New Horizons for Seniors program,

community-level grants from local governments, and public fundraising.

As part of enhanced support in this area, we believe government and other partners should help foster a province-wide network of volunteer peer advocates for older adults, with training and support provided at the regional level by non-profit groups, and core funding for central coordination and information provided by government.

We are confident that this approach will help maximize the benefits of

volunteer-based non-profit agencies, while creating more opportunities for older people who would like to contribute to their communities through volunteerism.

## Protecting against abuse

It is essential that we protect all people from abuse and neglect, whether financial, emotional, verbal, physical or sexual. Some older people, particularly if they are frail, are especially vulnerable. We are encouraged that awareness of issues around abuse and neglect has been increasing.

A great deal of work and consultation has gone into updating legislation to protect vulnerable people, and there is broad agreement that legislative change is needed. A bill was introduced in the Legislature to deal with this, however issues around advance care directives and representation agreements remain unresolved.

We are concerned that these issues have delayed passage of the rest of the bill, as updating of outdated guardianship legislation is widely viewed as necessary. We urge government to proceed with this part of the legislation as soon as possible, while also working to resolve the remaining differences over advance directives and representation agreements.

Volunteer organizations such as the BC Coalition to Eliminate Abuse of Seniors, and Community Response Networks, play an important role in raising awareness and preventing and acting against abuse. These are examples of valuable volunteer-delivered services at the community

### MEETING NEEDS IN PRINCE GEORGE

Across B.C., volunteer organizations are providing vital services for older people. The Prince George Council of Seniors is one excellent example, delivering four important programs:

- An information line for older people
- An outreach program to help older people stay active
- Meals on Wheels
- A program to teach older people basic computer skills

The Prince George Council is an umbrella organization, bringing together a variety of different community groups. They reach out to vulnerable older people using face-to-face communication to meet needs and keep people active and engaged in their communities.



level, which should be actively supported by government.

The marketplace is another significant area of abuse, so consumer protection is particularly important for older people, who are often targeted by scam artists. Older people tend to be targets of some kinds of scams, so it is vital that information on how to recognize potential scams is provided to older people, their families and support networks, in order to help prevent this kind of abuse. In addition, government should consider improving protections in particular areas of our economy that are not currently as well protected as they might be, such as funeral and cemetery sales.

## Information enables participation

Older adults must know about opportunities to participate in order to take advantage of them. This means that access to good information about volunteer, recreational, and work opportunities, as well as about government programs and services, is important.

There are many services that provide information to older people, including local information lines in some communities, the government's province-wide Health and Seniors Information Line, and the BC Seniors Guide. However, none of these provides a comprehensive one-stop database of

information relevant to older people. The information available to older people tends to be fragmented, often out-of-date, and inconsistent from community to community.

We heard about a variety of initiatives intended to address this issue, such as the upcoming 211 telephone and internet information service. Clearly, good work is being done in this area, but we are concerned about the potential for overlap, and for a proliferation of services, each with a different phone number or internet address.

Government and other partners should ensure that these initiatives are coordinated so that older people – and all users of these services – can get access to information in a straightforward and seamless manner.

Other communications technologies also have great potential to inform older adults and help keep them connected. For example, the internet is already a key source of information for older people, and its use will markedly increase in the future – 80 per cent of people over 65 will own and use a computer by 2020. Also, the publicly-owned Knowledge Network television channel – which has an excellent web site of its own – reaches more than a third of British Columbians every week, and about 70 per cent of its prime time audience is older British Columbians. We encourage the B.C. government to make better use of these and other emerging technologies to communicate with older people.

In addition to the challenges faced by individual older adults in finding information on programs and services,

we encountered many situations where community organizations or local governments were unaware of successful initiatives or resources to support older people in other parts of the province.

Government is well placed to work with partners in developing and maintaining a database of successful initiatives and resources that serve or engage older people. We envision a dynamic online database of information, which would incorporate existing information and resources from groups like the Union of B.C. Municipalities, and the BC Rural Network. While information-sharing is not solely the responsibility of the provincial government, we believe that a proactive effort in this area would pay dividends for the province, by enabling local organizations to learn what is working in other communities, thereby spurring the enhancement of local services.

### LIFELONG LEARNING ENHANCES PARTICIPATION

Continuing education programs, both those organized by older adults and those offered by institutions, have great potential to enable older people to upgrade their skills or learn new ones, and stay stimulated and interested. Education levels of older British Columbians are increasing – by 2020, 45 per cent will have completed university or college. More older people will be working, so there will be more demand for applied skills training.

## KEY RECOMMENDATION

### ■ Protect human rights and end mandatory retirement

*Every adult deserves the same rights and protections, regardless of age. This includes the right to remain employed as long as we wish, if we are capable of doing the job.*

**We recommend that the B.C. government immediately change the *Human Rights Code* to extend human rights protections to those over the age of 65, thereby eliminating mandatory retirement in B.C. Exemption clauses that allow bargained and employer-imposed retirement ages should be removed, and the ground of age extended to *Section 8*.**

## FURTHER RECOMMENDATIONS

### ■ Respond to diversity

*We must successfully adapt to the increasing diversity of our province's population.*

We recommend that the B.C. government work with Aboriginal and ethnocultural organizations to ensure cultural appropriateness of services for older adults by:

- Evaluating government services to ensure they are delivered in ways that meet the needs of older people in those communities.
- Recruiting and training more health care and home support workers from those communities, and training other service-providers to provide culturally-appropriate services.

### ■ Support volunteerism

*Volunteerism and non-profit organizations play an indispensable role in the lives of many older British Columbians – providing important services to people who need them, and offering rewarding opportunities to contribute to others.*

We recommend that the B.C. government pro-actively support and promote volunteerism by:

- Providing ongoing core operating funds to non-profit groups providing volunteer-delivered services for older people, including peer advocacy, abuse prevention, community response networks, and others.
- Funding to help remove barriers to volunteer participation, for example by enabling reimbursement of volunteers for their expenses.

## ■ Get information out

*Programs and services are only useful if people know about them. Accessible public information is essential in helping older people remain independent and involved in their communities.*

We recommend that the B.C. government make accessible information services and outreach for older adults a priority by:

- Building and maintaining a province-wide database of services for older adults, and making it available in ways that both inform individuals and help address gaps in information sharing among communities.
- Integrating information services delivered using more than one technology, such as telephone and internet, and providing a single point of access for each technology to the common database.
- Working with Aboriginal and ethnocultural organizations to develop culturally-appropriate information and resources.



# Transforming Work



## We must change workplaces to make it easier for older people to continue to work if they want.

Our vision is of a province that welcomes older workers, benefiting from their skills, experience and dependability, and enabling those who wish to work to do so.

More and more people are choosing to remain in the labour market after turning 65. Nearly one in six British

Columbians between 65 and 69 were employed in 2005, higher than any other year in recent history. Increased workplace flexibility would make it easier for people to make this choice, and would have the added benefit of helping address our province's growing labour shortage.

“Seniors have the expertise of a lifetime which is a wealth of information just waiting to be tapped.”

– Email input, Langley

## Our province needs older workers

British Columbia’s past economic growth was fuelled by an increasing pool of employable people. Now, with our population aging and growth in the number of younger workers slowing, the loss of experience and skills through retirement is an increasing concern for employers and our economy.

Our province is anticipating more than a million job openings over the next dozen years – about half due to economic growth and the other half due to the retirement of large numbers of current workers. And there aren’t enough younger people to replace them – without decisive action, the B.C. government estimates a shortfall of about 511,000 workers between now and 2018.

This is a long-term trend that will present major challenges to our province – challenges that will be more manageable if employers make changes to accommodate experienced workers. Employers and our economy will benefit if this occurs, as older workers tend to stay in their jobs, and those who choose to remain in the labour market at older ages tend to be the most motivated, skilled and healthy workers.

With people living decades longer than in the past, and healthier than ever, it will not be surprising if many older people choose to work a few more years – potentially reversing a trend that saw Canada’s average age of retirement drop from 65 in the late 1970s to just under 61 in 1998. Since then, it has risen again to nearly 62 years. Statistics Canada data show that if older people chose to remain in the labour market even just two more years than now is the average, our labour supply will not drop, but rather stay virtually stable.

## Making workplaces more flexible

A 2002 Statistics Canada survey found that 28 per cent of recent retirees said they would have continued working if they could work part-time. Clearly, flexible working arrangements are important to retaining workers. To do this, it will be necessary for employers to offer more choices such as job sharing, working fewer hours each day or fewer days each week, or gradually phasing in retirement over a period of time.

Increased workplace flexibility would be good for everyone, as older employees would have the option of continuing to earn employment income, while employers would benefit from keeping experienced workers longer. Younger workers also benefit if a wider range of workplace arrangements are available, as some prefer options other than a traditional full-time work schedule so they can care for their families.

## EMPLOYERS RECOGNIZING THE VALUE OF OLDER WORKERS

Increasing numbers of employers view older workers as a key resource. For example, Home Depot Canada focuses hiring efforts on older people, recognizing their excellence at customer service, leadership skills, experience and dedication. Home Depot is working with CARP, Canada's Association for the Fifty-Plus, on hiring initiatives, and offers older workers flexible hours along with opportunities to take on new challenges, learn new skills and advance within the company.

The B.C. government has recently announced an initiative to encourage employers to make workplaces more flexible. This initiative (WorkLife BC) is focused on younger workers with families; we believe it should be broadened to also address workplace flexibility initiatives benefiting older people.

If older workers are going to remain working longer, they will need new challenges on the job to help them remain engaged and enjoying their work. They should also have equal opportunities to receive employer-provided training – a worthwhile investment for employers, due to the lower turnover of older workers.

### Government must lead

The B.C. government has our province's largest corporate workforce, so it is extremely important for the

Province to take a leadership role with its own workers. Early retirement is currently most prevalent in the public sector, where the average age of retirement is only 59.

We note that a Corporate Human Resources Plan for the public service was recently released, which estimates that in less than 10 years, 45 per cent of management staff, and up to 35 per cent of bargaining unit employees will retire. This plan recognizes the importance of making the workplace more flexible and attractive to employees, and is focused on doing so.

Working with the relevant unions, the B.C. government should end any policies that promote early retirement and introduce new policies to make its workplaces more flexible, with options such as expanded job-sharing, more part-time work and phased retirement that make it easier for older employees to choose to remain on the job.

Government must set a positive example for other employers by implementing these changes for its own workers, and by highlighting the positive practices of other progressive employers.

### Private retirement savings and pensions

Increased workplace flexibility must go hand in hand with modernized rules for retirement savings. Opportunities for people to save for their retirement – especially those with low and modest incomes and those who work for small employers – should be improved and promoted.

It is worrying that in 2004 only 26 per cent of BC taxfilers contributed to a Registered Retirement Savings Plan (RRSP). We are also concerned that in 2005, more than 60 per cent of employees in B.C. did not have an employer-sponsored pension plan. We favour steps to remedy this.

Some small employers already participate in pooled pension plans, for example through trade associations. Others offer the benefit of matching employee contributions to their RRSPs, another practice we wish to encourage.

We heard the suggestion that employers without pension plans or other retirement savings arrangements should be required to enrol their employees in a pooled private pension plan. This would benefit the most disadvantaged of working people, so we encourage government to explore this possibility.



With more older people choosing to work until later in life, rules around RRSPs and Registered Retirement Income Funds (RRIFs) must be changed to make it easier for people to continue saving for retirement without penalties for remaining in the labour market.

Pension reform is a complicated area in which the Council is not making detailed prescriptions, but rather specifying some key principles that should be kept in mind when our pension system is revised to meet changing needs.

If mandatory retirement is abolished, then age-based provisions of employer-sponsored pension plans penalizing people for continuing to work beyond the age of 65 will need to be changed and made more flexible. For example, as we recommend with the Canada Pension Plan, workers should have the option to retire at 65 and receive a normal employer-sponsored pension, phase-in retirement after 65 while receiving a pro-rated pension, or continue working full-time after 65 while continuing to contribute toward an enhanced pension when they do retire.

## RECOMMENDATIONS

### ■ Make workplaces more flexible

*We must change workplace policies and practices so we all can benefit from the experience, skills and expertise of older workers.*

We recommend that the B.C. government take a leadership role in supporting and promoting increased workplace flexibility for older people by:

- Acting immediately to implement changes in its own workplaces that remove incentives to retire early, and increase options for phased retirement, part-time work and job sharing.
- Taking a strong lead in encouraging other employers to act similarly, starting by bringing employers and employees together for a Premier's forum on workplace flexibility for older workers.
- Actively promoting the modification of pension rules (public and employer-sponsored) to allow workers to choose among retirement with full pension benefits at 65, part-time work while receiving a pro-rated pension, or continued full-time work while continuing to contribute toward an enhanced pension when they do retire.

### ■ Save for retirement

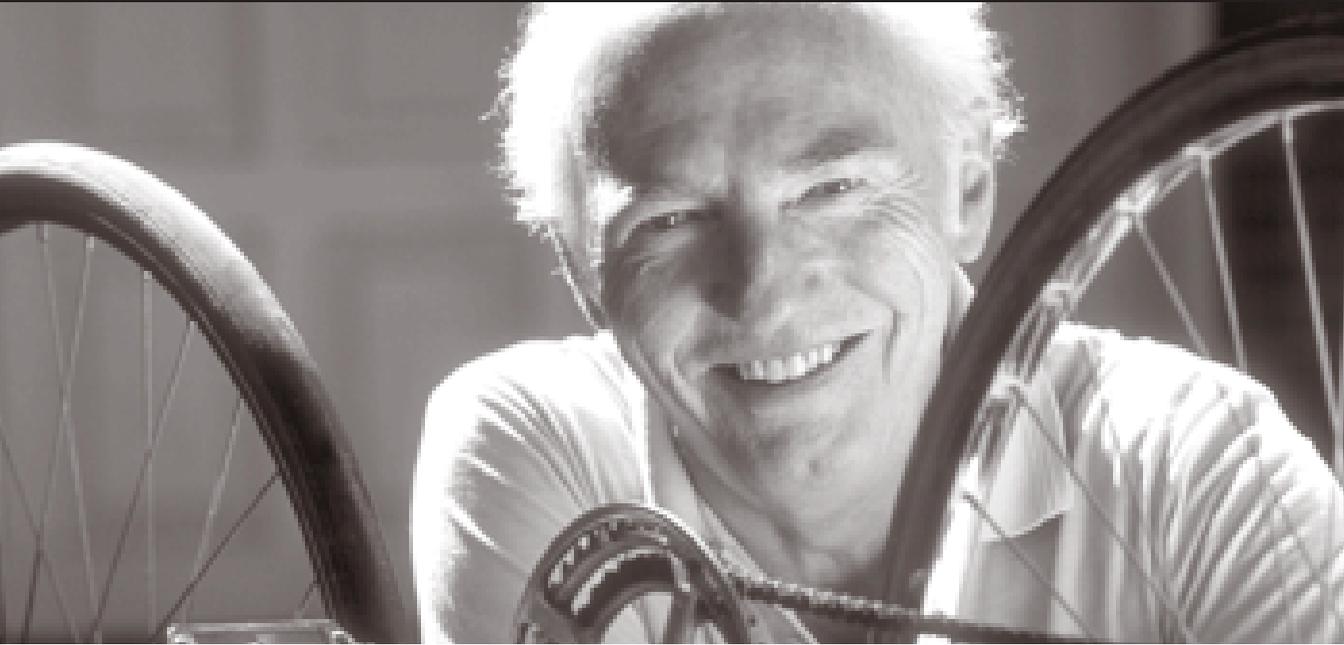
*Pensions and other retirement savings are essential for healthy, active and involved retirement years, and while working, people should be encouraged to save for their retirement.*

We recommend that the B.C. government promote greater individual retirement savings by:

- Lobbying the federal government to revise Registered Retirement Savings Plan (RRSP) and Registered Retirement Income Fund (RRIF) rules to enable people to work until later in life while continuing to save for their retirement.
- Encouraging the use of pooled pension plans and matching RRSP contributions to enable smaller employers to provide their workers with increased retirement savings.



# Reshaping our Neighbourhoods



We must reshape our neighbourhoods to make it easier for older people to thrive and remain in their homes as they age.

Our vision is of neighbourhoods designed to accommodate people of all ages and abilities, easy to walk, with highly accessible shops and services, recreational and cultural opportunities. This means more small-scale residential developments and varying kinds of housing mixed with other types of buildings, including more community centres.

These neighbourhoods would accommodate people of all ages, with homes, public buildings, sidewalks, green-spaces, and streets designed with accessibility and safety in mind.

We are talking about significant, exciting change that will invigorate neighbourhoods and benefit all British Columbians. A community that is friendly to older people will also be friendly to children and families, persons with disabilities, and all residents.

To bring this about, we are recommending action in three key areas: neighbourhood design, housing, and transportation.

## Neighbourhood design

There is an emerging body of evidence that the design of a neighbourhood is a good predictor of the health and well being of its population. The way we



build our neighbourhoods plays a huge role in how we live our lives, how physically active we are, and whether it's easy for us to interact with others. By changing the design of our neighbourhoods, we can enhance the quality of life of older people, enable us to remain in our homes as we age, and strengthen bonds between generations.

Research conducted by Lawrence Frank, Bombardier Chair in Sustainable Transportation at the University of B.C., and his colleagues, has found that people living in more walkable neighbourhoods with mixed land uses, connected streets, high residential density, and pedestrian-oriented retail do more walking and biking, are less likely to be overweight, drive less, and produce less air pollution than others.

Walking is important to many older people, both as a means of transportation and as a source of exercise and contributor to good health. The structure of neighbourhoods can powerfully affect how much we walk, and play a big role in making us healthier as we

### AGE-FRIENDLY NEIGHBOURHOODS

Saanich is British Columbia's community partner in the World Health Organization's Age-Friendly Urban Community Project, which is trying new ways of breaking down physical and social barriers that keep older people from fully participating in community life. Saanich is working to create 'urban village' areas where design guidelines improve mobility.

This includes making sidewalks safer, adding benches, and working with the business community to make shops easier for older people to use. The project is also looking at customizing recreation and community programs, and encouraging adaptable housing that allows people to age in their neighbourhoods.

age. As we discuss in the section ‘Staying Healthy,’ this is vital to the long-term well-being of older people.

Having easily accessible, well-lit places to walk also improves safety, since older people are more vulnerable than people in other age groups to being hit by cars. Currently, people over 65 make up less than 14 per cent of B.C.’s population, yet account for more than 40 per cent of pedestrian fatalities.

A new federal-provincial-local government infrastructure grant program is needed to focus on the creation of mixed-use neighbourhoods with various types of housing, where people can walk or take transit to shops, greenspace or community centres. The B.C. government should work with local governments to encourage the development of these sorts of neighbourhoods – particularly in areas that are home to larger numbers of older people. This grant program could also assist with infrastructure changes that improve pedestrian safety, particularly in smaller and more remote communities.

The creation of a substantial innovation prize to annually recognize and support the implementation of an outstanding plan to reshape a B.C. neighbourhood would raise awareness and provide models for how to do this.

### Community centres

Our vision of reshaped neighbourhoods includes an important role for a new type of enhanced community centre, which we believe could play a central part in bringing people of all ages and cultural backgrounds together, providing a focus for interaction, and for community service delivery.

Business and community leader Milton Wong told us that a more concerted effort to engage citizens at the neighbourhood level could pay huge dividends in improving quality of life, while reducing the cost of services by promoting wellness and independence, thereby lessening demand for acute and residential care. We agree.

An expanded network of community centres could serve as hubs to integrate and support older people in our

### ACTING ON COMMUNITY CENTRES

Kelowna has recently released a seniors services strategy, which calls for the replacement of senior centres with multi-age facilities with dedicated time and space for older people. Stand-alone seniors centres were found to be unattractive to the broad range of older people and an inefficient use of city resources.

In the future, Kelowna intends to pursue partnerships with the Interior Health Authority, not-for-profit agencies, and commercial enterprises to provide a range of services in one location.

neighbourhoods. We envision accessible community centres across the province welcoming everyone throughout their life cycle.

More community centres with broader mandates would require increased resources. Provincial government and public fundraising have contributed to capital development, but to date, local governments have paid ongoing operating costs. The provincial government and other new partners, including the private sector, are needed if we are to develop expanded facilities and be able to offer more useful programs.

The conversion of decommissioned school facilities into community centres, where they are needed and suitable for this purpose, also deserves further attention. For example, the Nicola-Similkameen School District and Okanagan Similkameen Regional District are currently working cooperatively to convert a closed school in Princeton into a community wellness centre. A provincial government grant is assisting with the planning of this project, and we support this kind of initiative.

## Our vision for housing

Our vision is of a province where older people have a range of housing options within their community, supporting continued independence and quality of life.

One of the many advantages of neighbourhoods with mixed housing types is that they accommodate changing needs so people don't need to move and give up long-time social networks. In this kind of neighbour-

“Seniors housing should have certain amenities associated with them, such as sidewalks that lead to somewhere other than the end of the property, access to public transit, close proximity to an activity centre, close proximity to medical treatment and close proximity to a shopping centre.”

– Written input, Victoria

hood, people are able to move to a different type of housing, if they need to do so, without leaving their friends.

There is a common myth that most older people relocate over time from houses to apartments and then into residential care facilities. This has never been true. Less than seven per cent of older people live in a residential care facility at any one time, with just one per cent of older adults moving from private homes to institutions each year.

Older people, with very few exceptions, strongly prefer to continue living independently if they have the help they need to do so. However, many people's housing needs do change as they age, and people must have housing options that meet these changed needs, with necessary supports provided as much as possible in our neighbourhoods.

The market has always been the provider of most housing occupied by older people, and we anticipate that it will continue to play this key role in the future. However, older people

## *British Columbia needs more public investment in affordable housing for older people.*

living on lower incomes need assistance. Ensuring that the right mix of housing options is available is a complex task that must involve local, provincial and federal governments, non-profit housing societies, the co-operative housing sector, for-profit developers and community groups.

British Columbia needs more public investment in affordable housing for older people – including funding for new units and for the conversion of existing subsidized housing to meet the needs of people requiring supports to stay in their homes. We also need improved programs to assist low-income people in adapting their homes to changing needs.

The provincial government's housing strategy announced in October 2006

includes positive initiatives – such as the expansion of rent subsidies to low-income working families and the creation of more supportive living units for people at risk of homelessness. However, it does not substantially address the housing situation of low income older people, as the strategy commits to funding only 550 new assisted living units, on top of those previously approved. This number is insufficient to meet projected needs.

In the 2001 census, there were 320,860 senior households in B.C., and 68,755 of these were renters. More than 27,000 of these older renters were in core housing need – which means they live in housing that is inadequate, too expensive for their income, or both. The B.C. government should make a stronger commitment to assisting these older people to meet their housing needs.

In addition to creating more assisted living, which is discussed in the 'Supporting Independence' section, provincial and local governments should encourage other housing

### COMMUNITY-BASED HOUSING SOLUTIONS

Abbeyfield Houses are an example of community-based housing that can meet the needs of a significant number of older people. Abbeyfield housing is small-scale non-profit housing – normal houses on normal streets. A group of seven to ten older people lives like a large family, balancing privacy with companionship to meet the needs of those who are unable to live alone, but do not want or need the services of a residential care facility.

There are currently 19 operating Abbeyfield Houses in B.C., located in smaller communities as well as large urban areas.

options that allow people to continue living in the community. These include living with roommates to provide mutual support, group-style housing where some meals are provided, and wider availability of good quality secondary suites.

Non-profit groups play a key role in providing affordable housing for older people, as well as other British Columbians. Co-operative housing is another source of quality lower-priced housing, offering many benefits, including security of tenure and participation in decision-making. These groups should be encouraged through stable, long-term sources of funding from government to enable the development of more non-profit housing spaces.

Local governments should use zoning to reshape neighbourhoods, encouraging mixed use developments, and discouraging developments such as 'gated communities' that tend to isolate older people from the rest of their communities. We believe that these are not helpful in achieving the goal of inclusion and ultimately make it difficult for older adults to age in place. Additionally, the development permit process for housing for older people should include an assessment as to whether suitable transportation is available.

Secondary suites in single family neighbourhoods also have the potential to provide lower-priced housing and offer the benefit of enabling older people to remain in a familiar neighbourhood and in contact with their social supports. Some local govern-

ments have legalized secondary suites and we believe that others should as well. In addition to increasing the supply, this would bring this type of housing under better regulatory control, making it easier to ensure that health and safety standards are maintained.

### Safer homes and public spaces

If older people are going to continue living in their own homes, then more must be done to ensure that housing is designed for accessibility and safety. This benefits people of all ages with mobility and other limitations, increases the versatility of the housing stock, and potentially increases resale value.

We are not arguing for increased 'special needs' housing; we are arguing for simple changes to make housing safer, more accessible and more adaptable to meet the needs of people as they age. Examples include flat door thresholds, lower light switches, higher electrical outlets and ensuring that aids such as grab bars can be inexpensively added in the future.

We were impressed by the potential of 'universal' or 'safer' design standards to support aging in place. Several groups have proposed such standards, which emphasize safety and accessibility in home design, enabling easy retrofitting to meet changing needs over time.

One complication in trying to implement these standards is the existence of several different sets of 'universal' or safer building standards. We believe these should be harmonized and the

resulting single set of safe design standards made mandatory by including them in the *B.C. Building Code*.

We recognize that changing the building code is a time-consuming process, so in the interim local governments and the Province should provide incentives for the implementation of such standards in housing. Incentives could include density bonuses or reduced development cost charges for new construction that implements safe design standards, or increased provincial homeowner grants for people whose homes comply with the standards.

The federal government's Canada Mortgage and Housing Corporation (CMHC) has several programs that can help low income older people upgrade their homes to ensure safety. Currently, the Home Adaptations Program for Seniors Independence provides insufficient loan amounts for larger home improvement projects, and the Residential Rehabilitation Assistance Program is intended only for housing that is below minimum health and safety levels.

These programs could be valuable – potentially assisting lower income older people to stay in their homes – but need to be broadened and enhanced to have a major positive impact in the lives of large numbers of older people.

### **Issues for Aboriginal communities**

Housing issues are particularly pressing for many older Aboriginal British Columbians, who are more

likely to be living in substandard housing and less likely to own their own homes, as compared to the general population.

The difficult housing situation of many Aboriginal people is connected to a wide range of social and economic issues, which are longstanding. But housing is fundamental to people's well-being and it is essential that First Nations and the B.C. and federal governments work together to solve this problem. We need to find solutions on an urgent basis.

Challenges faced by First Nations elders are complicated by the jurisdictional split between on-reserve housing – which is the responsibility of the federal government – and off-reserve housing, where the provincial government is involved. We are pleased that greater integration and cooperation between governments and First Nations is beginning to take place. For example, the B.C. government has recently transferred the management of 2600 subsidized housing units to the Aboriginal Housing Management Association.

### **Provincial leadership on housing**

Although most older people find their housing in the private real estate market, those with lower incomes do not have the resources to find adequate housing in the market, and so need assistance from the larger community. Housing programs are provided by both the federal and provincial governments, and neither government has shown sufficient leadership. We are encouraged by

recent increases in provincial funding for housing initiatives, and by an agreement between governments to bring federal and provincial-funded non-profit housing projects under a single administration – that of the province.

This must go further. Our provincial government must show greater leadership on housing. The Province should work with the federal government to take over responsibility for delivering all government housing programs in B.C., customizing them to our province's needs and enhancing them with additional provincial funding.

## A comprehensive transportation plan

Our vision of reshaped communities includes a strong emphasis on accessible transportation, which is vital in linking older people to services, their friends and their communities.

We believe that the provincial government should create and implement a comprehensive plan to improve and co-ordinate transportation services for older people. This plan must take into account broader social needs than traditional transportation plans, and in addition, reflect the vital human element of enabling older people to remain independent and connected.

Partners such as BC Transit and TransLink, the Insurance Corporation of B.C., the BC Automobile Association, the Office of the Superintendent of Motor Vehicles, and the Ministry of Transportation should participate in creating and implementing such a

plan, which should include a focus on safety for older drivers, public transit, and community based transportation solutions.

## The private automobile

About 65 per cent of older people in B.C. drive their own vehicles and continue doing so for lengthy periods beyond the age of 65. About 13 per cent of all B.C. drivers are over 65. In general, the needs of older drivers are much the same as other drivers. Good road design such as dedicated left turn lanes and advance turn signals, large, easy-to-read road signs and central medians can make the road safer for all drivers.

Some older people wait too long to give up driving, and so pose a risk to themselves and others. For example, people with dementia – which is becoming increasingly common as the population ages – may keep driving even after it becomes unsafe. Staying safe while driving and eventually shifting from driving to other methods of transportation are important. We endorse initiatives – such as the B.C. Automobile Association's Mature Driver Program – that help older people remain safe on the road, and also help them make the transition from driving when that becomes necessary.

Older people will drive less if alternatives such as public transit are readily available. We must work toward making more sustainable, less environmentally-costly transportation alternatives available to everyone.

## Supplementary transportation services

Supplementary transportation programs, such as volunteer driver programs, have the potential to make a big difference, especially in rural and remote areas. These services usually complement existing transportation, taking older people who need assistance – often those 85 years of age and over – on local trips.

Supplementary transportation programs can provide individual or shared rides, for particular purposes or for general use. They can use donated vehicles or those of volunteers. Some charge fees, while others are taxpayer supported or provided by community groups as a free service.

We believe the B.C. government should support the development of supplementary transportation services as part of the provincial plan. Local governments also have an important role to play. These services should emphasize community direction, flexibility and long-term sustainability, and be targeted particularly at communities that currently lack transportation alternatives. Local supplementary transportation organizations should



receive sufficient core funding to support co-ordination, and operating expenses such as reimbursement of fuel costs for volunteer drivers.

## Buses and other conventional transit

British Columbia has a strong tradition of innovative and high quality public transit services. We believe this should be built upon to meet the needs of older people – and all British Columbians – in the future.

Over the decades, our provincial government has provided excellent financial support for transit, but the system is now at a crossroads, as

### CONNECTING THE SILOS

Many older people depend on public transit for access to health services, yet planning doesn't always link health authorities and transit services. When changes are planned for health services, this must be coordinated with planning for the transit services many older people depend on for getting there.

Where there is good communication – such as with the Health Connections initiative that provides bus service to link some small communities in the Interior with health facilities – it helps older people and everyone. This co-operative approach needs to become the norm rather than the exception.

government reassesses its funding commitment to transit. Over the past five years, use of our transit systems has increased twice as fast as growth in service. BC Transit estimates that ridership will grow by another 39 per cent over the next five years, and has identified a need for a 32 per cent increase in service.

While recent transit ridership growth was largely due to increased use by other age groups, it is expected that future demand will be driven to a greater extent by a growing population of older people.

The expansion of transit services in British Columbia in recent years has been hampered by limits on provincial funding, which has not kept up with population growth and increasing demand for transit. Many communities that have transit service have been forced to pay the full cost of service improvements in recent years, whereas in the past, the province paid up to 47 per cent of the ongoing cost. Nine B.C. communities that have completed transit feasibility studies have been unable to move forward with the establishment of these needed services, in places ranging from Salt Spring Island to Mackenzie. The B.C. government should commit

“My colleagues and I view ‘supported transportation,’ when needed as needed, as the most important element of our collective ability to promote healthy aging.”

– Email input, Saanich

to strong ongoing funding to ensure that we continue to have Canada’s best public transit systems.

### Custom transit services

For many older people with mobility limitations, custom transit services are essential. In British Columbia, the handyDART system uses small wheelchair accessible vehicles to provide door-to-door service to those who are physically unable to use conventional transit. This service is complemented by the Taxi Saver program, which provides subsidized rides in accessible taxis for people with disabilities.

We are concerned about pressures on the handyDART custom transit service, and its ability to meet future demands. Currently, about 70 per cent of rides are taken by older people and a large proportion of these are to medical appointments, crowding out other uses. The Council heard numerous complaints about handyDART service – long waits, the inflexibility of the service’s advance booking requirement, and lack of smooth service across the eight separate jurisdictions for handyDART service in the Lower Mainland.

TransLink estimates that handyDART demand in Greater Vancouver will triple over the next 30 years, while BC Transit predicts a 32 per cent increase in demand for custom transit over just the next five years.

Some demand pressure has been eased through the Taxi Saver program, which is valuable because it is flexible and is accessible at night. The possibility of expanding this program should be considered.

The handyDART system must be upgraded to meet future needs, with better coordination of service over jurisdictional boundaries and increased funding so the service can help older people stay active in their communities.

### **The challenge in rural and remote areas**

Many of the issues discussed in this section are particularly challenging in rural and remote communities. Robert Jackson, Past President of the Castlegar and District Health Watch, echoed a theme from many of the submissions we received when he told us that access to health and medical

services is a pressing issue in rural B.C., as distance and travel times, plus local unavailability of some medical services, creates great problems, including high costs of travel.

Most older people living in smaller communities do not expect identical amenities and services as in higher density urban areas. However, they do expect and deserve reasonable access and sensitivity to their needs and the challenges of living in smaller communities. We were reminded during our meetings that these areas of the province generate a significant proportion of our province's wealth, and deserve to have their needs respected and addressed as fully as reasonably possible.

## **RECOMMENDATIONS**

### **■ Create neighbourhoods where people can thrive**

*We must change our neighbourhoods and communities to help older people maintain their social networks and age in place.*

We recommend that the B.C. government engage key partners and lead a provincial initiative to reshape neighbourhoods by:

- Working with local governments to encourage small-scale developments providing a mix of housing types and other land uses, creating more inclusive and accessible neighbourhoods.
- Developing a federal-provincial-local government infrastructure program to provide funding for physical improvements that help produce walkable, accessible, mixed-use neighbourhoods.
- Establishing a substantial innovation prize to be awarded annually to a community undertaking an outstanding project designed to create a walkable, accessible mixed-use neighbourhood.
- Assisting communities to provide an expanded range of integrated community centres that deliver services to older adults as well as people of other age groups.
- Promoting safe/universal design through the harmonization of construction standards, and the integration of these standards into the B.C. Building Code.

## ■ Make affordable housing a priority

*Housing plays a central role in the well being of older people, and we must ensure that appropriate housing is available.*

We recommend that the B.C. government take a strong leadership role in the area of housing for older people by:

- Working with the federal government and other partners such as non-profit housing providers to set and meet specific targets for new affordable housing.
- Delivering all government housing programs through one provincial agency, including current CMHC programs.
- Increasing funding for housing programs, including those jointly funded with the federal government. Forgivable seed funding to non-profit groups for low price rental housing should be part of this.

## ■ Make it easier for people to get around

*Access to transportation is essential to the participation and independence of older people. Transportation improvements are needed to keep up with dramatically greater numbers of older people.*

We recommend that the B.C. government address the transportation needs of older people by:

- Developing and implementing a comprehensive plan to improve transportation services for older people.
- Committing to strong ongoing funding of conventional transit to allow for service improvements and its establishment in communities where service is feasible but has not yet been implemented.
- Evaluating, significantly expanding and improving handyDART and other custom transit services, including improved service across jurisdictions.
- Providing incentives and assistance with the establishment and expansion of supplementary transportation services, particularly in rural and remote areas.

# Staying Healthy



## It's urgent that British Columbians live healthier, so that we age better.

The most pressing long-term health issue for British Columbians is not the availability of hospital beds. It's not waiting times for surgery. It's not the Avian Flu. It's not overcrowding of emergency rooms.

Our most pressing long-term health issue is the need for all of us to lead healthier lives so we remain well as we age. To accomplish this, our province and its citizens need to make prevention and healthy living a top priority, so people have less need for hospital beds, surgery, visits to emergency rooms, and residential care.

For too long, support to live healthy lives has lost out to other priorities in our health care system despite every indication that investments in this area lead to better health and return great savings in health care. If we as a society don't change this pattern and invest significantly in healthy living initiatives over the long haul, our taxpayer-supported health care system will be unsustainable.

It's time for our society to commit to making real changes that support healthy living.

## Healthy living makes a difference

Today's British Columbians over the age of 65 are the healthiest ever, living longer and with fewer disabilities than previous generations. Life expectancy in B.C. has increased dramatically and at over 81 years is now the highest in North America and among the highest in the world. This is a remarkable change – a two decade increase in life expectancy during a single lifetime.

Tomorrow's older adults have the potential to live even longer and healthier than the current generation, but how we live now affects how healthy we will be in the future. Older people are more likely to have chronic health problems such as heart disease, diabetes, dementia, or arthritis if they have been physically inactive and eaten a diet high in salt, fat, and sugar. The data show this is very common, and if we continue as we do now, not only will tomorrow's older people suffer personally as a result of deteriorating health, but our province will not be able to afford the health care costs.

The good news is that by addressing a relatively small number of common risk factors, like diet, physical activity, and tobacco use, we can bring about major improvements in the most frequent chronic diseases in older people. The factors that lead to the common chronic diseases of older people – such as heart disease, arthritis, diabetes, Alzheimer's disease, hypertension, and others – are similar. We decrease the chance of all of them if we are physically active and eat healthily.

Healthy living depends to a great extent on individual choices, but it is clear that these are not independent of larger social and economic factors. Eating badly and inactivity have as much to do with land-use planning, marketing, and social and economic policy as they do with personal choice.

The experience of Finland shows what a difference our everyday environments make to whether our choices are healthy or not. In the 1970s, Finnish people ate large amounts of saturated fat and salt and few vegetables and fruit. As a result, Finnish men had the world's highest death rate due to heart disease.

To change this, strategies to alter dietary habits were started, involving the food industry, community leaders, health services, volunteer organizations, and the media. Healthier, easy-to-prepare recipes were distributed. The food industry agreed to reduce the fat and salt content of their foods. Dairy farmers were helped to switch to growing berries and canola. Taxes on dairy fat and vegetable oil fats were changed so dairy fat was no longer favoured.

### DEFINING HEALTH

The World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Our use of the term in this report should be read with this definition in mind.

## *We need to make the healthy choice the easy choice.*

The resulting changes were remarkable. From 1971 to 1995, cholesterol levels and blood pressure dropped markedly and deaths due to heart disease fell by an amazing 65 per cent.

This initiative worked because it was aimed at changing the entire community's environment, not just at changing individual choices.

Learning from these lessons, there is much we can do here in B.C. to encourage healthy choices. This ranges from regulation to discourage unhealthy products and activities, to changes to our physical environment to make it easier to be active, to changes in social norms and attitudes toward physical activity and diet, to making healthy food more easily available than junk food. We need to bring about real change in our everyday environments if we are to affect behaviour and thereby improve the health and quality of life for older people and for all of us as we age. We need to make the healthy choice the easy choice.

### **It's time for action on healthy living**

B.C. can be a world leader in healthy living. Our province is well positioned to take on this role, but we must act decisively to actually do it. Simply educating and urging people to live healthily is not enough. We also need

to structure our communities so they support choices to live well, with healthy living on municipal and local community agendas to reach people where they live, on an everyday basis.

While our provincial government should play a leadership role in promoting healthy living, it can't do it alone. Government must work with other partners, including municipalities, community centres, businesses, volunteer organizations, the media, and others.

Communities will be better motivated to promote healthy living if they get feedback on how they are faring over time and in comparison to other communities. The resulting sense of healthy competition can mobilize people and helps motivate local action.

Healthy living initiatives also must be targeted at ethnocultural minorities and Aboriginal people, using various languages and media to reach British Columbians from all cultural groups. Outreach and planning in conjunction with these groups is essential.

### **Physical activity**

In previous times, people were more active in the course of their everyday lives, but now we have labour saving devices – from cars and elevators to washing machines – that mean we use fewer calories in our daily lives.

Physically inactive people put their future health at risk, so it needs to be much easier for older adults to participate both in informal activities such as walking, and in organized physical activity programs. Communities need to be walkable, and governments and

local organizations need to provide more information on both the benefits and the availability of physical activity programs.

As we discussed in the section 'Reshaping our Neighbourhoods,' the design of our neighbourhoods plays an important part in making it easier to be physically active. For this reason, the recommendations in that section and those in this one are inextricably linked.

Several initiatives are needed to get more people physically active:

- Our leaders must demonstrate personal commitment to this and back it up with policy and funding decisions reflecting the urgency of the situation.
- During their training, health care professionals should learn about educating their clients on the importance of being physically active and eating well at all ages.
- Employers should invest in activity programs for all workers, as they generate both short-term benefits (lower absenteeism and higher morale) and long-term benefits (improved overall health).
- Expanded community centres should play an active role in promoting physical activity and other aspects of healthy living.
- Free access to community recreation programs should be provided to low-income people. Programs available to people in wheelchairs or with other mobility limitations are also important.

## Healthy eating

Healthy eating promotes healthy aging. Research clearly shows that poor nutrition over one's lifetime is linked to the eventual onset of many chronic diseases.

A startlingly small number of us – less than ten per cent of British Columbians – meet the Canada Food Guide's diet recommendations. Twenty-five per cent of the calories we consume come from junk food.

There is an epidemic of obesity, which has doubled in just the past 15 years. A 2004 Statistics Canada study found that 19 per cent of B.C. adults were obese and another 40 per cent were overweight. The size of food portions has increased substantially in recent years, which makes it difficult to not overeat.

Major nutrition concerns include the current high consumption of refined sugar – so-called 'empty calories' – in



many processed foods and soft drinks, and the amounts of harmful trans-fats that are in many widely marketed fast foods. Diabetes is rapidly rising in B.C., with 220,000 people having the condition in 2004.

The North American food industry spends the billions it does on marketing because advertising affects our behaviour – they wouldn't spend such large amounts otherwise. We need to help people recognize the impact of their decisions and equip them to resist the marketing messages, with information and easily available healthy eating alternatives.

We have made health gains as a result of regulating iodine in salt and vitamins in flour, and this has been accomplished without major harm to anyone's personal rights. We should consider similar steps to make healthy living easier. We need to examine limits on salt and fat in foods, limits on fast food portion sizes, and higher taxes on unhealthy foods.

Health Canada's Trans Fat Task Force has proposed limiting the amount of unhealthy trans-fats in Canadian foods. We encourage the federal government to adopt such regulations.

Initiatives that would be useful in helping people eat well include:

- Easy to read and understand information on calorie and nutritive content of food both on packaging and on restaurant menus so people can make informed choices.
- Proactive community-based nutrition programs and significant investments in education about healthy food choices, including public service announcements and greater involvement of the media.
- More information on nutrition in the schools would benefit children – future older adults – and their parents and grandparents. As part of these efforts, schools and other public facilities should not sell unhealthy foods.
- Making healthy foods as available and cheap as unhealthy foods by revising food tax policies.

### Reducing tobacco use

Tobacco use is declining – B.C. has a relatively low smoking rate of 11 per cent among people over 65, and 18 per cent overall – but still, almost 5,000 people die in our province each year as a result of smoking. The B.C.

### A GREEN LIGHT TO BETTER EATING

A food labelling initiative in the United Kingdom is providing easily understood nutritional information for consumers about many foods sold in grocery stores. Using a simple 'traffic light' format, the labels summarize fat, saturates, sugar and salt levels in foods, making it easy to determine how healthy various food choices may be. The UK Food Standards Agency is working with major retailers to include a wider range of foods in increasing numbers of stores across the UK in the initiative.

government has played a positive role over the past decade in aggressively working to reduce tobacco consumption. We endorse the Province's tobacco reduction initiatives and strongly recommend that they continue.

### Falls prevention

Among people 65 and older, falls account for 85 per cent of unintentional injury-related hospitalizations, and fully half of admissions into residential care facilities. Falls are the sixth leading cause of death among older people in British Columbia.

Fortunately, steps can be taken to reduce the risk and severity of falls. These include assessing and changing hazards – such as rugs, poor home lighting, inactivity, out-of-date eyeglasses, badly fitting footwear, and medications that might increase the risk of falls.

A great deal of good work is being done on falls prevention. Between 2001 and 2004, there was a nine-fold increase in the number of falls prevention initiatives in B.C. Coinciding with this, deaths and hospitalizations due to falls have declined over recent years.

British Columbia's Provincial Health Officer released a report on falls prevention in January 2004. We endorse this work and urge the implementation of the report's recommendations.

### Delivering the program

We are fortunate to already have a platform on which we can build concerted actions toward healthy living. ActNow BC is our provincial government's healthy living campaign and

uses partnerships to deliver programs and services to improve health in four specific areas: decreased tobacco use, healthier diets, increased physical activity, and decreased alcohol use during pregnancy. The government has set ambitious provincial targets that are specific and measurable in each of these areas.

We endorse ActNow BC and a focus for older people on healthy eating, physical activity, tobacco reduction, falls prevention and social connectedness. The recent appointment of a Minister of State responsible for this initiative is a positive step, and we are encouraged that this – combined with a broad commitment across government – could bring about real change to healthier living in our province.



ActNow BC is an excellent initiative, but given the scale of the challenge, it does not yet have sufficiently high profile or enough scope to bring about the extent of behaviour change that is necessary for older people to live significantly better in the future. In addition, we believe that healthy living initiatives must have a much stronger focus on changing the environment that influences people's choices – this is pivotal.

We need to recognize that a large proportion of illness comes from the

built and social world that surrounds us, and from the personal choices that world makes easier. Just as Finland was successful because it took action on many fronts, which affected the environment, we too must do this. We must do more than simply urge people to change behaviour – we need to make it simple for them to do so.

This is not an issue for one government or one time in British Columbia's history; this is an issue for our lifetimes and for those of our children and grandchildren.

## KEY RECOMMENDATION

### ■ Live healthier

*How we live today affects our health tomorrow. We must make British Columbia a world leader in healthy aging – this is a shared responsibility of government, communities, the food industry, other businesses, and individuals.*

**We recommend that the B.C. government significantly enhance healthy living initiatives focused on older adults, customized for British Columbia's diverse population. These initiatives should include putting in place policies that will lead to the prevention and management of chronic conditions common in older people, and must be established as permanent, high profile, and well supported programs by:**

- Investing in education and marketing programs, including the recruitment of major media involvement.
- Developing outreach programs to be delivered directly in B.C. communities.
- Providing funding to local governments for enhanced activity and outreach programs at community centres, and free access to community activity programs for those with low incomes.
- Imposing higher taxes on unhealthy foods, and pressuring the federal government to examine policies to limit salt and fat in foods and limit fast food portion sizes.



# Ensuring Sufficient Incomes



## All older British Columbians must have sufficient incomes to live decently.

Viewed as a total population, older people in B.C. are better off financially than ever before, with higher incomes and considerable wealth, much of it in the homes they own. Additionally, many people who will be reaching the age of 65 in coming years are even wealthier.

A large majority of older British Columbians have benefited from public programs such as the Canada Pension Plan (CPP) and Old Age Security (OAS), which have markedly reduced poverty

in this group. According to Statistics Canada, low income among older people in B.C. has declined from 21 per cent in 1980 to eight per cent in 2004.

While recent years have seen an increasing number of older people earning income in the labour market, the majority of people over 65 have retired from employment. Retirement incomes for most people come from some combination of four sources:

- OAS program, which benefits almost all Canadians over the age of 65;

- CPP, which benefits those who have been employed in Canada in the past;
- Guaranteed Income Supplement (GIS), which is available to those who have low incomes; and,
- private income sources such as employer pension plans, Registered Retirement Savings Plans (RRSPs) and investments.

OAS and CPP are now the main source of income for more than two-thirds of Canadians over the age of 65. More than a third of older people also receive the GIS.

Additionally, the government of British Columbia provides the Seniors' Supplement, which is intended to ensure a guaranteed minimum income level for people receiving OAS and GIS, and Shelter Aid for Elderly Renters (SAFER), which provides rent subsidies for low-income older tenants.

## Low incomes among older people

Unfortunately, some older people still live with very low incomes, which can contribute to social isolation and non-participation, significantly affecting quality of life and resulting in higher costs to society due to increased use of residential care and our health system.

Despite overall improvement in older people's incomes, our province has been achieving disappointing results in the area of social condition, as reported by the BC Progress Board in its June 2006 Interim Benchmarking Report.

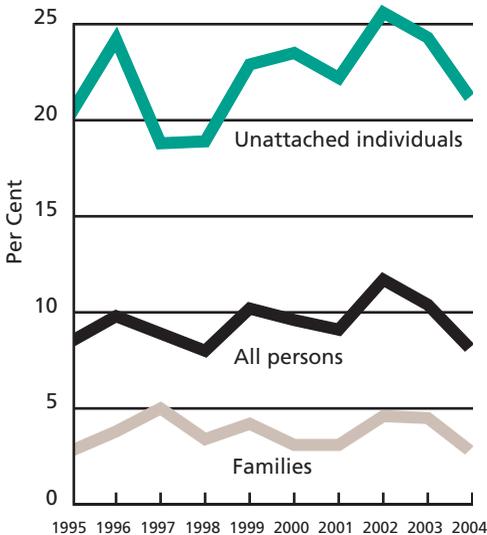
To measure our province's performance in this area, the Progress Board compares British Columbia with other provinces in low income, low birth weight, crime, income assistance and long-term unemployment. In 2004, B.C. ranked ninth out of ten Canadian provinces in social condition, in part because of a last place ranking in the percentage of households living on low incomes.

In 2004, 8.0 per cent of British Columbians over the age of 65 were living below the poverty line. This was the second highest of all Canadian provinces – the Canadian average was 5.6 per cent. Lack of income is compounded by the lack of savings of many older people. Statistics Canada reports that in 2001, three out of 10 Canadian families had no private pension assets, while a quarter of families held 84 per cent of all private retirement savings.

### DEFINING LOW INCOME

We recognize that there is considerable debate around the measurement of low income. When this report refers to low income or poverty, we are referring to people whose income is below the **after-tax** low income cut-off (LICO). This is a widely accepted measure, as it takes into account how our tax system redistributes incomes. The LICO varies by community. In 2004, the LICO for a single person ranged from \$11,025 to \$16,850, and for a couple, from \$13,400 to \$20,500.

## 65+ persons in low income in B.C.



Source: *Income in Canada 2004, Statistics Canada*

This situation is especially difficult for people who live alone, as they are more than seven times as likely to be in poverty as are couples. In 2004, only 2.7 per cent of B.C. couples over 65 had low incomes, but 21.0 per cent of unattached older people lived in poverty. (The rate for unattached men was 20.9 per cent; for unattached women it was 21.0 per cent).

Most poor older people are unattached women. Factors that may contribute to this include:

- less time in the labour market than men (often because of spending more time caregiving);
- having had lower paying jobs than men (on average, women still are paid only 71 per cent of what men are paid); and,
- living longer than men, and therefore needing retirement savings to cover more years.

Many women outlive their partners, and then face financial hardship as a result of CPP and some other pensions that provide the surviving person with a substantial reduction from the couple's previous pension income.

Action to remedy the situation of those older people, both men and women, who are living below the poverty line is essential.

### Particular difficulties for those in Aboriginal and ethnocultural communities

Older Aboriginal people and some of those who immigrated to Canada later in life are also particularly vulnerable to poverty.

Low incomes among Aboriginal people are a longstanding and persistent problem, creating great hardship for many older people in those communities. The Transformative Change Accord, which was signed by federal, provincial and First Nations leaders in November 2005, commits the federal and provincial governments to work together with First Nations to close the social and economic gap between First Nations and other British Columbians.

It is essential that our Province's commitment to a new relationship with Aboriginal people leads to major progress on this issue.

Many older people who are recent immigrants also face significant difficulties, as they may not have worked long enough in Canada to get full CPP benefits, and may not be eligible for other benefits that people who have lived in Canada longer are eligible to

receive. Ongoing efforts should be made to reach out to ethnocultural minorities to provide them with information about financial assistance programs and help them to apply. People who immigrated to Canada later in life should also be assisted in getting access to any benefits that may be available from their source country.

Cases of sponsorship breakdown – where the people who have committed to supporting an older person immigrating to Canada fail to do so – can result in hardship and poverty for the affected people. Solutions to this problem must be developed to ensure that older people who have immigrated to our province are not left destitute.

Some older immigrant adults will benefit particularly from continued involvement in the labour market – if they have access to skills upgrading, retraining, and language classes specifically designed for them. One way to achieve this is to evaluate and recognize the professional or trades credentials of immigrants promptly so that they can use their skills fully. The B.C. government is taking steps to address this issue – a positive move that must be built upon in the future.

### Housing costs

The 2001 census showed more than 51,000 older British Columbians in core housing need, so clearly, the cost of housing is a major financial issue for many older people. With the population of older people growing rapidly and housing costs also rising, we expect this issue to become even more pressing in the future.

This is a particular issue for older people who are members of ethnocultural minorities, as these groups tend to experience higher rates of poverty and therefore face a particularly difficult time in finding and maintaining affordable housing.

There are some valuable programs already in place. For example, the SAFER program is vital to enabling lower income older adults – especially those living alone – to remain in their communities. SAFER provides cash payments, within approved ceilings, to low income renters aged 60 and over who spend more than 30 per cent of their income on rent, and



## OUTREACH IS NEEDED

The poverty of some older people is made more difficult by the application requirement for the Guaranteed Income Supplement (GIS). A 2005 Statistics Canada study showed that more than 200,000 eligible people across Canada missed out on this benefit in 2000 because they did not apply.

This needs to change. The federal government should be proactive and do more to ensure that those older people who are eligible receive this benefit.

assists approximately 15,000 people per month.

Enhancements to SAFER made in 2005 have been valuable, but given the reality of housing costs and the growing numbers of older adults, further increases to this program are required to ensure that low and moderate income older people don't need to spend more than 30 per cent of their income on housing. The B.C. government's October 2006 announcement of a rental assistance program is not targeted to people over 65.

## Action on public pensions and income support programs

Public pension and income support programs are an area where we as a society must do a better job of ensuring adequate levels of benefits for older people so they can thrive living independently.

Consistent with our view that public policy should be neutral on the timing of retirement, we believe that the CPP should revise its pension calculations, which currently are financially advantageous to those who retire prior to the age of 65. At the same time, older adults who are living below the poverty line should receive more assistance from government programs to enable them to live decently.

In 2005, the National Advisory Council on Aging made 15 recommendations for dealing with poverty among older Canadians. These ranged from increases to the GIS to the introduction of new ways for low-wage workers to save for their retirement. We urge the B.C. government to implement those recommendations that are within its control while pressing the federal government to act upon those that are within federal responsibility.

Our provincial government has a key role to play in updating national programs, as changes to the CPP require the approval of both the federal government and two-thirds of the provinces, with at least two-thirds of Canada's population. B.C. can and should play a leadership role in pressing for the creation of more flexible pension and income support systems that do a better job of meeting the needs of older people.

Specifically, we would like to see action on the following issues:

- Support programs – particularly OAS and GIS – should be enhanced to ensure that all older people have incomes above the Low Income Cut-Off.

- Eliminate the work cessation test for the CPP, so older people are able to receive a pension while phasing in retirement.
- Increase flexibility for the OAS and GIS programs to allow more part-time work without penalty by low and modest-income older people.

With our recommendation that mandatory retirement be abolished, CPP rules will need to be modified.

In general, we believe that workers reaching the age of 65 should have three options: to retire and begin receiving a CPP pension, as currently occurs; to begin phased retirement, receiving a pro-rated pension while working part-time; or, to continue working fulltime and paying into their pension plan in order to enhance their pension income when they do retire.

## RECOMMENDATION

### ■ Ensure sufficient incomes for older people

*We must ensure that older people have enough income to live decently.*

We recommend that the B.C. government ensure adequate incomes for all older people by:

- Working with the federal government to enhance income security programs so all older people in B.C. have incomes above the after tax low-income cut-off.
- Ensuring that low-income older renters need not spend more than 30 per cent of their income on housing, within approved regional ceilings.
- Taking a leadership role in pressing for changes to the OAS and CPP to increase flexibility, to remove the CPP work cessation test, and allow OAS and GIS recipients more part-time work without penalty.
- Expanding initiatives to enable people trained outside Canada to begin using their professional skills in B.C. more quickly. This should include encouraging professional and trades organizations to evaluate the credentials of immigrants promptly, and provide remedial training where it is needed.

# Supporting Independence



We must bring services to older people's homes and neighbourhoods to enable independence and a good quality of life.

Dr. Neena Chappell, Canada Research Chair in Social Gerontology, asked the question: What is government's responsibility for providing care for older people who are frail where the need is met largely through non-medical services?

Our answer is clear: to protect the long-term sustainability of health and social services, and – even more

importantly – to fulfill society's responsibility to protect the quality of life of our most vulnerable citizens, we must provide more than just medical services. A new vision for home support services, one focused on prevention, maintaining quality of life, and avoiding the high cost – financial and human – of institutional care is needed and is important.

Supporting independence in the community is in everyone's interest, as it allows older people to continue living where the vast majority of us want to be – in our homes and neighbourhoods. It also has the potential to save our province significant acute health care and residential care costs.

If we are to truly thrive in our communities, support services must be available and affordable. This must include home support, independent living options such as assisted living, and support for informal caregiving.

### Current home support services

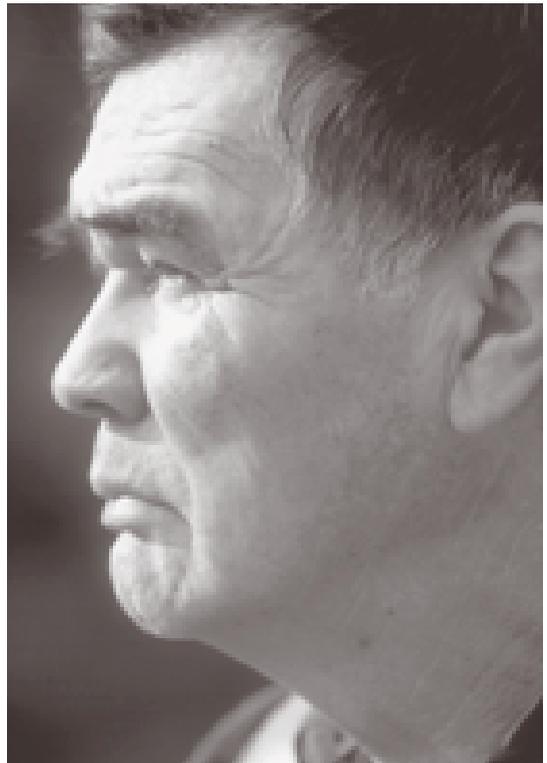
Home nursing care and home support are particularly vital to helping some older people remain in their own homes. Home nursing care was provided to a total of about 23,000 older British Columbians at some time during 2004/05. Home support, which includes non-medical personal care services – such as bathing, dressing and grooming – and some household tasks, was provided to about 26,000 older people in 2004/05 – about a third of whom also received home nursing care.

British Columbia's taxpayer-supported health care system currently provides a limited range of home-delivered services, focused mainly on home nursing care – other services are only provided to clients assessed by our health system as having high levels of need. Home nursing care is provided at no cost to the client, while home support services are income-tested, with clients paying on a sliding

scale based on their income. About 73 per cent of people receiving home support services pay no fee due to their low incomes.

Health care reforms in B.C. over the past decade have placed more burden on individuals to take responsibility for their own non-medical services. However, research shows this has had the effect of eventually increasing costs to our health system.

Despite being assessed by our health system as having low care needs, many older people are unable to carry out many of the more physically-demanding tasks associated with staying in their homes. Therefore, it is essential that supports are made available for these people, in addition to those with higher assessed levels of need.



British Columbia's home support program does not currently include housekeeping services such as meal preparation and house cleaning for clients assessed as having low care needs. Yet these services can make the difference between a person being able to continue to live at home or having to move to a residential care facility.

## Less home support equals more cost to our health system

Research shows that home nursing care and home support are cost-effective compared to institutional care. For example, research on older people in B.C. during the late 1990s found that the cost to government for people with moderate care needs was \$9,624 per year for those receiving services at home compared to \$25,742 per year for those receiving care in an institution. Services provided at home are also strongly preferred by older people and their families over moving to a residential care facility.

A study conducted by Marcus Hollander, a leading researcher in this area, and co-director of the National Evaluation of the Cost-Effectiveness of Home Care, found that after three years, people whose home support services were cut during the mid to late 1990s ended up costing our health system 52 per cent more than those who continued to receive support services in their homes. An average of \$7,807.96 in health care costs per person in the third year was found for those whose services were not cut, whereas the average was \$11,903.38 per person for those

"Proper home support will enable our citizens to live comfortably, with dignity and independence, in their own homes for a much longer period of their lives."

– Email input, Cranbrook

whose services were cut, a difference of \$4,095.42 per person.

Health care costs for those no longer receiving home support increased because, as time went on, people who had lost services tended to spend more time in hospital, required more homemaker services and more residential care.

With hospitals releasing patients after acute care much sooner than in the past, there are more people at home today with greater needs for nursing care than previously. But support services provided in the home must go beyond a hospital outreach function of personal care and nursing care only. An expanded range of services must be viewed as a vital element of an integrated system to support older people to stay at home in a cost effective manner.

The support services currently available to older British Columbians in their communities fall well short of meeting the needs of many older people. To enable all of us to live well in the future, we must provide a broader range of supports and improve the availability of home support services.

## Our vision of expanded home support services

Our vision is of a broadened home support system that maintains independence and helps people avoid needing residential care. We are talking about home support that includes assistance with a wide range of activities of daily living, meal preparation, housekeeping, and home and yard maintenance for those assessed as unable to do these things safely themselves. As with the current system, those older people with sufficient incomes will pay for this assistance.

In order to play the needed preventive role, this program must be made available to people with lower care needs in addition to those who currently qualify for home support services. This broader system will improve quality of life and avoid larger costs in our acute and residential care systems.

Although it is difficult to project precisely, if about seven per cent of older

people received this additional service for two to four hours per week, then the program we are proposing would cost in the region of an additional \$120 million per year once fully phased-in. This represents about a one per cent increase over the current level of the Ministry of Health budget. It would provide services to an additional 40,000 older British Columbians each year, with about 30,000 of these receiving a government subsidy as a result of their low incomes.

We anticipate this initiative will result in increasing savings in our health care system, and strongly recommend that follow-up data be collected to track this.

We recognize that this recommendation has significant human resources implications, probably requiring a doubling of the number of assessors, and requiring significantly more home support workers. As part of a larger strategy to overcome staff shortages, we recommend improved and standardized training, competitive wage

### HOW EXPANDED HOME SUPPORT CAN WORK

Veterans Affairs Canada's Veterans Independence Program is a national home care program that provides eligible veterans with a wide range of home support services, which may include grounds maintenance, housekeeping, personal care, access to nutrition services and health and support services.

The program also provides other services such as home adaptations to change things like bathrooms, kitchens and doorways to make basic everyday activities easier.

Veterans Affairs Canada is currently evaluating this program. Their experience to date indicates that providing such broad and long term support services can delay institutionalization and act as a substitute for more expensive residential care services.

scales, and an active recruitment program for home support workers. This should include new workers from Aboriginal and ethnocultural communities to better reflect the population being served, and training for other workers serving these populations, to ensure cultural sensitivity.

We also suggest that government review whether responsibility for non-nursing/non-medical home support should remain within our health system – where it is more likely to lose out to that system’s many other pressing priorities – or be transferred to another area of government. Our concern is that if broader home support is the responsibility of the Ministry of Health, it will get lost amidst competing priorities.

## Assisted living

Assisted living is a housing and care alternative for those no longer able to continue living in their own homes, but who do not need the level of care offered in residential care facilities. An assisted living residence provides hospitality services such as meals, social and recreational opportunities, laundry, housekeeping and emergency response systems, and personal care in the form of assistance with activities of daily living or medications.

There are currently 114 registered assisted living residences in B.C., with a total of 3,680 units. In 2004/05, our health system subsidized about 1,400 older people in assisted living residences.

Assisted living is provided both by the public and the private sectors. In the

public sector, clients must meet entry criteria – that they are no longer safe to live in their own home, but do not need 24-hour nursing care in a residential care facility, and they are able to direct their own care. As with home support services and residential care, assisted living provided through our public health system has user fees that vary based on the resident’s income, never exceeding 70 per cent of a resident’s after-tax income.

Residents in assisted living must be able to make decisions for themselves, as regulation of this sector follows a complaints-based model. If a resident becomes unable to make decisions or their support needs grow to the point that they need the sort of care available in a residential care facility, then the operator is required to develop an exit plan, in co-operation with the family, to make a smooth transition to residential care.

### INDEPENDENT LIVING B.C.

Independent Living B.C. is a partnership program that funds the construction of assisted living apartments, which are provided on a subsidized basis to people whose needs fit with the assisted living model.

We encourage the provincial and federal governments to provide additional funds, so it can be expanded well beyond the current goal of just over 4,000 units, to meet projected needs province-wide as our population ages.



The assisted living model has many benefits, and we support the expansion of the number of publicly funded spaces across the province. However, the total number of assisted living spaces in B.C. today and government's plans to support the construction of more units (totalling 550 additional new units over the next 13 years) indicate that assisted living will be an option for only a limited number of older British Columbians. This makes the need for enhanced home support even more vital. In addition, the expansion of assisted living will be challenging in rural and remote areas, where small numbers of potential residents make it more difficult for such residences to be feasible.

We are concerned that the current complaints-based regulation of assisted living may not sufficiently protect residents, who may be deterred from complaining for fear of eviction. As this sector becomes more established, the provincial government should review and evaluate whether this model adequately protects residents or whether more oversight and monitoring are needed.

### **Supporting caregivers**

Informal caregivers – often spouses or children – play a key role in enabling older people to remain in their homes and communities. Informal caregivers help with daily activities, monitor and

assess needs, provide emotional support, and seek out information and services.

It is estimated that 80 per cent of all care comes from informal care providers, mostly family members. The burden of caregiving can be heavy, especially for those who become ‘serial caregivers’ – caring for children, then parents, then a spouse, over a period of many years. While taking on this role is a major commitment that can involve stress and burden, the vast majority of caregivers report that heavy stress is sporadic and that they wish to continue in the role, as it has inherent rewards.

The need for respite is a key issue, as caregivers need ‘time out’ on occasion if they are to continue in that role. We support increased respite options for informal caregivers. These should include expanded day programs, over-

night stays for respite, and in-the-home relief care. Often these services can make the difference in enabling informal caregivers to continue in that role.

A key question is how society and government should support informal caregivers. This will become increasingly challenging and urgent as our aging population experiences increasing needs for care, and as more and more caregivers are older people. We heard that between 20 and 25 per cent of informal caregivers are over 65.

The availability of the kind of home support we recommend should make caregiving easier, but its current unavailability to those with lower care needs places increased burden on many families. This is particularly difficult for low-income families, who cannot afford to pay for private services. Since ethnocultural minorities tend to be overrepresented among the poor, caregivers from these groups are particularly affected.

Dr. Janice Keefe, the Canada Research Chair in Aging and Caregiving Policy, described for the Council a range of initiatives in other countries that are aimed at supporting caregivers. Among them is the concept of remunerating family members – either directly or indirectly through the tax system – for their caregiving work, as there is a significant economic burden associated with informal caregiving. Currently, tax credits in British Columbia for caregiving are limited to people with very low incomes.

We support the Choice in Supports for Independent Living program, which provides funding directly to home

### SUPPORTING CAREGIVERS IN THE EAST KOOTENAYS

The East Kootenay Senior Caregivers’ Network supports family caregivers over a large mostly rural area of the province that includes six main communities and many smaller ones. Services include information and support to caregivers, delivered through regular local group meetings, a buddy system, a newsletter and a toll-free telephone line.

Too often, caregivers don’t know where to go for help; this network empowers them to seek and find the assistance and support they need.

support clients, giving them the flexibility to purchase their own services. Under this program, family members who do not live with the client may be eligible to be paid for providing services to them. We like the flexibility

of this approach and hope to see it grow in the future. It can be helpful in complementing informal caregiving and ensuring continuity of care, while reducing the difficulties that come with high turn-over of paid care providers.

## KEY RECOMMENDATION

### ■ Help people stay independent

*Support at home means most of us can remain healthy and independent as we age.*

We recommend that the B.C. government introduce a new broader and more widely available home support system by:

- Providing a wider range of home support services, including cleaning and home maintenance (culturally-specific where appropriate, such as with meal preparation) to people who are unable to carry out these tasks on their own.
- Moving responsibility for non-nursing/non-medical home support services to a ministry other than the Ministry of Health, and making available information about services and expenditures so as to ensure transparency and accountability.
- Pressuring the federal government to provide additional funding for support services delivered in people's homes.

## FURTHER RECOMMENDATION

### ■ Recognize informal caregivers

*Eighty per cent of care of frail and vulnerable older adults is done by family members and other informal caregivers. This needs to be recognized and supported.*

We recommend that the B.C. government recognize the contribution of informal caregivers by:

- Improving respite options at the community level, such as adult day care and substitute care provided in the home.
- Enhancing the retirement incomes of those who leave work to provide informal care.
- Exploring the expansion of tax credits for informal care providers.

# Providing Medical Services



Our health care system must focus on quality so that sustainable and accessible health services will be available when older British Columbians need them.

Even though older British Columbians are healthier than ever, our use of the health care system tends to increase as we get older. People over 65 account for well over a third of our province's hospital admissions, half of Pharma-Care drug plan costs, and more than half of days spent in hospital.

There have been fears raised that, with older people making up a much larger proportion of our population,

there will be a catastrophic impact on our health system. These doom and gloom projections about more older people causing major cost increases have not been borne out by actual experience. Health care costs have increased in recent years, but population aging, by itself, explains only a small part of this increase – the major part of the increase is more costs per person.

We need to make sure that we are getting value for the increased amount we are spending – we need to increase the quality of health care, ensuring that public funding is devoted to the areas that are going to make the greatest possible difference to the health of British Columbians for every dollar spent.

The B.C. government has entered into a ‘Conversation on Health’ with British Columbians, and we hope that our discussion here of health issues affecting older people will contribute to that exploration.

One of the most important health care issues raised during our work was the need to ‘change the headlines’ and shift attention from short-term wait list concerns to broader issues within the system that could make a huge difference over time. We hope this report will play some role in helping bring about that shift of attention.

### Health care quality

After listening to a range of presentations during our meetings and reviewing a large amount of input, we have concluded that the greatest challenge facing our health care system is the need to ensure quality. Misuse, overuse and under-use of health services raise concerns over quality, and all are significant issues for older people. A focus on quality improvement is essential.

By improving quality, not only will we provide better health outcomes, but we will also help control costs. For example, if we can reduce readmissions of released hospital patients

### DEFINING HEALTH CARE QUALITY

The National Institute of Medicine in the United States has identified six values that help us define what quality means:

Safety	Timeliness
Effectiveness	Efficiency
Patient-centredness	Equity

through better quality follow-up care – including home nursing care and home support services – then older people will be healthier and happier, and our health system will achieve significant savings.

Similarly, by providing physicians with better training and unbiased information regarding prescription drugs, people will get the medications they need, and the resulting savings from higher quality, more appropriate prescribing will far outweigh the expense of doing so.

Strong leadership, within organizations and at a system-wide level, is a key to quality improvement. Specific quality improvements should include a commitment to develop same-day access to primary health care, better chronic disease management, and acute care services provided in the most appropriate setting.

In addition, we believe that all health facilities receiving funding from our public health system should be accredited to ensure that they are providing quality care. The Health

Council of Canada has recommended this, and is also calling for the public release of accreditation reports.

Another key to quality improvement is to make better use of the health care providers we already have, as many are dramatically underutilized. For example, the skills of nurses are not always fully used.

In rural and remote communities, providing quality health services requires particular creativity, as one-size solutions most definitely don't fit all communities. Communities need innovative solutions, often by building on existing services. For example,

### PREVENTING PAIN CAN BE COST EFFECTIVE

A focus on pain control at Royal Columbian Hospital's cardiac program during the late 1990s resulted in cost savings as a result of shorter hospital stays, fewer patients requiring readmission, and a more comfortable experience for patients.

Using the best scientific evidence available, the hospital used non-narcotic painkillers immediately following surgery, focusing on preventing pain rather than just responding to it. By doing so, pain-related complications were reduced by 80 per cent, 95 per cent of patients reported pain at less than three out of ten for their entire time in the hospital, and less morphine was needed.

service-providing organizations may need to pool resources to share a single employee in a smaller community, or two families may wish to share a single residential care space for family members who split time between living at home and living in a facility.

### Primary health care

There is widespread agreement among experts, advocates and those who work in our health system that the traditional way of delivering primary health care services is not well suited to the changing needs of older British Columbians. For example, family physicians working in an isolated manner on a fee for service basis are not in a strong position to provide ongoing and coordinated care, utilizing the skills of other health professionals.

Across Canada, there are numerous initiatives intended to renew primary health care. However, change is coming slowly, and that is not good enough, given the increasing demographic shift.

Better integration of services, and alternatives to paying doctors through a fee for service model, are needed urgently. Primary health care teams should be developed, bringing together a range of health professionals in one location. Primary care teams must be more than 'virtual' teams where members communicate but are in different locations.

We recognize that this is a challenge for government to bring about, as most family physicians work as

independent practitioners, so change depends on more of them choosing this different way of working.

This and other aspects of primary health care reform are particularly challenging in rural and remote areas. As reform proceeds, it is essential that special attention be paid to the challenge of providing quality primary care in these areas.

### Chronic disease management

The management of chronic conditions is vital to the health and well being of older people, and to keeping our health system affordable. Common chronic conditions among older people include heart disease, dementia, diabetes, arthritis, asthma, and hypertension.

#### SELF-MANAGEMENT CAN BE GOOD MANAGEMENT

The Chronic Disease Self-Management Program is a patient education initiative developed by the University of Victoria's Centre on Aging that provides people with a chronic health condition the knowledge and skills they need to play a central role in caring for themselves. The course is delivered by trained peers in the community, empowering people to feel more in control of their chronic conditions. It teaches skills such as suitable exercise, appropriate diet, use of medications, and problem-solving.

Chronic disease management includes prevention, proactive management and reactive care. Currently, there is too much emphasis on the third element and not enough on the first two, and initiatives such as the Chronic Disease Self-Management Program are helping to redress that balance.

The work of volunteer-based agencies that focus on particular chronic diseases (such as the Alzheimer's Society, Arthritis Society, Cancer Society and Heart and Stroke Foundation) is also critical in supporting and informing people who are living with chronic conditions.

### Residential care

Residential care – also known as long-term care or nursing home care – focuses on meeting the needs of people who require residential 24-hour care for medical reasons. Most residential care facility residents are older people, with the average resident moving into a facility well after the age of 80. A total of just over 31,000 older people lived in health system-supported residential care in B.C. for at least part of the 2004/05 year – just over five per cent of the population over 65, and among the most vulnerable people in our province.

Our health system provides residential care on an income-tested basis, with daily fees based on ability to pay. With the decommissioning of many outdated facilities, the number of residential care beds in British Columbia was reduced in recent years. These were to

“It is not realistic to expect that rural communities should give up their senior age residents to larger communities for the convenience of bundling health care infrastructure.”

– Written input, Fort St. James

be replaced with a combination of new residential care beds, the introduction of assisted living as an alternative for those with lower care needs, and increased home care and home support to enable others to live independently.

Although we sought to focus discussion on future needs rather than on immediate concerns, we heard a great deal about this transition, the current state of residential care in B.C., and problems that many people feel have plagued the system for decades.

The transition has not gone smoothly. Many people believe their communities are experiencing a shortfall in residential care spaces, and many people are experiencing long waits to get a residential care bed. There is great concern and scepticism over whether residential care beds will be there when people need them.

Residential care is essential for some older people, and our health system must ensure that it is available to those who need it, located as close as is reasonably possible to where they lived in the community, so they can remain in contact with family and friends. It is not acceptable for signifi-

cant numbers of people who would be better off either receiving supports to live in the community or living in residential care facilities to be left without the type of care they need. They should not be occupying acute care beds for lack of residential care space; when this occurs, it is not cost-effective and is an example of a quality issue crossing our acute, home, and residential care systems.

We do not know the exact number of residential care beds that will be needed in our province in the future. Experts who spoke with us during our meetings said that they don't know the correct number either. With the system in transition, there is widespread uncertainty over just how many beds will be needed ten or 20 years from now. This is a difficult reality.

However, we do know that, as the system changes, government and health authorities must carefully match services and resources to needs to ensure that uncertainty over future residential care requirements does not result in vulnerable older people 'falling between the cracks.' We heard of instances where this has happened. The shift of care from institutions to the community must be truly a shift and not simply the loss of services previously provided in the residential care system.

Government must ensure there are enough residential care beds and enough support services available in the community so that frail older people are not required to occupy acute care beds when they can be

## *The shift of care from institutions to the community must be truly a shift and not simply the loss of services previously provided in the residential care system.*

better cared for elsewhere. This would result not only in more appropriate care, but also would be more cost-effective.

### **Other issues in residential care**

The ‘campus of care’ concept – that of including residential care, assisted living and independent living all on one site – has been introduced in recent years, and offers many benefits, as residents are saved the stress and disruption of moving to an unfamiliar setting as their needs change. We support this concept, although there are challenges in implementing it in smaller and more remote communities.

Ensuring that residential care residents receive quality medical care is an issue being addressed through initiatives such as the use of nurse practitioners in a complementary role to physicians. Dr. Michael McBryde, Medical Director of Business Partnerships and Residential Services for the Fraser Health Authority, made a presentation to the council describing how the Netherlands has

used a new medical specialty – that of the ‘residentialist’ – to help reduce the need for hospitalizing residential care residents. We believe that this deserves consideration in B.C. as well.

Reduced hospitalization is not only better for the residents of residential care facilities, but it also more than pays for the cost of the residentialists while creating significant savings to hospital budgets as well.

As we look to the long-term future of residential care, we must also consider the importance of providing life enrichment programs in residential care facilities, such as occupational or music therapy. Since the facility is their only home, such programs are vital to the well-being of residents, so the combination of government funding and user fees must be enough to ensure their availability to all residential care residents.

There are significant human resource issues in residential care, as staff recruitment and retention are growing issues that require attention to ensure that future needs will be met. It is also important that workers in care facilities receive sufficient training and supervisory support to ensure a high quality of care for residents.

### **Pharmaceuticals**

Appropriately used drug therapies can play a positive role in the health of older people. The B.C. government’s PharmaCare program is designed to protect all British Columbians against financial hardship in getting medications they need.

## A MODEL FOR OUR HEALTH SYSTEM

British Columbia is a leader internationally in ensuring that drug coverage is based on demonstrated evidence that a drug provides real health benefits. The Therapeutics Initiative, which is funded by our provincial health system, assesses new drugs and educates doctors and pharmacists about medications. It uses a multidisciplinary expert academic committee – independent of drug company funding – to consider the safety, efficacy and cost of drugs.

We were impressed by the role the Therapeutics Initiative plays in helping ensure that PharmaCare coverage is evidence-based. The B.C. government deserves credit for supporting this initiative and respecting its recommendations in PharmaCare coverage decisions, even in the face of strong lobbying to cover drugs that the Therapeutics Initiative has recommended against covering.

Drug costs make up a growing proportion of British Columbia's health budget – our province spent \$1.16 billion for prescription drugs in 2004/05. Costs are increasing because of a growing population, more drug plan beneficiaries, more costs per person and more drugs that are now covered by PharmaCare.

We share widespread concern over the high cost of newer drugs that may not provide any therapeutic advantage but that are heavily marketed. Between 1996 and 2003, 80 per cent of the increase in spending on prescription drugs in Canada was for these kinds of drugs – commonly known as 'me-too' drugs. It is also important to track how new drugs perform after they are marketed to large numbers of people (known as post-marketing surveillance), so any drugs that have uncommon but dangerous side effects can be promptly withdrawn.

The marketing practices of large drug companies target doctors and medical

students, and are aimed at influencing prescribing practices, with drug companies funding the vast majority of continuing medical education. Academic detailing, which provides unbiased information to doctors about medications is one way to partially balance the influence of drug companies, and we support its expansion.

As part of increasing national cooperation on provincial drug coverage programs, consideration is currently being given to a national approach to pricing. This could include national negotiation of prices, or possibly a tendering process for government drug plans. We encourage the B.C. government to continue pursuing its own evidence-based approach while continuing to explore the development of a national pharmaceutical strategy.

### Assistance with medical expenses

Walking, hearing and seeing are very important to being able to interact with other people in our communities,

so aids and devices that assist with these functions can make a big difference to the quality of life of affected people. Therefore we believe that low-income older people who need them should be assisted with the cost of vision and hearing aids and mobility-assistive devices.

Similarly, due to the serious impact major dental problems can have on overall health, we believe that low-income older people with serious dental problems should receive increased assistance to receive necessary dental care. Currently, the B.C. government only assists those older people who are receiving enhanced medical coverage through the welfare system.

## Services provided by our public health care system

We heard numerous comments about how our health system does not always pay for the most appropriate services. For example, as discussed previously, we are deeply concerned by the narrow range of home support services that are publicly supported. We also heard concerns that some non-mainstream therapies such as chiropractic or acupuncture can improve quality of life while reducing health care demands, yet are not paid for by our taxpayer-supported health system.

Decisions on what treatments, services and devices will be paid for by our health system are made by government. Many academic organizations and research bodies generate and evaluate information on the safety and effectiveness of treatments, services

and devices, which can be useful in providing evidence that helps government make these decisions.

Unfortunately, interest group pressure and lobbying of various sorts makes it politically difficult for governments to consistently or reliably use the data produced by these bodies. In a system as complex as health care, with so many interested parties having a high stake in decision-making, and with people's livelihoods as well as lives hanging in the balance, it is not surprising that decision-making is not always as rational or objective as we might want it to be. It is essential that knowledge gained through unbiased research is transferred to decision-makers.

While we acknowledge the challenge of making health care funding decisions, we believe that the B.C. government should move toward more evidence-based decision-making on what treatments, services and devices will be paid for by our publicly supported health care system.

British Columbia's Therapeutics Initiative provides an excellent made-in-B.C. example of an arm's length, objective and open process for evaluating evidence. We recommend that the B.C. government move toward greater use of this sort of process in assessing other health care treatments, services and devices. We see value in B.C. working with other provinces to jointly assess treatments, services and devices – for example through the independent, not-for-profit Canadian Agency for Drugs and Technologies.

## Culturally appropriate health services

The Council discussed the importance of ensuring that health services are accessible to all older people, including those who are members of ethnocultural minorities, who tend to have greater difficulty in getting access to health services.

As British Columbia's population of older adults becomes increasingly diverse, it is essential that health care workers be trained to deliver culturally appropriate services, and that culturally appropriate information and resources be provided for ethnocultural minorities.

Difficulty in health service access is sometimes due to language challenges. We heard about the important work of the Provincial Language Service, which provides interpreters to make health care accessible province-wide. We endorse this



valuable service, and encourage the expansion of interpretive services where more is needed.

We also encourage the provincial government and health authorities to maintain their commitment to support the delivery of culturally appropriate services in other ways. Where numbers are sufficient to justify it, this may include providing residential care customized to the needs and preferences of particular ethnocultural groups.

## Aboriginal health

Older people in Aboriginal communities face particular health challenges. Life expectancy and health outcomes for Aboriginal people are significantly worse than for others – status Indians in B.C. live an average of eight fewer years than the rest of our population, and are more likely to be in poor health.

The reasons for this are complex and have a long history, but this situation remains unacceptable. Changes in health care are clearly needed, but the social and economic problems across these communities must also be tackled before the health gap will be closed, as so many of the determinants of health are outside the health care system. Action is needed to close the health gap.

The Transformative Change Accord – an agreement between the Province, the federal government and B.C. First Nations – contains an outline of useful principles and actions for improving the health of First Nations people. The federal government needs to be at the table with the Province and First Nations leadership to find spe-

cific solutions to this situation, but if necessary, the Province should go ahead on its own – working with Aboriginal people – to make sure further progress is made. Some good work is underway, but we need to focus on this more.

This should include customized initiatives such as self-management programs for particularly common chronic diseases such as diabetes, and mobile wellness clinics that visit Aboriginal communities.

## KEY RECOMMENDATION

### ■ Improve health care quality

*We must provide quality medical care for older people who need it.*

**We recommend that the B.C. government implement aggressive quality improvement initiatives across our health system, in a culturally appropriate way by:**

- **Making primary care renewal a high priority, using salaried teams of health care professionals working in multi-disciplinary clinics that provide quick access to primary care.**
- **Providing sufficient residential care beds for those whose medical needs cannot otherwise be met in the community.**
- **Improving prescription drug evaluation, acquisition, regulation and information to ensure that our provincial drug plan continues to enhance the health and quality of life of older people.**
- **Assisting low income older people with the cost of vision and hearing aids, assistive devices for those with mobility limitations and necessary dental care and dentures for those with serious dental problems.**

## FURTHER RECOMMENDATION

### ■ Support the right health treatments, services and devices

*We must provide those treatments, services and devices that make the biggest difference to the quality of life of older British Columbians for each dollar spent.*

We recommend that the B.C. government move to more objective, transparent, evidence-based decision-making regarding what health care treatments, services and devices – mainstream and alternative care – should be funded by our publicly supported health system. This decision-making should be supported by independent and unbiased analysis of information on the safety and efficacy of treatments, services and devices.

# Making it Happen



The B.C. government must be a catalyst for change and show leadership in building partnerships with organizations and communities.

Current ways of dealing with issues relating to older British Columbians will not work in the future. We need a new approach – one that uses new solutions, new partnerships and new commitment.

The B.C. government must be a catalyst for change and show leadership to

help improve the lives of older British Columbians. It must build partnerships with organizations and communities across the province, and provide a stronger focus within government on the challenges and opportunities associated with our aging population.

## A shared responsibility

We believe that the changes recommended in this report are essential. They will require significant teamwork and partnerships to bring them about and create a better future for all of us. Responsibility for changing attitudes must be shared across society. Similarly, pragmatic solutions on the ground must also involve a range of partners.

Our provincial government is just one of many participants that have key roles to play. Other levels of government, the media, employers and labour unions, voluntary organizations, religious organizations, educational institutions, and other groups are important as well, and should be



involved. Individuals also share responsibility for bringing about change in our communities.

Fortunately, a great deal of good work is already taking place. For example, we have an active volunteer and non-profit sector serving older people, world-class research being conducted at three gerontology centres, and strong advocacy groups representing the interests of older people. Many local governments are developing innovative programs for an aging population at the community level, often engaging citizen advisory bodies.

Much of the challenge is to make better use of resources that already exist and build on the progress that's already being made. Government needs to work more closely with these various participants, working together to achieve meaningful change throughout our communities and our province.

## Government leadership

Government has an important role to play in enabling older citizens to have choices. It is essential for the B.C. government to work across and integrate silos of responsibility in government.

We heard that different areas of government are not always communicating, which impedes implementation of effective, helpful policies. We learned that responsibility for programs and services affecting older people in B.C. is currently spread across 20 different ministries and government agencies, with little central coordination. And we learned that the Ministry of Community Services, which is the

ministry responsible for seniors, does not even have direct responsibility for any of the key programs addressing issues relating to older people.

Given the need to adapt successfully to the change in our population, the B.C. government must show stronger leadership. Barriers preventing older adults from participating, or leading healthy lives, must be removed, and the needs of those who require supports must be met.

A champion for change is needed both within government and for its outreach efforts. We recommend that the Premier appoint a Minister of State Responsible for Aging to act as this champion.

We also recommend the formation of a secretariat with broad responsibility for programs, services and issues affecting older British Columbians, to support necessary change. The secretariat should be attached to a ministry other than the Ministry of Health – as older people are not first and foremost a health issue. It should have significant ongoing funding and staff resources, and should manage programs and co-ordinate initiatives across government, while also working directly with people in communities to help them harness and share the energy and ideas that already exist.

Better communication, co-ordination and teamwork within and across government ministries – and between the Province, local governments, volunteer organizations, businesses and other partners – is needed, and would be supported by the secretariat. Better communication can open up



new opportunities or make better use of old ideas – such as the potential for fuller use of community facilities such as schools, by making them available outside of school times for people of all ages.

The secretariat would monitor ongoing and emerging issues affecting older people in British Columbia, and coordinate or support a range of initiatives out in communities, where the sharing of information on what works and what doesn't can make a huge difference, especially in rural areas of the province. It would also monitor outreach to ethnocultural and Aboriginal communities, to ensure that their needs are addressed, and provide staff support for consultation between government and older British Columbians.

The secretariat would not replace the vital work of volunteers and other agencies, but rather would support it. It would provide developmental and ongoing core operational funding for useful initiatives, thereby serving as a

catalyst for volunteer-service program development. It would also support information-sharing among groups in communities across the province.

The secretariat would ensure co-ordination of planning and policy within government on issues affecting people over 65, and would be involved with the delivery of programs that directly affect older people. It would serve as a focus for the gathering of information on services, programs and organizations serving older people, plus research and statistics relating to aging from across the country and around the world. It would also function as a central source of information in all these areas.

We considered recommending the establishment of an ongoing citizen advisory body on aging, but concluded that focused, issue-specific task forces are more likely to influence meaningful change. We envision the secretariat calling on task forces made up of citizens who are asked to provide input and advice on particular issues.

We are confident that a strong central voice and organization within government – combined with the commitment of many partners outside government to work together even more closely than in the past – will ensure that the diverse and changing needs of our province’s aging population are effectively addressed.

## KEY RECOMMENDATION

### ■ Provide leadership on aging issues

*Until now, government decision-making has not reflected the magnitude of the demographic change that is altering our province. We must stop viewing older people as primarily a health care issue and start focusing as well on supporting their choices in work and retirement, in being independent, in participating, and in living healthily. This requires a new approach by government.*

**We recommend that the B.C. government lead the changes needed to adapt to an older population by:**

- **Appointing a Minister of State on aging to champion a coordinated change agenda across government and reach out to partner with local governments, community organizations, business and others.**
- **Establishing a secretariat, within a ministry other than the Ministry of Health, to coordinate aging-related initiatives and policy across ministries and with other partners. It must develop and implement a change agenda, including the implementation of the recommendations in this report, and must have significant staff resources and budget.**
- **Monitoring and reporting annually on our province’s progress in supporting the independence, health and continuing contribution of older British Columbians.**

## Conclusion

Big change is coming, whether we want it or not. We can seize this opportunity and adapt successfully, improving older British Columbians' quality of life, and making our province an even greater place to live.

There is already a growing awareness in our province of the dramatic demographic and social changes that are underway, and we believe there is a broad consensus that ensuring a good quality of life for older British Columbians is important.

Adapting successfully to a different age composition of our population will

mean changes in our workplaces, our neighbourhoods, and social care systems. More importantly, it will mean changes to our social norms and attitudes so we look at aging differently.

Meeting this challenge will bring about change that invigorates our communities while supporting older people to live well.

The members of the Premier's Council on Aging and Seniors' Issues urge government and all British Columbians to seize this opportunity and act decisively to build a better province for all of us.



# Appendix 1: List of Recommendations

## KEY RECOMMENDATIONS:

### 1. Protect human rights and end mandatory retirement

We recommend that the B.C. government immediately change the *Human Rights Code* to extend human rights protections to those over the age of 65, thereby eliminating mandatory retirement in B.C. Exemption clauses that allow bargained and employer-imposed retirement ages should be removed, and the ground of age be extended to *Section 8*.

### 2. Live healthier

We recommend that the B.C. government significantly enhance healthy living initiatives focused on older adults, customized for British Columbia's diverse population. These initiatives should include putting in place policies that will lead to the prevention and management of chronic conditions common in older people, and must be established as permanent, high profile, and well supported programs by:

- Investing in education and marketing programs, including the recruitment of major media involvement.
- Developing outreach programs to be delivered directly in B.C. communities.
- Providing funding to local governments for enhanced activity and outreach programs at community centres, and free access to community activity programs for those with low incomes.
- Imposing higher taxes on unhealthy foods, and pressuring the federal government to examine policies to limit salt and fat in foods, and limit fast food portion sizes.

### 3. Help people stay independent

We recommend that the B.C. government introduce a new broader and more widely available home support system by:

- Providing a wider range of home support services, including cleaning and home maintenance (culturally-specific where appropriate, such as with meal preparation) to people who are unable to carry out these tasks on their own.
- Moving responsibility for non-nursing/non-medical home support services to a ministry other than the Ministry of Health, and making available information about services and expenditures so as to ensure transparency and accountability.
- Pressuring the federal government to provide additional funding for support services delivered in people's homes.

#### 4. Improve health care quality

We recommend that the B.C. government implement aggressive quality improvement initiatives across our health system, in a culturally appropriate way by:

- Making primary care renewal a high priority, using salaried teams of health care professionals working in multi-disciplinary clinics that provide quick access to primary care.
- Providing sufficient residential care beds for those whose medical needs cannot otherwise be met in the community.
- Improving prescription drug evaluation, acquisition, regulation and information to ensure that our provincial drug plan continues to enhance the health and quality of life of older people.
- Assisting low income older people with the cost of vision and hearing aids, assistive devices for those with mobility limitations and necessary dental care and dentures for those with serious dental problems.

#### 5. Provide leadership on aging issues

We recommend that the B.C. government lead the changes needed to adapt to an older population by:

- Appointing a Minister of State on aging to champion a coordinated change agenda across government.
- Establishing a secretariat, within a ministry other than the Ministry of Health, to coordinate aging-related initiatives and policy across ministries and with other partners. It must develop and implement a change agenda, including the implementation of the recommendations in this report, and must have significant staff resources and budget.
- Monitoring and reporting annually on our province's progress in supporting the independence, health and continuing contribution of older British Columbians.

#### FURTHER RECOMMENDATIONS:

(Presented in the order they are discussed in this report)

#### 6. Respond to diversity

We recommend that the B.C. government work with Aboriginal and ethnocultural organizations to ensure cultural appropriateness of services for older adults by:

- Evaluating government services to ensure they are delivered in ways that meet the needs of older people in those communities.
- Recruiting and training more health care and home support workers from those communities, and training other service-providers to provide culturally-appropriate services.

## 7. Support volunteerism

We recommend that the B.C. government pro-actively support and promote volunteerism by:

- Providing ongoing core operating funds to non-profit groups providing volunteer-delivered services for older people, including peer advocacy, abuse prevention, community response networks, and others.
- Funding to help remove barriers to volunteer participation, for example by enabling reimbursement of volunteers for their expenses.

## 8. Get information out

We recommend that the B.C. government make accessible information services and outreach for older adults a priority by:

- Building and maintaining a province-wide database of services for older adults, and making it available in ways that both inform individuals and help address gaps in information sharing among communities.
- Integrating information services delivered using more than one technology, such as telephone and internet, and providing a single point of access for each technology to the common database.
- Working with Aboriginal and ethnocultural organizations to develop culturally-appropriate information and resources.

## 9. Make workplaces more flexible

We recommend that the B.C. government take a leadership role in supporting and promoting increased workplace flexibility for older people by:

- Acting immediately to implement changes in its own workplaces that remove incentives to retire early, and increase options for phased retirement, part-time work and job sharing.
- Taking a strong lead in encouraging other employers to act similarly, starting by bringing employers and employees together for a Premier's forum on workplace flexibility for older workers.
- Actively promoting the modification of pension rules (public and employer-sponsored) to allow workers to choose among retirement with full pension benefits at 65, part-time work while receiving a pro-rated pension, or continued full-time work while continuing to contribute toward an enhanced pension when they do retire.

## 10. Save for retirement

We recommend that the B.C. government promote greater individual retirement savings by:

- Lobbying the federal government to revise Registered Retirement Savings Plan (RRSP) and Registered Retirement Income Fund (RRIF) rules to enable people to work until later in life while continuing to save for their retirement.
- Encouraging the use of pooled pension plans and matching RRSP contributions to enable smaller employers to provide their workers with increased retirement savings.

## 11. Create neighbourhoods where people can thrive

We recommend that the B.C. government engage key partners and lead a provincial initiative to reshape neighbourhoods by:

- Working with local governments to encourage small-scale developments providing a mix of housing types and other land uses, creating more inclusive and accessible neighbourhoods.
- Developing a federal-provincial-local government infrastructure program to provide funding for physical improvements that help produce walkable, accessible, mixed-use neighbourhoods.
- Establishing a substantial innovation prize to be awarded annually to a community undertaking an outstanding project designed to create a walkable, accessible mixed-use neighbourhood.
- Assisting communities to provide an expanded range of integrated community centres that deliver services to older adults as well as people of other age groups.
- Promoting safe/ universal design through the harmonization of construction standards, and the integration of these standards into the *B.C. Building Code*.

## 12. Make affordable housing a priority

We recommend that the B.C. government take a strong leadership role in the area of housing for older people by:

- Working with the federal government and other partners such as non-profit housing providers to set and meet specific targets for new affordable housing.
- Delivering all government housing programs through one provincial agency, including current CMHC programs.
- Increasing funding for housing programs, including those jointly funded with the federal government. Forgivable seed funding to non-profit groups for low price rental housing should be part of this.

### **13. Make it easier for people to get around**

We recommend that the B.C. government address the transportation needs of older people by:

- Developing and implementing a comprehensive plan to improve transportation services for older people.
- Committing to strong ongoing funding of conventional transit to allow for service improvements and its establishment in communities where service is feasible but has not yet been implemented.
- Evaluating, significantly expanding and improving handyDART and other custom transit services, including improved service across jurisdictions.
- Providing incentives and assistance with the establishment and expansion of supplementary transportation services, particularly in rural and remote areas.

### **14. Ensure sufficient incomes for older people**

We recommend that the B.C. government ensure adequate incomes for all older people by:

- Working with the federal government to enhance income security programs so all older people in B.C. have incomes above the after tax low-income cut-off.
- Ensuring that low-income older renters need not spend more than 30 per cent of their income on housing, within approved regional ceilings.
- Taking a leadership role in pressing for changes to the OAS and CPP to increase flexibility, to remove the CPP work cessation test, and allow OAS and GIS recipients more part-time work without penalty.
- Expanding initiatives to enable people trained outside Canada to begin using their professional skills in B.C. more quickly. This should include encouraging professional and trades organizations to evaluate the credentials of immigrants promptly, and provide remedial training where it is needed.

### **15. Recognize informal caregivers**

We recommend that the B.C. government recognize the contribution of informal caregivers by:

- Improving respite options at the community level, such as adult day care and substitute care provided in the home.
- Enhancing the retirement incomes of those who leave work to provide informal care.
- Exploring the expansion of tax credits for informal care providers.

## **16. Support the right health treatments, services and devices**

We recommend that the B.C. government move to more objective, transparent, evidence-based decision-making regarding what health care treatments, services and devices – mainstream and alternative care – should be funded by our publicly supported health system. This decision-making should be supported by independent and unbiased analysis of information on the safety and efficacy of treatments, services and devices.

## Appendix II: Questions to Help Measure Success

The recommendations outlined in this report represent a comprehensive change agenda for facing the challenge – and opportunity – that comes with a dramatic shift in the makeup of our province’s population. As government responds to these recommendations, it is essential that progress be monitored, lessons learned, and further changes be introduced as necessary.

The answers to the following questions – tracked at intervals over time – will help indicate the extent to which this report’s recommendations are being implemented and – more importantly – the extent to which change is

ensuring older British Columbians have a good quality of life.

These questions are not intended to form the basis of a comprehensive evaluation framework, but rather to give a flavour of the sort of questions that will help determine whether change is working.

We envisage the secretariat’s annual report will collect these measures in one place, and make it accessible so it can be seen what progress has been made. Undoubtedly there are many other useful questions and measures that could also be of value.

Recommendation	Question
1. Protect human rights and end mandatory retirement	Have human rights protections been extended to people aged 65 and older?
2. Live healthier	Over time, what percentage of older British Columbians are eating well, exercising, and smoking?
3. Help people stay independent	Over time, what is life expectancy in B.C. at age 65? What is the average for women and for men?
4. Improve health care quality	Over time, what percentage of older British Columbians are receiving non-medical home support services and how many home support hours are being provided?  Over time, how many older people who do not need this type of care are occupying acute care hospital beds?
5. Provide leadership on aging issues	Over time, how many low-income older people are receiving assistance with the cost of treatments, aids and devices that enable them to participate in their communities?
5. Provide leadership on aging issues	Has government organized a secretariat with significant staff and resources? Does it produce an annual report, including data giving answers to the questions here?
6. Respond to diversity	Over time, how many members of Aboriginal and ethnocultural communities have been hired to work in health care and home support?

7. Support volunteerism	Over time, what percentage of older people are being served by volunteer-based agencies?
8. Get information out	Has a comprehensive inventory of services for older British Columbians been created and made available to the public? Is it being updated regularly?
9. Make workplaces more flexible	Over time, what percentage of people over 65 are participating in British Columbia's labour market? Over time, what is the average age of retirement in the B.C. Public Service?
	Over time, what percentage of B.C. government employees are phasing-in retirement, working part-time or job sharing?
10. Save for retirement	Over time, what percentage of British Columbians are saving for retirement through a pension plan and/or RRSP?
11. Create neighbourhoods where people can thrive	Over time, how many innovative projects to make neighbourhoods mixed-use, walkable, and accessible have been supported through infrastructure grants?
	Over time, how many construction projects in B.C. have followed universal/safe design guidelines?
12. Make affordable housing a priority	Over time, how many units of affordable housing have been built province-wide and by region?
	Over time, what percentage of low-income older adult households are spending more than 30 per cent of their income on housing?
13. Make it easier for people to get around	Over time, what percentage of older British Columbians live in a community served by public transit?
	Over time, how many handyDART and Taxi Saver rides have older people taken?
	Over time, what percentage of B.C.'s rural and remote communities are served by supplementary transportation programs?
14. Ensure sufficient incomes for older people	Over time, what percentage of older adult households in B.C. are living below the after-tax low income cut-off, by family type?
15. Recognize informal caregivers	Over time, how many respite day program or overnight respite stays have occurred?
16. Support the right health treatments, services and devices	How many health treatments, services and devices have been evaluated by an arms length process before being funded?

## Appendix III: Members of the Council

### **Patricia Baird – Vancouver**

Dr. Patricia Baird was trained as a physician. She has been a member of numerous national and international policy and science advisory bodies. She headed the Federal Royal Commission on New Reproductive Technologies, has served as an advisor to the World Health Organization in recent years, and has been associated with the Canadian Institute for Advanced Research since the mid-1980s.

### **Diane Bloor – Fort St. John**

Diane Bloor has been a member and secretary-treasurer of the North Peace Senior Housing Society for four years. Recently retired, Ms. Bloor's experience includes community consultation with the BC Housing Society and the BC Non-Profit Housing Society as well as other seniors' groups in Fort St. John.

### **Wilbur Campbell – Vancouver**

Wilbur Campbell is a member of the L'lakapamux Nation. In 1959, he became the youngest chief elected in British Columbia up to that time. Since then, he has continued to take an active role in First Nations issues and government. A grandfather of seven, Mr. Campbell currently sits on the Board of Governors for the Institute of Indigenous Government.

### **Mario Caravetta – Abbotsford**

Mario Caravetta is a former member of the Burnaby Hospital Board and has been recognized for his work with seniors by the Salvation Army and the

Abbotsford Agri-Fair. He led a committee on Seniors' Days at the Pacific National Exhibition. A dedicated volunteer for many years, Mr. Caravetta is active in local parish activities and at the Italian Cultural Centre in Vancouver.

### **Lawrence Fagan – Surrey**

Lawrence Fagan is a management consultant with 30 years' experience working in long-term care. A former administrator of a seniors' residence, Mr. Fagan is knowledgeable about seniors' care issues. He has served on the board for the Crescent Housing Society and the Come Share Society and has worked with various health and health planning organizations in Surrey.

### **Elsie Gerdes – Armstrong**

Elsie Gerdes is president of the BC Old Age Pensioners' Organization (BCOAPO). She is a member of the Armstrong/Enderby Community Response Network Against Elder Abuse, a former municipal councillor and previous health region board chair. Ms. Gerdes brings 36 years of community health experience to the council and has won many awards, including a UNBC honorary doctoral degree of laws.

### **Judith Grant – Kelowna**

Judith Grant is a former member of Canadian Gerontology Association and the Gerontological Nurses Association of B.C. For 15 years she was an owner/administrator of a private home care services organization.

Ms. Grant has served on the Kelowna General Hospital Foundation, Interior Region planning committee for the Ministry of Children and Family Development, Advocates for Seniors of Kelowna and Kelowna Hospice Society.

#### **Shirley Gratton – Prince George**

Shirley Gratton is a Prince George city councillor. Her community experience includes serving on a broad range of boards and committees. She is involved in the BC Hydro Power Pioneers (retirees of BC Hydro) and is a member and past treasurer of the Hart Pioneers Association. Ms. Gratton has received many awards including Prince George Citizen of the Year 2004/05, Governor General's Confederation Award and Queen's Jubilee Medal.

#### **Mohinder Grewal – Richmond**

Mohinder Grewal is a member of the Richmond Intercultural Advisory Committee, the Richmond Seniors' Advisory Committee, the Vancouver Cross-cultural Seniors Network and the National Visible Minority Council on Labour Force Development. Mr. Grewal has served as an executive director of the Sikh Professional Association of Canada and as president of the National Association of Canadians of Origin in India.

#### **Jill Hightower – Halfmoon Bay**

Jill Hightower is a research consultant and educator on aging, violence and abuse in later life. She is a member of the BC Coalition to Eliminate Abuse of Seniors and the Sunshine Coast Seniors Network and Advisory Group, and has worked with the Sechelt Seniors Centre, the Women's Health Network and St. Mary's Hospital

Foundation. Ms. Hightower received the Simon Fraser University Gerontology Research Centre Senior Leadership award.

#### **Mary Jordan – Vancouver**

Mary Jordan is the former executive director for the BC Centre for Disease Control and has 20 years executive experience with Canadian Airlines, Air Canada and American Airlines. Ms. Jordan has also served as a director of the Vancouver International Airport Authority.

#### **David Lai – Victoria**

Dr. David Lai is professor emeritus with the University of Victoria and adjunct professor and associate researcher with the University of Victoria Centre on Aging. He is a member of the Multicultural Advisory Council of BC and a former member of committees on aging, the Chinese cultural community, and heritage preservation. Dr. Lai is a member of the Order of Canada and has been the recipient of many other national and local awards.

#### **Mildred Martin – Fort St. James**

Mildred Martin is president of the Nak'azdli Elders' Society and has been active in the society since 1990. A former Carrier language teacher with the St. Maria Goretti Catholic School in Fort St. James and the Tl'azte'en First Nation School in Tache, B.C., Ms. Martin now teaches language, traditional values and culture and is one of the few translators in the Fort St. James area.

**Graham Reid – Peachland**

Graham Reid is a retired lawyer and business executive as well as director of the Society for Learning in Retirement. Mr. Reid is Mayor of the District of Peachland and a member of the UBC Okanagan President's Community Advisory Council. He has also served on the board of the United Way of the Lower Mainland and on the North Vancouver Chamber of Commerce.

**David Sinclair – Victoria**

David Sinclair is president of the South Vancouver Island Zone Housing Society and second vice president of the BC Yukon Command Royal Canadian Legion. He has worked on falls prevention and is known for his work on seniors' housing and veterans with Post Traumatic Stress Disorder, for which he has been recognized by the municipality of Central Saanich, Veterans Affairs Canada and the Vancouver Island Health Authority.

**Floyd Trotter – Comox**

Dr. Floyd Trotter is a semi-retired chiropractor, who specialized in geriatric practice. He is a former lay member of the University of Victoria senate. Past experience includes serving on the Upper Island Regional Health Board organizing committee, the Vancouver Island Health Authority Comox Lake Watershed Group. Dr. Trotter is active in assisting with the Canadian Hard of Hearing Association.

**William Webber (deceased)**

Dr. William Webber was a retired dean of medicine and a former associate vice president of faculty relations at the University of British Columbia. He had extensive involvement in university committees, community boards, royal commissions and advisory committees, primarily in the health field. Dr. Webber was recognized many times for his academic contributions, including an honorary doctor of laws (UBC).

**Jeannie Wexler – Vancouver**

Jeannie Wexler is a management consultant with expertise in strategy development, business planning and change management. She has led planning projects for many organizations, including the Provincial Health Services Authority. Ms. Wexler has volunteered with groups such as the Vancouver Public Library and North Shore Family Services, and has been on the boards of the YWCA and BC Centre of Excellence for Women's Health.

**Donald Winch – Vancouver**

Don Winch has more than 20 years experience working with veterans' and seniors' housing societies and committees. A member of the Royal Canadian Legion, Mr. Winch also served on the BC Coalition to Eliminate Abuse of Seniors. He helped to organize the Grandview Housing Society in East Vancouver.

## Appendix IV: Presentations to the Council

Honourable George Abbott  
Minister of Health

Susan Adams  
Assisted Living Registrar  
Ministry of Health

Keith Anderson  
Chief Executive Officer  
Fraser Health Authority

Shawn Atleo  
BC Regional Chief  
Assembly of First Nations

Manjit Bains  
Vice President  
Business Practices &  
Consumer Protection  
Authority

Dr. Penny Ballem  
Deputy Minister  
Ministry of Health

Suzanne Barclay  
Director, Provincial  
Language Service  
Provincial Health Services  
Authority

Dr. Ken Bassett  
Acting Director  
Therapeutics Initiative

David Baxter  
Executive Director  
Urban Futures Institute

Alain Belanger  
Coordinator, Research  
and Analysis,  
Demography Division  
Statistics Canada

Don Black  
Director  
Community Programs  
University of British  
Columbia Continuing  
Studies

Frank Blues  
Manager, Transportation  
City of Prince George

Eleanor Guerrero  
Campbell  
Executive Director  
Multicultural Helping  
House Society

Jay Chalke  
Public Guardian  
and Trustee  
Office of the Public  
Guardian and Trustee

Dr. Neena Chappell  
Canada Research Chair  
in Social Gerontology  
University of Victoria

Lynne Christiansen  
Councillor  
City of Terrace

Sue Clark  
Programs Officer  
Union of British Columbia  
Municipalities

Marcy Cohen  
Research Associate  
and Chair of the Board  
Canadian Centre for Policy  
Alternatives – BC Office

Donna Cole  
General Manager  
First Nations Chiefs'  
Health Committee

Dr. Susan Crawford  
Assistant Director  
Institute of Aging  
Canadian Institutes  
of Health Research

Bob D'Auray  
President  
Prince George Council  
of Seniors

Bev Dahl  
Manager for Volunteers  
Interior Health Authority

Gary Dickinson  
President, Society for  
Learning in Retirement

Teresa Eichler  
Community Planning  
Manager  
City of Kelowna

Jock Finlayson  
Executive Vice President  
Business Council of B.C.

Bernice Gehring  
Member  
Women Elders in Action

Leila Getz  
Artistic Director  
Vancouver Recital Society

Charan Gill  
Executive Director  
Progressive Intercultural  
Community Services  
Society

Terry Gillin  
Professor  
Department of Sociology  
Ryerson University

Dr. Gloria Gutman  
Professor, Department  
of Gerontology  
Simon Fraser University

Lori Halls  
Executive Director  
BC HealthGuide Program  
Ministry of Health

Janet Hanavelt  
Executive Director  
Canadian National  
Institute for the Blind –  
BC/Yukon

Bill Harlan  
President and Chief  
Executive Officer  
Open Learning Agency

Dr. Réjean Hébert  
Dean, Faculty of Medicine  
and Health Sciences  
University of Sherbrook

Ed Helfrich Executive Director British Columbia Care Providers	Helen Klassen Arthritis Advocate	Dr. Anne Martin-Matthews Scientific Director Institute of Aging Canadian Institutes of Health Research
Dr. John Helliwell Professor Emeritus of Economics University of British Columbia	Karen Kobayashi Assistant Professor Department of Sociology University of Victoria	Keith McBain Leader, Assisted Living Fraser Health Authority
Dawn Hemingway Chair & Assistant Professor Social Work Program University of Northern B.C.	Sharon Koehn Research Associate Centre for Healthy Aging Providence Health Care	Dr. Michael McBryde Medical Director Residential Business Partnerships Fraser Health Authority
Marcus Hollander President Hollander Analytical Services Ltd.	Art Kube First Vice President Council of Senior Citizens' Organizations of BC	Dr. Patrick McGeer Professor Emeritus Faculty of Medicine University of British Columbia
Terrance Hunsley Senior Projects Director Policy Research Initiative Human Resources and Social Development Canada	Paul Lacerte Executive Director BC Association of Aboriginal Friendship Centres	Dr. Patrick McGowan Associate Professor Centre on Aging University of Victoria
Robert Jackson Past President Castlegar and District Health Watch	Allan Lamb Executive Director BC Automobile Association Traffic Safety Foundation	Brian McKay Manager for Social Work Interior Health Authority
Joyce Jones Co-Chair British Columbia Health Coalition	Marion Lay President and Chief Executive Officer 2010 Legacies Now	Sharon Meredith Manager British Columbia Recreation and Parks Association
Dr. Janice Keefe Canada Research Chair in Aging and Caregiving Policy Mount Saint Vincent University	Maureen LeBourdais Coordinator, British Columbia Rural Network	Susan Michaud Director South Peace Seniors Access Services Society
Jack Keough Executive Director Yellowhead Community Services	Val MacDonald Executive Director Seniors Housing Information Program	Colin Milner Chief Executive Officer International Council on Active Aging
Dr. Karim Khan Assistant Professor, Bone Health Research Group University of British Columbia Medical School	Dr. Art MacGregor GP & Medical Lead Vancouver Island Health Authority Chronic Disease Management Project	Linda Mitchell Executive Director Literacy BC
	Roz MacKinnon Social Worker Upper Island Geriatric Outreach Program	Dr. Steve Morgan Faculty University of BC Centre for Health Services and Policy Research
	Ann Marr Executive Director Mental Health and Addictions and Home and Community Care Ministry of Health	

Bob Nakagawa  
Assistant Deputy Minister  
PharmaCare  
Ministry of Health

Sonia Newman  
Executive Director  
Westside Health Network

David O'Neil  
Manager  
Population Statistics  
BC Stats

Reid Oddleifson  
Recreation Services  
Manager  
City of Kelowna

Carol Omstead  
President  
BC Retirement  
Communities Association

Terry Pakenham  
Manager, City of Vernon  
RCMP Safe Communities  
Unit

Dr. Alison Phinney  
Vice President  
Caregivers Association  
of British Columbia

Tim Pringle  
Executive Director  
Real Estate Foundation  
of British Columbia

Dr. Michael Rachlis  
Health Policy Consultant  
and Associate Professor  
Department of Health  
Policy, Management,  
and Evaluation  
University of Toronto

Shayne Ramsay  
Chief Executive Officer  
BC Housing

Rosemary Rawnsley  
Executive Director  
Alzheimer Society of  
British Columbia

Laurie Renwick  
President  
Canadian Hard of Hearing  
Association – BC

Nancy Rigg  
Executive Director  
Community Care Network  
Vancouver Coastal Health  
Authority

William Robson  
President  
CD Howe Institute

Clive Rock  
Director, Strategic  
Planning and Policy  
Translink

Linda Ross  
Chief Executive Officer  
Aboriginal Housing  
Management Association

Tim Rowe  
Executive Director, Home  
and Community Care  
Northern Health Authority

Vicky Scott  
Senior Advisor, Falls  
Prevention  
British Columbia Injury  
Research and Prevention  
Unit

Steve Segal  
Custom Transit  
Coordinator  
BC Transit

Patrick Simpson  
Executive Director  
SAFERHome Society

Jim Sinclair  
President  
British Columbia  
Federation of Labour

Vi Sorenson  
Executive Director  
Seniors Outreach Society

Louise Stropky  
President  
East Kootenay Senior  
Caregiver's Network

Alice Sundberg  
Executive Director  
British Columbia  
Non-Profit Housing  
Association

Richard Taylor  
Executive Director  
Union of British Columbia  
Municipalities

Barry Thomas  
BC Representative  
Canada's Association for  
the 50 Plus (CARP)

Colleen Tracy  
Executive Director  
Assisted Living Centre  
of Excellence

Val Tregillus  
Executive Director  
Chronic Disease  
Management and Primary  
Health Care Renewal  
Ministry of Health

Michael Valpy  
Senior Writer  
The Globe and Mail

Jack Vickery  
Webmanager  
BC Alliance of Information  
and Referral Services

Barney Williams Jr.  
Elder  
Tla-o-qui-aht First Nation

Dr. Andrew Wister  
Chair, Department  
of Gerontology  
Simon Fraser University

Milton Wong  
Chairman  
HSBC Investment  
Canada Ltd.

## Appendix V: Summary of Written Input

Between October 3, 2005 and August 31, 2006, the Premier's Council received letters, emails and papers from more than 200 individuals and organizations, from the following locations:

150 Mile House	Fort St. James	Oliver	Sorrento
Armstrong	Fort St. John	Osoyoos	Sparwood
Barriere	Golden	Parksville	Surrey
Burnaby	Kamloops	Penticton	Terrace
Castlegar	Kaslo	Prince George	Trail
Comox	Kelowna	Prince Rupert	Vancouver
Courtenay	Langley	Qualicum Beach	Vanderhoof
Cranbrook	Merritt	Richmond	Vernon
Creston	Mill Bay	Saanich	Victoria
Dawson Creek	Mission	Salmon Arm	West Vancouver
East Sooke	Nanaimo	Sayward	White Rock
Enderby	New Westminster	Sechelt	Williams Lake
Fernie	North Vancouver	Sooke	Winfield

This included input on seniors' issues from the following organizations:

- 2010 Legacies Now
- Advisory Committee on Seniors' Issues, City of Vancouver
- BC Association of Community Response Networks
- BC Association of Social Workers
- BC Coalition to Eliminate Abuse of Seniors
- BC Government and Service Employees' Union
- BC Government Retirees' Association, Branch 300
- BC Health Coalition
- BC Human Rights Coalition
- BC Retired Teachers Association
- BC Teachers' Federation
- BC/Yukon Society of Transition Houses
- BCAA Traffic Safety Foundation
- Canada's Association for the Fifty-Plus – BC
- Canadian Centre for Policy Alternatives – BC Office
- Canadian Hard of Hearing Association – BC
- Cedar Cottage Neighbourhood House
- Centre for Healthy Aging at Providence
- Certified General Accountants Association of BC
- City of Dawson Creek
- City of Prince George, Transportation Division
- Concerned Citizens of BC, East Kootenay Region

- Confederation of University Faculty Associations of BC
- Diamond Geriatrics
- District of Fort St. James
- East Kootenay Senior Caregiver's Network
- Elk Valley and South Country Health Care Coalition
- Elk Valley Senior's Housing Society
- Family Funeralhome Association
- Faculty of Dentistry, UBC
- Fort St. James Medical Clinic
- Fort St. James Senior Citizens Home Society
- The Fraser Institute
- Geriatric Dentistry Committee, British Columbia Dental Association
- Golden and District Community Health Services Committee
- Health Care Leaders' Association of BC
- Health Employers Association of BC
- Healthy Children, Women and Seniors Branch, Ministry of Health
- Kaslo Area Health Advisory
- Kootenai Community Centre Society
- Lakeside Pharmacy
- Langley Coalition Against Abuse of Seniors
- Legislative Library of British Columbia
- Little Mountain Residential Care & Housing Society
- Ministry of Forests and Range
- Nak'azdli Band Council
- North Quadra Land Use Protection Association
- Oceanside Seniors Outreach
- Old Age Pensioners Organization - Branch 42
- Peace River Regional District
- People Patterns Consulting
- Saanich Volunteers Services Society
- Senior Citizens' Association of BC – Branch 11
- Senior Citizens' Association of BC – Branch 81
- Senior's Advisory Council of Williams Lake
- Seniors' Advisory Commission to the City of Terrace
- Seniors Summit II
- South Granville Seniors Centre
- South Peace Seniors Access Services Society
- Sunshine Coast Seniors Network and Advisory Group
- Translink
- Vancouver Cross-Cultural Seniors Network Society
- Williams Lake Health Care Coalition
- Women Elders in Action



**Big change is coming,  
whether we want it or not.  
We need to seize this opportunity  
and adapt successfully...**



**BRITISH  
COLUMBIA**

The Best Place on Earth