



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

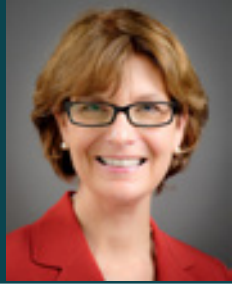


BC SENIORS: FALLING FURTHER BEHIND

SEPTEMBER 2022

MESSAGE FROM THE SENIORS ADVOCATE

SEPTEMBER 2022



Over the years, a prevailing concern I hear from the seniors calling our office and talking to me in seniors' centres and town halls throughout the province is the issue of affordability. Whether it is about paying rent, finding money for major home repairs, dental care, or any of the supports and services needed as we age, many seniors find the limits of their pension incomes a challenge.

B.C. seniors want to age with dignity in the security and comfort of their own homes, but the costs of aging in place are escalating and many seniors are falling further behind. Pension incomes are simply not keeping pace with the rising costs of housing, food, personal care and social supports. While B.C. has made critical investments in long-term care, we must also remember the needs of the 94% of seniors who live in their own homes in communities across this province.

In B.C., we have some of the highest costs in the country, yet our seniors do not receive the same level of overall support offered in other provinces. This may, in part, explain why B.C. has a relatively higher proportion of low-care needs seniors entering long-term care prematurely, if they find the costs of aging in place too much. If this trend continues, we could find our health care system facing even greater pressures than we are experiencing today.

Improving our system of supports and services, and ensuring it is sustainable and targets measures that will be the most effective requires a detailed understanding of the different socio-economic experiences within B.C.'s senior's population. This report begins that analysis.

In this report, we examine the financial supports available to seniors, as well as the services and subsidies available to help them manage the physical and cognitive challenges of aging. Many people will be surprised to learn of the very limited incomes of most seniors, and how few supports and services to help people as they age are subsidized by government.

Almost half of seniors in B.C. have an income below minimum wage. The prime working age population in B.C. has an income that is 66% higher than the income of those 65 and older - this is a startling difference. Within this challenging economic reality, seniors find there is little or no government support to help them pay for eyeglasses, hearing aids, dental care, mobility aids or home care, putting these necessities out of reach for many.

British Columbians have shown they care very deeply about seniors in this province and governments at all levels have demonstrated their concern for the health and wellbeing of older adults. We need to build on this goodwill and ensure the public supports and services are in place to meet the needs of an aging population that continues to grow. With the realization that we are not meeting the needs of many B.C. seniors, I know that British Columbians will want to do better. Working together, I know we can.

As always, my thanks to the many dedicated staff who provided much of the research and analysis for this report and of course, thank you to the many seniors who took the time to participate in surveys and discussions that have helped me better understand the challenges they are facing.

Sincerely

A handwritten signature in black ink, appearing to read 'Isobel Mackenzie', written in a cursive style.

Isobel Mackenzie
Seniors Advocate
Province of British Columbia

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EXECUTIVE SUMMARY

In British Columbia 94% of seniors live in their own homes. The ability to remain in their home as they age depends on many things but the most significant is the ability to afford not just the rising cost of living overall, but the additional costs related to aging that are unique to seniors. Given the frequency with which the Seniors Advocate hears from seniors about their financial challenges the office commenced a systemic review of the overall economic health of B.C. seniors that is summarized in the report BC Seniors: Falling Further Behind. The report examines the incomes and expenses of seniors across a broad socio-economic landscape and assesses the effectiveness of government supports, services and subsidies. The report includes findings from a spring 2022 survey of low-income seniors and a consultation with 82 community agencies.

The findings from BC Seniors: Falling Further Behind indicate that B.C. is providing less support for seniors than other provinces in nine key areas and that overall, the economic challenges to aging at home are increasing in the province and will continue to grow without some significant changes to existing programs and subsidies.

Overall, the report finds the following:

Incomes

- Most seniors in B.C. rely on government pensions to form the bulk of their retirement income. The federal Old Age Security (OAS) and Canada Pension Plan are used by 90% of those 65 and over in B.C. and a further 28% access the Guaranteed Income Supplement (GIS) that is available to low-income seniors. While income supports come primarily from the federal government, the B.C. government does provide the BC Seniors Supplement for the lowest income seniors. It is the fourth lowest subsidy in the country and is provided to 9% of B.C. seniors.
- When all income sources are considered the 2019 median income for B.C. seniors was \$30,750 a year, compared to \$51,170 (66% higher) for the prime working age population. A full 25% of seniors earn an income of less than \$20,000 a year (2019).
- 45% of seniors in B.C. have an income that is less than minimum wage, while only 6% of the labour force is working for minimum wage.
- The minimum wage increased 40% between 2015 and 2020, while seniors' pension incomes increased by only 14% during the same period.

Housing

- Overall, 70% of households in B.C. are owner-occupied and 30% are rented. For seniors, owner-occupied households are higher at 80% with 20% of senior's households rented.
- In the last 10 years, market rents have increased 50% and the allowable rent increase for continuing tenancies by 34%, while pension incomes have risen just 25% during the same period.

- The number of B.C. seniors in core housing need grew by 17% between 2011 and 2016, compared to 1.4% for non-seniors during the same time.
- B.C. provides a rent subsidy, the Shelter Aid for Elderly Renters (SAFER) for those age 60 and older and people with disabilities, but the program caps the amount of rent that it will subsidize and the amount of income you can earn to qualify. While the average monthly rent in Vancouver is \$1,434 a month, the SAFER subsidy rent is capped at \$803 per month. Over 70% of SAFER recipients pay a rent that is above the rent cap.
- Based on market rents, a SAFER recipient in Vancouver will pay over 60% of their income for rent.
- While the SAFER program does not recognize any rent increases above the rent cap it does recognize all income increases. For the majority of SAFER recipients this means that when both their rent and income increase their SAFER subsidy will be reduced. This in part explains why the average SAFER subsidy has fallen by 9% in the last 4 years despite increasing rents.
- There are currently 23,738 SAFER recipients, 95% live alone and 80% have an annual income between \$15,000 and \$24,999.
- In addition to SAFER, the province also provides Seniors Subsidized Housing (SSH). These are units located in apartment buildings owned and operated by non-profit societies or BC Housing. Tenants will pay 30% of their income for rent.
- The average wait time for a SSH units is three years and 17% of current applicants have been waiting over five years.
- In the last year 8% of those who were on the waiting list were placed in a SSH unit,
- The number of SSH units per 1,000 of the target population has decreased 14% in the last five years
- 70% of seniors who rent receive no form of government subsidy for their rent costs.
- The province provides financial support to seniors who are homeowners through an enhanced homeowner grant and for those who are 55 and older, they can defer their property tax through the Property Tax Deferral (PTD) program and repay the deferred taxes to the province when the house is sold.
- The number of new PTD files decreased by 16% over the past five years, although overall the total number of PTD files has increased by 52% over the same period.
- An estimated 16% of eligible senior's households in B.C. access the PTD program.
- The BC Rebate for Accessible Home Adaptations (RAHA) program offers grants of up to \$17,500 for persons on limited incomes with disabilities to make their homes more accessible. There were 389 RAHA applications approved last year.
- There is no provincial program to assist low-income seniors with the costs of home repairs.
- 49% of low-income homeowners report needing major repairs but cannot not afford them.

Health

- B.C. provides home support services to assist seniors, as they age, with personal care needs. The service is provided free of charge to seniors in receipt of the GIS but all others will be assessed a daily rate based on their income and this is the amount they will pay for each day they receive home support services.
- The home support daily rate calculation requires seniors with an annual income of \$28,000 to pay \$8,800 a year if they were to receive a 45-minute daily visit of home support. The amount charged in the daily rate increases as a person's income rises.
- The majority of B.C. seniors do not have a private benefit plan and are required to pay out of pocket for the full costs of dental care, eyeglasses, hearing aids or mobility aids.
- 4 out of 10 low-income seniors report it has been three years or more since they visited a dentist.
- 66% of low-income seniors report they need dental care but cannot afford it.

FALLING FURTHER BEHIND

- All British Columbians, including seniors are eligible for a subsidy for medications through the Fair PharmaCare plan. The plan ensures a person pays no more than 4% of their income (3% if born 1935 or earlier) for medications. To qualify for a subsidy the medication must be listed on the Fair PharmaCare formulary.
- 1 in 4 low-income seniors report being prescribed medications they cannot afford: these will most often be medications that are not listed on the Fair PharmaCare Formulary.
- There is no funding to assist B.C. seniors to purchase or rent mobility aids such as wheelchairs, scooters, lifts or hospital type beds for home use.
- The majority of low-income seniors report difficulty in being able to afford: hiring people to help with their care needs (82%) medical supplies (63%) and medications or supplements (60%).

Social Engagement

- Maintaining strong social connections is one of the elements of successful aging. To achieve this, seniors need the ability to get out and about and connect. This requires transportation, participation in the digital world and money to cover the associated costs.
- The majority of seniors drive and B.C. offers seniors discounted auto insurance rates and license renewal fees but does not subsidize any fee association with the biannual fitness to drive medical exam that is required at age 80.
- B.C. provides seniors in receipt of the GIS a \$45 annual bus pass for all public transit including Skytrain but excluding handyDART. Any senior not receiving GIS will pay whatever fare is determined by their local government and there are often lower fares for seniors.
- The average cost for a round-trip handy ride is \$5.50. There is no assessment of income or subsidy offered.
- There is no federal or provincial subsidy for any telecommunication services such as phone or internet and the annual cost for basic phone and internet is estimated at \$1200.
- 32% of low-income seniors in B.C. do not have access to the internet at home.
- While there are many active seniors' centers throughout B.C., some communities struggle with limited social opportunities for seniors. There is no comprehensive provincial network of seniors' centres to serve as gathering place and service hub for local seniors.
- 1 in 2 low-income seniors report they are concerned, or very concerned, about being able to stay in their own home as they age.
- 84% of low-income seniors report running out of money to buy food some of the time.

Provincial/Territorial Comparison

- All 13 provinces and territories, including B.C., offer subsidized medications for seniors and all provinces offer a form of property tax deferral for seniors who own their homes.
- 12 out of 13 provinces/territories offer a rent subsidy for seniors. B.C., with the highest rental market in the country, has the third lowest income cap for eligibility to receive a rent supplement.
- 6 out of 13 provinces/territories offer a seniors' dental program – B.C. does not.
- 11 out of 13 provinces/territories provide an income supplement to low-income seniors. The amount of the supplement varies by province/territory, and B.C. offers the fourth lowest amount.
- 7 out of 13 provinces/territories fund hearing aids and 10 out of 13 have a home repair program for seniors – B.C. funds neither.
- 12 out of 13 provinces/territories, including B.C., offer a program to fund home adaptations to make homes more accessible for people with disabilities or loss of ability.
- Out of nine key measures to support seniors, B.C. offers support for only two, the lowest number in the country.

The report BC Seniors: Falling Further Behind concludes there are several gaps in the provision of seniors services and makes 10 recommendations.

Recommendations:

1. Index the BC Seniors Supplement to inflation consistent with other income supports such as GIS/OAS and CPP.
2. Redesign the Shelter Aid for Elderly Renters (SAFER) program to reflect the current reality of the B.C. rental market and ensure yearly rent increases are recognized.
3. Increase the number of Seniors Subsidized Housing Units with a particular focus on rural B.C. where the overall supply of rental accommodation for seniors is most challenging.
4. Increase awareness of the Property Tax Deferral Program and examine an expansion of the program for low- and modest-income seniors to defer other costs such as strata fees, hydro costs and other municipal charges. Examine how seniors living in co-operative housing might be able to take advantage of the program.
5. Develop a program to assist low- and modest-income seniors with major home repairs.
6. Eliminate the daily rate for publicly funded home support services.
7. Provide an extended health benefit for seniors that includes eyeglasses, hearing aids, mobility aids and necessary medical equipment. The cost of the plan could be covered by premiums based on income, ensuring it is an affordable option for all B.C. seniors.
8. Work with the federal government to ensure dental coverage for seniors with co-payments and deductibles based on income or include in an overall extended benefit plan.
9. Provide an annual province-wide bus pass for all seniors that includes handyDART. The fee for the pass could be based on a sliding scale matched to income.
10. Develop a comprehensive plan to build the capacity of seniors' centres across B.C. to better support social engagement and help support older people access the supports and services they need to continue to live independently.

INTRODUCTION

Income and affordability issues are top concerns for seniors contacting the Office of the Seniors Advocate. We frequently hear from seniors who are worried about not being able to pay their bills and needing to cut back on their food budget to make ends meet. Most concerning are seniors who are overwhelmed with finding an affordable place to live and worried they may find themselves in a position of being without a home.

The ability to live independently and age with dignity are dependent on many things. Physical and cognitive health are important, however equally important are the broader determinants of health. Where seniors live, their occupation prior to retirement, their income and the social network of friends and family that surround them have a profound influence on their ability to remain at home and age with basic comfort and security.

In British Columbia, as in other jurisdictions, there are seniors who are financially secure in their retirement. This is not to say they are without concerns as they age. Issues such as access to health care and many of the conditions that can develop as we age are challenges regardless of income. However, for people who have the financial resources, there are often a greater number of options and supports available to them that can be difficult for low and modest income seniors to access.

Public perceptions regarding the economic security of seniors vary. Some people look at the average incomes of people 65 and older, their high levels of home ownership and think that major expenses such as childcare, mortgages and saving for retirement are behind them; and that most seniors are better off than the working population. However, as with most stereotypes associated with aging, the relative economic prosperity of seniors is diverse. In fact, the greatest economic need across all age groups is found in low- and modest-income seniors who do not own their home or those who may own their home but have extraordinarily high costs for health care.

The current income levels of B.C. seniors indicate that almost half live on incomes that are less than a full-time minimum wage job. The data also show a significant difference between the median income and the average income of people 65 and older. This tells us that there is a small group of very high-income seniors pulling average incomes up, making the label “average” misleading. Most seniors in B.C. have modest incomes well below what is calculated as the average income, and it is this cohort that forms the focus of this report. In numerical terms, these are seniors at or below the 2019 median income (65+) of \$30,750 per year including¹, in particular, the almost one-third of B.C. seniors who receive the guaranteed income supplement (GIS) indicating 2019 annual incomes below \$26,000.

In examining the relationship between successful aging and incomes, it is important to not just calculate how much money a senior receives each month, we must also subtract their expenses which can vary greatly depending on a number of factors. Whether or not a senior’s retirement income is sufficient to allow them to live independently throughout their life is heavily influenced by whether they own their home or

¹ Statistics Canada, Centre for income and socioeconomic well-being statistics, Annual Income Estimates for Census Families and Individuals (T1 Family File), Custom Tabulation

rent; live with a spouse or near an adult child who can assist them; have chronic health conditions or mobility issues; or live in an urban area with easier and more economical access to health care and transportation.

Understanding that a broad view is necessary to assess the adequacy of incomes, this review examines federal and provincial government income supports, programs and services available for seniors, highlights where there are gaps and makes recommendations for improvement.

This report has relied on a series of federal and provincial data sources as outlined in Appendix 1. However, most importantly, this report has been informed by the voice of thousands of low-and modest-income seniors who contact our office regularly and/or who participated in a province-wide survey circulated earlier this year. In addition to seniors themselves, the many social service agencies throughout the province who work with seniors on a daily basis also generously gave their time to engage in a robust stakeholder engagement as part of the consultation process that informed this review.

Income Levels of B.C. Seniors

For this review, unless otherwise cited, we have used the Statistics Canada income data based on 2019 tax filer information². Using these data, we find that B.C. seniors have an average annual income of \$46,466 and a median annual income of \$30,750. The prime working age population (35 to 54 years) has a median income that is 66% higher.

In measuring the overall economic needs of seniors, it is more accurate to use median income versus average income. The median income is the amount where half of B.C. seniors have incomes above that amount and half are below. In B.C., there is a significant gap between the median and the average. The much higher average income for B.C. seniors tells us the average has been skewed upwards by a disproportionately small number of very high incomes. Clearly, when half of B.C. seniors are living on \$30,750 a year or less, an average income that is more than 50% higher is not reflective of the experience of most B.C. seniors.

Even looking at the 50% of seniors with annual incomes of less than \$30,750 we find significant differences as 50% of this income cohort have annual incomes of less than \$20,000 a year³. Across all income cohorts, we also find a gender disparity with male incomes 40% higher than female incomes. This gap may narrow in the years ahead, but it currently reflects the significantly lower labour market participation rates and incomes of females prior to their retirement.

Determining how much income is needed to enjoy a dignified retirement and what constitutes low income is not an exact science. Low income is a relative term and seniors with low incomes and low expenses face different challenges than seniors with low incomes and high expenses.

Governments have wrestled with how to define economic hardship and have used different measures over time. In 2018, the federal government declared the first national standard to measure economic hardship and established the Official Poverty Line (OPL). The OPL is now measured using a tool referred to as the Market Basket Measure (MBM). The MBM is the cost of a specific basket of goods and services representing a modest, basic standard of living that includes the actual costs of food, clothing, shelter, transportation, and other basic household expenses that individuals and families require to meet their basic needs⁴.

If an individual or household's disposable income is below the cost of this basket, they are considered to be

² Ibid

³ Statistics Canada. Table 11-10-0050-01 Tax filers and dependants with income by after-tax income, sex and age

living in poverty. The MBM establishes income thresholds reflecting regional and community differences in costs and household size for the predetermined basket of goods and services.

For example, the cost for seniors to live in Fort St. John or Prince George will differ from people living in Vancouver or Victoria. In B.C., the MBM poverty threshold (2020) for a single person ranges from \$21,535 to \$25,285 of disposable income depending on population centres and geographic location.

The MBM for Vancouver suggests that a single senior with an income of \$25,000 or less is living in poverty. This represents an estimated 44% of the seniors population in Vancouver compared to 27% of the working age population (25-54 years⁵). The disproportionate poverty in the seniors population has been developing for a number of years.

As we examine the trends over time, we find seniors incomes, while rising, are falling further behind relative to the poverty line when compared to low-income wage earners overall. In large part, this reflects a 40% increase in the B.C. minimum wage between 2015 and 2020 while government pension income grew by only 14% for the same period.

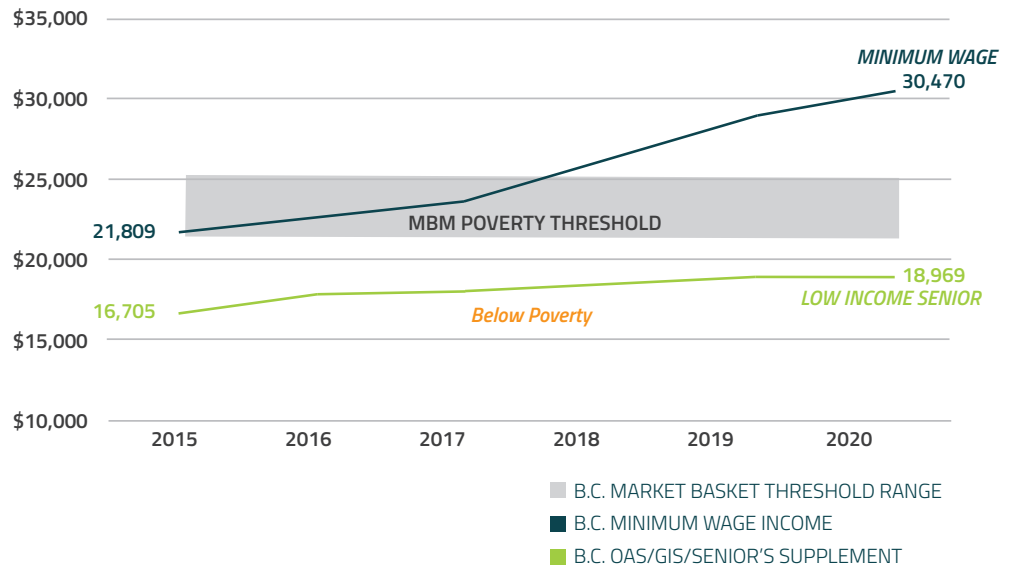
The income distribution among seniors has also diverged over time. For example, in 2015, the lowest income senior earned \$10,905 less than the median income and \$24,789 less than the average income of all seniors. In 2019, these income gaps grew to \$11,799 less for the median income and \$27,515 less for the average incomes.

TABLE 1: MARKET BASKET MEASURE THRESHOLD FOR A SINGLE PERSON, 2018 BASE

| POPULATION CENTRE | 2018 | 2019 | 2020 |
|-------------------|----------|----------|----------|
| RURAL | \$21,374 | \$21,485 | \$21,535 |
| POP. UNDER 30,000 | \$21,965 | \$22,075 | \$22,125 |
| POP. 30K-99,999 | \$22,079 | \$22,199 | \$22,255 |
| POP. 100K-499,999 | \$24,286 | \$24,419 | \$24,482 |
| VANCOUVER | \$25,069 | \$25,178 | \$25,285 |

Source(s): 1

FIGURE 1: COMPARISON OF LOW-INCOME SENIORS (65+), MINIMUM WAGE EARNERS AND POVERTY LINE, 2015-2020



Source(s): 1-3

Note: The MBM poverty threshold range is used for illustrative purposes in Figure 1 to show where income levels of B.C. seniors are relative to the poverty threshold, comparing 2015 to 2020.

⁴ Statistics Canada. Dimensions of Poverty Hub. [Online] <http://www.statcan.gc.ca/en/topics-start/poverty>

⁵ Statistics Canada. Table 11-10-0080-01 Tax filers and dependants with income by total income, sex and age

Following an extensive public consultation in 2017, the Province released a poverty reduction strategy, TogetherBC, in March 2019, which aims to reduce the poverty rate in B.C. by 25% by 2024. The plan notes that seniors are more likely to live in or be at risk of poverty because of the inequities they face. People across the province, including seniors, shared their personal struggles and the need to improve affordability. Seniors identified increasing the SAFER subsidy rate, improving the affordability of hearing aids, visual aids and mobility devices, and needing financial help to live safely at home including housekeeping and meals. Five years later, seniors continue to report difficulty affording rent, medical supports and home care as significant concerns.

INCOME SOURCES

The provincial and federal governments provide four main retirement income programs for seniors. The broadest based pension is the federal Old Age Security (OAS) which is available to all eligible seniors at age 65. The current maximum amount⁶ of OAS is \$8,000 per annum for age 65-74 (\$10,883 if deferred to age 70⁷) and \$8,808 (\$11,176⁸) for age 75 plus. These amounts are indexed to inflation. Currently, an estimated 90% of B.C. seniors receive OAS. To receive the maximum OAS benefit, a senior must have lived in Canada for a minimum 40 years between the ages of 18 and 65 and have a current annual income of less than \$81,761. With less than 40 years of residency or more than \$81,761 in income, a partial monthly pension is provided.

For lower income seniors, the federal government also provides the Guaranteed Income Supplement (GIS). This pension is targeted at seniors with incomes of \$20,208⁹ or less, not including the OAS benefit. GIS is provided on a sliding scale based on income. The current maximum GIS for a senior is \$11,952 per year to provide a total income of \$21,145 (aged 65-74) or \$21,946 (75 plus). Currently, 28% of B.C. seniors receive the GIS, a rate that has been relatively stable over the last five years. The GIS is indexed to inflation.

In B.C., if a senior receives the GIS, they may qualify for the BC Seniors Supplement (BCSS), a monthly provincial top up payment to the federal income benefit. This supplement provides a maximum of \$1,192 per year for a single senior with an annual income of less than \$23,000. The BCSS is not indexed to inflation, however, in April 2021, the BCSS was increased for the first time since 1987, from a maximum of \$49.30 to a maximum of \$99.30 per month and the income eligibility cap was raised. In 2021, approximately 9% of seniors received the BCSS.

In addition to OAS and GIS which are funded by the federal government, most seniors also receive income from the Canada Pension Plan (CPP). This is a federally managed and mandated pension fund, however, contributions to the pension are shouldered solely by employees and employers. Eligibility to receive the CPP is based on whether or not a person was employed (including self-employed), how long they were employed and how much they earned over the total time span of their employment. CPP also provides a survivor's pension for a legal spouse or common law partner. In 2019, 90% of B.C. seniors received some payment from CPP.

The current maximum amount of CPP is \$15,043 per year (\$21,361 if deferred to age 70¹⁰). To receive the maximum, an individual must have contributed to CPP for at least 39 years and must have earned the Yearly Maximum Pensionable Earnings (YMPE) in at least 39 of their years of employment. The YMPE for 2022 is \$64,900. The average annual CPP pension as of April 2022 is \$8,731, almost half of the maximum. This reflects the reality that most people do not meet the YMPE for all of their working life and many do not contribute for a full 39 years prior to retirement. CPP is indexed to inflation.

⁶ Based on July to September 2022 benefit amounts

⁷ Up to a maximum increase of 36% if defer OAS at age 70

⁹ As of July 1, 2022

⁸ Estimated if a senior deferred OAS when they were 65

¹⁰ Up to a maximum increase of 42% if defer CPP at age 70

If a single senior were to rely on the average payment from CPP and OAS with no additional workplace pension or Registered Retirement Savings Plan/Registered Retirement Income Fund (RRSP/RRIF), they would generate an annual income of \$16,733 (65-74 years). This amount is below the low-income threshold for GIS and their income would be supplemented to ensure they received a minimum income of \$22,649 (65-74 years). Seniors who receive less than the average CPP (generally women and lower wage earners) or who do not receive the maximum OAS (generally immigrants to Canada) would receive less.

In contrast, a person currently working full-time at minimum wage will earn approximately \$32,662¹¹ or 44% more than a senior who is living on their government pensions (based on average CPP). In 2021, an estimated 6% of the B.C. labour force was working at minimum wage¹². This compares to an estimated 45% of B.C. seniors who rely on incomes that are less than minimum wage.

In addition to government pensions, seniors can receive additional income from sources such as workplace pensions, investment income and RRSP/RRIF income or employment income. For seniors living at or below the median income, these sources are producing very limited incomes to supplement the basic government pensions. For some, the money that would otherwise be provided by GIS is replaced by other retirement income, leaving the senior no better off and in some cases worse off than they would be if they received the GIS.

Overall, 4 out of 10 seniors do not have a RRSP/RRIF. Even more do not have a private workplace pension as these have been in decline in the last 30 years and are now mostly found in the public sector or with large national employers. Despite the continued decline in employer sponsored pension plans, participation rates in RRSP have stagnated and only 21% of British Columbia tax filers contributed to an RRSP in 2019.

Overall, data reinforce that while there are some seniors who enjoy good private pension incomes, the majority of seniors rely on their government pensions and small amounts from their own savings to fund their retirement.

TABLE 2: FEDERAL AND PROVINCIAL PENSION AMOUNTS FOR A SINGLE SENIOR (65+) IN B.C.

AS OF JULY 1, 2022

| | MONTHLY MAXIMUM | ANNUAL |
|-----------------------|-----------------|----------|
| CPP | \$1,253.59 | \$15,043 |
| CPP (AVERAGE) | \$727.61 | \$8,731 |
| OAS (65 TO 74) | \$666.83 | \$8,002 |
| OAS (75+) | \$733.51 | \$8,802 |
| GIS | \$995.99 | \$11,952 |
| BCSS | \$99.30 | \$1,192 |

Source(s): 4-7

¹¹ As of June 1, 2022

¹² Government of B.C. B.C. minimum wage increases June 1 for lowest paid workers. [Online] <https://news.gov.bc.ca/releases/2022LBR0010000847>

EXPENSES

While pension incomes can be relatively easy to quantify, expenses are more difficult and nuanced to determine because there are many factors influencing the out-of-pocket expenses of an aging senior. For example, two seniors may receive the same income, but one has higher expenses for necessities such as housing, health care or support services and is facing economic hardship.

Most of the income supports for seniors are funded by the federal government, however, the costs for services to seniors are mostly borne by the provincial government. In B.C., there are a number of subsidies to help seniors to pay for the supports needed to age with dignity and security. The extent to which these subsidies are meeting the current needs of B.C. seniors varies.

Housing

In B.C., 70% of all homes are owned while 30% are rented. Within the seniors population, ownership is slightly higher at 80%, with 20% of seniors living in rental housing. Both types of housing tenure have their challenges and potential solutions, but the most urgent need is amongst the 200,000+ seniors in B.C. who rent. Seniors who are renters have predominantly been renters their entire adult life, they are disproportionately lower income, more likely to be female and more likely to either be divorced or have lived single for most of their adult life.

Renters

Renters in B.C. are governed by the provincial Residential Tenancy Act (RTA) which offers tenants and landlords protections regarding rent increases, evictions and basic standards of maintenance. Under the RTA, B.C. has provided some form of rent control for decades through the allowable rent increase that regulates the amount a landlord can increase rent to continuing tenancies, but it does not control the increase that can be applied to new tenancies. The allowable rent increase in practice has been the rate of



inflation plus 2% for continuing tenancies. In the last two years, the increase has been less to reflect the challenges of the pandemic and the overall rental market (no increase allowed in 2021 and 1.5% allowed for 2022). The allowable rent increase only attaches to on-going tenancies, whereas new tenancies reflect prevailing market rents. In B.C., the allowable rent increases under the RTA have resulted in a 34% rise in rents for continuing tenancies over the last 10 years with an overall average market rent increase (includes new and continuing tenancies) of nearly 50%¹³. During this same time period, public pension incomes increased by only 25%.

Rent controls attach only to the tenancy and not the unit, so the rent charged for vacant units are sometimes twice or more than the amount charged to the long-term tenant who vacated the unit. Seniors are more likely to have lived in their current rental unit for 10 years or longer benefiting from the moderating effect of rent control. However, should they be required to move, either due to their personal circumstances or eviction, they will likely find the difference between the rent they were paying and the new rent they will need to pay out of reach. This, in part, might explain the rising rate of homelessness in the seniors population.

It has been generally accepted that a household should not spend more than 30% of its income on housing. To spend more than this, it is assumed that other necessities of life may be compromised. The challenge is that the amount of money remaining after spending 30% on housing is vastly more for those with higher incomes than for those who are living on low incomes, which is the case for a large proportion of seniors in B.C.

Seniors Living in Core Housing Need

Over the years, policy experts have coined the phrase “core housing need” to describe someone who is facing significant affordability issues with their housing whether it be rented or owned. The Canada Mortgage and Housing Corporation (CMHC) defines a household to be in core housing need if it meets two criteria:

- A household is below one or more of the adequacy, suitability and affordability standards
- A household spends 30% or more of its before-tax income to access local housing that meets all three standards

In B.C., senior households account for 27% of all households in core housing need¹⁴. The number of seniors in core housing need grew 17% between 2011 and 2016 while the number of non-seniors in core housing need grew by only 1.4% during the same period.

In B.C., there are two programs that can offer some cost relief to lower income seniors who rent; both of these programs are administered through BC Housing.

HOUSING STANDARDS

Adequate – housing is considered adequate when it is not in need of major repairs.

Suitable – housing is considered suitable when there are enough bedrooms for the size and make-up of resident households.

Affordability – housing is considered to be affordable when housing costs less than 30% of before tax household income

¹³ Based on average 1-bedroom CMHC rental rate for B.C. (2011 to 2022)

¹⁴ Canada Mortgage and Housing Corporation (CMHC). Senior Households Living in Core Housing Needs. [Online] <https://assets.cmhc-schl.gc.ca/sf/project/cmhc/pubsandreports/socio-economic-analysis/2019/socio-economic-analysis-senior-households-living-core-housing-need-69488-en.pdf>



BC Housing - Shelter Aid for Elderly Renters (SAFER)

This program provides a monthly subsidy to low-income seniors who rent. To qualify, a person must be 60 years of age or older; their income cannot exceed \$30,600 for single renters living in Metro Vancouver (\$29,352 in the rest of the province) and \$33,000 for couples (\$31,992 in the rest of the province); and they must pay more than 30% of their gross monthly income towards rent.

The benefit of the SAFER program is that it allows people to choose where they live. While the initial application could be made more accessible, it is relatively easy to renew the application each year and the number of recipients is not capped. If people apply and qualify for SAFER, they will receive the subsidy. If there is a waiting period while their application is processed, they will receive retroactive payments to the date of their application.

The challenges with SAFER are the rent and income ceilings that cap both the amount of rent that is subsidized and the amount of income recipients are allowed to earn. Neither reflect the reality of the current rental market in B.C.

The rent ceiling caps the amount of rent that will be subsidized regardless of how much rent is paid. The amount of rent above the cap is not subsidized and any increase in rent above the cap is not recognized in determining the annual subsidy. Currently, the program has three rent ceilings established by geographic zones that reflect, in theory, the different rental markets in B.C.

Zone 1- includes most of the lower mainland and has the highest rent ceiling, reflecting the fact this is where rents are the highest in the province. The current rent ceiling for Zone 1 is \$803 for a single senior. This zone includes:

Aldergrove, Anmore, Belcarra, Bowen Island, Burnaby, Coquitlam, Delta, Langley, Lions Bay, North Vancouver, Maple Ridge, Milner, New Westminster, Pitt Meadows, Port Coquitlam, Port Moody, Richmond, Surrey, Tsawwassen, Vancouver, West Vancouver and White Rock

Zone 2- the second tier rent ceiling for single people is \$767. This zone includes:

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

Zone 3- the third tier rent ceiling for single people is \$734. This zone includes:

All Other Areas of the Province

The rent ceilings are not tied to inflation or to the allowable rent increases. The current rent ceilings were last updated in 2018, however the update did not reflect market rents then or now. The average rent for a one-bedroom unit in Vancouver is \$1,434 (2021) nearly 45% (\$631) above SAFER's rent ceiling.

While recipients in the SAFER program have generally enjoyed longer tenancies that benefit from rent controls, over 70% of current SAFER recipients pay rents that are, on average, \$293 above the rent ceiling. The average SAFER recipient is currently paying \$1,071 per month on an average annual income of \$23,660 which is more than 50% of their income for rent. The average SAFER recipient with market average rent finds themselves paying well over 60% of their income for rent.

In addition to the overall inadequacy of the subsidy resulting from the rent and income ceiling, the SAFER formula can also reduce the subsidy amount even though the senior is facing a rent increase. The SAFER formula recognizes an income increase but not a rent increase that is above the rent ceiling. This is illustrated in the following example:

| | BEFORE | AFTER | CHANGE |
|----------------------|----------|----------|--------|
| ANNUAL INCOME | \$24,000 | \$24,360 | 1.5% |
| MONTHLY RENT | \$1,100 | \$1,139 | 3.5% |
| SAFER SUBSIDY | \$139.36 | \$129.62 | -7.0% |

EXAMPLE:

This senior's income increased by \$360 a year and his rent increased by \$468 a year, leaving him \$108 behind, but due to his income increase, his SAFER subsidy was reduced by nearly \$117 a year leaving him a further \$117 behind.

The above example is occurring with increasing frequency and explains in part why the average SAFER subsidy has decreased by 9% in the last four years despite rents continuing to rise.

As of March 31, 2022

- 23,738 B.C. seniors receive SAFER subsidy
- 95% live alone (i.e., single household), 65% female, 35% male
- 81% of SAFER recipients have incomes between \$15,000 and \$24,999
- Average SAFER subsidy \$195
- 73% of SAFER households have rent exceeding the SAFER rent ceiling
- 50% of SAFER recipients live in Zone 1

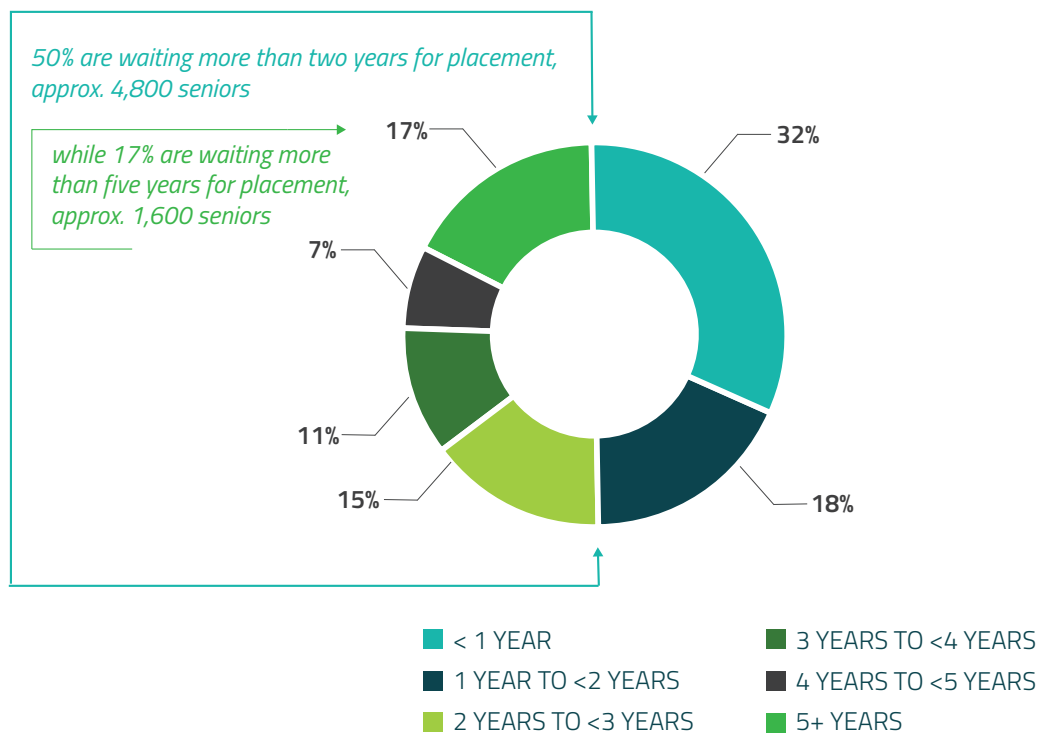
B.C. Housing – Seniors Subsidized Housing (SSH)

In addition to the SAFER subsidy, BC Housing offers housing units through the Seniors Subsidized Housing (SSH) program. These units are available to low-income seniors aged 55 and over (under 55 with a disability) and are generally in apartment style buildings owned and operated by a non-profit society or by BC Housing directly.

Eligibility for SSH is based on age (or disability), income and assets. Rents are based on income and seniors pay 30% of their gross income in rent each month. A single senior in the lower mainland must have an income of less than \$58,000 and total household assets (excluding RRSP/RRIF) cannot exceed \$100,000.

The SSH program can be an ideal support for many seniors. Applying a rent-geared-to-income approach ensures the housing remains affordable, socially cohesive communities of seniors who provide social engagement for one another are created and services such as home support can often be delivered more efficiently in a seniors dedicated building. The challenge is SSH units are only available in specific buildings that may not be located near family or health services and the waiting time to secure a SSH unit can be extensive.

FIGURE 3: WAIT TIMES FOR BC HOUSING - SENIORS SUBSIDIZED HOUSING, AS OF MARCH 31, 2022



Source(s): 8

The number of applicants applying for seniors subsidized housing continues to increase each year. On March 31, 2022, there were 9,614 applicants waiting, a 10% increase over the previous year and a 50% increase from five years ago. The average wait time to secure a unit is three years, however, more than 1,600 seniors (17%) have been waiting for five years or more. Despite the growing waitlist, the number of applicants

housed each year remains fairly constant and last year, only 8% (787) of applicants on the waitlist were placed in a SSH unit.

Wait times to access a unit can vary depending on the unit that becomes vacant, the needs of the applicant, and how renters are selected (i.e., point system versus first come, first served). Additionally, applicants must contact BC Housing to update their application every six months to remain on the waitlist. If they miss this deadline and re-apply, it is considered a new application and the wait time is calculated from the date of the most recent application.

The challenges of SSH availability reflect a relative lack of investment over the past 15 years in SSH in B.C. Most notably, the number of SSH units per 1,000 of the population 55+ has decreased 14% in the last five years.

As of March 31, 2022

- There are 31,901 SSH units
- 94% of seniors in subsidized housing live alone, 58% female, 42% male
- 73% are seniors 65+
- 67% have an annual household income between \$15,000 to \$24,999¹⁵

The data suggests that SSH provides a superior economic benefit to seniors. Seniors pay only 30% of their income for rent and the much higher allowable income ceiling increases the pool of eligible seniors. The SSH program tests assets as well as income, whereas, SAFER only tests income. However, given the low incomes of SAFER tenants there is no indication their assets would exceed the threshold applied to tenants of SSH.

Overall, an estimated 27% of seniors who rent access either the SAFER subsidy (12%) or SSH (15%). This leaves over 70% of B.C. seniors who rent with no government financial support for housing.

Homeowners

Eight out of ten B.C. senior households are owned compared to 70% for the overall population. While many B.C. seniors have benefited from increased house prices in terms of the equity in their home, this does not result in increased income. Today, we see homes that are valued near or over \$1 million, however they were purchased many years ago with modest incomes that translated into equally modest retirement incomes. It is clear when looking at the high rate of home ownership relative to incomes, many B.C. seniors are living in houses that their incomes would not support if they were trying to purchase in today's market. However, as we look to address the hardships caused by low incomes, possible solutions may be different for homeowners than for renters. The costs of home ownership, such as taxes, maintenance and insurance are often equal to or in some cases greater than amounts spent on rent. This is particularly the case if there is a mortgage to pay and the percentage of seniors entering retirement with a mortgage is increasing.

B.C. offers senior homeowners' relief for some costs. The BC Homeowner Grant (HOG) provides all homeowners with some subsidy to help offset the amount they pay in property tax. Seniors receive an additional subsidy if their properties are valued less than \$1.625 million (2020). More significantly, B.C. offers homeowners aged 55+ the ability to defer their property tax through the Property Tax Deferral (PTD)

¹⁵ Figures based on tenant households required to file an annual Declaration of Income and Assets (DIA) form. Annual household income is aggregated from incomes of household members on the DIA form

¹⁶ Office of the Seniors Advocate. Monitoring Seniors Services 2021 Report



program. PTD allows the senior to defer some or all of their annual property tax each year. The Province pays the tax to the local government on behalf of the senior and the deferred taxes are repaid to the Province when the home is sold. An interest rate is applied to the amount owing. The interest rate varies with the overall variation in the interest rate market and it is calculated as simple, not compounded interest. The effective interest rate for 2021 was 1.2%.

In 2020/21, 72,067¹⁶ seniors accessed the PTD program, an estimated 16% of eligible homeowners. Despite a growing seniors population and rising property taxes, the number of new users of PTD in 2021 was 16% less than five years previously, although the total number of seniors accessing PTD has grown 51.5% in the same period.

While there are some issues with the PTD, mostly related to where it does not apply (co-ops, strata fees and other municipal charges), it can offer cost relief to homeowners and is designed to be cost-neutral to government. The greater challenge appears to be the lack of uptake from those seniors for whom it would be most beneficial.

Homeowners often live in houses not well designed for the mobility challenges of aging and making adaptations can be costly. The B.C. government offers a subsidy to qualified seniors to assist with renovations to adapt a home. The BC Rebate for Accessible Home Adaptations (RAHA) program offers up to \$17,500 to complete home adaptations to residents with limited income and assets where an individual in the household has some permanent disability or loss of ability.

In March 2021, the provincial government, through BC Housing, announced a number of improvements to the RAHA program to help seniors and people with permanent disabilities or diminished abilities pay for home adaptations. These include removing the need to obtain quotes for standard accessibility adaptations; ensuring more equitable access to funding by region and type of home adaptation; increasing access to occupational therapists for assessments; and set rebate amounts for common adaptations.

Although these are welcomed improvements, we continue to hear from low-income senior homeowners who cannot pay the upfront costs. The other challenge of the RAHA is the overall awareness of the program. In 2021/22, 389 applications were approved.

¹⁶ Office of the Seniors Advocate. Monitoring Seniors Services 2021 Report



Health Care

British Columbians including seniors can be secure in knowing they will not be required to pay for basic medical services. Visits to the doctor, diagnostic tests, and hospital and emergency care are all provided free of charge under the Canada Health Act. However, there are a number of services that people consider health care that are not covered or publicly subsidized. For example, you are not charged when you receive care in the Emergency Department, but you will be charged for the ambulance to take you there.

The most common health care costs seniors face are related to what are often referred to as “extended health”. This term covers the gamut from medications, dental care, eyeglasses, hearing aids, physiotherapy, home health aides and mobility equipment to name a few. While some seniors enjoy private retirement benefits that subsidize some or all of their extended health care needs, most do not. The B.C. government provides various subsidies for some extended health care costs but the extent to which these are meeting the needs of low-income seniors varies.

Medications

B.C. offers Fair PharmaCare to all residents, including seniors. This is an income-based plan that subsidizes necessary medications based on income. The formula is a combination of deductibles and co-payments which combine to cap the amount a person will need to pay for medications in any one year to no more than 4% of their income to a maximum of \$10,000 a year. Couples with at least one spouse born in 1939 or earlier do not pay more than 3%. The program requires a one-time enrollment and annual filing of income tax returns to retain coverage.

The Fair PharmaCare program provides wide coverage and while the lowest income seniors whose primary income is OAS, GIS and BCSS will have no yearly maximum to pay, the program can be a challenge for modest income seniors who find the co-payments and deductibles challenging depending on their other health care expenses. The chief concern the OSA hears from seniors regarding Fair PharmaCare is the high cost of items not covered by the plan which include high dose flu and shingles vaccines, over the counter medications and medical supplies such as incontinence products.

Overall, B.C. seniors (or their private benefit plans) paid out-of-pocket for 68% of the costs of their medications in 2020/21.

Medical Equipment

There is no universal program in B.C. to fund the on-going rental or purchase of necessary medical equipment. A person who is discharged from the hospital or receives a doctor's referral and needs mobility equipment or home health aides may be referred to the Equipment Loan Program in their health authority. These programs can offer the temporary use, free of charge, of a wide range of equipment from walkers and raised toilet seats to hospital beds and mechanical lifts. The challenge is when the temporary use expires and the senior still requires the equipment. The only option for the senior at this point is to purchase or pay privately for the rental which can be cost prohibitive for some people. Home hospital beds, wheelchairs and lifting devices generally cost thousands of dollars to purchase, and hundreds of dollars a month to rent. There is often a significant subsidy for older people with private extended health benefits, but low-income seniors without a plan find their options limited.

Home Support

Home support is a program providing personal care, such as assistance with bathing, dressing, medications, mobilizations and respite, for seniors as they age at home. While there are overall challenges with the home support program, the focus of this review is the cost of the service. Home support in B.C. is not provided free of charge as it is in many other provinces, notably Alberta and Ontario. In B.C., home support clients are charged a daily rate for the home support services they receive which is the maximum amount they will be charged on each day they receive services. For seniors receiving GIS, the daily rate is waived and there is no cost. For seniors not receiving GIS, the daily rate calculation can be a significant cost burden. Of the provinces that have a fee attached to home support, B.C. is the mostly costly.

To illustrate the magnitude of the cost barriers, a single senior with an annual income of \$28,000 receiving a 45 minute daily visit of home support will be charged \$8,800 a year for the service¹⁷. The issue of home support co-payments has been the subject of reports and recommendations from the OSA over the past several years and it remains a significant concern in terms of limiting the ability for low- and modest-income seniors to remain in their homes. The most recent long-term care (LTC) data indicate that over 60% of people newly admitted received no home support services in the 90 days preceding their admission. The degree to which this is related to cost is not known, but what is known is that, in B.C., a person is five times more likely to receive public home support if there is no cost (as is the case for seniors receiving GIS).



¹⁷ Office of the Seniors Advocate. Home Support Services Review 2019

Dental Care

Dental care is important across our life span. For seniors, poor dental care and oral health can influence their ability to eat properly, create choking hazards and have an overall negative effect on their health.

In B.C. there is currently no comprehensive program providing subsidized dental care to low-income seniors. However, there are 21 low-cost dental clinics providing dental care for low-income people of all ages, at reduced or free rates. Most clinics operate either a few days per month, by appointment only or limited walk-in model on a first come, first served basis. Most low-income seniors have never accessed a low-cost dental clinic because they are not widely available and where they are, access is challenging.

In April 2022, the federal government announced a new national dental care program for Canadians with family incomes less than \$90,000 annually, starting with under 12-year-olds in 2022, expanding to under 18-years-old, seniors and persons living with a disability in 2023, with full implementation by 2025. No details have been provided on the level of coverage that will be provided or how B.C. seniors will access the program.

Vision Care

It is recommended that seniors 65 and older have an eye exam at least once a year as seniors are at a higher risk of developing a number of conditions and diseases that can impair their eyesight such as cataracts, macular degeneration and glaucoma.

The B.C. government provides a subsidy of \$47.08 to optometrists for annual eye exams for seniors, however optometrists are permitted to charge patients above what is payable by MSP, similar to other supplementary benefit services. A senior may pay \$80-\$90 out of pocket for their eye exam.

However, more significant than the cost of the eye exam is the cost of eyeglasses if needed. Basic eyeglasses cost approximately \$200 or more and can increase to \$600 or more for complex prescriptions. It is often difficult for seniors to take advantage of the most economical glasses as they are less likely to purchase online or be able to travel to larger urban retailers where there are often lower prices.

Hearing Aids

Hearing loss is more common among older adults. It is estimated that more than 60% of seniors have a hearing loss in Canada. When hearing loss remains untreated in older adults, they may experience a significant



reduction quality of life and are at risk of poorer long-term health outcomes. Speech-Language & Audiology Canada and the Alzheimer Society of BC found that individuals with hearing loss demonstrate an accelerated rate of cognitive decline, an increased risk for overall cognitive impairment and are 2 to 5 times more likely to develop dementia¹⁸.

In B.C., there is no funding to support seniors access to hearing assessments or hearing aids. Unless they have private insurance, most B.C. seniors must pay directly for the total cost of their hearing aids. A pair of hearing aids can range in cost from \$1,000 to \$7,000¹⁹ depending on the type and severity of hearing loss. There are some not-for-profit organizations, such as the Wavefront Centre Hearing Clinics in Vancouver, offering audiology services and refurbished hearing aids, but the service is limited and many seniors may not have access to non-profit audiology services in their community.

The health assessment (interRAI) of seniors receiving home support services found over 20% of home support clients (2020/21) receiving GIS were assessed with a hearing impairment (including highly impaired) that would benefit from a hearing device. Some of these clients are showing evidence of declines in their hearing abilities compared to their previous assessment.

Physiotherapy

Physiotherapy services are available on a private pay basis at a number of offices and clinics across the province. Based on suggested fee guides, costs per visit varies and can fall between \$63 to \$190²⁰. Without a private benefit plan, the entire cost is borne by the individual. B.C. offers some relief for all low-income British Columbians through the MSP supplementary benefits program which provides partial payment towards the cost for individuals with incomes less than \$42,000. There is a \$23 per visit subsidy with an annual limit of 10 visits (combined limit for all supplementary benefits) each calendar year. Seniors with low incomes can find the cost difference between the \$23 subsidy and the actual cost of the visit prohibitive as it can require the senior to pay from \$40 per visit to \$167 based on the fee guide.

Through the Home and Community Care (HCC) program, eligible seniors may receive a home visit from either



¹⁸ Speech-Language & Audiology Canada. Communication Health and Aging. [Online]. https://sacoac.ca/sites/default/files/resources/communication_health_and_aging_brochure_web_en.pdf?_ga=2.167291574.942642566.1656616180-1382625162.1656616180

¹⁹ BC Association of Speech/Language Pathologists & Audiologists. All You Need to Know about Hearing Aids. [Online] https://speechandhearingbc.ca/wpcontent/uploads/2017/11/BCASLPA_AudiologyBrochure_F_WBleeds.pdf

²⁰ Physiotherapy Association of British Columbia. Referrals and Accessing Physiotherapy. [Online] <https://bcphysio.org/public/access-fee-and-coverage/refer-als-and-accessing-physiotherapy>

an occupational therapist or physiotherapist generally after discharge from the hospital free of charge. The focus of these visits is to assess needs rather than provide ongoing therapy.

Podiatry and Foot Care

Foot care is extremely important for seniors as poor circulation and diabetes can lead to any cuts and bruises becoming risks for serious infections. As people age, they are often unable to attend to their own foot care and need assistance from a professional such as podiatrist or foot care nurse. Like physiotherapy, podiatry is subsidized under supplemental benefits up to \$23 per visit for 10 visits annually. This requires low-income seniors to pay the initial fee of \$105 and \$69 for a follow-up less the subsidy²¹. Many seniors will use a private foot care nurse as a more cost-effective alternative. The cost for a foot care nurse is around \$60 per visit, however there is no subsidy offered for this service. Some foot care clinics are offered in seniors centres, and most charge a fee.

Medical Services Only (MSO) Benefits

B.C. offers the Medical Services Only (MSO) benefit program to British Columbians under 65 who receive income or disability assistance. Seniors who were receiving income or disability assistance before they turned 65 may be eligible to have these benefits continue when they transfer to the federal OAS/GIS/BCSS. The MSO benefit program offers better coverage for extended health than is available to seniors who were not on income or disability assistance in the year they turned 65. It provides specific health supplement coverage such as medical supplies and equipment (i.e., canes, walkers, scooters), basic dental and vision care, hearing assistance, supplements and extended medical therapies (i.e., physiotherapy). These benefits include one pair of glasses every three years, up to \$1000 of dental care every two years and up to \$2,000 per hearing aid every three years. There are approximately 2.7% B.C. seniors who are designated as MSO clients.

Supports for Independent Living

To age successfully at home, many seniors find they need assistance with chores they once could complete themselves but now find they need to hire someone or ask family and friends. Activities like cleaning the house, mowing the lawn, chopping firewood to heat the home, shopping, preparing meals, paying bills, banking and managing appointments are part of what is called the Independent Activities of Daily Living (IADL). For people with resources or family/friends/neighbours nearby to assist, these types of supports are near at hand. However, low-income seniors without someone close to assist them are often challenged to afford the help they need.

The Better at Home program, launched by the B.C. government more than 10 years ago, was designed to assist low-income seniors with some of the independent activities of daily living such as housekeeping, grocery shopping, meal preparation and household maintenance including yardwork. Funding for the program is provided from the provincial government to the United Way British Columbia (UWBC) who fund over 80 different agencies across the province to deliver local versions of the Better at Home program.

While intending to meet a broad range of needs, in practice, a focus of the program in most of the communities it serves is the housekeeping service which is costly to deliver and consumes most of the budget. Overall funding pressures have resulted in long waiting lists and an inability for community agencies to deliver some of the other key services designed to support independent living. The program is highly

²¹ British Columbia Podiatric Medical Association. BCPMA Recommended Private Fee Schedule 2022. [Online] <https://www.bcpodiatrists.ca/pdfs/BCPMA%20Private%20Fee%20Schedule%202022.pdf>



valued by those who use it, however the current funding model and service delivery structure are limiting its full potential to support the needs of low-income seniors. Other than the Better at Home program, there is no provincial program that can help seniors in their IADLs.

Food

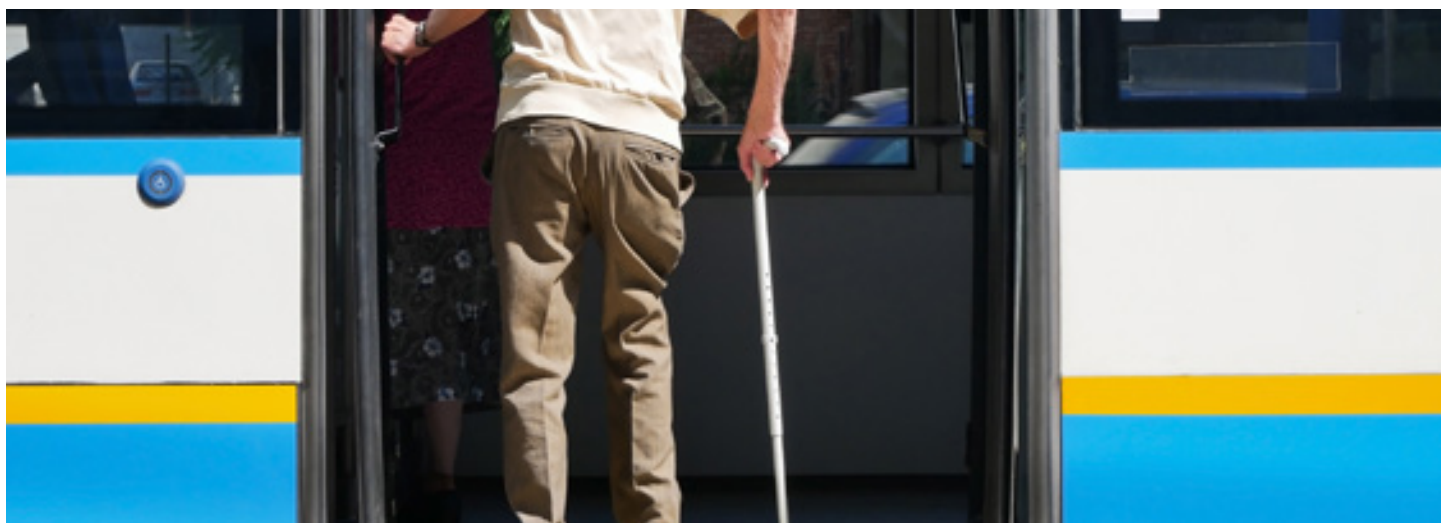
Seniors are most at risk for nutritional deficiencies for a variety of reasons and not just the cost of food. However, the rising cost of food is proving challenging to seniors who find an increasing percentage of their income is needed to support their housing costs and health care needs. The rising cost of food has resulted in an increasing number of seniors seeking help from food banks and other community food programs. Food Banks Canada reports that visits to food banks in B.C. by seniors aged 65+ increased 20% from 2019 to 2021. The overall use of food banks by seniors has increased by an overwhelming 78% over the last five years. Seniors are nearly twice as likely to need the assistance of a food bank on a long-term basis compared to adults under 65 years of age and they are the fastest increasing number of users of food banks.

Using food banks can be particularly challenging for seniors as they have difficulty getting to a specific location, transporting the groceries home and may have special dietary requirements which cannot be met by food banks.

Food shopping has changed dramatically in the past few years and many seniors do not have the ability or resources to shop online, organize and pay for groceries to be delivered or visit several different stores to get the best prices. The Better at Home program is meeting the needs of some seniors in terms of grocery shopping and delivery, but this does not address the cost of the groceries. The provincial government provides some funding to food banks throughout B.C. and this by extension is a benefit to seniors. In addition, all health authorities offer some form of a Meals on Wheels program for seniors. While these meal programs are meeting the needs of some seniors, they are not uniformly available, and the eligibility criteria and costs associated are a hardship for some seniors.

There is a simmering undercurrent of need among people with disabilities and seniors who are coping with skyrocketing costs of living while living on fixed incomes.

*-Food Banks Canada 2021
Hunger Count Report*



Throughout the province there are several seniors' centres offering meals both to eat in and take away. The costs are determined by each centre and can vary significantly depending on whether food is prepared by volunteers or paid staff and what subsidies overall are available to the seniors centre.

Transportation

The ability to get where you need to go is fundamental to living independently. Most seniors still enjoy the freedom of their personal vehicle to get them around. In 2021, 80% of all seniors in B.C. maintained an active driver's licence, with the number decreasing to 69% for those 80-84 and 40% for those over 85²².

The cost of maintaining and running a car can vary dramatically depending on vehicle type and distances travelled. Overall, the provincial government provides support through lower insurance and license renewal rates for seniors, however this is offset somewhat for seniors aged 80 and older who must pay for a biannual medical assessment of their fitness to drive.

For some low-income seniors, the cost of car ownership is cost prohibitive while for others they find they have reached a point where they no longer feel comfortable driving. These seniors will turn to public transit as well as family and friends to meet their transportation needs.

Low-income seniors receiving GIS have access to a subsidized bus pass for an annual \$45 fee. The program allows users to ride on a regular public transit bus (and SkyTrain) but does not include handyDART. The handyDART cost varies by community but averages \$2.75 per one-way trip (\$5.50 round-trip). If a senior qualifies for handyDART, they can also purchase discounted taxi vouchers, a 50% discount on taxi fares. For seniors not receiving GIS, costs for monthly bus pass vary and can be a challenge for some. The cost of a TransLink pass for a senior is \$58.60 per month or \$703.20 for the year. Many communities also have programs that provide volunteers who can transport seniors to medical appointments²³.

Social Engagement

Isolation can be a major concern for many seniors, particularly those with low incomes due to the costs associated with many physical and social activities. In the 2016 report 'Social Isolation of Seniors', the federal/provincial/territorial Ministers Responsible for Seniors state "social isolation can lead to poor health, loneliness, emotional distress and other negative side effects." While the effects of social isolation became

²² Office of the Seniors Advocate. Monitoring Seniors Services Report 2021

²³ Ibid

very apparent during the pandemic, loneliness and social isolation has been a serious ongoing issue for seniors for many years.

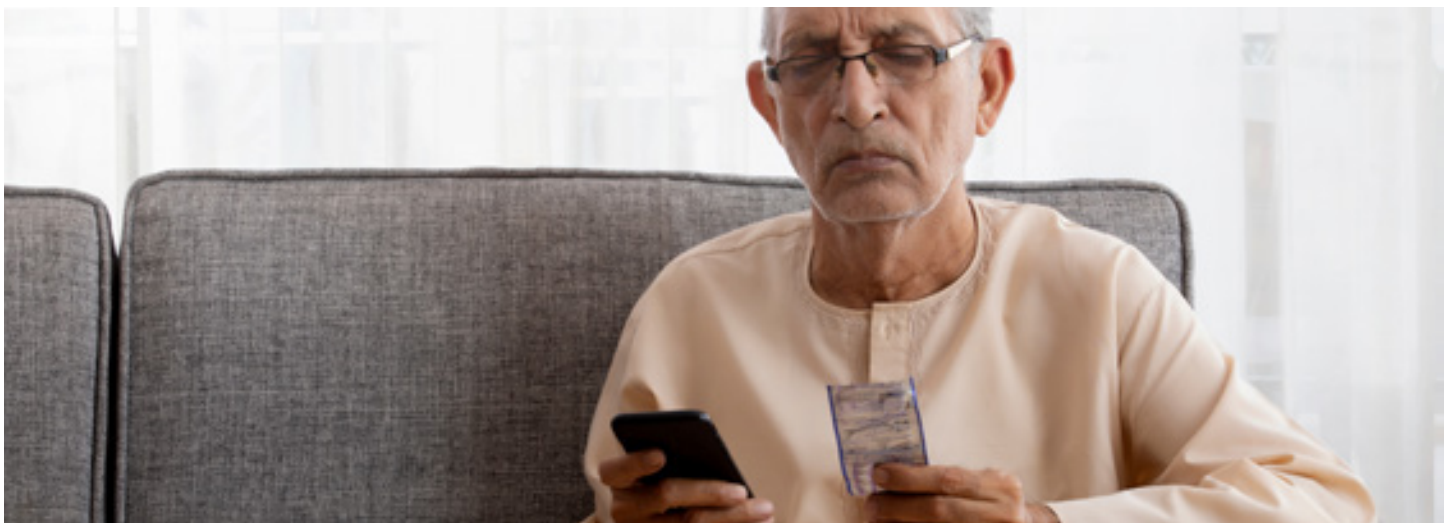
While there are services seniors need in their homes to support living independently, we have come to recognize that older people also need to have activities and places to go outside their home to maintain vital social connections. There are many communities in B.C. that have seniors' centres where people can gather to socialize, enjoy meals and participate in programs and physical exercise. The challenge for many of these centres, however, is a lack of stable funding to deliver basic services. Some seniors' centres receive significant municipal government support while others are operated completely by volunteers and must continually seek funding. Most seniors' centres charge fees for memberships, activities or both to supplement any funding received by governments and other sources.

Leaving the home to meet with friends or family in the community often has costs. Enjoying a cup of coffee, eating in a restaurant or visiting a seniors' centre generally require spending some money. Most people do not think about the cost of a cup of coffee or a bus ride. However, for someone with an income of \$24,000 a year or less who needs to pay rent, a \$3 drop-in fee, a \$2 cup of coffee and a \$6 (round-trip) handyDART ride starts to add up. Examining the vital role that seniors centres play in many communities and looking at how these can best be implemented across B.C. is a much needed investment.

Technology and Telecommunications

The world around us has increasingly moved online creating convenience for many, frustration for others and hardship for some. While age is no barrier to learning new technology, income and health conditions can impede the ability to access various electronic gateways and platforms that are now part of our daily lives.

For some seniors their ability to engage online is not achievable due to health conditions including cognitive status, however for others, cost is the main barrier that prevents their full participation. This was highlighted in the early part of the pandemic when libraries, recreation facilities and seniors' centres were closed and seniors who accessed the internet and email through the free computers and internet offered at these sites were cut off. The basic cost to have internet and phone is \$100 a month or \$1,200 a year. This is not affordable if you are on a very limited income. Currently there is no provincial program that provides a telecommunications subsidy to low-income seniors. However, the federal government does offer the Connecting Families program that provides a \$20 monthly subsidy to those seniors receiving full GIS.



WHAT WE HEARD FROM LOW-INCOME SENIORS

In the spring of 2022, the OSA launched a survey to better understand the income and affordability challenges faced by low-income seniors in the province. The questions covered a range of topics including housing, healthcare, finances, support programs, cost of living and demographic information.

The survey was mailed to 10,000 randomly selected seniors (65+) in receipt of B.C. Senior's Supplement as of December 31, 2021. There were 1,661 responses received.

Who Responded?

The following demographics are reflected in the survey respondents:

- 45% male and 54% female
- 24% between the ages of 65-69, 27% between 70-74, 22% between 75-79 and 27% over 80
- 22% single, 42% married or common law, 19% widowed and 16% divorced or separated
- 32% identified as Caucasian, 25% as Chinese, 10% as South Asian and 4% identified as First Nations
- 39% live in Fraser Health, 35% in Vancouver Coastal Health, 12% in Interior Health, 11% in Vancouver Island Health and 3% in Northern Health

Housing

Housing costs are one of the many issues we hear about from seniors in the province, both renters and homeowners. Overall, 54% of respondents are renters and the remaining 46% homeowners.

Nigel

Nigel had been living with his adult daughter to make ends meet, but she is now moving to another city for work and their landlord has told Nigel they are going to renovate the suite for family use. Nigel has looked into places to rent, both in the private rental market and in subsidized housing. He is aware of the SAFER program but the cheapest place he could find to rent was \$1500 per month and the subsidy would be \$232 leaving him \$500 for all other expenses once his rent was paid. Nigel also contacted the local not-for-profit housing society and they said that while he would qualify for subsidized housing, the waitlist would be at least three years. While housing is his major concern, he is also experiencing issues with his teeth which have caused him pain and often bleed since he suffered a recent fall. He has been putting off having his teeth examined while he is trying to find affordable housing.





Rose & Leon

Rose told us about the financial situation of her and her husband Leon when she answered our survey. Together they have \$31,068 in annual income made up of CPP from when they both worked, OAS and GIS. In addition to the basic expenses of rent, food, utilities etc. they find it most difficult to meet the costs associated to their deteriorating health. Rose estimates they spend over \$2,500 per year on diabetes supplies, over the counter medications and other health-related supplies which is major part of their budget. Rose and Leon cannot meet all their basic needs with this amount and have to rely on help from their adult children. Many seniors find themselves in this position and it is often a source of embarrassment for them and can lead to family conflict.

- 45% live in an apartment/townhouse or condominium and 37% live in a single detached house or duplex
- 21% lived in their current residence for 5 years or less; 26% lived in their current residence for 20 or more years
- 40% live alone and 60% live with others. Of those living with others, 54% live with one other person.
- 34% of renters reported receiving SAFER, and 53% of renters report not knowing about SAFER

Of respondents who are homeowners, 35% report having a mortgage. Of those with a mortgage, 30% had an estimated monthly mortgage payment between \$500 and \$1,000 and 21% reported payments between \$1,000 and \$1,500 per month.

- 49% of homeowners report needing major repairs for their home but cannot afford it
- 14% access the B.C. Property Tax Deferral Program. More than 50% of those surveyed, who are homeowners are not aware of the program.
- 49% of homeowners report paying \$300 or more for utilities per month while 39% report paying between \$100 and \$299 per month
- Overall, 1 in 2 seniors are concerned or very concerned about being able to stay in their own home as they age

Health Care Needs and Costs

The survey asked low-income seniors questions about their health care needs, utilization and costs because we often hear from seniors of the challenges in needing to pay out of pocket or forgoing a health care service because they simply cannot afford the expense.

Dental Care

- 39% have not visited a dentist for three or more years, while 32% visited a dentist within the last 12 months

- 73% of respondents paid out of pocket for dental care
- 66% of respondents need dental care but cannot afford it
- 50% report wearing dentures

The survey asked respondents about their level of awareness and access to low-cost dental clinics in the province, 90% of those surveyed have never accessed a low-cost dental clinic.

Vision Care

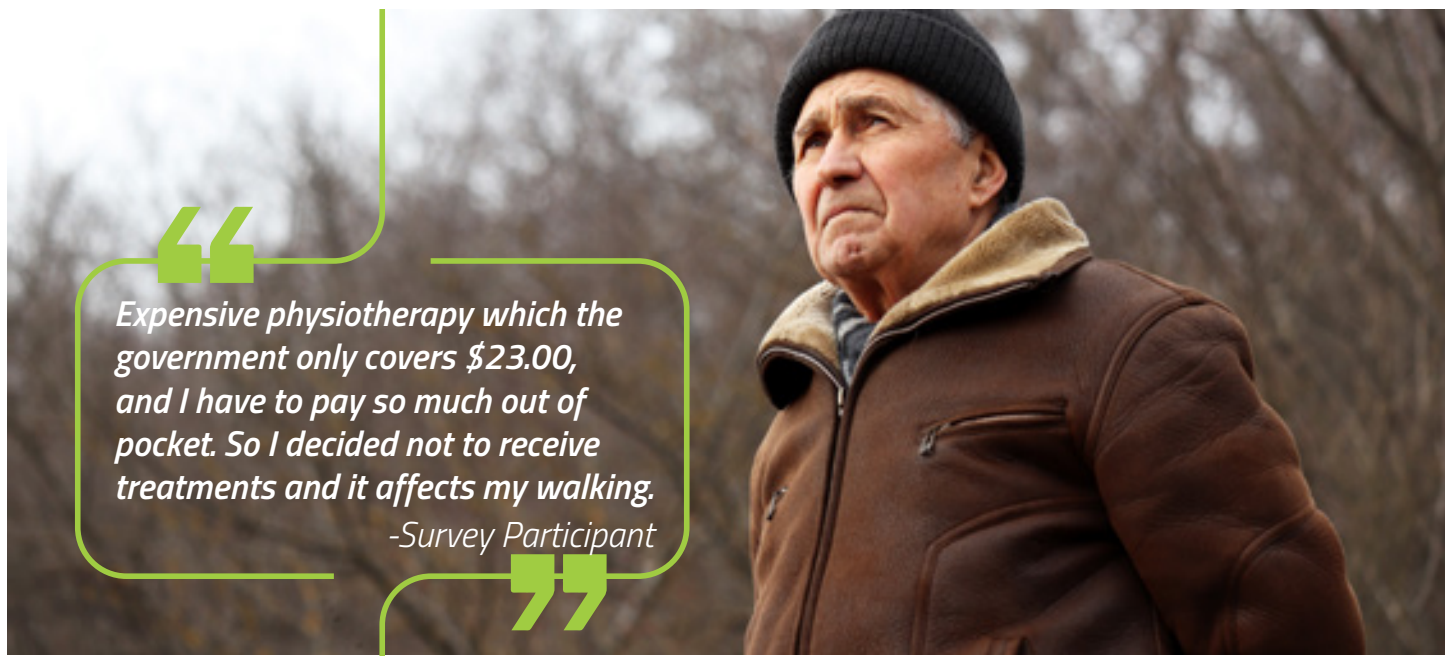
- 68% report wearing prescription eyeglasses; 6% need eyeglasses but cannot afford them
- 41% of respondents had an eye exam within the last 12 months, 25% within one to two years ago and 28% about three years ago or more
- Almost 50% report paying out-of-pocket towards the cost of an eye exam, while 42% had the total cost of their eye exam covered by a health plan (B.C. Medical Services Plan)

Hearing

- Nearly 60% of respondents have never had a hearing test. As such, a very small number of seniors report wearing hearing aids (13%) and 17% report needing hearing aid(s) but cannot afford them
- Of those who reported having a hearing test (41%), 23% paid out of pocket for the test, 77% were not charged

Mobility Devices

Seniors were asked about the need and affordability of mobility devices (i.e., cane, walker, wheelchairs, scooter). The majority of respondents do not currently need a mobility device, however, 30% reported they use a mobility device and 9% need a mobility device but cannot afford one.



Expensive physiotherapy which the government only covers \$23.00, and I have to pay so much out of pocket. So I decided not to receive treatments and it affects my walking.

-Survey Participant

Medications

We heard from many seniors about the costs of medications (including prescription and over the counter):

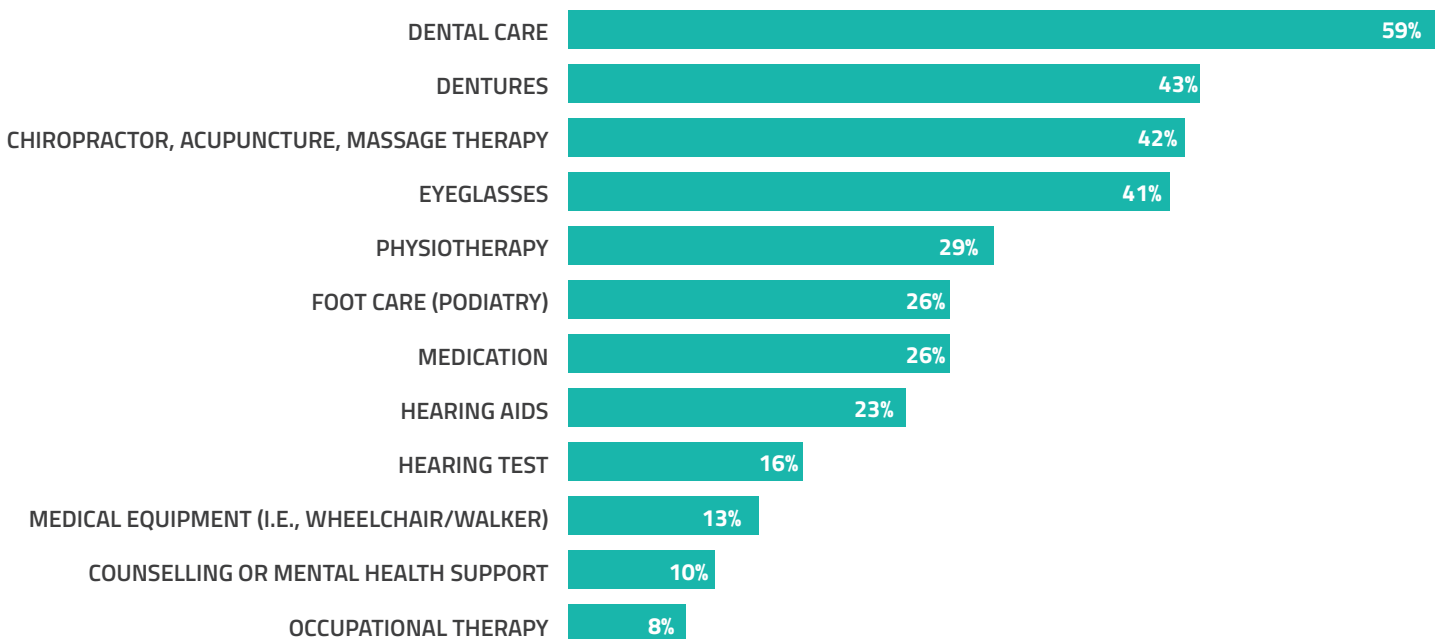
- 33% reported spending, on average, \$100 or more per month, while close to 60% spend under \$100 a month
- About 1 in 4 seniors reported being prescribed medications they cannot afford. These will most often be medications that are not covered by the PharmaCare formulary

We asked low-income seniors to tell us what health services they need but cannot afford. Seniors list dental care (59%), dentures (43%), chiropractor, acupuncture, massage (42%), eyeglasses (41%) and physiotherapy (29%) as their top needs.

Some seniors have private extended health care coverage either by purchasing it themselves or as part of a workplace retirement benefits package. Most seniors however do not have access to these types of benefit plans and must pay out-of-pocket for services such as dental care, dentures, eyeglasses, hearing aids and mobility devices. A survey conducted by OSA in 2015 found that 65% of low-income seniors did not have an extended health benefits plan. From our 2022 survey, 83% of low-income seniors reported they did not have an extended health care benefits plan.

“
I cannot afford prescription pills or chiropractor, physiotherapist for my arthritis. The seniors' pension does not cover the cost of living. I always have to buy cheap, no-name food to make ends meet. I cannot afford eyeglasses or dental and I need a crown but can't have it done because I cannot afford it.
”
 -Survey Participant

FIGURE 3: HEALTH SERVICES SENIORS NEED BUT CANNOT AFFORD,



Finances

Over half of respondents reported they were able to pay their bills each month (58%), 29% reported they 'usually' pay their bills, while 13% 'sometimes, seldom or never' pay their bills. We know the cost of living is rising, and we asked seniors how difficult they generally find it to cover their expenses. Low-income seniors reported a level of difficulty ranging from very difficult to somewhat difficult to cover costs related to:

- Hiring people to help with their care needs (82%)
- Medical supplies (63%)
- Medication and supplements (60%)
- Housing (60%) and utilities (55%)
- Food (55%)
- Replacing clothes and shoes (54%)
- Transportation (46%)

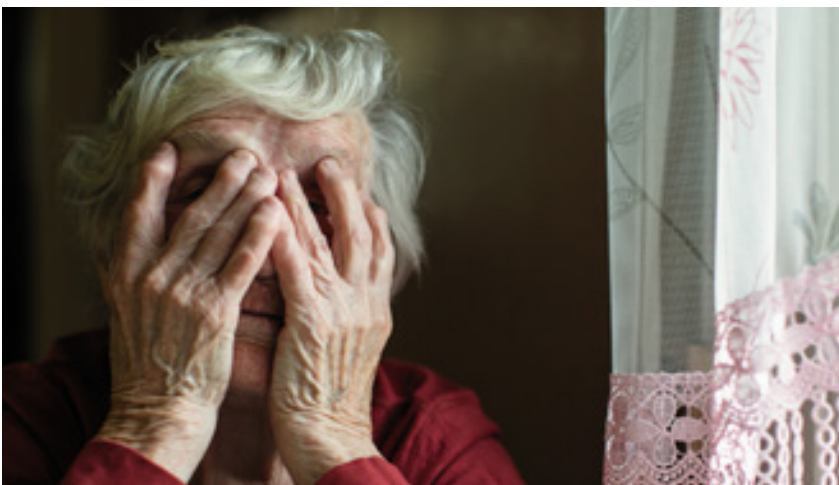
When we compared the level of difficulty to cover expenses by renters and homeowners, renters list hiring people to help (83%), medical supplies (69%), and medication/supplements (64%) while homeowners list hiring people to help (81%), housing (63%) and medical supplies (57%) as the top three difficult to cover expenses.

Nearly 60% reported they had to choose which essentials to pay for and which to forego in the last 12 months. Of those who reported cutting back, almost 1 in 4 seniors cut back 'all or most' of the time. These results were similar for both renters and homeowners.

Overall, almost half (47%) of seniors were not confident in their ability to find \$1,000 or more to pay for an unexpected expense; this was higher for renters (57%) than homeowners (35%). Nearly 60% of seniors were concerned or very concerned about not having enough money to pay for their normal living expenses. We asked seniors how financially prepared they are for the costs of aging, we learned that about 4 in 5 seniors do not feel prepared to cover the costs of aging.

ANN

Ann wrote to us about her struggles living on a limited income and described the OAS and GIS as going up by "nickels and dimes". Even though OAS/GIS increases are tied to the cost of living, many people face different costs throughout the province. She wrote about having to make trade-offs between necessary expenses such as nutritional supplements, wellness needs and hydro. Ann was particularly concerned her SAFER supplement had declined again because of the slight increase in her OAS and GIS. She was worried about future rent increases as she believes there would be no proportional increase in the SAFER subsidy and seniors would face an increasing shortfall in their budgets. Ann also pointed out the need for more seniors housing and much of the older housing was now expensive to maintain with high heating costs due to drafty windows and doors and a lack of insulation.





There needs to be more of a safety net put into place to help seniors like myself be able to meet our basic daily needs..... I do not think anyone should have to struggle the way I am struggling now. -Survey Participant

Cost of Living

FOOD

- On average, 28% spend \$200 or more per week on groceries, 40% spend between \$100 and \$199 and about 30% seniors spend less than \$100
- 84% report running out of money to buy food some of the time with 16% of them reporting this happens 'all' or 'most' of the time
- About 27% of those who rent report accessing a food bank (10% for homeowners)

TRANSPORTATION

We asked seniors what transportation costs make it difficult for them to get where they need to go, and they told us:

- Gas (41%), car insurance (32%), car maintenance (28%) and taxi fare (18%)
- 32% do not experience challenges with transportation costs

INTERNET & TECHNOLOGY

The world is increasingly moving online - from paying bills to ordering groceries to applying for government benefits. Most people find access difficult and sometimes impossible if they cannot participate in online technology. Seniors may lack the knowledge and/or ability to navigate online or be unable to afford the costs related to internet access and computer hardware or mobile devices required. The survey asked seniors about their experiences.

Most government programs that are income tested require proof of income, usually from your tax return. There is a significant shift to online forms and applications underway which means seniors must have access to the internet and knowledge on how to use technology.

- About 50% of seniors need help from a family member, friend or volunteer to complete their annual tax return; only 14% were able to prepare them on their own
- Close to 70% of seniors are not confident completing online forms or applications
- 32% do not have access to internet at home. Of those who do not access it at home, they access it at a family or friend's home (14%), library (5%) or a seniors or community centre (1%), but 76% told us they do not access the internet at all

- Just over 60% of seniors have a cell phone or smartphone, 37% have a computer or laptop and 23% have a tablet
- Almost 20% reported not knowing how to use any of those technologies, 8% cannot afford to buy them and 7% choose not to use any
- About 1 in 2 seniors reported they do not have an email address they check on a regular basis

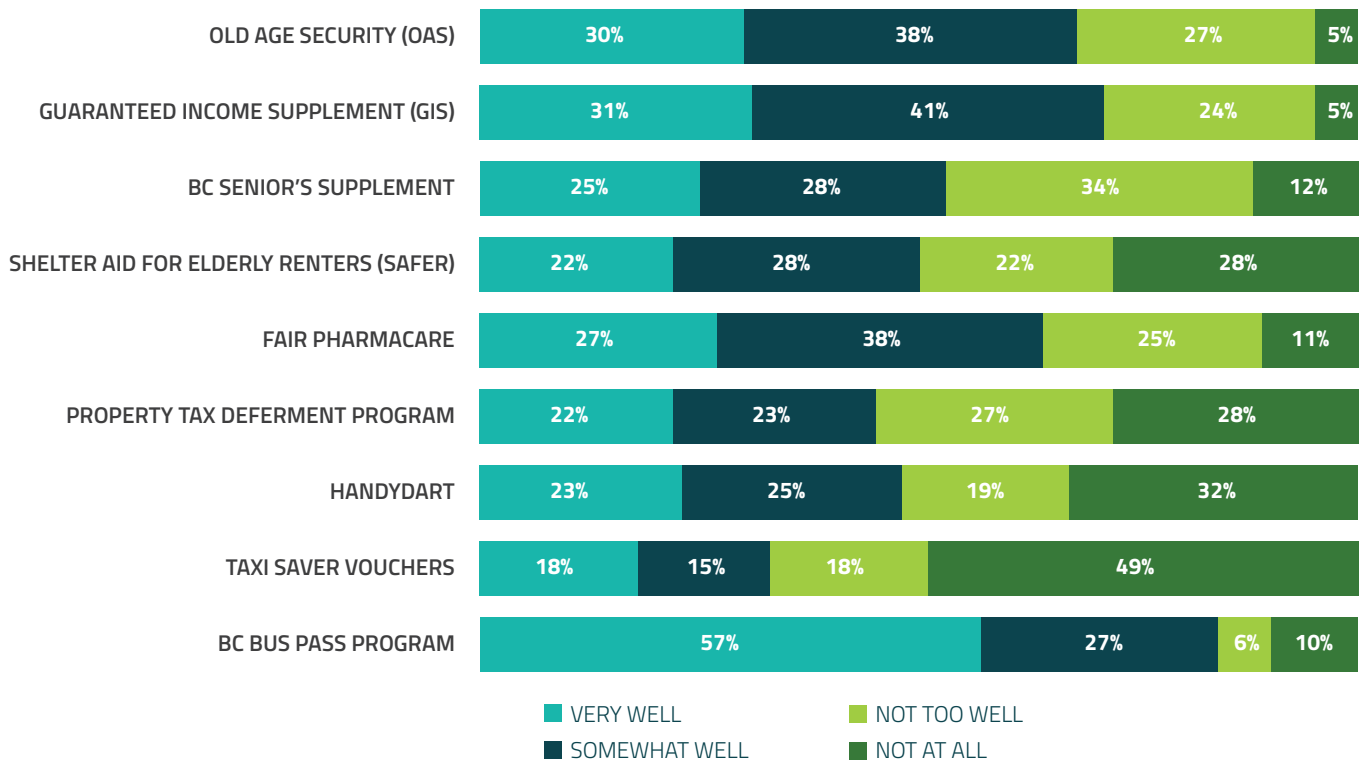
SUPPORTS

We asked seniors whether or not government programs geared to help with affordability were meeting their needs and found mixed results.

Overall, less than a third of seniors feel the various incomes and subsidies are working very well, and the reasons vary. Sometimes it is the eligibility criteria or wait time, other times it is awareness of the program and often the actual amount of money or subsidy provided is not sufficient.

FIGURE 4: SATISFACTION RATINGS OF GOVERNMENT PROGRAMS FOR SENIORS

How well does each of the following programs meet your needs?



Note: Percentages may not sum to 100% due to rounding.

WHAT WE HEARD FROM STAKEHOLDERS

The OSA consulted with 82 organizations from 30 communities across the province who provide services and supports to assist low-income seniors. Stakeholders shared their knowledge and perspectives of key issues, challenges and gaps facing low-income seniors and offered insights on how to improve the system.

Several key themes emerged from stakeholders on issues impacting low-income seniors: the lack of affordable and adequate housing, the rising cost of food and other necessities and an overall lack of supports to help seniors age at home in their communities.

Housing

Access to affordable housing is one of the top concerns stakeholders hear from low-income seniors, specifically related to rising rental rates, lack of accessible housing, unsafe and unhealthy living conditions (sub-standard housing) and not being able to stay in their own homes. Stakeholders felt the supply of affordable housing for seniors was limited and the waitlists are too long. If a unit becomes available, they are often older, and not adequate to meet the physical needs of seniors.

For seniors who own their home, they often struggle with affordable housekeeping, home repairs and maintenance, even if it is something as simple as changing a light bulb. It can be difficult for seniors to find someone to assist them with tasks at home.

Stakeholders often hear from seniors in their communities whose houses have leaky roofs. However, they cannot afford to repair or replace the roof and this cost is difficult for community organizations to fund. Stakeholders also report encountering seniors who cannot afford home insurance coverage.

Stakeholders in northern B.C. told us they often assist seniors who have large homes who need additional help above and beyond what Better at Home can provide. One example was a support group who helped raised funds for a senior who needed a wheelchair ramp to allow them to remain in their home, rather than move to a hospital or care home.

Stakeholders told us that low-income seniors are not able to access programs such as the B.C. Rebate for

Housing Highlights

Stakeholders hear very frequently or frequently from low-income seniors who are reporting difficulty:

- paying rent (85%) and utilities (70%)
- paying for home repairs and maintenance (52%) and utilities (44%)

Stakeholders reported low awareness of SAFER (56%), BC Property Tax Deferment Program (61%) and BC RAHA (69%) among low-income seniors.

The vast majority of stakeholders (92%) said seniors are very concerned or concerned about being able to stay in their own homes.

FIGURE 5: TOP HOUSING CONCERNS STAKEHOLDERS HEAR FROM LOW-INCOME SENIORS



Accessible Home Adaptations because they are unable to pay the upfront costs in order to be eligible for the rebate.

Stakeholders agreed that while SAFER has helped many low-income seniors remain at home, the subsidy amount does not adequately reflect the increased rental and housing costs experienced by low-income seniors today.

Stakeholders are getting more requests from seniors to assist with high utility bills (i.e., heating, hydro) or inquiries about subsidies.

Health Care

Stakeholders list dental care, hearing aids, prescription eyeglasses, dentures and medical equipment as the top five areas of priority should more government health funding become available. Many low-income seniors do not have access to uninsured services such as dental, vision and hearing care and are eligible for limited coverage through the BC Medical Services Plan (MSP). Most low-income seniors cannot afford to pay for a physiotherapist or chiropractor as MSP only covers \$23 per visit (up to 10 visits per year of combined services) and they would have to pay out-of-pocket for the difference.

Most stakeholders agreed that dental care services are in critical need especially in rural and remote communities. Without regular access to dental care, poor oral health among seniors can affect their ability to eat, worsen their nutritional intake and increase risk of infection. Stakeholders indicated that dental care and dentures should be integrated into the broader health system of supports for seniors. They hear from many low-income seniors who cannot eat because of tooth (teeth) pain, loose teeth, or no teeth. Dentures are cost prohibitive and difficult to access at a reasonable cost for low-income seniors.

One stakeholder told us they often refer seniors to low-cost dental clinics but there are waitlists and often their teeth are decayed to the point they need dentures, but they cannot afford them. The dental clinic is often several bus rides away and that too becomes a barrier to accessing these services.

Stakeholders often hear from low-income seniors about the cost of prescriptions, medications, and personal health care needs. Some seniors find the Fair PharmaCare deductible challenging to meet, while some

“
Let’s raise SAFER first, so that everyone actually only pays 30% of their income to rent.

-Stakeholder Participant

seniors make compromises and trade-offs between paying for either housing, food or other necessities such as medication, dental care or physiotherapy.

One stakeholder shared a story of seniors struggling to pay for personal health care items, particularly incontinence management products (i.e., Depends). The organization seeks donations of these items as many seniors see these as a 'luxury' item that they are unable to afford. Not only is the inability to pay for these items a barrier, the emotional and physical effects of incontinence can impact quality of life.

Income

Stakeholders felt that increasing income amounts of OAS, GIS and BCSS may help, but more money doesn't necessarily provide relief if there continues to be gaps in accessing programs or long waitlists for seniors. Many low-income seniors in B.C. are struggling based on the current market basket measure and basic cost of living. More government investments into programs and services such as rent supplements, more affordable seniors housing and better health care coverage could help ease the cost-of-living pressures experienced by low-income seniors.

As seniors are living longer, the costs related to aging will rise. Ninety percent of stakeholders felt that low-income seniors are 'a little' or 'not prepared at all' for costs related to aging. The majority of stakeholders (92%) said most low-income seniors could not find \$1,000 or more to pay for an unexpected expense, such as a leaky roof or car repair. Most stakeholders continually hear from low-income seniors who are concerned about not having enough money to pay for their day-to-day living expenses. Similar to what OSA hears from seniors, stakeholders (75%) hear about seniors cutting back on their spending to pay for another essential expense all or most of the time.

Cost of Living

We asked stakeholders to rate the level of difficulty of a list of expenses for low-income seniors to cover and we learned paying for the following is 'very difficult':

- Housing (i.e., rent and mortgage) (73%)
- Hiring people to help (73%)
- Utilities (i.e., heat, water) (55%)
- Internet (53%)
- Food (53%)
- Cable (48%)

Healthcare Highlights

Most frequent health related services that low-income seniors need but cannot afford:

- dental care (69%)
- dentures (65%)
- hearing aids (62%)
- medication (62%)
- prescription eyeglasses (53%)
- counseling or mental health support (52%)

Stakeholders told us that seniors were unaware or somewhat aware of:

- supplementary benefits of MSP (78%)
- low-cost dental clinics (73%)
- subsidized eye exams (59%)
- Better at Home (46%)

Kamal

When low-income seniors can only just pay for their regular expenses, the need to purchase or repair a major piece of equipment to support their independence can be out of reach. Kamal is 85 years old and lives in a subsidized assisted living residence in Nanaimo. We received a call from an acquaintance of his who was wondering if there was any assistance available for a major repair to Kamal's wheelchair. Kamal has been using a wheelchair for over five years but had always been able to get out and about in his community and enjoyed chatting with the regular people he would see on his daily outings. When his friends realized they had not seen him for 5-6 weeks they visited him at his home and found he had not been able to leave his unit due to his wheelchair being in need of an expensive repair. As Kamal had not been able to mobilize for almost two months, his health had gone downhill with him losing muscle mass and he had not been able to eat properly due to him needing to go to the dentist to have some dental repair work done.



Food

Food security and access to healthy food is a significant and growing challenge for many low-income seniors. Stakeholders continue to hear from seniors about not having enough money for groceries after paying their bills.

- 77% of stakeholders hear 'very frequently' or 'frequently' from low-income seniors who run out of money to buy food and need assistance

During the pandemic, the loss of in-person community meals was stressful for seniors who rely on these in-kind meals. Stakeholders told us that there is an increase in the number of seniors accessing food banks compared to before the COVID-19 pandemic. One organization offered an emergency food program during the pandemic which provided nearly 400 seniors each week with a small bag of groceries. Since then, they have launched a food hub program and expanded to offer seniors access to community services and programs.

Technology Barriers

The system of supports for seniors is getting more difficult to navigate. Many services are moving online, including programs addressing isolation and loneliness, which can be difficult for seniors to access if using technology is a barrier for them. Accessing information about government and community programs is a major challenge for many low-income seniors. For example, many seniors are not aware of programs such as SAFER and B.C. Property Tax Deferral Program. Information and applications for programs are now almost exclusively online and many seniors have neither the knowledge or financial means to afford a computer, tablet or smartphone.

Stakeholders emphasized the need to ensure information about government programs is available to all seniors and assistance be available to help older people complete forms and applications. Meanwhile, community organizations have stepped in to help seniors access technology, including workshops teaching how to use a tablet, setting up e-mail accounts, and assisting with completing forms and applications (including gathering and uploading required documentation).

There are seniors who are comfortable using technology, but the cost of internet service is too high for many people to afford. 75% of stakeholders said it is very difficult or difficult for low-income seniors to access the internet at home. Stakeholders list 'lack of knowledge' and 'cost' as the biggest barriers for seniors to use the internet in their daily life.

Priority Areas

We asked stakeholders to rank the following areas of importance to prioritize should additional funding be available by government. We learned that the top three areas of priority were: dental care, hearing aids and prescription eyeglasses.

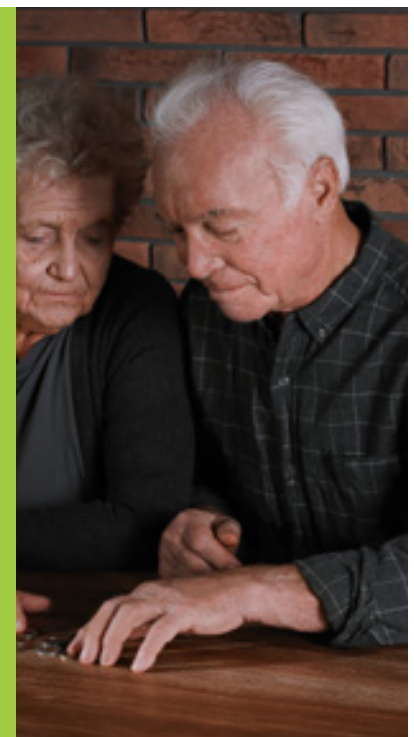
Each community in the province will be different in terms of the resources, programs, services, and funding that are available to respond to the many issues and challenges facing seniors. Community organizations continue to find creative ways to 'stretch' their limited one-time only grant funding as their ability to find other sources of funding, such as donations, is becoming more challenging since the pandemic. Stakeholders also reported that they are likely seeing the seniors with the most acute needs who are struggling, but there are likely other seniors in the community who are becoming invisible and falling between the cracks.

**FIGURE 6: TOP HEALTH CARE CONCERNS
STAKEHOLDERS HEAR FROM LOW-INCOME
SENIORS**



Bianca & Will

An increasing number of seniors are finding themselves not just struggling to pay the rent but are on the verge of homelessness. Will, who is 75 years of age, contacted us when he and his partner Bianca, 64, were living in a motel after their trailer needed so many repairs it became uninhabitable and are now in desperate need of assistance. They were currently managing with the aid of one of the not-for-profit housing societies who were subsidizing their motel rates but had been told the organization could not do this for much longer. Will had been working until recently and hoped to do so again once they had found a place to live, but in the meantime just surviving from day to day was taking all his energy and attention. Will and Bianca were asking about any available food programs and if there was any hardship assistance available for people like them. We were able to refer them to a number of organizations including Seniors Come Share Society for food programs and Better at Home to assess if there was any possibility of repairing their trailer.



PROVINCIAL/TERRITORIAL COMPARISON OF BENEFITS FOR SENIORS

In looking across Canada, we find that all provinces offer some benefits to seniors. No one province provides all that is needed, but it could be argued that B.C. overall offers less support to seniors than most other provinces.

Health

The OSA examined information from all provinces and territories across Canada to determine what, if any, coverage they provide to seniors for home support, vision, dental and hearing care. The following table shows how B.C. compares to those offered elsewhere in the country. Further details about programs are provided in Appendix 2. These health services were chosen as they are the services our office hears most about from seniors who cannot afford them.

TABLE 3: COMPARISON OF HOME SUPPORT, VISION, DENTAL AND HEARING CARE COVERAGE

| PROVINCE / TERRITORY | HOME SUPPORT (NO CO-PAY) | EYE EXAM | EYEGASSES | DENTAL | HEARING AIDS | POPULATION 65+ |
|----------------------------|-----------------------------|----------|-----------|--------|--------------|----------------|
| BRITISH COLUMBIA | X | ✓ | X | X | X | 18.8% |
| ALBERTA | ✓ | X | ✓ | ✓ | ✓ | 11.9% |
| SASKATCHEWAN | X | ✓ | X | X | X | 15.5% |
| MANITOBA | ✓ | ✓ | ✓ | X | X | 15.6% |
| ONTARIO | ✓ | ✓ | X | ✓ | ✓ | 16.7% |
| QUEBEC | X | ✓ | X | X | ✓ | 18.3% |
| NEW BRUNSWICK | X | X | X | X | X | 19.9% |
| NOVA SCOTIA | X | ✓ | X | X | X | 19.9% |
| PRINCE EDWARD ISLAND | ✓ | X | X | ✓ | X | 19.4% |
| NEWFOUNDLAND & LABRADOR | X | X | X | X | ✓ | 19.4% |
| YUKON | ✓ | ✓ | ✓ | ✓ | ✓ | 11.9% |
| NORTHWEST TERRITORIES | ✓ | ✓ | ✓ | ✓ | ✓ | 7.7% |
| NUNAVUT | ✓ | ✓ | ✓ | ✓ | ✓ | 3.8% |

Source(s): 9-23

Home Support

Table 3 shows which provinces have a co-pay for home support and which provide home support without charge. While those seniors on GIS in B.C. are not charged a co-payment amount, those who are still low-

income but not on GIS pay a gradually increasing amount which, for most, restricts their ability to receive the home support they need. B.C. is one of only six jurisdictions in Canada who charge for home support services and of these we levy the highest fees overall.

Vision Care

All seniors in B.C. can have an annual eye exam covered by MSP that provides a limited benefit amount towards the cost of an eye exam and no assistance with the cost of eyeglasses or contact lenses. While B.C. is one of nine jurisdictions providing a full or partial benefit for an eye exam for seniors, there are five provinces/territories, excluding B.C., who provide some coverage for eyeglasses. For example, a low-income single senior in Alberta can access eyeglasses up to \$230 every 3 years and similarly in the Yukon, up to \$100 for new frames, up to \$125 for single vision lens and up to \$175 for bi-focal lens every 3 years.

Dental Care

While B.C. offers no provision for dental care, there are six jurisdictions across Canada that have invested in dental care programs for low-income seniors, these include Alberta, Ontario, Prince Edward Island, Yukon, Northwest Territories and Nunavut. This coverage may include, but is not limited to, routine check-ups, basic procedures, dentures, x-rays, and extractions. B.C. is one of seven provinces and territories that do not offer a publicly funded dental care program. One example of a comprehensive dental care program for seniors is the Ontario Seniors Dental Care program.

Hearing

Coverage for hearing aids is also available in seven jurisdictions across Canada, excluding B.C. For example, seniors with low incomes in Ontario are eligible for 75% of the cost up to \$500 per hearing device and seniors in Alberta may be eligible for 1 or 2 hearing aids every 5 years depending on income as part of the Alberta Aids to Daily Living program.

Ontario Seniors Dental Care Program (OSDCP)

The Ontario Seniors Dental Care Program (OSDCP) was established in 2019 and involves both preventative care and treatment. The program was developed in response to the growing number of low-income seniors seeking treatment in emergency rooms when their tooth pain or infection resulting from a lack of dental care became unbearable. The program is available to people over 65 whose income is below \$22,200 for singles and \$37,100 for couples. The following services are fully covered:

- check-ups, including scaling, fluoride, and polishing
- repairing broken teeth and cavities
- x-rays
- removing teeth or abnormal tissue (oral surgery)
- anesthesia
- treating infection and pain (endodontic services)
- treating gum conditions and diseases (periodontal services)

In addition, dental prosthetics, including dentures, are partially covered. All services are provided at Public Health Units and not by private dentists. Seniors must initially apply for the program and are automatically re-assessed every year.

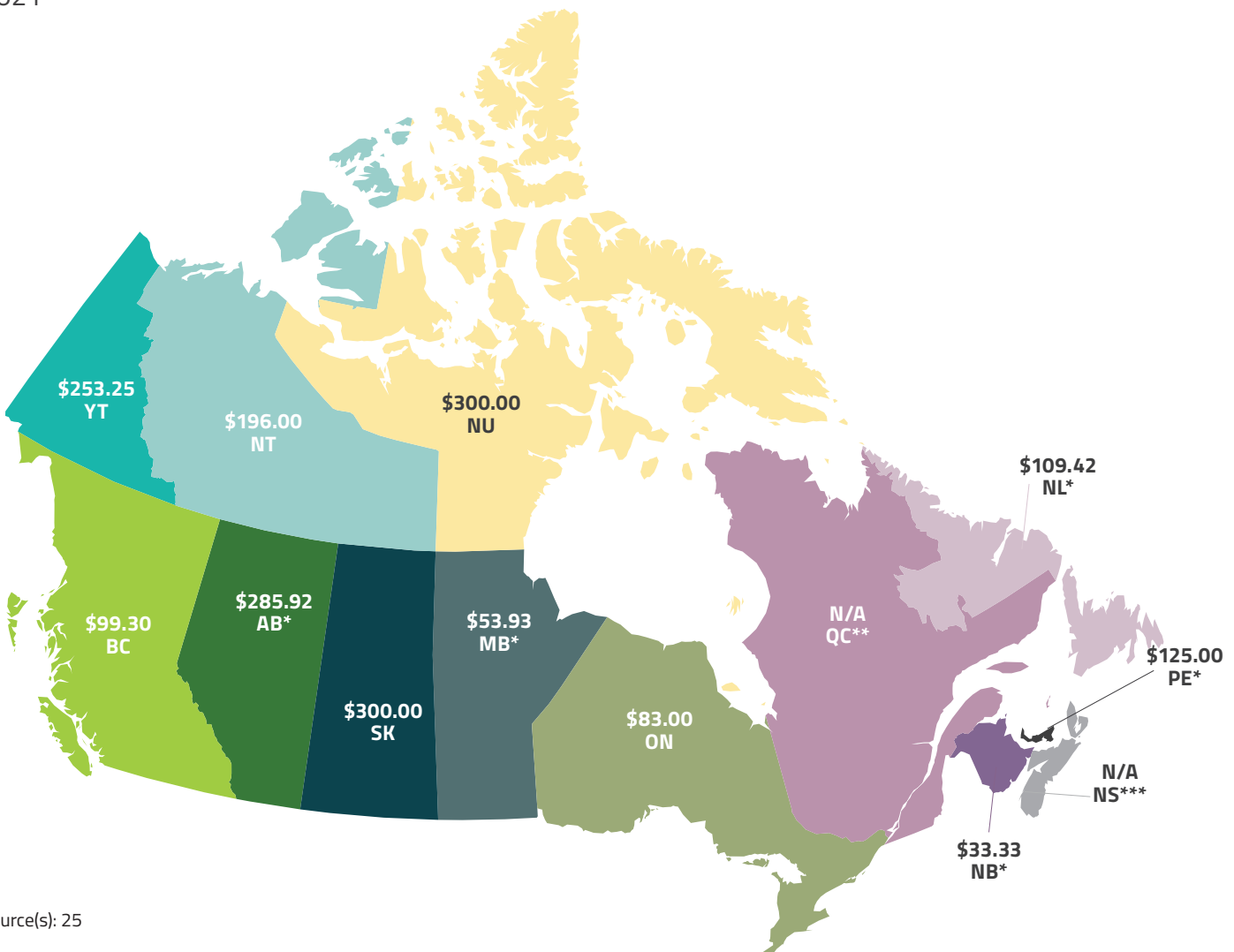
Source(s): 24

Income Supports

While most Canadians are entitled to OAS, GIS and CPP, most jurisdictions have also chosen to supplement these income programs with an additional supplement for low-income seniors. In British Columbia we offer the BC Seniors Supplement (BCSS).

The following table shows BCSS in comparison to those received in other Provinces and Territories. BCSS was doubled in 2021 to its current maximum of \$99.83 for a single senior but remains the fourth lowest in Canada.

FIGURE 7: MONTHLY SUPPLEMENTS FOR SINGLE SENIORS, 2021



Source(s): 25

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

Housing

Seniors across the country have increasing concerns about affordable and appropriate housing, regardless of whether they are renters or homeowners.

RENTAL PROGRAMS

All jurisdictions provide some level of subsidized housing for low-income seniors in their communities and there are many concerns about the quality and quantity of the social housing available. In order to provide the option of seniors remaining in their own market rental housing, instead of moving into subsidized housing, most jurisdictions have introduced a rent subsidy program to assist low-income seniors in meeting the rising cost of their monthly rent. These programs vary across the country but are similar to B.C.'s Shelter

TABLE 4: PROVINCIAL/TERRITORIAL COMPARISON OF MONTHLY RENT SUBSIDY PROGRAM INCOME LIMITS FOR SENIORS

| PROVINCE / TERRITORY | PROGRAM | INCOME LIMIT FOR SINGLE SENIOR IN 1 BEDROOM UNIT |
|-------------------------|--|--|
| BRITISH COLUMBIA | <i>SHELTER AID FOR ELDERLY RENTERS (SAFER)</i> | \$30,600 |
| ALBERTA | <i>RENT SUPPLEMENT PROGRAM</i> | \$42,000 |
| SASKATCHEWAN | <i>SASKATCHEWAN HOUSING BENEFIT</i> | \$43,100 |
| MANITOBA | <i>RENT ASSIST</i> | \$28,000 |
| ONTARIO | <i>IAH RENT SUPPLEMENT PROGRAM</i> | \$56,500 |
| QUEBEC | <i>SHELTER ALLOWANCE PROGRAM</i> | \$20,800 |
| NEW BRUNSWICK | <i>PORTABLE RENT SUPPLEMENT</i> | \$33,000 |
| NOVA SCOTIA | <i>RENT SUPPLEMENT PROGRAM</i> | \$45,000 |
| PRINCE EDWARD ISLAND | <i>N/A</i> | --- |
| NEWFOUNDLAND & LABRADOR | <i>RENTAL HOUSING PROGRAM</i> | <i>N/A</i> |
| YUKON | <i>RENT SUPPLEMENT PROGRAM</i> | \$49,000 |
| NORTHWEST TERRITORIES | <i>TRANSITIONAL RENT SUPPLEMENT PROGRAM (2 YEAR LIMIT)</i> | <i>N/A</i> |
| NUNAVUT | <i>RENT SUPPLEMENT PROGRAM</i> | <i>N/A</i> |

Source(s): 26-37

Note: Amounts are for the jurisdiction as a whole, except for where income limits depend on location where the following examples have been chosen: B.C. (Vancouver), Alberta (Edmonton), Ontario (Toronto) and New Brunswick (Urban).

Aid for Elderly Renters (SAFER). B.C. has the third-lowest income ceiling for a single senior to be eligible for a rent subsidy program while experiencing the highest cost rental market in the country.

HOME OWNERSHIP PROGRAMS

Although many seniors own their homes, those on low-income can find the ongoing maintenance, accessibility adaptations and property taxes to be particularly challenging. Most provinces, including B.C., have a property tax deferral program to allow seniors to defer their property taxes each year until such time as the property is sold. While property tax deferral is very helpful to those who take advantage of the program, it is not well known in B.C., and does not have a high participation rate even among those who are aware of the opportunity.

HOME REPAIRS, MAINTENANCE AND ADAPTATIONS

Better at Home provides supports for minor home repairs but this is limited to funding and availability of volunteers. While seniors might receive help with maintenance from family and friends, it remains a significant challenge to hire help with repairs and maintenance with their limited financial means. For many low-income senior homeowners, it is simply not affordable as home repairs are not 'cheap', whether it is a roof replacement, new hot water tank or regular lawn maintenance.

Several provinces and territories across Canada offer some kind of home repair and maintenance and/or home adaptation financial support programs (i.e., grant, loan) for eligible seniors with low incomes. For example, a program in Ontario (Ontario Renovates) provides a forgivable loan or grant for eligible low to moderate senior households for eligible home repairs (i.e., roof, electrical). B.C. is one of three provinces that does not offer a specific program for home repairs or maintenance (See Appendix 3 for details).

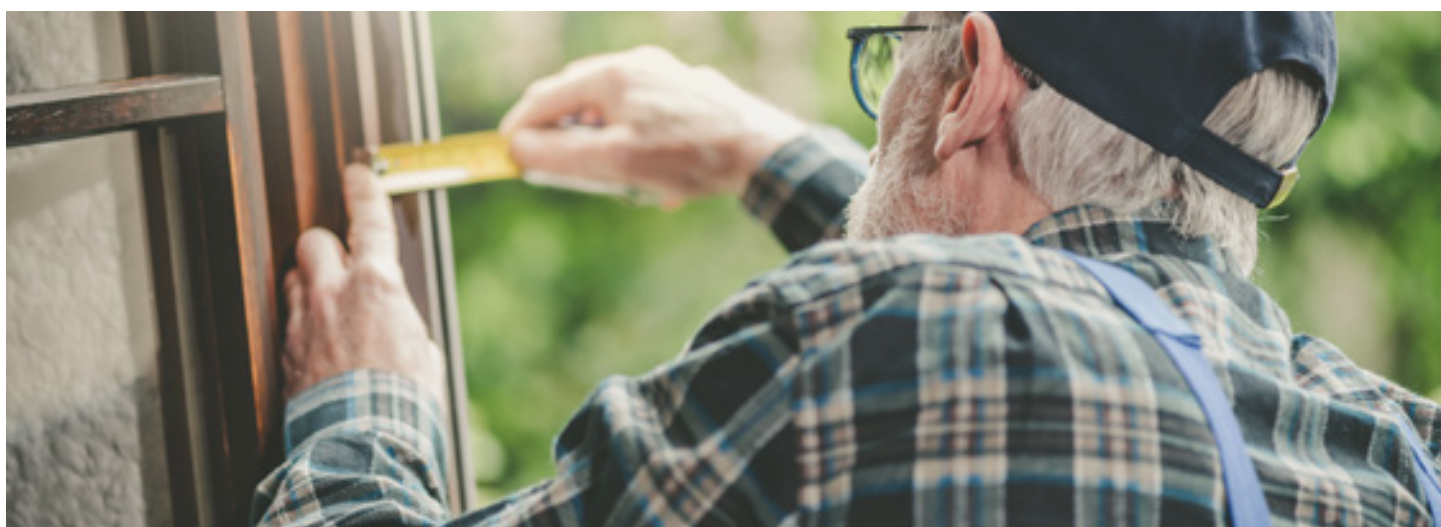


TABLE 5: COMPARISON OF AVAILABLE HOME REPAIR, MAINTENANCE AND ADAPTATION PROGRAMS

| PROVINCE / TERRITORY | HOME REPAIR & MAINTENANCE | HOME ADAPTATIONS |
|-------------------------|---------------------------|------------------|
| | BRITISH COLUMBIA | ✗ |
| ALBERTA | ✗ | ✓ |
| SASKATCHEWAN | ✓ | ✓ |
| MANITOBA | ✗ | ✗ |
| ONTARIO | ✓ | ✓ |
| QUEBEC | ✓ | ✓ |
| NEW BRUNSWICK | ✓ | ✓ |
| NOVA SCOTIA | ✓ | ✓ |
| PRINCE EDWARD ISLAND | ✓ | ✓ |
| NEWFOUNDLAND & LABRADOR | ✓ | ✓ |
| YUKON | ✓ | ✓ |
| NORTHWEST TERRITORIES | ✓ | ✓ |
| NUNAVUT | ✓ | ✓ |

Source(s): 38-59

CONCLUSION

More needs to be done to support low and modest-income seniors to live with dignity and security as they age in their own homes. If we do not address the current issues around affordability and access of needed services and supports in the community, British Columbia will find itself facing more significant challenges in the future. The oldest baby boomer turns 76 this year. We know the major pressures on the health care system (including long-term care) that come from an aging population begin after age 80. The current stresses of the health care system do not yet reflect the impact of the significant age cohort known as the “baby boomer” generation growing older and frailer which is still to come.

Caring for someone in long-term care is expensive. The total costs exceed, on average, \$75,000 a year with most paid by government. Ensuring seniors can pay their rent, manage household expenses, afford basic home care and receive other needed health services such as dental care is much more affordable than placement in a long-term care home.

When we look at the performance of B.C. relative to other provinces, we find B.C. lacks supports for seniors overall. We also know relative to most other provinces, Ontario and Alberta in particular, B.C. has a much higher proportion of residents in long-term care with low care needs - meaning they could likely be cared for in the community with supports. The degree to which this anomaly is related to the extra cost burden B.C. seniors bear for necessities such as rent, home support, dental care and mobility aides is not known, however it must be assumed that for some, the decision to live in long-term care is financial.

The system of supports and services required to address current and future needs must be sustainable and focus on areas that will have the greatest impact in supporting seniors to age with dignity and comfort in the safety in their own homes. Governments at all levels need to look at the diversity of economic need within the seniors population and recognize that variables such as health and family status and home ownership have significant influence on the income that is needed to support us as we age. British Columbians have demonstrated they care very deeply about the health and well-being of seniors. The outpouring of concern we have witnessed over the past three years should serve as the catalyst to take concrete actions that will improve the lives of B.C. seniors now and into the future.

Based on the findings of this report, there are 10 recommendations made to the Government of British Columbia.

Recommendations:

1. Index the BC Seniors Supplement to inflation consistent with other income supports such as GIS/OAS and CPP.
2. Redesign the Shelter Aid for Elderly Renters (SAFER) program to reflect the current reality of the B.C. rental market and ensure yearly rent increases are recognized.

3. Increase the number of Seniors Subsidized Housing Units with a particular focus on rural B.C. where the overall supply of rental accommodation for seniors is most challenging.
4. Increase awareness of the Property Tax Deferral Program and examine an expansion of the program for low- and modest-income seniors to defer other costs such as strata fees, hydro costs and other municipal charges. Examine how seniors living in co-operative housing might be able to take advantage of the program.
5. Develop a program to assist low- and modest-income seniors with major home repairs.
6. Eliminate the daily rate for publicly funded home support services.
7. Provide an extended health benefit for seniors that includes eyeglasses, hearing aids, mobility aids and necessary medical equipment. The cost of the plan could be covered by premiums based on income, ensuring it is an affordable option for all B.C. seniors.
8. Work with the federal government to ensure dental coverage for seniors with co-payments and deductibles based on income or include in an overall extended benefit plan.
9. Provide an annual province-wide bus pass for all seniors that includes handyDART. The fee for the pass could be based on a sliding scale matched to income.
10. Develop a comprehensive plan to build the capacity of seniors' centres across B.C. to better support social engagement and help support older people access the supports and services they need to continue to live independently.

British Columbians have demonstrated they care very deeply about seniors and we can build on this commitment to build a lasting legacy of better supports and services as we move forward.

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APPENDIX 2: SELECT HEALTH BENEFITS FOR LOW-INCOME SENIORS, CANADA

| PROVINCE / TERRITORY | VISION | DENTAL | HEARING |
|----------------------|--|---|---|
| BRITISH COLUMBIA | Annual Routine Eye Exam. Seniors over 65 are covered for an annual routine eye exam up to maximum amounts but not for eyeglasses. Up to \$46.38 for eye examinations and \$29.48 for minor and follow-up exams. | None* | None* |
| ALBERTA | Optical Assistance for Seniors Maximum benefit available to single seniors with income up to \$29,285; partial benefit available to single seniors with income up to \$31,675. Up to \$230 (maximum coverage) or \$115 (partial coverage) for single seniors. | Dental Assistance for Seniors Covers check-ups, basic procedures and dentures. Some dentists may charge client more as Alberta Dental Fee Guide Rates may be more than Program Fee Schedule. Same income testing as Vision. Up to \$5,000 over 5 years | Alberta Aids to Daily Living (AADL). A cost-share program which includes hearing aids and where the client pays 25% of the benefit cost to a maximum of \$500. Low-income clients may be exempt from cost-share. 1 or 2 hearing aids every 5 years depending on income level |
| SASKATCHEWAN | Annual Routine Eye Exam. Seniors on Seniors Income Plan (SIP) covered for an annual routine eye exam but not for glasses. | None* | None* |
| MANITOBA | Eyeglass and Eye Exam Program. Eye exam covered every 2 years and glasses every 3 years with a \$50 deductible and then 80% of a preset schedule. Exam covered. Limited coverage for glasses with \$50 deductible. | None | None |
| ONTARIO | Eye Exam covered every 12 months for those 65 and over, plus any minor assessments needed, but no coverage for glasses. | Dental Care for Low-Income Seniors. Coverage of check-ups and specific basic procedures. Income tested: only eligible for single senior with income under \$22,200 and couple under \$37,100. | Assistive Devices Program. Types of hearing devices covered include hearing aids, FM systems and other devices. 75% of cost up to \$500 per device |
| QUEBEC | Eye Exam covered every year but no coverage for glasses for those 65 and over. | None | Hearing Aids. Reimbursed for one hearing aid according to a list of specific devices (may be reimbursed for 2 under certain circumstances). |
| NEW BRUNSWICK | None* | None* | None* |
| NOVA SCOTIA | Eye Exam: Covered once every two years | None | None |

| PROVINCE / TERRITORY | VISION | DENTAL | HEARING |
|-------------------------|--|---|---|
| PRINCE EDWARD ISLAND | None | Provincial Dental Care Program. Basic exams and specific procedures (including dentures) covered for all low-income residents plus Long-Term/Community Care Preventive Dental Care Program. Low-income residents covered for 100% for under \$22,014 down to 20% for under \$30,820 | Hearing Exam. Coverage for hearing test but not for hearing aids. No charge for hearing test every 2 years |
| NEWFOUNDLAND & LABRADOR | None* | None* | Hearing Aids: Low-income adults may qualify for hearing aids at no cost through their Regional Health Authority. |
| YUKON | Eye exam and glasses. Eye exam, lenses and \$100 towards new frames covered every two years. Age 65 or over and registered with Yukon Health Care Insurance Plan (YHCIP). Up to \$55 for an eye exam every 3 years, up to \$125 for single vision and \$175 for bi-focal every 3 years. | Denture Program Age 65 or over and registered with YHCIP Up to \$1400 every two years and payment for dentures and rebases every five years. | Hearing Aids and Repair Covered for one hearing aid every four years, repair and adjustment with 12 month warranty for those age 65 or over and registered with YHCIP One every four years up to \$600 |
| NORTHWEST TERRITORIES | Extended Health Benefits for Seniors Plan. Seniors age 60 and over are eligible for an eye exam and glasses every two years. Exams, glasses, up to \$300 for standard or \$440 for high index prescription lenses | Extended Health Benefits for Seniors Plan. Includes check-ups, cleanings, fillings, extractions, root canals, crowns, and dentures. Age 60 and above. 100% of basic services | Extended Health Benefits for Seniors Plan. Includes medically necessary hearing aids for those 60 and above. Reimbursed for "reasonable and customary charges" |
| NUNAVUT | Extended Health Benefits (EHB) Includes vision care services and products for those 60 and above which is reimbursed according to Health Canada's Non-Insured Health Benefits Program. | Extended Health Benefits (EHB) Dental care for those 60 and above. \$1000 covered per year | Extended Health Benefits (EHB). Those 60 and above covered for "medically required audiology services and products". |

Notes:

1. This table provides a brief overview of vision, dental and hearing programs available to seniors across Canada. For detailed information including eligibility and coverage, please visit each jurisdiction's website.
2. "None*" means vision, dental and/or hearing programs are not available for the general seniors population. However, these provinces do offer some level of coverage for vision, dental, and hearing for seniors on or previously on income/disability assistance (IA). Brief information on coverage for seniors on IA provided below where applicable.
3. In B.C., the Medical Services Only (MSO) benefits program may be available to eligible individuals who were receiving income or disability assistance before they turned 65. Benefits include limited funding for dental, vision and other supplementary benefits.
4. Alberta Assistive Devices Program: Covers 75% of ADP-approved cost. Types of visual aids covered may include optical, reading, writing, orientation and mobility aids.
5. Those who are eligible for Saskatchewan Assured Income for Disabilities (SAID), seniors may be eligible for glasses, routine dental care and hearing aids.
6. Ontario Assistive Devices Program: Eligibility for any Ontario resident who has a valid Ontario health insurance number and has long-term low vision or blindness in at least one eye that cannot be corrected with surgery, regular glasses or contact lenses and they cannot perform common, regular everyday, age-related visual tasks.
7. New Brunswick: Coverage for seniors in receipt of income assistance (IA) includes basic eye exam and glasses, up to \$1,000 dental care and up to \$1,000 per hearing aid every five years. Coverage for other seniors (non IA) under Medavie Blue Cross program with premium.
8. In Newfoundland and Labrador, there is adult dental program coverage on a 3 year cycle for those on the Foundation Plan and up to \$1500 for dentures every 8 years and specific procedures up to \$300 per year.

APPENDIX 3: HOME REPAIR, MAINTENANCE AND ADAPTATIONS FOR SENIORS, CANADA

| PROVINCE / TERRITORY | HOME REPAIR AND MAINTENANCE | HOME ADAPTATION |
|----------------------|---|--|
| BRITISH COLUMBIA | None | <p>B.C. Rebate for Accessible Home Adaptations (B.C. RAHA) A grant up to \$17,500 over a lifetime. Paid as a pre-approved rebate.</p> |
| ALBERTA | None | <p>The Seniors Home Adaptation and Repair Program (SHARP) Maximum loan of up to \$40,000 to seniors with a total annual income of \$75,000 or less, and a minimum of 25% home equity. Paid in advance or retroactively for one year.</p> |
| SASKATCHEWAN | <p>Emergency Repair Program A forgivable loan up to \$12,000. Must receive preapproval.</p> | <p>Home Repair Program - Adaptation for Independence A forgivable loan of up to \$23,000. Must receive pre-approval.</p> |
| MANITOBA | None | None |
| ONTARIO | <p>Ontario Renovates Provides financial assistance in the form of a loan and/or grant for eligible low to moderate households to help make eligible home repairs or accessibility modifications. Grants are up to a maximum of \$5,000 and forgivable loans maximum vary depending on local municipality.</p> | <p>see Ontario Renovates</p> |
| QUEBEC | <p>RénoRégion 95% of up to \$20,000. Must need a minimum of \$3,500 worth of work done. Pre-approved amount paid after final inspection.</p> | <p>The Residential Adaptation Assistance Program (RAAP) Three options for funding depending on the nature of the work, whether or not an OT assessment is required, income of owner etc. Amounts can range from \$4,000 to \$33,000. Pre-approved amount paid after final inspection.</p> |
| NEW BRUNSWICK | <p>Minor Home Repairs Grant A one-time non-repayable grant up to \$1500</p> | <p>Homeowner Repair Program (incl. Landlords) A forgivable loan of up to \$15,000 for homeowners and up to \$10,000 for landlords is available. In addition, homeowner households can apply for a forgivable loan of up to \$24,000 for homeowners to build a secondary/garden suite for an adult with a disability.</p> |
| NOVA SCOTIA | <p>Senior Citizens Assistance Program A grant of up to \$6,500 is available and is income dependent.</p> | <p>Home Adaptations for Seniors Independence A forgivable loan of up to \$3,500</p> |

| PROVINCE / TERRITORY | HOME REPAIR AND MAINTENANCE | HOME ADAPTATION |
|---------------------------|---|--|
| PRINCE EDWARD ISLAND | <p>Seniors Home Repair Program Grant up to a maximum of \$4,000. All programs pre-approve amounts and then reimburse when receipts are submitted.</p> | <p>Seniors Safe @ Home Up to \$10,000 lifetime grant depending on income PEI Home Renovation Program Up to \$12,000 for eligible applicants for renovations to improve life safety and up to \$16,000 for those with a permanent disability.</p> |
| NEWFOUNDLAND AND LABRADOR | <p>Provincial Home Repair Program Up to \$5,000 (\$6,500 in Labrador) forgivable loan and repayable loan of up to \$12,500 (\$15,500 in Labrador)</p> | <p>Home Modification Program (HMP) A forgivable loan of up to \$7,500. Repairs exceeding these levels may be addressed under a repayable loan of up to \$10,000 (\$13,000 in Labrador).</p> |
| YUKON | <p>Emergency Repair Grant. Home Repair Loan Up to \$10,000 non-repayable loan for Emergency Repair Grant and a repayable loan of up to \$70,000 for the Home Repair Loan Program</p> | <p>Accessibility Grant Non-repayable grant of up to \$30,000</p> |
| NORTHWEST TERRITORIES | <p>Seniors Aging-In-Place Program A forgivable loan of up to \$10,000</p> | <p>Repairs and Enhancements Program A forgivable loan up to \$50,000</p> |
| NUNAVUT | <p>Seniors (60+) and Persons with Disabilities Preventative Maintenance Program (SPDPMP) A maximum of \$3,000 annually</p> | <p>Senior Citizen Home Repair Program (SCHR) A grant up to a maximum amount of \$15,000</p> |

APPENDIX 4: LIST OF STAKEHOLDER PARTICIPANTS

| STAKEHOLDERS | |
|---|--|
| 411 Seniors Centre | Centre for Seniors Information Kamloops |
| Archway Community Services | Chilliwack and District Seniors Resource Society |
| Association of Neighbourhood Houses of BC | Community Connections Society of Southeast BC |
| Autumn Services Society for Seniors Support | Community Social Planning Council Victoria |
| BC Association of Aboriginal Friendship Centres BCAAFC | Cool Aid |
| BC Office of the Canadian Centre for Policy Alternatives | Council of Seniors Organizations of BC (COSCO) |
| BC Old Age Pensioners Branch 4 Nanaimo | Cranbrook Social Planning Society |
| BC Poverty Reduction Coalition | DiverseCity Community Resources Society |
| BC Settlement and Integration Services (S.U.C.C.E.S.S.) | Downtown Eastside Neighbourhood House |
| Burnaby Neighbourhood House | Dze L K'ant Friendship Centre Society |
| Burns Lake & District Seniors Society | Food Banks BC |
| Canada Mortgage and Housing Corporation B.C. (CMHC BC) | Fort St. John & Area Senior Care Foundation |
| Canadian Mental Health Association - B.C. | Fraser Region Aboriginal Friendship Centre Association |
| Central Okanagan Food Bank | Frog Hollow Neighbourhood House |

STAKEHOLDERS

| | |
|---|--|
| Greater Victoria Housing Society | Ooknakane Friendship Centre |
| Immigrant and Multicultural Services Society of Prince George | Pacifica Housing Society |
| Interior Community Services | PovNet |
| Jewish Senior Alliance | Prince George and District Elizabeth Fry Society |
| Kiwassa Neighbourhood House | Prince George Council of Seniors (PGCOS) |
| Langley Seniors Resources Society | Progressive Intercultural Community Services Society |
| Lower Similkameen Community Services Society | Richmond Poverty Reduction Coalition |
| M'akola Housing Society | Salt Spring Island Community Services |
| MOSAIC | Salvation Army (Fort St John) |
| Nanaimo Affordable Housing Society | Save Our Northern Seniors |
| Nanaimo Community Kitchens | Seniors Come Share Society |
| Nanaimo Family Life Association | Seniors in Partnership Cranbrook |
| Nelson and District Seniors Coordinating Society | Seniors Info HUB Campbell River |
| Nelson Cares Society | Seniors Outreach and Resource Centre |
| NexusBC Community Resource Centre | Seniors Services Society |
| North East Native Advancing Society (NENAS) | Smithers Community Services Association |
| North Peace Seniors Housing Society | Social Planning and Research BC (SPARC BC) |

| STAKEHOLDERS | |
|--|--|
| South Peace Community Resource Society (SPCRS) | Valemount Senior Citizens Housing Society |
| South Vancouver Neighbourhood House | Vancouver Aboriginal Friendship Center Society |
| Tenant Resource and Advocacy Centre (TRAC) | Vancouver Neighbourhood Food Network |
| The Greater Vancouver Food Bank | Vancouver Second Mile Society |
| The Kehila Society of Richmond | Volunteer Terrace |
| The Link - Better at Home Program | Wachiay Friendship Centre |
| The Salvation Army | West End Seniors Network (WESN) |
| Tillicum Lelum Aboriginal Friendship Centre | Whole Way House |
| Together Against Poverty Society | |
| Trail Fair Society | |
| United Way of BC | |
| United Way of Northern British Columbia | |



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