



SENIORS IN ABBOTSFORD:

Towards an Age-Friendly Community.
Opportunities for Policy Enhancements



2021

Prepared by HelpSeeker



EXECUTIVE SUMMARY

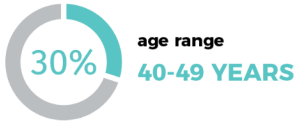
Abbotsford is not only rapidly growing, but is also aging. The population of seniors aged 65 and older is currently growing at a rate of 3% per year and will be approximately one in five people in the city by 2021. Abbotsford is already on its way to becoming an Age-Friendly City with the adoption of Abbotsford’s 2017 Age-Friendly Strategy. However, it was identified by the city that additional strategies were required to ensure that older adults and seniors who are at risk or in vulnerable situations are receiving the help and support they need, such as those experiencing homelessness, people with dementia or other chronic health conditions, frail seniors, or those with mobility issues.

The “Seniors in Abbotsford: Towards an Age-Friendly Community. Opportunities for Policy enhancements” is intended to recommend additions to the 2017 Abbotsford Age-Friendly Strategy already in place. This document was based on a review of age-friendly best practices, a summary of current local research and existing data on seniors in vulnerable or marginalised situations in Abbotsford, and extensive community consultations with various relevant stakeholders over the course of several months. The overall goal was to provide suggested updates, enhancements, and areas of exploration that can add to the original 2017 Age-Friendly Strategy for the purpose of improving community initiatives and enhancing service supports to ensure all seniors in Abbotsford are able to thrive and age in place.

Data Insights



MAJORITY OF PEOPLE 45+ WHO ARE HOMELESS IN ABBOTSFORD BECAME HOMELESS FOR THE FIRST TIME WHEN THEY WERE IN THE AGE RANGE 40 TO 59



Since 2006, THE NUMBER OF HOUSEHOLDS IN CORE HOUSING NEED WITH SENIORS HAS INCREASED BY



OF SENIORS IN ABBOTSFORD HAVE LOW TO MEDIUM RISK CHRONIC HEALTH CONDITIONS

Key Community Engagement Themes

Stakeholders defined age-friendly to mean recognizing the value of seniors and treating them equitably.

Seniors face unique challenges to accessing basic needs including housing, food security, and healthcare.

Vulnerable seniors' challenges are amplified, and are deserving of particular attention and action.

Mental health and social inclusion are very important factors to wellbeing for seniors after basic needs; this includes creating safe social environments for all cultures, and ensuring people have a sense of belonging and purpose.

The seniors population is growing and information needs to reach seniors where they are at. Services also need to coordinate to meet seniors unique needs.

¹ Statistics Canada, 2006 Census of Population. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2006/dp-pd/index-eng.cfm>

² Statistics Canada, 2016 Census of Population. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>

³ Ron Van Wyke. 2020. Abbotsford's Homeless Persons (45 Years of age and older). Prepared for the City of Abbotsford's Homelessness and Housing Unit. Supplied.

⁴ Statistics Canada, 2016 Census of Population

⁵ CMHC. 2020. Core Housing Need (2016) — Abbotsford (CY). Retrieved from [https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20\(CY\)%20\(British%20Columbia\)](https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20(CY)%20(British%20Columbia))

⁶ PSHA. 2020. Rural Abbotsford, Central Abbotsford, East Abbotsford, West Abbotsford. Supplied

The Eight WHO Age-Friendly Dimensions

In keeping with Abbotsford's original 2017 Age-Friendly Strategy, the enhancements to the original recommendations have been organised at the end of the report by eight domains of community life used by the World Health Organization in their Global Age-Friendly Cities Project to identify age-friendly communities.⁷ These are:



**Outdoor Spaces
and Buildings**



Transportation



Housing



**Social
Participation**



**Respect and Social
Inclusion**



**Civic Participation
and Employment**



**Communication
and Information**



**Community Support
and Health Services**

⁷ WHO. 2007. Global Age-friendly Cities: A Guide. Retrieved from:
https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf



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Acknowledgement of Traditional Territory

We would like to acknowledge the unceded and traditional territories of the The Sema:th (Sumas) First Nation and the Matsqui First Nation who are Stó:lō people. S'olh Temexw is the traditional territory of the Stó:lō people, and they have lived here since time immemorial. The Stó:lō traditional territory extends from Yale to Langley, BC. It is for this reason that we acknowledge the traditional territories upon which we reside.



**Sumas
First
Nation**



Matsqui First Nation





BACKGROUND

To better understand the socio-economic landscape in Abbotsford, and to develop strategies on how to respond to it, HelpSeeker has prepared three different reports to review current and anticipated social needs related to child care, housing, and age-friendly communities in the city. This report on **“Seniors in Abbotsford: Towards an Age-Friendly Community. Opportunities for Policy Enhancements”** aims to propose strategies and areas to explore where local responses to vulnerable, at-risk, or isolated seniors and older adults could be improved, or where equity and inclusion or service access could be upgraded. This would enhance the efficacy of prevention efforts with embedded age-friendly components.

The analysis and data collected for this report included a variety of strategies, such as the review of available data from primary sources, government documents, previous research and best practices, survey administration, and the implementation of extensive community dialogues.

With the onset of the COVID-19 pandemic in March 2020, subsequent global lockdown, and resulting shocks to the economy and our wider society, it is important to recognise that the needs of particular populations across the spectrum described in this report are likely to be exacerbated as a result of COVID-19 impacts, both in the present and over the long-term future.

Accordingly, the data presented here (most of which was developed prior to the pandemic) can be used as baseline data for social planners and policymakers to support planning needs, to provide evidence of need to support new applications for funding, and to provide data to guide policy and bylaw development to address social issues in the community. For community stakeholders, it can also be used as a reference point for highlighting the need for new community initiatives, such as shared intergenerational or interfaith community spaces, or grassroots programs that fill gaps and help people in Abbotsford who may be struggling or are in need of assistance.

Methodology

This report uses a variety of different data sources, including community data related to older adults. Sources include:

- The federal census from Statistics Canada;
- The Canada Mortgage and Housing Portal;
- Health, education, and service provider data;

- Data from the 2020 Point-in-Time Count for insight around older adults experiencing homelessness;
- Research on best practices for vulnerable seniors in age-friendly action plans implemented in different communities in Canada, the United States, the United Kingdom, and other countries internationally;
- Community Design Labs, Circle Dialogues, expert Technical Advisory Group meetings, and local survey results; and
- A number of other background documents, reports, local data and analysis, and other grey literature.

Finally, service maps and data from the HelpSeeker system were collected and visualised. This map and dataset can be seen in [Appendix B](#).

For the purposes of this report, the term “older adults” has been used to research and discuss strategies and actions to take a more preventive focus, where appropriate. It is important to note this given that ‘seniors’ are conventionally only considered to be persons aged 65 years and older. However, adults aged 45-64 experiencing dementia, mental health issues, homelessness, and/or other risk factors for vulnerability among seniors may require similar services and supports as those that are available for people aged 65 and older, though may not always have access to the same supports due to social conceptions of what ‘elderly’ means. Some research available even considered adults aged 40 and over, to acknowledge the stress, advanced aging, and health consequences that can take place by adults in situations such as chronic homelessness.⁸

Limitations

The following are the main challenges, cautions, and limitations inherent in this project:

- The majority of quantitative data is limited to 2016, unless otherwise noted;
- Age categories are not consistently grouped in publicly-available datasets. As a result, we use different age groupings (45–64, 50–64, 55–64) in this report.

⁸ R. Woolrych, N. Gibson, J. Sixsmith & A. Sixsmith (2015) “No Home, No Place”: Addressing the Complexity of Homelessness in Old Age Through Community Dialogue, *Journal of Housing For the Elderly*. Retrieved from: https://www.researchgate.net/profile/Judith_Sixsmith/publication/283097473_No_Home_No_Place_Addressing_the_Complexity_of_Homelessness_in_Old_Age_Through_Community_Dialogue/links/5657375008aefe619b1ee433.pdf



INTRODUCTION

The world is rapidly aging: the number of people aged 60 and over, as a proportion of the global population, will double from 11% in 2006 to 22% by 2050.⁹ In 2014, Canada had over six million Canadians aged 65 or older, representing 16% of Canada's population. By 2030, seniors will number over 9.5 million and make up 23% of Canadians. Additionally, by 2036, the average life expectancy at birth for women will rise to 86.2 years (from the current 84.2 years) and for men to 82.9 years (from the current 80 years).¹⁰ In British Columbia alone, almost one in four people (more than 1.3 million people) will be over the age of 65 by 2031.¹¹

Abbotsford is not an exception to this trend. Abbotsford's population has grown to 159,777 in 2020, and the Abbotsford Official Community Plan (OCP) looks forward to a community of 200,000 people within the next 20 years.¹²

These trends indicate a need for increased strategies aimed at addressing the specific needs of the older population, and in Abbotsford, this work has been underway for some time. In October 2014, to confirm Council's commitment towards making Abbotsford an Age-Friendly Community, a resolution was passed for Abbotsford to work towards becoming recognised by the Province and BC Healthy Communities. Council's corporate Strategic Plan (2015-2018) creates a vision for the city that supports diversity, including age, and sets the foundation to propel Abbotsford towards being a Complete Community. In 2017, Abbotsford City Council endorsed the creation of an Age-Friendly Strategy¹³ to help Abbotsford meet the needs of its older residents while providing a physical and social environment that works for all people. This Strategy fits within the existing corporate Strategic Plan, as well as Abbotsford's Official Community Plan. Applying an age-friendly lens throughout community and strategic planning—for the City and community committees and organisations—is imperative as the older population grows rapidly in the city.

The next step for this work was to build greater alignment between the Age-Friendly Strategy and the Abbotsford Homelessness Prevention Response System (AHPRS). This intention was eventually expanded

⁹ WHO. 2007. Global Age-friendly Cities: A Guide. Retrieved from:

https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

¹⁰ Government of Canada. 2014. Government of Canada - Action for Seniors report. Retrieved from:

<https://www.canada.ca/en/employment-social-development/programs/seniors-action-report.html>

¹¹ Government of British Columbia. N.d. Active Aging. Retrieved from:

<https://www2.gov.bc.ca/gov/content/family-social-supports/seniors/health-safety/active-aging#:~:text=Why%20B.C.%20Supports%20Active%20Aging,one%20of%20our%20greatest%20challenges.&text=Populations%20around%20the%20world%20are,over%20the%20age%20of%2065.>

¹² City of Abbotsford, 2016. Official Community Plan. Retrieved from:<https://www.abbotsford.ca/business-development/community-planning>

¹³ Abbotsford Age Friendly Working Group. 2017. Abbotsford Age-Friendly Assessment report. Retrieved from:

<https://www.abbotsford.ca/AssetFactory.aspx?vid=33343>

beyond homelessness to: include updates and areas for exploration for improving the original Strategy for seniors or older adults who are at-risk or in vulnerable situations; add an equity, diversity, and inclusivity lens; and improve service access and coordination through connections to the City’s development of an enhanced Coordinated Access system that builds off the existing Coordinated Intake & Referral system.

Applying an age-friendly lens throughout community and strategic planning, for both the City and community committees and organisations, continues to make sense as the older population grows and diversifies, and this is particularly important to ensure that older adults who are at-risk or in vulnerable situations receive the support that they need.

Municipal Policy Alignment.

Plan	Age-Friendly Project
Official Community Plan	Establish distinct and complete neighbourhoods Housing Policies: 2.5 Age-Friendly
Abbotsford Plan 200K (Master Plans, Key Strategies and Studies)	<ul style="list-style-type: none"> -Transportation and Transit master plan -Park, Recreation and Culture Master plan -2017 Age-Friendly Assessment Report -Fraser Health Authority -- 2014 Healthy Ageing Community Profile -Abbotsford Seniors’ Housing Study -Indo-Canadian Seniors’ project -Mobility Scooter research -- Transportation and Mobility of Elders in Abbotsford -Elders in Abbotsford: an exploration of strengths and issues
Strategic Plan	<ul style="list-style-type: none"> -Complete Community Transit Maintenance Facility/Building Transit Hub -Recreational and Support facilities, amenities and Activities that connect people (Grant Park and Ledgeview/Sports Fields and Trail Strategies) -Celebrating Diversity and Inclusiveness through a culture strategy and host 55+ BC games. -Ledgeview golf course project

This document is divided into three different sections: **Data Insights Overview, Community Engagement, and Age-Friendly Strategy Enhancements.** The first two sections summarise data collected from different primary and secondary sources, including: statistics related to older adults, Community Design Labs, Circle Dialogues, and local survey results. The last section presents recommended policy enhancements and areas of exploration that can add to the original 2017 Age-Friendly Strategy. Appendices A and B summarise key socio-economic data related to other adults in Abbotsford, and highlight the number of services and interactions registered in HelpSeeker’s systems mapping platform as of February 2021.

Covid Considerations.

At the close of 2019, the World Health Organisation (WHO) China Country Office was informed of a pneumonia of unknown cause, detected in the city of Wuhan in Hubei province, China. Since this declaration, as of March 19, 2021, BC has had 90,049 cases and 1,419 deaths, and nearly 60% of those cases (52,640) have been in the Fraser Valley, although exact numbers for Abbotsford were not available at the time of this report's publication.¹⁴

Evidence suggests that the risk of getting severely ill from COVID-19 increases with age. In particular, as of March 12, 2021, people aged 60 years and older account for roughly one-fifth (20.3%) of COVID-19 cases reported in Canada, and 70% of hospitalisations.¹⁵ These figures bring new challenges to communities with respect to the provision of essential services to older adults – challenges which will impact the community in the years to come – and, therefore, will factor into the updates and enhancements suggested in this document.

¹⁴ BC Center for Disease Control. 2021. BC COVID-19 Data. Retrieved from: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data>

¹⁵ Government of Canada. 2020. Coronavirus disease 2019 (COVID-19): Epidemiology update. Retrieved from: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a5>



DATA INSIGHTS OVERVIEW

The following pages provide insights based on the research and data discovered to help inform strategic directions and areas of exploration to address the needs of vulnerable older adults in Abbotsford. For a full summary of data from the community related to vulnerable seniors, please see [Appendix A](#).

A Rapidly Growing, and Rapidly Changing, Population

Abbotsford faces a rapidly-growing seniors-and-older-adults population, and this trend is only set to continue with thousands of older adults both aging into the demographic and also moving into the community. Not only that, but significant changes to gender and diversity are occurring among the older population in the city.¹⁶ Given the increased desire to “age in place”, this makes it necessary to ingrain age-friendly considerations into all aspects of social policy in Abbotsford – both to help older adults who are already in vulnerable situations and to prevent further seniors from becoming vulnerable or homeless for the first time.



More than
1 IN 3 PEOPLE IN ABBOTSFORD
ARE OVER THE AGE OF 50

Approximately
1 IN 6 PEOPLE IN ABBOTSFORD
ARE AGED 65 OR OVER

17 18

Housing and Income Pains

Housing affordability and the sharp rise in housing costs has emerged as a primary issue in Abbotsford, which prevents older adults who are currently homeless from becoming housed, as well as contributing to older adults becoming homeless for the first time. Although the majority of older adults who are homeless in Abbotsford are men, it is also important to recognise that specific demographics have unique needs requiring specific consideration, such as: women and gender/sexual minorities, Indigenous people, racialised people, and immigrants and refugees.

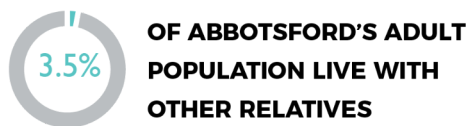
Living situations are also changing. While many older adults and seniors still live as couples, both multi-generational homes as well as older adults living alone appear to be growing trends, necessitating considerations specific to those groups. Multi-generational homes may require caregiver support while adults living alone may require financial assistance, as well as ways to improve social participation and

¹⁶ Statistics Canada, 2016 Census of Population.

¹⁷ Statistics Canada, 2016 Census of Population

¹⁸ Statistics Canada, 2016 Census of Population

stave off social isolation and loneliness. There is an entire “sandwich generation”¹⁹: a generation of people, typically in their thirties or forties, who are both responsible for bringing up their own children and for the care of their aging parents. Therefore, family/friend caregivers, along with the people they care for, need holistic approaches that treat the entire person and consider all social determinants of health, including physical, emotional, mental, spiritual, and cultural factors.



the majority
ARE OLDER ADULTS WHO ARE 55+
suggesting growing numbers of multi-generational households

Approximately

12-14% OF OLDER ADULTS ARE IN A LOW-INCOME BRACKET, WITH A HIGHER PROPORTION OF OLDER WOMEN AFFECTED



20 21 22

The number of older adults facing Core Housing Need—and therefore, at greater risk of homelessness for the first time in their twilight years—has grown immensely over the past 15 years in Abbotsford. Renters—particularly women, who are more likely to live alone, live longer, and have lower incomes than men²³—tend to be at higher risk long-term. Therefore, prevention supports for individuals precariously housed are crucial, and affordable options across the entire continuum of housing—with accessibility considerations designed in—are desperately required to allow for independence and self-determination. Growing diversity in the community means culturally-appropriate support and housing will be needed.

Not only is housing less affordable now, but more and more older adults in Abbotsford are facing stagnant or lower incomes, making it a challenge not only to afford rent, but also to afford basic utilities. Based on community consultations in Abbotsford, older adults are struggling with finding and accessing services that are available, which could create further spiraling problems. As the population of low-income older adults grows, if services are lacking or they are unable to find them, they become more vulnerable to homelessness, health, and wellbeing problems.

¹⁹ Dorothy A. Miller, MSSW, The ‘sandwich’ generation: adult children of the aging, *Social Work*, Volume 26, Issue 5, September 1981, Pages 419–423

²⁰ Statistics Canada, 2016 Census of Population. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>

²¹ Statistics Canada, 2016 Census of Population. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>

²² CMHC. 2020. Core Housing Need (2016) — Abbotsford (CY). Retrieved from [https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20\(CY\)%20\(British%20Columbia\)](https://www03.cmhc-schl.gc.ca/hmip-pimh/en#Profile/5909052/4/Abbotsford%20(CY)%20(British%20Columbia))

²³ R. Woolrych, N. Gibson, J. Sixsmith & A. Sixsmith (2015) “No Home, No Place”: Addressing the Complexity of Homelessness in Old Age Through Community Dialogue, *Journal of Housing For the Elderly*. Retrieved from: https://www.researchgate.net/profile/Judith_Sixsmith/publication/283097473_No_Home_No_Place_Addressing_the_Complexity_of_Homelessness_in_Old_Age_Through_Community_Dialogue/links/5657375008aefe619b1ee433.pdf

First-Time Homelessness Among Older Adults on the Rise

Related to the increased costs of housing and number of people struggling with incomes, a significant increase in homelessness has been seen in the past few years in Abbotsford among older adults.²⁴

MORE THAN TWO-THIRDS OF PEOPLE



EXPERIENCING HOMELESSNESS WHO ARE 45 AND OLDER ARE CHRONICALLY HOMELESS

MAJORITY OF PEOPLE 45+ WHO ARE HOMELESS IN ABBOTSFORD BECAME HOMELESS FOR THE FIRST TIME WHEN THEY WERE IN THE AGE RANGE 40 TO 59



25 26

This indicates that the social safety net is not working sufficiently for some older people. Reasons and causes for homelessness appear to be otherwise similar as for other demographics (health problems, relational breakdown)—though substance-use appeared to be slightly lower, and physical disability or acquired brain injury slightly higher—than younger people experiencing homelessness. Although males appear to be disproportionately affected, it is also important to consider the unique needs of different populations of people experiencing homelessness, such as women, seniors who identify as LGBTQ2S+, Indigenous seniors, and older adults who are newcomers. Fewer older people experiencing unsheltered homelessness received treatment for addiction or physical disabilities compared to younger age groups, though more received treatment for mental health or medical conditions. Despite this, there are some open questions as to how accessible medical care is for people who are homeless in Abbotsford.

It should also be noted that Point-in-Time counts typically only find people who are unsheltered (and likely not everyone who is unsheltered) as well as those currently staying in emergency shelters. There is therefore an entire population of older adults whose homelessness is “hidden”—who are not necessarily unsheltered, but who are precariously or unstably housed. This type of “invisible” homelessness affects many more people, and additionally has many impacts on quality of life and health.

High Rates of Health Issues and Adjusting Older Adults to a Post-COVID World

About a third of seniors in Abbotsford live with low-to-medium complex chronic health conditions. A smaller number (though still significant, given the relatively large older adult population) struggle with highly complex conditions and frailty. Compared to both the surrounding region (and in some cases the rest of BC) Abbotsford has high rates of many different health conditions and chronic diseases (notably,

²⁴ Ron Van Wyke. 2020. Abbotsford’s Homeless Persons (45 Years of age and older). Prepared for the City of Abbotsford’s Homelessness and Housing Unit. Supplied.

²⁵ Ron Van Wyke. 2020. Abbotsford’s Homeless Persons (45 Years of age and older). Prepared for the City of Abbotsford’s Homelessness and Housing Unit. Supplied.

²⁶ Ron Van Wyke. 2020. Abbotsford’s Homeless Persons (45 Years of age and older). Prepared for the City of Abbotsford’s Homelessness and Housing Unit. Supplied.

cardiovascular conditions, dementia, and neurological conditions) among older adults, as well as high rates of use for professional services, home support, and care facilities.²⁷

This was the case even before the COVID crisis, but the ongoing pandemic essentially makes all older adults and seniors in a community vulnerable in a new way, creating a multitude of dangers no matter the living situation of the older adult—though some are no doubt affected more significantly than others.

Seniors who are unsheltered, precariously housed, and those in long-term facilities or living with families may increase their likelihood of catching the virus, and have the highest likelihood of dying or being severely impacted. Conversely, the increasing number of seniors who live alone may be at-risk of becoming further socially isolated or withdrawn from society, which will also create additional, non-COVID health issues. Chronic diseases may be less likely to be caught, or emergencies averted, due to older adults and seniors avoiding doctor appointments or trips to the ER to avoid exposure. As mentioned, normal life patterns related to maintaining physical activity, grocery shopping, meal planning, and cooking, visiting businesses, stores, and restaurants, accessing professional services, and social and recreational activities are all disrupted, each of which can have impacts on mental health, physical health, and quality of life.



ALMOST 5% OF SENIORS IN THE COMMUNITY EXPERIENCE HIGHLY COMPLEX CHRONIC CONDITIONS AND FRAILITY



As of March 19, 2021,

THE FRASER VALLEY HAS NEARLY 60% OF ALL COVID CASES IN BC, AND ALMOST HALF OF THOSE CASES ARE IN PEOPLE AGED 40 AND ABOVE, WHO ARE AT HIGHER RISK OF LONG-TERM HEALTH RISKS AND DEATH FROM THE CORONAVIRUS

28 29

²⁷ PSHA. 2020. Rural Abbotsford, Central Abbotsford, East Abbotsford, West Abbotsford. Supplied

²⁸ PSHA. 2020. Rural Abbotsford, Central Abbotsford, East Abbotsford, West Abbotsford. Supplied

²⁹ BC Center for Disease Control. 2021. BC COVID-19 Data. Retrieved from: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data>



COMMUNITY ENGAGEMENT

Key Themes

A growing population of seniors in Abbotsford does not come without changing perspectives on age. Seniors experience unique barriers to wellbeing and social inclusion, and participants recognised that seniors need to be “supported to [participate in] age-friendly activities, enjoy good health both mentally and physically, and remain independent and involved in the multicultural communities.” Seniors need to be “able to share the part of community activities and services,” and be able to benefit from “safer, easy access to local businesses and healthcare and recreation facilities,” instead of being further isolated due to their age.

A summary of findings from the community consultations:

- Stakeholders defined age-friendly to mean recognising the value of seniors and treating them equitably.
- Seniors face unique challenges to accessing basic needs, including housing, food security, and healthcare.
- Vulnerable seniors’ challenges are amplified, and are deserving of particular attention and action.
- Mental health and social inclusion are very important factors to wellbeing for seniors after basic needs; this includes creating safe social environments for all cultures, and ensuring people have a sense of belonging and purpose.
- The seniors’ population is growing, and information needs to reach seniors where they are at. Services also need to coordinate to meet seniors’ unique needs.

Defining Age-Friendly

According to participants, an age-friendly community is one in which physical infrastructure such as businesses, parks, and sidewalks are accessible and safe, but also one in which “seniors are able to share [in] the part of community activities and services. An age-friendly community “recognises that seniors have a broad range of skills and knowledge,” and appreciates the seniors’ “contributions to the community in the past and present.”

One Circle Dialogue facilitator reported,

As we age, we need to engage in increasingly meaningful and elevated conversations regarding the meaning of our own individual lives, of our families and extended families, as well as of the challenges and progress of society and humanity as a whole. We should not look at seniors in an isolated way, but rather in a multigenerational and integrated context, where there are growth and service opportunities for all ages.

When seniors are taken care of, the whole community feels the benefit. As reported by another dialogue facilitator, “we need a society that believes in profit-sharing in all businesses, such that wealth does indeed trickle down to the neediest among us.”

Participants also remarked that “Elders in Indigenous communities are the culture keepers who pass on the knowledge of everything...If someone kills a moose, everyone eats...There is a lesson here in making sure no elder is isolated...Elders help raise the children because they have patience and wisdom.” As one circle dialogue participant reminds, “we all need to honour and recognise the gifts of the elders.” Another comment regarding Indigenous older adults noted,

Indigenous seniors have been forgotten and are invisible. Some were denied their heritage because of impacts of colonialism; some have their heritage, but are displaced from their families and community. Please create a needs analysis of the needs for Indigenous seniors ASAP. They have survived so many genocidal policies and deserve a rich end of life experience in Abbotsford.

Finally, as reported by a dialogue facilitator, “legislators need to think about aging folks and how everyone gets old and dies...[the] City of Abbotsford has to think like a family and look after their older parents.”

Seniors and Basic Needs

Seniors in Abbotsford face challenges accessing basic needs, particularly regarding food security, housing, transportation, and healthcare. The community found that more low-income housing for seniors is needed. For income-based housing for individuals over 55, there are often criteria that people need to meet that can make finding housing difficult and create barriers to access. Participants argued that Abbotsford needs to “stop putting vulnerable seniors into low-cost housing that is unsafe/unhealthy just because it is cheap.” Medication cost increases are also “having some choose between eating or medication, sometimes forcing them on the street to buy meds.” More housing is needed that is affordable and can accommodate seniors and those with disabilities.

To improve access to basic needs, participants wanted to see more “apartments for seniors,” “reduced prescription fees” or “prescription delivery,” “safe and healthy housing,” and “groups to help with activities.” Families often have difficulty taking care of their own basic needs and paying for housing as

well as the elders in their family, and more affordable care homes are needed to offset these costs. Monitoring rent increases can also help mitigate rising housing costs.

Transportation Challenges

Transportation adds more difficulty to getting housing, groceries, and medicine, especially for seniors who do not drive. Participants reported that public transportation is too infrequent and unsafe during COVID for seniors currently, and that HandyDART services are only available for people with disabilities, while still not being timely enough to allow people to make appointments.

Suggestions to mitigate these barriers include easy access to Uber or Lyft, better options for grocery delivery, more clinics, or volunteer pools among elders to offer rides or make food. Many also suggested that the old downtown area be made car-free, which would make it less dangerous for elders crossing streets, but also make it more conducive to creating community. The downtown area was also mentioned as being unaccommodating for those in wheelchairs “due to telephone poles or divots in the sidewalk” and “difficult for citizens with dementia to navigate.” Further, only two trails are accessible for those with mobility issues. Unless the trails are relatively even and paved, it is nearly impossible to navigate with a wheelchair or walker. Finally, participants wanted to see more sidewalks in the central Abbotsford neighbourhoods.

Supporting Vulnerable Seniors

Some groups of seniors are particularly susceptible to poor wellbeing. Participants mentioned particular concerns about frail seniors, seniors in palliative care, seniors experiencing grief, seniors with diverse abilities, LGBTQ2S+ seniors, and seniors experiencing homelessness. Seniors are also vulnerable to abuse. There are multiple “stumbling blocks” for seniors’ wellbeing which can be compounded by fear, lack of trust, lack of employment opportunities, insecurity due to prejudice and mistreatment, language barriers, affordability, and the formal procedures for accessing services.

A Spectrum of Care

From an equity perspective, participants suggested that families need proper resources to take care of their elders. Seniors need a spectrum of services available, including independent living with healthcare, residential care, and assisted living. According to participants, there is a lack of services and staff for home care support, and while social workers and home care support make visits, clients also need medical services at home (GPs and nurse practitioners) and other more complex services such as palliative care. Caregiver burnout was also noted, as there are no services currently to support caregivers. A loss of a spouse or caregiver can also “expose lack of support.” An example was given of a woman who lost her spouse, then went to live with family but lost that opportunity, leaving her homeless. Although the woman was aware of support, she was not in good circumstances to access

them. Shelters for older adults can be a stepping stone to housing, but only if they are safe and accessible.

For vulnerable seniors, the system currently “funnels seniors towards long-term care, without a way back to less-intense supportive living.” Participants questioned if there is “a way to reach vulnerable seniors to prevent [issues from] becoming more severe.” This could include, for example, ways to identify risk factors of first-time homelessness or creating built environments and social environments that take care of seniors’ wellbeing proactively.

Seniors’ Mental Health & Social Inclusion

Several mentions were made about the importance of seniors’ mental health and social inclusion. Arguments were made that:

There is a huge need for mental health promotion and resources for seniors outside of the Fraser Health MHSU services. Community groups, recreation centres, and libraries could offer supports and education. There is also a need to educate the public on cultural diversity for the LGBTQ2S+ and homeless populations.

For elders in care homes, social isolation is a significant risk. According to participants, depression was a challenge prior to the pandemic, but since only one relative is able to see an elder in a care home, mental health needs to be made a top priority for seniors. Participants questioned if Abbotsford could use elder care to enhance life, rather than decrease their quality of life given the increasing population of seniors.

Ways to support intergenerational interactions were proposed several times, using seniors as mentors, informal educators, childcare providers, and volunteers. Other methods included having younger people teach seniors about technology, creating intentionally intergenerational places (ex. Mixed-age housing in an apartment building or childcare in a seniors’ complex) or having ways for seniors to cook meals with their neighbours. For a starting point, participants noted a huge demand for non-residential senior day programs in which some of these solutions could be implemented, and proposed that the City could repurpose the old courthouse building to create an integrated seniors/child care program.

Specific mental health issues were cited as concerns. Participants advocated for non-profit drug facilities and care homes for the elderly, consistently funded counselling services, mental health solutions for immigrants, and creating a dementia-friendly community. Participants also referenced that the toolkits are already available for some of these changes. Socialisation is important to keep seniors feeling well and included. Finally, it was reported by participants that seniors need more mental health services, counselling, and assessments at affordable rates.

Coordinated Access for Seniors

Ensuring equitable and simple access to services for people 50 years of age or older is imperative for Abbotsford, particularly for those who are in marginalised groups, such as women, people with disabilities, Indigenous seniors and Elders, or seniors who identify as LGBTQ2S+. “Navigators” and “Advocates” were suggested to help seniors, new immigrants, and people with disabilities find out what supports are available and how to access them. Other suggestions included promotion for telephone (e.g. 211, 811) and online service directories, promotion for Archway community services in different languages or pictorially, and collaborations with churches or non-profit organisations to provide supporting groups for social support.

Many low-income seniors are isolated and need information to help them stay connected with their community. Clear, concise, and relevant information is necessary to help seniors do so. Technology access can be a barrier, and it was suggested that one way to help do this is to refurbish computers and teach seniors how to use them, so that they can access information via the internet (for those who do not know how or have access). Identification is also a barrier to access, especially credit cards or drivers’ licenses.

In terms of coordinated services, it was noted that home care services should have more funding, so that comprehensive and “wrap-around” services can be provided. Notably, “nursing, personal care, meal preparation, and housekeeping are under different jurisdictions” and it was perceived as helpful if “one person could carry out all the essential services (except nursing care).” Some organisations and programs were also mentioned as starting points for coordinating services around lifelong learning, intercultural cooperation, and community service, including:

- Healthy Aging Abbotsford
- Abbotsford Learning Plus Society
- Abbotsford Seniors’ Association
- University of the Fraser Valley’s Centre for Education & Research on Aging
- Mission Lifetime Learning Centre
- Langley Senior Resource Centre

Service coordination was also suggested between physicians and social services, such as palliative care for people in government housing to usher people into the end of their life with dignity.

For service consistency, participants recommended an independent review of residential care facilities to ensure consistency of service, and continued monitoring of care quality. Given the shocking statistics of COVID-19 deaths in elder care homes, participants advocated that there must be much more oversight of elder care homes.



AGE-FRIENDLY STRATEGY ENHANCEMENTS

The original 2017 Age-Friendly Strategy approved by Abbotsford City Council in 2017 organised its recommendations based on the eight domains of community life used by the World Health Organization in their Global Age-Friendly Cities Project to identify age-friendly communities. As such, that structure has been maintained in the recommendations provided here.

As well, many of the recommendations in the original Age-Friendly Strategy still apply to seniors and older adults who would be considered vulnerable, marginalised, or at-risk. We have included these recommendations in the strategic directions provided, followed by suggestions for enhancements, additions, or improvements targeted to seniors or older adults in specific situations. Finally, in light of COVID, we have included some strategies to consider for the community, adapted from the AARP's Livability Domains and Community Responses to COVID-19.³⁰

Dimension #1 Outdoor Spaces and Buildings	Trends & Learning: <ul style="list-style-type: none">• Community members voiced a need for trails and sidewalks that were wider and easier to navigate for scooters and people with mobility issues, particularly in central Abbotsford.• There was a desire for more benches and resting spots in neighbourhoods and on trails.
2017 Recommendations and Vulnerable Seniors Enhancements	
1. Identify locations to improve physical connections between neighbourhood parks and other local destinations through sidewalks, bike routes, and off-street trail connections.	
Enhancements: <ul style="list-style-type: none">• Identify locations where path mobility could be improved for older adults with diverse abilities.• Explore creating more sidewalks, and widening existing sidewalks, to improve walkability, navigability, and accessibility for scooters, walkers, etc. through the city, but particularly in central Abbotsford's neighbourhoods and downtown.	

³⁰ AARP Network of Age-Friendly States and Communities. 2020. Livability Domains and Community Responses to COVID-19. Retrieved from: <https://covid19.nlc.org/wp-content/uploads/2020/05/NLC-AARP-Infographic-17x11-Livability-Domains-and-COVID-19.pdf>

<p>2. Review and/or create trail guidelines for accessibility provisions such as width, grade, surface materials, way-finding—and consider adopting an accessible trail standard for some trails.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Ensure older adult voices are engaged regarding forthcoming planning decisions about trails, sidewalks, paths, etc.
<p>3. Review park washrooms and ensure a standard amount of park washrooms are wheelchair-friendly.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Explore the possibility of making park washrooms gender-neutral to improve inclusivity. ● Liaise with the Parks, Recreation, and Culture department and Public Works on new Abbotsford plan for public washrooms to ensure washrooms are built with age-friendly and mobility concerns in mind.
<p>4. Explore grant funding to retrofit identified locations to make them more age-friendly.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Explore opportunities for grants and funding for a senior-specific park that could feature exercise equipment, outdoor exercise classes (funding), etc. to promote physical and mental health and social engagement.
<p>5. Consider expanding the bench donation program to include public spaces, trails, and well-used connectors between neighbourhoods and central destinations.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Avoid use of hostile/defensive architecture in public spaces, such as bolts on steps and slanted benches, whenever possible. ● Consider making more neighbourhood benches available on both new and existing sidewalks, trails and in neighbourhoods, so people can walk and rest as needed. ● Regularly review existing formal and informal processes and procedures surrounding loitering, panhandling, etc. to improve social inclusion and social cohesion.
<p>6. Ensure in our development policies, and available in our planning development are the Building Access Handbooks 2014 from the Provincial Government.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Determine whether the Building Access Handbook has been updated recently and, if so, incorporate insights and changes for vulnerable older adults.
<p>Additional Enhancements</p>
<ul style="list-style-type: none"> ● Work with local Indigenous Elders for inclusive spaces to support education and awareness in

the spirit of reconciliation. This could include planting of traditional grasses, medicines, mini circles to sit at and share. The sense of purpose could be restored to Indigenous seniors to share with their non-Indigenous neighbours.

- Identify ways to connect seniors with nature, such as installing birdhouses for natural gathering spots where seniors can enjoy, or creating collaborations between local youth and seniors to develop shared spaces that could enhance youth/senior interaction.

Dimension #2

Transportation

In an age-friendly community, there are many options of transportation that are accessible and affordable, and easy to navigate.

Trends & Learning:

- Community members found that transportation for seniors, particularly those with mobility issues or dementia, was a challenge with timeliness of service, safety, and booking issues noted.
- There are a limited number of trails accessible to seniors, and those that are have proven to be difficult to navigate. Issues with transportation can also provide a barrier to service access, which impacts prevention and compounds vulnerability.

2017 Recommendations and Vulnerable Senior Enhancements

- 1. Create a comprehensive direction system that is easy to understand and navigate for pedestrians, cyclists, and transit users. Signage and mapping should be located at regular intervals along pathways and transit corridors, and could include real-time information. Facilitate this through public art and urban design (Official Community Plan Policy 3.4).**

Enhancements:

- Review, when possible, that current direction systems, signage, and maps are easy to find in large print and well-lit to ensure accessibility.
- Consider translating direction system and neighbourhood maps into multiple languages (ie. Punjabi, German, etc.), including Halqeméylem.
- Explore audio/visual enhancements to trails and walkways to ensure accessibility to people who have issues with vision or who are deaf or hard-of-hearing.

- 2. Work to improve bus stops and waiting areas to make them more comfortable for people.**

Enhancements:

- When building or renovating bus stations, maintain an accessibility lens, including ensuring that all bus stops are: well-lit; have sidewalk ramps, benches, and shelters; signage in easy-to-read and large font; and public washrooms close by, if possible.

<ul style="list-style-type: none"> ● Ensure, where possible, that bus shelter materials are easily visible as some bus shelter glass/plastic may be difficult to see for those who are visually-impaired. ● Provide more frequent bus service at nights and in the winter.
<p>3. Support initiatives that provide alternative transportation options such as shuttles, volunteer driving programs, and development of a cooperative bus program between areas of high density senior living neighbourhoods.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● When possible, evaluate volunteer driver programs (ie. Archway) for hours of operations and ease of booking, particularly during COVID. ● Consider fee reductions or free service for adults over a certain age or given socioeconomic situation, particularly during COVID, or whether existing fee reductions are enough to ensure affordability. ● Look at accessibility and availability of driver refresher courses for older adults 50+ to improve skills and safety. ● Explore possibilities for alternate transportation for seniors, such as ride-sharing or social enterprises that could allow easier transportation (ie. Uber or a similar low-cost version).
<p>4. Review parking standards and consider designated senior parking, especially at facilities offering senior services, with wider stalls located near building entrances.</p>
<p>5. Consider the increased use of motorised scooters when reviewing road, sidewalk, and trail design standards (Official Community Plan Policy 3.7).</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Explore providing training programs for seniors new to scooter use to increase safety and improve device use (ie. speed awareness, fall prevention, etc.).
<p>6. Advocate for enhancements to alternative services such as HandyDART to meet increasing demands.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Liaise with BC Transit to evaluate and review HandyDART accessibility for hours of operations and ease of booking, especially during COVID-19, to make improvements where necessary and when possible.
<p>7. Develop neighbourhood maps to assist with trip planning, especially to key destination areas.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Consider providing physical maps that are in large print, freely available, and easily accessible at social services, shelters, recreation centres, libraries, and other locations where older adults frequent.

<p>Dimension #3 Housing</p>	<p>Trends & Learning:</p> <ul style="list-style-type: none"> • A clear need voiced by the community was for more low-income housing for seniors and more choice in type of housing (apartments, assisted living, etc.). • Strict criteria has proven to be a barrier for vulnerable seniors getting access to the housing that they need.
<p>In an age-friendly community, housing is affordable, appropriately-located, well-built, well-designed and secure.</p>	
<p>2017 Recommendations and Vulnerable Senior Enhancements</p>	
<p>1. Implement any revisions and recommendations to Master Plans that will increase appropriate housing options for older adults.</p>	
<p>Enhancements:</p> <ul style="list-style-type: none"> • Review Master Plans (in consultation with Fraser Health) regularly and whenever possible through a vulnerable seniors’ lens, with consideration for needs of older adults who are experiencing homelessness, are frail, or have disabilities or chronic health issues. 	
<p>2. Advocate and support to ensure that co-op and subsidised housing units are rented to older adults who have a socioeconomic need.</p>	
<p>Enhancements:</p> <ul style="list-style-type: none"> • As the 2020 Affordable Housing Strategy is being implemented, ensure a range of low-income options are available for at-risk older adults being housed (co-op, subsidised, assisted living, long-term care). • Add support in the community where possible to help people stay home longer and ensure a continuum of care. • Explore programs that will provide maintenance assistance and upgrades to households to improve accessibility and safety in older homes. 	
<p>3. Create a landlord outreach program, outlining the benefits and ways to reach older adult renters, and encouraging renting to older adults.</p>	
<p>Enhancements:</p> <ul style="list-style-type: none"> • Review outreach program through vulnerable seniors’ lens where possible, given greater barriers with landlords. • Explore development of a landlord training program that teaches about at-risk seniors or vulnerable older adults, or incorporate into existing outreach programs, if appropriate. 	
<p>4. Create opportunities for presentations on the Residential Tenancy Act for older adults, so both landlords and renters know their rights under the law.</p>	
<p>Enhancements:</p>	

- Review eviction criteria and protocols to ensure seniors are being supported to prevent evictions.
- Connect seniors to rapid rehousing teams if evictions cannot be avoided.
- Assess potential for a moratorium on evictions, particularly during COVID, to prevent seniors' homelessness and support safe housing.

5. Advocate to the Provincial and Federal governments for more resources for affordable housing.

6. Continue to work with BC Housing to identify ways to increase affordable housing in Abbotsford.

Enhancements:

- Explore possibilities for co-location of daycares and child care with seniors' activities.
- Explore co-housing options for seniors with other groups (students, families) in order to improve social connections.

7. Ensure that information is available on the different types of housing and supports that are available as older adults' needs change over their lifespan.

Enhancements:

- Regularly review housing and support information, access pathways, and availability methods both online and offline.
- Create clearly-defined processes for outreach staff when encountering seniors at-risk of or experiencing homelessness.
- Explore holding in-person information sessions for older adults experiencing homelessness, or at-risk of experiencing homelessness, and their natural supports to build awareness of housing programs and services; provide hard copy information, translated into multiple languages, when possible.

Additional Enhancements

- Work towards a goal of providing 24/7 services and shelter for individuals and families experiencing homelessness, particularly during COVID.
- Consider Rapid Rehousing and Housing First programs that specifically have components for at-risk seniors or older adults (ie. single women).
- Assess potential solutions for the issue of seniors from other centres being sent into Abbotsford.
- Explore how to reduce barriers for secondary suite development and registration to help keep

older adults facing financial hardship in their homes, increase access to affordable housing, and create intergenerational communities; promote and incentivise secondary suites where possible.

<p>Dimension #4 Social Participation</p>	<p>Trends & Learning:</p> <ul style="list-style-type: none"> • Many seniors are living alone which can contribute to social isolation, health issues, and social disengagement, ultimately impacting quality of life. • There can be many barriers to participation in the community, including physical, financial, spiritual/religious, cultural, and language barriers.
<p>2017 Recommendations and Vulnerable Senior Enhancements</p>	
<p>1. As the population of older adults grows, expand the social and recreation programs available to meet the expanding demand.</p>	
<p>Enhancements:</p> <ul style="list-style-type: none"> • Review regularly the availability of free or very low-cost recreation and social programs to assist low-income or no-income older adults. • Explore creating programs specifically for mental and spiritual health of vulnerable older adults and ensure they are financially accessible and well-promoted. • Collaborate with seniors and youth where possible to co-create programs that would benefit many in the community to share side-by-side, ie. cooking classes, storytelling, arts and crafts. • Ensure that the cultural and spiritual needs of Indigenous seniors and Elders are met with programs designed and delivered by Indigenous people. 	
<p>2. Encourage organisations to consider the needs of older adults when planning all types of special events across the city. This would make a difference to the attendance levels of older generations.</p>	
<p>Enhancements:</p> <ul style="list-style-type: none"> • Look at developing concise “older adults” guidelines for local event promoters to help promote accessibility, which could include age-specific ticket pricing or free for seniors. options, as well as a dedicated VIP section for seniors and Elders at events. • Consider implementing free outdoor films that are available to anyone. 	

3. Assess the needs for more seniors gathering centres, and look for partnership opportunities to co-locate different types of programming.

Enhancements:

- Assess the possibility of creating a “Abbotsford Lifelong Learning and Culture Centre”, a “one-stop shop” where seniors, as well as other community members, could:
 - Provide a central place for services and information;
 - Allow Indigenous Elders space for culturally-specific programming and ceremony;
 - Welcome newcomers to the community, particularly through connections with the Indigenous community;
 - Offer child care spaces and story sharing programs to connect seniors and families with young children; and
 - Provide holistic physical, mental, and spiritual health programs.

4. Increase and support groups that provide peer-to-peer mentoring and mentorships.

Enhancements:

- Explore the creation of a “Seniors Helping Seniors” peer support program, with vulnerable seniors being assisted by non-vulnerable peers.
- Assess the potential for a “Time Bartering” program, where low-income or at-risk seniors can pay for services by sharing skills they have with others.

5. Ensure that older adults who are working have access to older adult programming after the work day ends, for example, on evenings and weekends by reviewing local schedules.

Enhancements:

- Regularly review current older adult programming offered through the city and community for hours of operation, affordability, safety, and accessibility, particularly during COVID.

6. Use the neighbourhood association structure to create phone trees for information sharing between interested residents and older adults about local events and activities.

7. Create community resources to make it easier for event and program organisers to bridge language and culture barriers, making programs more inclusive.

Enhancements:

- Evaluate the possibility of developing a Punjabi-specific hotline that Punjabi-speaking older adults can call to connect with community services and get information and event listings.
- Besides language and cultural barriers, programming must also consider spiritual and religious barriers, and ideally provide an interfaith and holistic lens.

Dimension #5

Respect and Social Inclusion

In an age-friendly community, opportunities exist for social participation in leisure, social, cultural, and spiritual activities with people of all ages, abilities and cultures.

Trends & Learning:

- Respect and inclusion is a main effector on quality of life and has major mental, physical, emotional, and spiritual health impacts.
- Community members mentioned particular concerns about: frail seniors, seniors in palliative care, seniors experiencing grief, seniors with diverse abilities, LGBTQ2S+ seniors, seniors experiencing homelessness, and elders experiencing abuse from family members or caregivers.
- Increasing community diversity requires transcending language and cultural barriers to keep older adults from other cultures engaged and active.

2017 Recommendations and Vulnerable Senior Enhancements

- 1. Foster a community culture where older people are valued and acknowledged for both their past contributions as well as present.**

Enhancements:

- Liaise with Community, Culture, and Environment Committee through City Council to explore creating an awareness program about vulnerable seniors for the broader community to educate about the realities of older adults becoming homeless, frail, etc., as well as the strengths people in those situations still bring to the community and how they can contribute.

- 2. Explore ways to increase intergenerational sharing and knowledge such as by specific programming and events to foster mutual understanding.**

Enhancements:

- Assess the possibility of an “elderhood story-sharing program”, particularly with Indigenous Elders or elders from other cultures, that would connect seniors and older adults with youth and children in order to pass down stories, wisdom, and skills.
- Explore the development of a ‘Life Review’ program that helps elders (both individually and in groups) reflect on meaning and purpose for greater mental wellbeing.

- 3. Consider creating or enhancing “Adopt-a-Senior” programs to bridge residents who volunteer to older adults.**

Enhancements:

<ul style="list-style-type: none"> ● Consider creating an Older Adults Wellbeing Coordinator position: someone who can be a central point of contact for community members concerned about a senior or older adult to allow interventions to occur before a person’s situation gets worse. ● Investigate a model that brings seniors to single-parent families as “grandparents” for those families that need extra support. Dual reciprocity and relationship building to broaden support networks for both.
<p>4. Support programs and educational materials to encourage respectful behaviour, understand diversity, and combat ageism.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Work with Community Response Network to continue development of an elder abuse awareness program to ensure community members know the types and signs of elder abuse, as well as what to do to help someone in an abusive situation.
<p>5. Implement more recognition programs for older adults, and support initiatives such as Seniors’ Week, International Day of Older Persons, Grandparents’ Day, as well as encourage the inclusion of grandparents in Family Day.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Explore development of a local “Elderhood Awards” to recognise community leadership and extraordinary contributions among seniors and older adults, and ensure people in vulnerable situations are included.

<p>Dimension #6</p> <p>Civic Participation and Employment</p>	<p>Trends & Learning:</p> <ul style="list-style-type: none"> ● There was a significant desire heard to help at-risk older adults remain connected to, and participating in, community activities for both the benefit of Abbotsford and of seniors. ● Due to rising housing costs in the community, seniors may need to remain employed longer to supplement fixed incomes and remain out of poverty.
<p>In an age-friendly community, opportunities for employment and volunteerism cater to older people’s interests and abilities. Older adults have ways to share their skills and knowledge with others, and contribute in meaningful ways.</p>	
<p>2017 Recommendations and Vulnerable Senior Enhancements</p>	

1. Enhance and assess the City volunteer portal experience to ensure that older adults are not facing barriers to participating. Ensure there are roles that take into account the needs of older adult volunteers.

Enhancements:

- Promote innovative online or phone-based volunteerism possibilities for older adults during COVID.
- Explore ways to discover “Elderhood expertise” in the community and be able to coordinate existing skills and knowledge from seniors to best serve them as well as Abbotsford.
- Where possible, create dedicated seats for seniors and elders on public and private sector boards.

2. Consider an employer knowledge-building campaign of the benefits of hiring older workers. Consider creating a specific job posting site to identify employment positions for older adults who want to remain in or re-enter the workforce.

3. Assess the ways the city and other organisations reach out to engage focus groups and committee make-up to ensure there are no barriers to older adult participation, so that they have ways to contribute to planning and decision making.

Enhancements:

- Assess potential for connecting seniors with educational and social opportunities through online "virtual" academies given appropriate technology training.
- Explore implementing “community seniors teaching sessions” where seniors and Indigenous Elders can share life experience and skills with others and receive honorarium for their contributions.
- Consider programs where HR professionals build mini-sessions for seniors on how to promote their transferable skills (from life and career) as well as work with employers to see value in the transferable skills.
- Evaluate the possibility of creating a Dementia-Friendly Community Plan to build off this work.

Additional Enhancements

- Explore methods of incentivising the hiring of seniors for certain roles, considering similar models used for other demographics, such as student wage subsidies.

Dimension #7

Communication and Information

In an age-friendly community, age-friendly communication and information is available.

Trends & Learning:

- Reaching vulnerable older adults and seniors in the community to make them aware of programs, volunteer and employment opportunities, and services can be difficult, particularly due to technology skill gaps and accessibility.
- Community members saw that there were many services for vulnerable seniors available, but awareness was sometimes lacking.
- A lack of coordination between service providers could lead to both service duplication and service gaps.

2017 Recommendations and Vulnerable Senior Enhancements

1. **Engage in community outreach to find out where the best places and ways to disseminate information for seniors. Create information trees to extend out to seniors' networks, the municipality, and older adult organisations and gathering places. Include larger places of worship with large senior populations. Create a volunteer team to gather and disseminate information once a month or as deemed appropriate.**

Enhancements:

- Consider creating a technology rehoming program, where older adults can be connected with refurbished computers.
- Leverage, when possible, the existing HelpSeeker app to connect older adults to services, promoted across the community, given appropriate technological training for seniors.

2. **Consider creating seniors' information kiosks in prominent locations where older adults frequent. Ensure that the kiosk information is kept up-to-date.**

Enhancements:

- Assess availability of information kiosks at shelters, long-term care and assisted living facilities, social services and recreation centres frequented by seniors, and malls and ensure these are kept up-to-date

3. **Assess the possibility of an interagency coordinator for age-friendly work to help build communication, connections, and partnerships between agencies, organisations and government.**

Enhancements:

<ul style="list-style-type: none"> ● Explore the creation of an Older Adults' Wellbeing Coordinator position as a central intake role for anyone with concerns about a senior who can then connect them to the appropriate services through warm transfers.
<p>4. Promote key health and services resources to older adults.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Work with businesses and internet service providers where possible to expand access to affordable high-speed internet, including potential free provision at community locations, to improve access.
<p>5. Ensure that tips and training are available to front-line staff in various roles throughout the community to communicate with those who may have difficulty—such as after a stroke or injury.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Work to connect hospitals with doctors and non-profits who work specifically with older adults to ensure continuum of care and collaboration between service providers for client care, ensuring that system information is kept up-to-date.
<p>6. Create lists of places to access translation services, as well as create a team of volunteer translators in the community.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Ensure social services, shelters, seniors' housing, etc. have access to translation services if needed. ● Provide information at seniors' housing in multiple languages (on bulletin boards, mailing lists, etc.) whenever possible to improve accessibility.
<p>7. Provide information through various mediums (TV, newspapers, inserts, etc.) to ensure that technologically-adept seniors, as well as those who prefer more conventional forms of communication, will be able to stay informed.</p>
<p>Enhancements:</p> <ul style="list-style-type: none"> ● Explore creating a community "radio" program through telephone networks that seniors and their families can sign up seniors who live alone, with calls to the network daily that have information, upcoming events, or even just a 'hello' call.

Dimension #8

Community Support and Health Services

In an age-friendly community, community support and health services are tailored to older persons' needs, so they can stay healthy and independent as their needs change over time.

Trends & Learning:

- There was a particular need noted for mental and spiritual health supports for older adults.
- Seniors need a spectrum of services available, including independent living with healthcare, residential care, and assisted living.
- There is a lack of services and staff for home care support and more complex services such as palliative care.
- Caregiver and spousal burnout or loss were areas of support with indicated need from community voices.

2017 Recommendations and Vulnerable Senior Enhancements

- 1. Back efforts to bring more healthcare service providers, geriatric specialists, and general practitioners to Abbotsford.**

Enhancements:

- Ensure street outreach teams are liaising with doctors and nurses to connect older adults who are homeless with healthcare services, including in areas such as dentistry, vision care, mobility aids, etc., coordinating with organisations such as The Abbotsford Community Hub Centre.
- Assess the potential for an independent review of residential care facilities to ensure consistency of service, and ensure continued monitoring of care quality, particularly in regards to COVID-19 procedures.

- 2. During the community planning process, consider the proximity of housing for seniors and healthcare services in neighbourhoods.**

Enhancements:

- Coordinate creation of low-income housing where possible with location of healthcare services and with the transportation department.

- 3. Advocate for enhancement and increased access to home support services or other in-home health services.**

Enhancements:

- Collaborate with Fraser Health and community agencies to continue to advocate for more accessible and improved home care.
- Explore ways to enhance in-home mental and spiritual care for seniors with health services.

- Work with local Indigenous serving agencies towards providing easily accessible in-home cultural and spiritual support for Elders unable to travel to centres for support or ceremony.
- Look into the possibility of a mobile van that would allow for doctor and/or nurse practitioner visitations to meet patients where they are, including those without housing.

4. Support and promote age-friendly information to be readily available on various community organisations' websites.

Enhancements:

- Look at expansion opportunities for free technology access at various public locations in the city, well-advertised.
- Investigate possibility for technology skills-training programs for seniors and offer them free or low-cost.

5. Support and assist community organisations to promote free programs for older adults.

Enhancements:

- Leverage Meals on Wheels (through Archway) as a way to reach seniors using the program with information on other services and events; avenue for other organisations to partner with Archway to promote through Meals on Wheels; food bank as well.
- Alongside programs offered by Meals on Wheels or the Food Bank, give special consideration to programs targeted for Indigenous Elders to participate during important seasonal times of the year, such as during the salmon run, delivery of salmon to Elders if they are not able to fish anymore or don't have family to promote social and cultural connection.
- Explore the creation and promotion of caregivers' support programs to ensure caregivers have the support they need when working with older adults, particularly those with complex needs.

6. Enhance connections throughout the city in creating, maintaining, and distributing information regarding prevention of health issues, and especially how to access healthcare in alternative ways to hospital visits, when appropriate.

Enhancements:

- Promote service coordination between physicians and social services, including general, complex, and palliative care for people in government housing to usher people into the end of their life with dignity.
- Ensure social services, shelters, seniors' housing, etc. have access to translation services if needed.
- Improve availability of information at seniors' housing in multiple languages (on bulletin boards, mailing lists, etc.) as often as possible.

Additional Enhancements

- Explore demand for low-cost or free veterinary care for low-income seniors with companion pets, including older adults without housing.
- Use 911 call data to identify high-volume call patterns that relate to older adults; create paramedic-led community partnerships to connect individuals and families to community-services.



NEXT STEPS

The City of Abbotsford is dedicated to working together with a variety of organisations across our community to help all seniors and older adults who call Abbotsford home develop optimal physical, mental, social, and spiritual wellbeing.

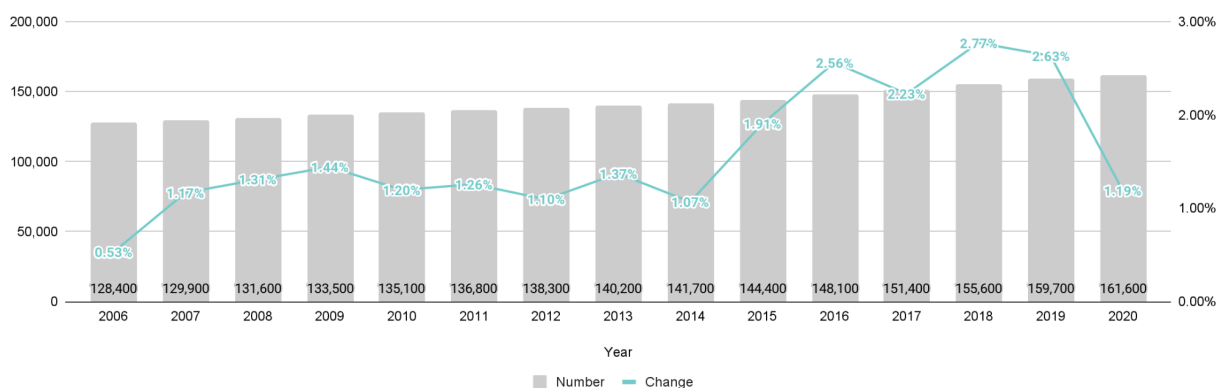
The COVID-19 pandemic has cast a spotlight on vulnerabilities and inequities among older adults and required greater coordination between sectors, making these potential enhancements and updates to the original Age-Friendly Strategy more relevant than ever. As a next step, working together across sectors in the community to formalise recommendations based on this work, and develop and implement a potential action plan that incorporates these enhancements, could help address the community's age-friendly priorities, both now and in the future. This will allow Abbotsford's seniors and older adults to age in place, remain socially-engaged, and continue to contribute their unique skills, knowledge, and experiences to our community.

Appendix A: Abbotsford Seniors Data Review

Population

As of 2020, British Columbia population estimate for Abbotsford is 161,581.³¹ Abbotsford's population has steadily increased by 16% over the last decade. These increases are primarily driven by international and domestic migration.

Total Population, Abbotsford, 2006-2020.³²



Age Distribution

The age structure of Abbotsford is changing. While Abbotsford continues to have a higher proportion of younger people relative to the provincial and national averages, the community is aging. The estimated 2016 senior population (65 years and over) in Abbotsford is 23,845 people or 16.8% of the population.

Age Distribution in Abbotsford, 2006-2016.³³

Age Group	2006		2011		2016	
	Number	Percentage	Number	Percentage	Number	Percentage
0-14	25,040	20%	25,320	19%	25,940	19%
15-19	9,070	7%	9,440	7%	8,905	6%
20-24	8,865	7%	9,050	7%	9,150	7%
25-49	42,335	35%	44,175	34%	45,430	33%
50-64	20,635	17%	24,475	19%	26,890	19%

³¹ Government of British Columbia. 2020. British Columbia Population Estimates.

<https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>

³² Government of British Columbia. 2020. British Columbia Population Estimates.

<https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates>

³³ Statistics Canada, 2006, 2011, 2016 Census of Population.

65-84	14,585	12%	16,480	13%	19,935	14%
85+	1,785	1%	2,005	2%	2,320	2%

There is an increasing gap between youth and seniors. The proportion of the population aged 65 and over has seen an increase of 3% over ten years, while the proportion of the population aged 19 and under has decreased 2%. Seniors are living longer and healthier lives than previous generations, and this rapidly growing segment of the population will dictate a rising demand for housing, healthcare, and other social needs in Abbotsford.

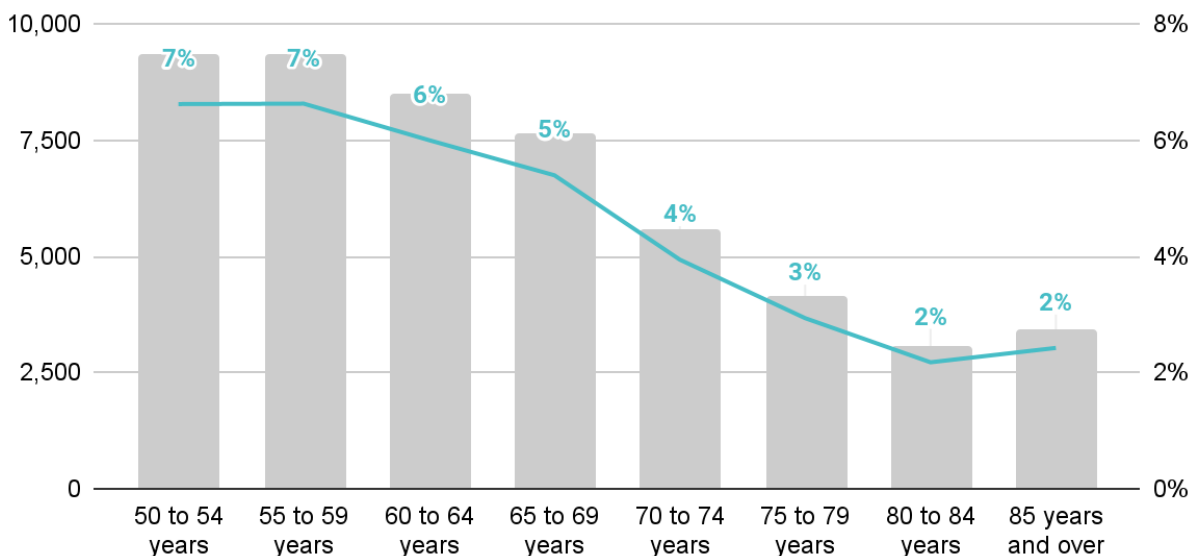
Abbotsford Older Adults Profile

This section blends information on older adults in general; in some domains, we have highlighted data that speaks to the needs of especially vulnerable populations, such as older people experiencing dementia, mental health issues, homelessness, and/or other risk factors for vulnerability. These older adults aged 50-64 may require similar services and supports as those that are available for people aged 65 and older. For the purposes of this research, the term “older adults” has been used to include people aged 50-64.

Demographics

Based on the most recent Census data (2016), the population of older adults aged 50 years and over in Abbotsford is 51,080, representing 36% of the total population.

*Age Distribution of Older Adults, 2016.*³⁴



³⁴ Statistics Canada, 2016 Census of Population.

In Abbotsford, females account for approximately 51% of the older adult population (50-64), and 55% of the senior population (65 and over). Recognising that women have a higher life expectancy compared to men, females represent an increasing share of the older adult population and the differential becomes more pronounced as age increases.

Household Characteristics

Household characteristics and intra-household dynamics may influence health, wellbeing, and help-seeking behaviours of older adults.

*Family Characteristics of Older Adults, 2016.*³⁵

	Total - Age	50-64 years		65 plus	
		#	%	#	%
Total – Family characteristics of adults (restricted to persons aged 15 and over)	112,615	26,890	23.9%	22,245	19.8%
Adults living in census families	92,070	21,920	23.8%	15,410	16.7%
Married spouses and common-law partners	67,340	20,020	29.7%	14,535	21.6%
Without children in their census family	31,080	10,490	33.8%	13,020	41.9%
With children in their census family	36,255	9,530	26.3%	1,520	4.2%
Lone parents (in lone-parent census families)	5,620	1,500	26.7%	840	14.9%
Children in census families (as in sons, daughters, or grandchildren)	19,110	395	2.1%	35	0.2%
Adults not living in census families	20,545	4,970	24.2%	6,845	33.3%
Living with other relatives	3,890	795	20.4%	1,625	41.8%
Living with non-relatives only	4,955	965	19.5%	400	8.1%
Living alone	11,695	3,210	27.4%	4,810	41.1%

Living as a couple, either with a spouse or common-law partner, is the most common living arrangement for the older adult population in Abbotsford; however, many older adults live alone and are more vulnerable to social isolation. While only 3.5% of Abbotsford’s adult population live with other relatives, the majority of these (62%) are older adults aged 55 plus. This suggests that multi-generational households are also rising with the growing population of seniors. This creates an imperative for policies

³⁵ Statistics Canada, 2016 Census of Population.

that support older adults who live alone, and who may lack economic stability and family or social support, thus being at greater risk of homelessness.

Ethno-Cultural Diversity

The following census data has a different age breakdown than referenced above, focusing on data for older adults aged 55 years and older.

Immigration / Newcomers

In terms of ethnic origins, Abbotsford is becoming more and more diverse: 28% of the total population are immigrants, and 16,010 are 55 years or older. The top three non-official languages spoken at home by immigrants are Punjabi (Panjabi), German, and Korean.

All immigrants aged 55+, 2016.³⁶

	Total Population	Immigrants	55-64	65+
Total – Place of birth	138,555	38,225	6,235	9,775
Percentage	100%	27.6%	16.3%	25.6%

The changing ethnic origins of Abbotsford residents is reflected in the number of racialised people which has grown dramatically during the past decade—increasing by almost 45% between 2011 and 2016.

Racialised Communities

There are 46,635 people who report being a visible minority, approximately a third of Abbotsford’s population. The vast majority are South Asian (76%). While census data at the CSD level does not have visible minority by age breakdown, an increasing share of Abbotsford’s older adult population are represented by visible minorities, which will have implications with respect to the delivery of age-friendly programs and services for local residents. Census data at the CMA level provides this insight and, as such, attention should be drawn to the proportion rather than the number of people.

Abbotsford-Mission Visible Minority and Age.³⁷

	Number	Percentage
Total Visible Minority	51,225	100%
45 to 54	5,755	11%
55 to 64	4,900	10%
65 to 74	3,660	7%
75+	2,010	4%

³⁶ Statistics Canada, 2016 Census of Population.

³⁷ Statistics Canada, 2016 Census of Population.

Indigenous Identity

Indigenous peoples in Canada are significantly overrepresented among people experiencing homelessness, disproportionately at-risk of becoming homeless, and face significant barriers to housing affordability. In Abbotsford, the 2016 census reported 6,595 (5%) of residents identify as Indigenous. Of these, 770 were older adults aged 55 and over (12%).

*Distribution of Older Adults by Indigenous Identity, 2016.*³⁸

	Total	55-64	65+
Indigenous	6,595	410	360
Percentage		6.2%	5.5%

Nationally, the number of older Indigenous adults is rapidly rising. The growth of the Indigenous seniors' population will require more resources for social security, and health and pension benefits. Ensuring Indigenous seniors have culturally-appropriate access to these is crucial for vulnerable age-friendly policy and process development.

Education, Employment, and Income

Some seniors remain active in the labour market by choice, while others do so out of necessity. In Abbotsford, older adults make up 21% of the total population in the labour force,³⁹ and the vast majority of these older adults are employed (92%).

Some factors for this may include increased educational attainment, improved life expectancy, and changes in seniors' financial status and obligations. The data below shows older adults with a degree are more likely to be employed.

*Labour force status and Education, 2016.*⁴⁰

		No Degree			Degree		
Labour force status	Total	55-64	65-74	75plus	55-64	65-74	75plus
Total – Labour force status	112,615	3,800	3,720	3,780	8,170	5,500	3,200
In the labour force	73,745	2,260	600	110	6,130	1,620	210
Employed	68,865	1,805	480	85	5,855	1,560	200
Unemployed	4,885	450	125	25	270	55	10
Not in the labour force	38,865	1,545	3,115	3,670	2,040	3,880	2,990
Participation rate	65.5	59.5	16.1	2.9	75	29.5	7
Employment rate	61.2	47.5	12.9	2.2	71.7	28.4	6

³⁸ Statistics Canada, 2016 Census of Population.

³⁹ Labour force refers to the total adult population available to work and they can be employed (full time or part time) or unemployed (seeking work or not, or laid off). Retrieved from: <https://www150.statcan.gc.ca/n1/pub/71-543-g/2012001/part-partie3-eng.htm>

⁴⁰ Statistics Canada, 2016 Census of Population. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>

Unemployment rate	6.6	19.9	20.8	22.7	4.4	3.4	5
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Aging is associated, for most individuals, with a decline in general health and with the onset of different forms of activity limitations. Low-income older adults are more vulnerable to health and wellbeing problems. Seniors' needs for medication can be high, and costs can become very prohibitive for them. Insurance coverage often makes the difference in terms of disease prevention or access to health services. A 2015 survey administered by the Office of the Seniors' Advocate in BC found that 65% of seniors with a low income (less than \$30,000 per year) did not have an extended medical benefit plan, compared to 40 per cent of middle-income seniors (\$30,000 to \$60,000 per year).⁴¹

*Prevalence of Low-Income and Age, 2016.*⁴²

	Individual low-income status (6)				
	Total – Individual low-income status	Low-income status – applicable	In low-income	Not in low-income	Prevalence of low-income)
Total – Age	138,555	138,555	17,805	120,755	12.9
55 to 64 years	17,655	17,655	2,110	15,545	12
65 years and over	22,245	22,250	3,120	19,125	14

Approximately 12-14% of older adults are in a low-income bracket. Prevalence of low income increases with age in the older population. It is older women whose economic circumstances are more precarious: 16.5% females in low income versus 11.2% males for the 65+ age group. These women may be more vulnerable to health problems and in higher need of services and supports.

Transportation and Mobility

In 2018, 78% (714,300) of all seniors aged 65 or older in BC, and 48% (110,900) of seniors aged 80 or older, maintained active driver's licences. More than half of all seniors maintaining an active driver's licence live in Fraser Valley (29%). Although older adults are continuing to drive later in life, almost all seniors outlive their driving abilities. A decline in strength, vision, reaction times, and short-term memory may make it unsafe for a senior to drive, which is why public transportation is crucial.

Public transportation options for seniors in BC vary widely based on geography and may be unavailable in some rural and remote areas. Abbotsford has a regular fixed-route bus system, door-to-door HandyDART services and custom paratransit services.

⁴¹ Healthy aging Core, 2017. Poverty and Inequality Among British Columbia 's Seniors. Retrieved from: https://healthyagingcore.ca/sites/default/files/2019-06/ccpa-bc_seniors-inequality.pdf

⁴² Statistics Canada, 2016 Census of Population. Retrieved from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>

Public transit is an option used by many seniors. In the Canadian Community Health Survey on Healthy Aging done several years ago, 24% of seniors in BC reported using public transit at least once within the last month. However, waiting at a bus stop can pose additional challenges for seniors. Approximately 27% of bus stops in BC have a bench available and 18% have a shelter. The lack of these amenities can result in significant pain or discomfort for seniors.

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

Non-profit organisations or community agencies provide some version of a volunteer driver program for seniors. These are generally hosted by local agencies, such as seniors centres, church communities, or neighbourhood houses.

Without access to public transportation, seniors have to ask family members or other loved ones for rides, but may feel guilty asking for "non-essential" trips. In this scenario, they either stay at home and risk social isolation, or continue to drive, putting themselves and others on the road at risk.⁴³

Housing Needs and Costs

Health problems, cognitive decline, and mobility limitations that become more common with aging often result in older people struggling to live independently. As care needs increase, people pursue a range of solutions—including increased reliance on family caregivers, in-home support services, or both—as well as moving out of their homes into alternative housing arrangements.

A number of housing options exist in Abbotsford for older people, including private independent living and assisted living communities for those with a range of care needs and nursing homes when high-intensity care is required. However, housing options available to older people often depend on the financial resources available to them.

The following section explores CMHC data, and the age grouping is slightly different for different variables. In 2016, there were 15,630 households with at least one senior (65 plus). Of these, 12,650 households had a primary maintainer aged 65 or older.

- Housing
- Housing Tenure
- Housing Affordability

⁴³ AARP, 2011. Ensuring Transportation for those who don't drive. Retrieved from: <https://www.aarp.org/home-garden/transportation/info-06-2011/aarp-transportation-for-those-who-dont-drive.2.html>

Core Housing Need

Core Housing Need (CHN) is a two-stage indicator that helps to identify who needs housing assistance. It has been used in Canada since the 1980s. Assessing a household for Core Housing Need involves two steps to determine if:

1. The household lives in acceptable housing; and
2. The household's before-tax income is sufficient to access acceptable local housing.

Core Housing Need can include:

- Inadequate housing: reported by their residents as requiring any major repairs;
- Unaffordable housing: has shelter costs of more than 30% of total before-tax household income;
- Unsuitable housing: not enough bedrooms for the size and composition of resident households according to National Occupancy Standard (NOS) requirements.

Given the rapid price increases in the BC housing market in the last couple of years, core housing need has worsened. Home ownership is furthest from reach for women, Indigenous people and recent immigrants. In Abbotsford, 12.3% of households with seniors are in core housing need, and the number of these households has increased by 38% since 2006.

Households in Core Housing Need with at least one senior (65 or older), 2016.⁴⁴

	2006		2011		2016	
	#	%	#	%	#	%
Total	1,345	11.8	1,240	9.9	1,855	12.3
Owner	650	6.8	720	6.8	825	6.7
Renter	695	37.2	520	26.7	1,030	37.9

Housing needs become more complicated as seniors age and their mobility declines. Particularly for seniors who rent, the likelihood of experiencing core housing need long-term is higher as they have significantly lower average incomes as they leave the paid labour force and begin to rely on income from pensions.

Senior women are more likely to live alone and have low incomes, and are more likely to live in core housing need. In 2016, women in Abbotsford represented 60.1% of seniors living in core housing need.

In recent years, the sharp rise in housing costs in Abbotsford has affected senior renter households and has contributed to increasing housing insecurity. In October 2019, the median monthly rent for a one-bedroom home in Abbotsford was \$936, a 30% increase from 2015.⁴⁵

⁴⁴Canada Mortgage and Housing Corporation. 2020. Retrieved from: <https://www.cmhc-schl.gc.ca>

⁴⁵ Canada Mortgage and Housing Corporation. 2020. Retrieved from: <https://www03.cmhc-schl.gc.ca/hmip-pimh/en#1%20Bedroom>

Household Types in Core Housing Need, 2016.⁴⁶

	Households in Core Housing Need					
	Total		Owners		Renters	
	#	%	#	%	#	%
Age of primary household maintainer						
All households	5,905	12.7	2,060	6.3	3,845	28.1
55 to 64 years	820	9.4	285	4.2	535	28.3
65 years and over	1,645	13.4	700	7.1	950	41
Household Type						
All households	5,905	12.7	2,060	6.3	3,845	28.1
Senior-led (65+) couple without children	175	3.2	90	1.9	85	13.9
Senior (65+) female living alone	860	25.7	360	14.4	505	60.1
Senior (65+) male living alone	380	27.6	145	16.2	240	50
Households with Seniors						
All households	5,905	12.7	2,060	6.3	3,845	28.1
Household has at least one senior (65 or older)	1,855	12.3	825	6.7	1,030	37.9

Assisted Living

The BC government provides some supports for seniors who struggle to secure affordable, suitable housing in the province. However, provincial housing policy has not kept up with need. Low-income seniors in BC (aged 55 or older) are eligible to apply for seniors' subsidised public housing. Despite recent investments in new affordable rental housing, the waitlists for subsidised units are long. BC Housing allocates social housing units as they become available based on the needs of the households waiting at the time and the urgency of that need. Other housing providers have different criteria for prioritising clients. The Office of the Seniors' Advocate reported 148 seniors seeking subsidised housing in 2019.

Since there is occupancy turnover throughout the year, there will be more clients in subsidised assisted living throughout the year than there are units.

⁴⁶Canada Mortgage and Housing Corporation. 2020. Retrieved from: <https://www.cmhc-schl.gc.ca>

Health Authority	2017/18	2018/19	% Change in Last 3 Years
Fraser Health	1,699	1,717	1.1%
BC	5,247	5,192	-1%

The Office of the Seniors’ Advocate reported 148 seniors seeking subsidised housing in 2019.

Energy Poverty

Energy poverty (or fuel poverty) refers to individuals, households, or communities that are unable to access and afford adequate energy/fuel for basic necessities of life, such as heating and cooling. Energy poverty also impacts the health of those living in the household—it is directly and indirectly associated with cardio-vascular and respiratory diseases, mental health, and more frequent occurrences of minor illnesses, such as colds and flus. In extreme cases, where heating is disconnected, energy poverty can lead to hypothermia and eviction.⁴⁷

Home energy cost burdens are reported as the percentage of total after-tax household income that is spent on home heating and electricity. For most Canadians, this value is below 3%, which is to say that the median Canadian household spends less than 3% of its after-tax income meeting its home energy needs. Households that spend more than twice this value on home energy services can be said to experience high home energy cost burdens.

As the table below shows, it is estimated that approximately 14% of senior households (1,735) are experiencing energy poverty in Abbotsford.

*Energy Poverty in Abbotsford in Senior Households, 2016.*⁴⁸

	# Senior Households	%	Senior households spending ≥ 6% on home energy	%
Senior households	12,610	31%	1,735	14%

Homelessness

BC’s increasingly unaffordable housing market and inadequate provincial housing policy have contributed to an increase in homelessness, including among seniors. The following section details the 2020 Point-in-Time (PiT) Count for Abbotsford, focusing on people aged 45 and older.

⁴⁷ Canadian Observatory on Homelessness. n.d. Energy Poverty. Retrieved from: <https://www.homelesshub.ca/povertyhub/basic-needs/energy-poverty>

⁴⁸ UBC Scholar - Abbotsford energy poverty presentation. Supplied.

PiT Count Seniors Data⁴⁹

In March 2020, the City of Abbotsford conducted a point-in-time homeless count as part of the Fraser Valley Regional District (FVRD) tri-annual homelessness counts and surveys.

Three hundred and thirty-three (333) people were deemed homeless in Abbotsford during a 24-hour period between March 3 and 4, 2020. This represents a 22% increase in the number of people experiencing homelessness in the community, compared to 2017 findings.

Age Distribution

Thirty-one percent (31%) of respondents were 45 years of age and older. In the older adults category (45+) the average age was 54 years, and the median 55. When those 65 and older were added, then the proportion of those 55+ (i.e. seniors) was just over half (51%) of the respondents—which speaks to the urgent need for a strategy to support vulnerable older adults.

Those aged 65 and older made up 12% of the population enumerated in the count. This may be caused by the reduced life expectancy of people experiencing homelessness or people accessing care (see Figures 3 and 4 below). Further research is required to appropriately interpret the data.

Age First Time Homeless

The majority of those 45 and older experienced homelessness for the first time between the ages 40–59 (30% between the ages of 40–49 and 21% between the ages of 50–59). Compared to national data, older people in Abbotsford experience homelessness for the first time at an older age.

Gender

In comparison with the overall population experiencing homelessness in Abbotsford where the gender split is 70% male, 29% female, and 1% nonbinary, the gender split between respondents 45 and older is 79% male, 20% female, and 1% nonbinary. Further research is required to determine the reason for this disparity.

Length of Homelessness

The majority (67%) of respondents 45 and older in Abbotsford are experiencing chronic homelessness. Eight percent (8%) of respondents indicated that they had been experiencing homelessness for 7–12 months, and 59% for more than one year (see Figures 8 and 9 below). Together, this represents 45 individuals with males making up the majority of chronic homeless persons at 34 out of 45. One respondent identified as nonbinary and the rest as female.

Cause of Homelessness

The primary causes of homelessness are similar across all age groups. Affordability, substance use, poor mental health, physical health issues and relational breakdown are all key drivers of homelessness for people over the age of 45 (see Figure 10 below).

⁴⁹ Everyone Counts. 2020. Greater Victoria. Point-In-Time Count. Retrieved from: https://www.crd.bc.ca/docs/default-source/housing-pdf/housing-planning-and-programs/crd-pit-count-2020-community-report-2020-07-31.pdf?sfvrsn=8d3b1dcc_2

Health

Substance, poor mental health, physical disability, and other medical ailments are prevalent among people experiencing homelessness 45 years of age and older. However, fewer people aged 45 years and older cited substance use compared to the global pool of respondents. While the rates of poor mental health and medical conditions were consistent across age groups, people aged 45 and over were more likely to indicate they had a physical disability or acquired brain injury.

Receiving Treatment for Health Problems

Five percent (5%) of those 45 years of age and older who reported an addiction received treatment, compared to 10% among all respondents. The proportion of those who reported treatment for mental health is at 17% among those 45+, compared to 13% across all respondents. A larger proportion of those 45+ who reported a medical condition received treatment in comparison with all age groups. Conversely, a smaller proportion of those 45+ with a physical disability reported receiving treatment compared to all respondents.

Access to General Medical Practitioner or Walk-In Clinic

Eighty-five percent (85%) of respondents 45 years of age and older indicated that they have access to either a general medical practitioner or a walk-in clinic (see Figure 13 below). The response rate to this question was relatively low, and therefore may not be truly representative. The issue of how people experiencing homelessness in Abbotsford, particularly those 45 and older, access healthcare should be explored further using other available data sets and additional qualitative inquiries.

Sources of Income

Among people aged 45 and over, income assistance, including disability allowance, is the most common source of income. A small number of respondents indicated that they receive old age security although there are, based on declared age (i.e. 65 and older), 12 persons who should qualify for Old Age Security or Guaranteed Income Supplement.

Health and Wellbeing

Community Health Service Areas (CHSAs), developed in 2018 by the BC Ministry of Health in collaboration with the Provincial Health Services Authority (PHSA) and other organisations, are a new, more granular set of local geographies deemed representative for grouping the local communities for the purpose of development of primary care networks. CHSAs are a mutually-exclusive classification of the land area in BC and fit within the existing geographical and hierarchical boundaries of the Local Health Areas (LHAs), Health Service Delivery Areas (HSDAs), and Health Authorities (HAs). There are 218 CHSAs in the province.

For Abbotsford CHSAs, the following data may be related to older adults.

Community Health Profiles.⁵⁰

⁵⁰ PSHA. 2020. Rural Abbotsford, Central Abbotsford, East Abbotsford, West Abbotsford. Supplied

	Rural Abbotsford		Central Abbotsford		East Abbotsford		West Abbotsford	
	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100	Incidence per 1,000	Prevalence per 100
Acute Myocardial Infarction	1.5	1.9	2.5	2.5	1.6	1.6	2.8	2.6
Hospitalised Stroke	1.5	0.8	2.3	1.8	1.1	0.7	1.6	1.2
Ischemic Heart Disease	6.4	7.7	7.5	11	6.2	7.1	7.7	10.5
Heart Failure	2.3	2.2	6.4	4.3	2.5	1.6	4.1	3.3
Hypertension	15.7	24.6	19.1	29.7	17	23.4	25.7	34
Alzheimer's disease	2.1	1.5	10.6	6.6	1.8	1	5.6	2.6
Parkinsonism	0.5	0.5	0.7	0.9	0.5	0.4	1.1	0.6

Hypertension and ischemic heart disease are the health conditions with the highest incidence and prevalence in all service areas in Abbotsford. This is of particular relevance as cardiovascular-related diseases are the leading cause of death among Canadian adults. Furthermore, age-related neurological conditions and mental illnesses such as Parkinsonism and Alzheimer’s Disease register the highest incidence and prevalence rates in west Abbotsford compared to other geographical divisions.

Food Insecurity

Food banks are found throughout BC communities. It is estimated 80,000 people rely on food banks every month, according to Food Banks BC. Nearly half are people living alone, and struggling to pay bills, afford rent and buy groceries. A growing number (11,000 of the total above) are seniors, people with disabilities, or people living on social assistance.⁵¹

Often, primary reasons for accessing the food bank are financial: employment and housing issues. This suggests people accessing food banks are experiencing food insecurity. Food insecurity is the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so. Despite widespread recognition that food insecurity is first and foremost an income problem, policy responses in Canada have focused on food provision, with an emphasis on strengthening the charitable food sector.⁵² With the growing income gap in Abbotsford, food insecurity is becoming an unfortunate reality for more and more residents as the use of food banks continues to grow year over year, creating more anxiety in the community, which impacts all residents.

⁵¹ Food Banks BC, 2019. Impact Report. Retrieved from: <https://www.foodbanksbc.com/wp-content/uploads/2019/11/Impact-Report-2020.pdf>
⁵² PROOF. 2020. More Canadians are food insecure than ever before – and the problem is only getting worse <https://proof.utoronto.ca/more-canadians-are-food-insecure-than-ever-before-and-the-problem-is-only-getting-worse/>

Elder Abuse

Elder abuse can include physical, psychological, or financial abuse. The BC Ministry of Health estimates as many as 10% of seniors will experience some form of abuse, though this number is likely significantly under-reported as is common with abuse.⁵³ As reported earlier, about 36% of Abbotsford’s population is over 50 years old, so this potentially indicates a significant portion of older adults in Abbotsford will experience abuse at some point, though specific local data could not be found.

Cases of Abuse, Neglect, and Self-Neglect, 2018.⁵⁴

	65+	Total Cases	% Aged 65+
Fraser Health Authority	193	222	87%

LGBTQ2S+ Seniors

Seniors who identify as lesbian, gay, bisexual, transgender, queer, or two-spirited are at a higher risk of being bullied, experiencing homelessness, and dying by suicide. Much of this is because of a lack of systematic support in society, with peers, and at home.

In BC, support systems for people who identify LGBTQ2S+ have improved over the last decade, though there is still much more work to be done. While it is appropriate that there is a focus on helping LGBTQ2S+ youth in Abbotsford, there is virtually no support services for LGBTQ2S+ seniors in the community. For many seniors, mobility can be a challenge; heading into Vancouver is simply not an option to get access to LGBTQ2S+-focused support and services, which are critical for maintaining social connections, ensuring people feel understood, and supporting mental health.

The following table shows estimated LGBTQ2S+ seniors’ populations in BC from two different health authorities; it should be noticed that this is specifically people aged 65+; therefore, if the population of people aged 45–64 is included, these numbers would be much greater.

Estimated LGB* and T* Seniors (65+) Populations in Health Authorities in BC⁵⁵

Health Authority	Senior Population (2011)	LGB Senior Population (6.4%)(2011)	T Senior Population (0.3% U.S.) (2011)
Fraser Health Authority	214,455	13,725	643
Vancouver Health Authority	150,800	9,651	452

Frail Seniors

The risk of becoming frail increases with age, but the two are not the same. Those living with frailty are at higher risk for deterioration of their health and death than what is expected based on their age alone.

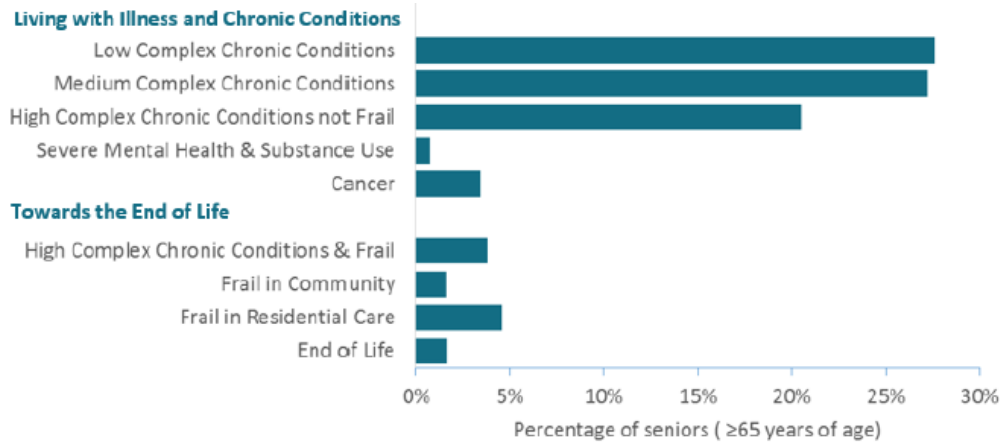
⁵³ The Abbotsford News, 2017. Time to Speak Up About Elder Abuse. Retrieved from: <https://www.abbynews.com/community/time-to-speak-up-about-elder-abuse/>

⁵⁴ Seniors Advocate BC, 2019. Monitoring Senior Services. Retrieved from: <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/12/MonitoringReport2019.pdf>

⁵⁵ Qmunity, 2015. Aging Out: Moving towards queer and *trans competent care for seniors. Retrieved from: <https://qmunity.ca/wp-content/uploads/2015/03/AgingOut.pdf>

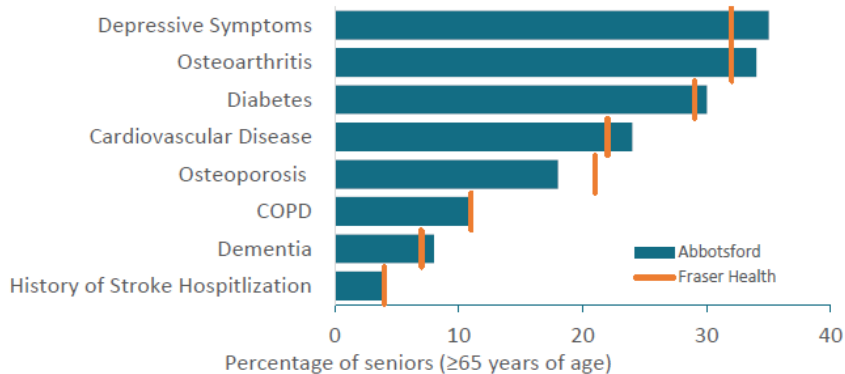
The report Building Abbotsford’s Integrated System of Care⁵⁶ provides insight on frail seniors with respect to their health status, chronic disease prevalence, and Emergency Room (ER) and Home and Community Care Services utilisation. In particular, as the chart below shows, almost one third of seniors aged 65+ in Abbotsford live with low and medium complex chronic conditions inclusive of asthma, angina, multiple sclerosis, and diabetes. Almost 5% of seniors in the community experience high complex chronic conditions and frailty, and about the same proportion frail in residential care.

Abbotsford Senior Population Health Status.



Depressive symptoms and osteoarthritis are the chronic diseases with the highest prevalence among seniors in Abbotsford. Compared to the prevalence of chronic diseases among the Fraser Health communities, individuals aged 65+ in Abbotsford are more likely to experience depressive symptoms, osteoarthritis, diabetes, cardiovascular disease and dementia.

Abbotsford Senior Chronic Disease Prevalence.

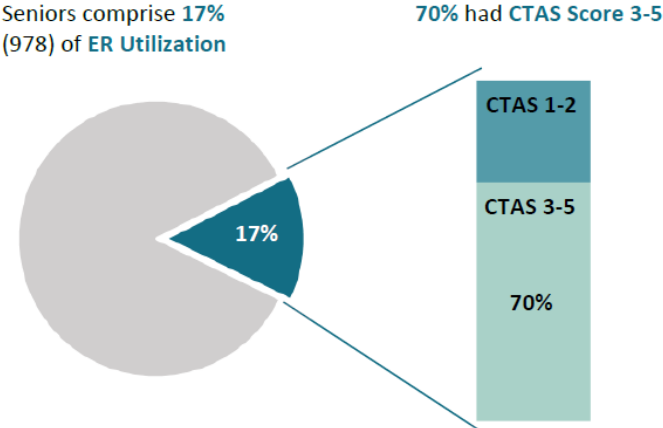


In Abbotsford, seniors’ ER utilisation accounts for 17% of the total ER visits in the community. About 30% of these visits were related to resuscitation (CTAS Level 1) and emergent (CTAS Level 2) conditions that

⁵⁶ Wang, S. 2011. Building Abbotford's Integrated System of Care Community Data Report. Supplied. Retrieved from: <http://www.torontocentrallhin.on.ca/IntegratedCommunityCare.aspx>

are a potential threat to life, limb, or function. The remaining 70% of such visits were related to conditions that require emergency intervention (CTAS Level 3), conditions that relate to patient distress or potential complications that would benefit from intervention (CTAS Level 4), or conditions that are non-urgent or that may be part of a chronic problem (CTAS Level 5).

ER Utilisation by Seniors in Abbotsford.

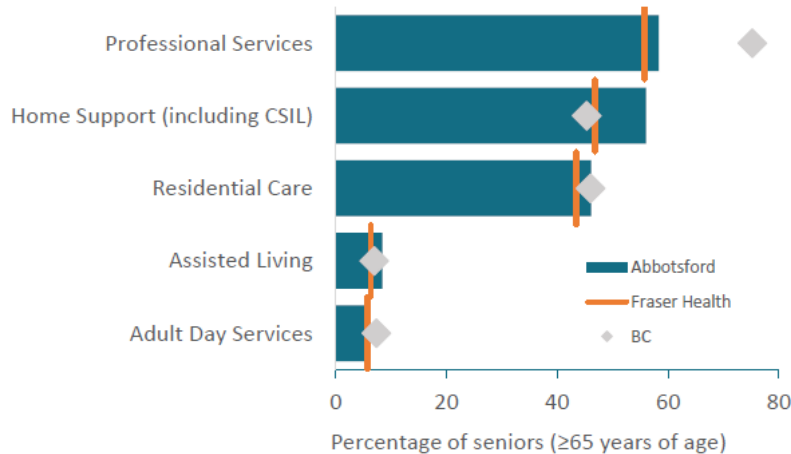


Seniors comprise 30% of hospital admissions per month, and their average length of stay is 5.2 days. The top five reasons for admission include:

- Chronic obstructive pulmonary disease
- Lower urinary tract infection
- Heart failure without coronary angiogram
- Viral/Unepficed pneumonia
- Rehabilitation

The chart below describes over 50% of seniors in Abbotsford reported to have used professional services and home support to help with their needs. Compared to the Fraser Health communities, seniors in Abbotsford are more likely to use professional services, home support, residential care, and assisted living facilities. Moreover, the proportion of seniors using home support services and assisted living facilities is higher in Abbotsford than among all communities in British Columbia.

Volume of Home and Community Care Services Utilisation in Abbotsford, 2015/2016.



Long-Term Care

Long-term care (formerly referred to as residential care) facilities offer seniors 24-hour professional supervision and care in a safe and secure environment. The data presented in this section covers long-term care facilities that receive public funding, including those operated by health authorities and those contracted by the health authority to provide services. These contracted operators include private for-profit and private not-for-profit organisations. Approximately 3% of BC seniors live in long-term care.

As of March 31, 2019, there were 8,430 publicly-funded long-term care beds in the Fraser Health Authority.⁵⁷ Throughout 2018/19, with bed turnover, there were 11,157 seniors living in long-term care facilities in the Fraser Health Authority.⁵⁸ Once assessed for placement, seniors may wait in hospital or in their own homes to transfer into a long-term care facility. The waitlist in Fraser Health increased 145% (99 to 243).

COVID-19

The coronavirus pandemic has disproportionately affected seniors. At the time of writing, seniors comprised 96% of COVID-19 deaths in Canada,⁵⁹ most of which occurred in long-term care homes.

In the Fraser Health Service Delivery Area, as of July 30, 2020, the data reports the following:

- Median age in years, ever hospitalised for COVID-19: 71 years
- Median age in years, for COVID-19 deaths: 83 years.⁶⁰

The following province-wide data shows how vulnerable older adults have been to the COVID-19 virus.

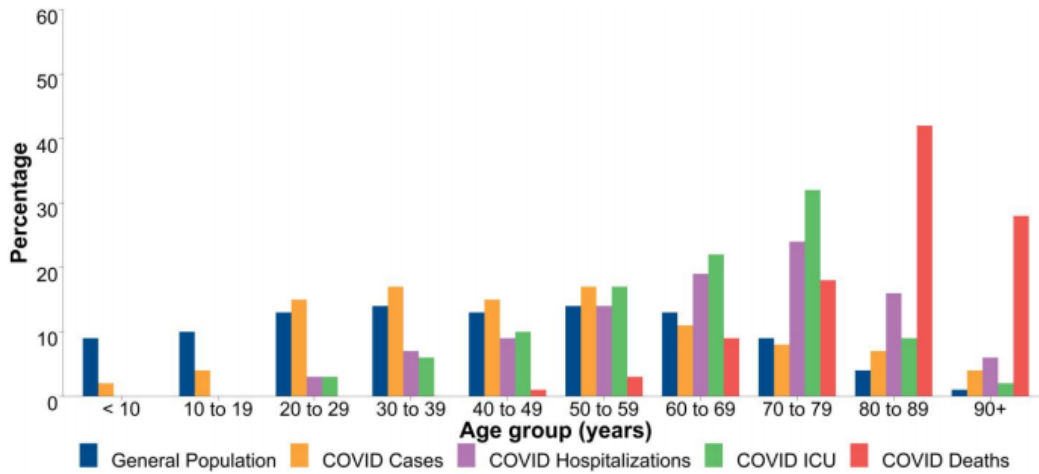
⁵⁷ Seniors Advocate BC, 2019. Monitoring Senior Services. Retrieved from: <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/12/MonitoringReport2019.pdf>

⁵⁸ Seniors Advocate BC, 2019. Monitoring Senior Services. Retrieved from: <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2019/12/MonitoringReport2019.pdf>

⁵⁹ Coronavirus disease 2019 (COVID-19): Epidemiology update. Government of Canada. Retrieved from: <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=num&measure=deaths#a2>

⁶⁰ BC Centre for Disease Control. 2020. British Columbia Weekly Surveillance Report. Retrieved from: http://www.bccdc.ca/Health-Info-Site/Documents/BC_Surveillance_Summary_July_30_2020.pdf

Percentage distribution of COVID-19 cases, hospitalisations, ICU admissions and deaths by age, compared to the general population† of BC, January 1–July 30, 2020 (N=3,573*)^{61, 62}



As the risk of serious illness from COVID-19 increases progressively with age, particularly beyond 50 years, age-friendly programs and services will need to focus on areas that have been especially impacted by changes to normal routine, for example: maintaining positive mental health and physical activity; grocery shopping, meal planning and cooking; physical distancing; and reopening of businesses, stores, restaurants, and in-home services.

⁶¹ BC Centre for Disease Control. 2020. British Columbia Weekly Surveillance Report. Retrieved from: http://www.bccdc.ca/Health-Info-Site/Documents/BC_Surveillance_Summary_July_30_2020.pdf

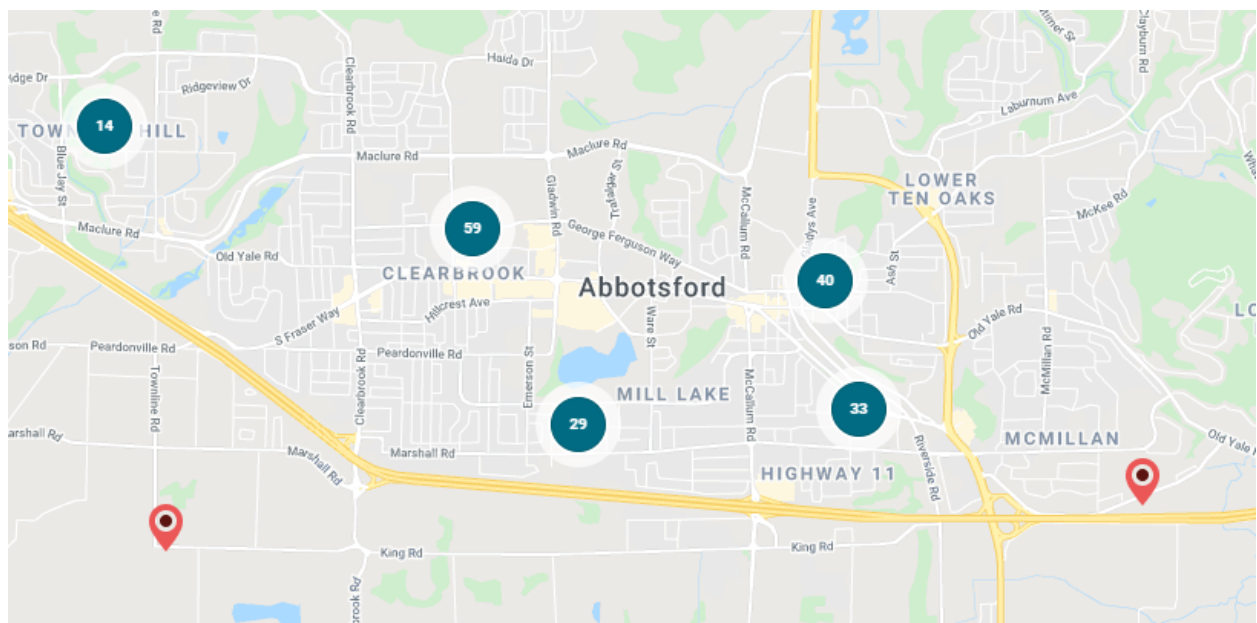
⁶² British Columbia Weekly COVID-19 Surveillance Report. BC Centre for Disease Control. Retrieved from: http://www.bccdc.ca/Health-Info-Site/Documents/BC_Surveillance_Summary_July_30_2020.pdf

Appendix B: HelpSeeker Systems Mapping and Analytics

The City of Abbotsford is using HelpSeeker, a systems mapping platform that generates real-time insights for better decision making for funders and policy-makers, while connecting vulnerable people to the right services. HelpSeeker offers an interactive platform/app with information about programs and resources for mental health, counselling, addictions, housing, and other services available in your community. This platform/app is a free resource to connect people to over 100,000 help services across Canada.

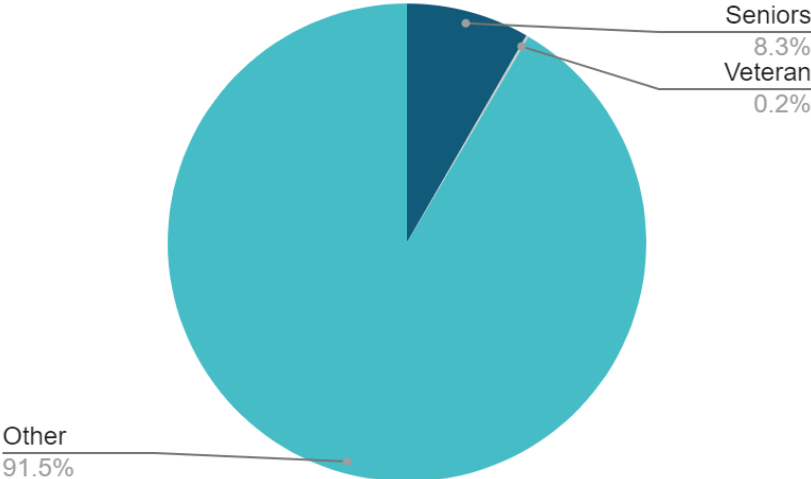
As of February 28th, 2021, HelpSeeker has listed 188 services (74 locations, 112 programs and two benefits) for seniors and veterans in Abbotsford, accounting for approximately 8% of the total services by population currently listed in the HelpSeeker database for the community. The image below outlines the location of these services in the community.

Abbotsford Seniors Services in Abbotsford.



In terms of interactions⁶³ during the first two months of 2021, seniors and veteran interactions accounted for approximately 8% of the total number of interactions by population registered in HelpSeeker during the same period of time.

HelpSeeker seniors and veteran interactions by population focus, January & February 2021.



⁶³ Interactions include searches, visits, calls, reviews, phone calls, and ratings made in HelpSeeker’s platform/app. Given the ongoing rollout of HelpSeeker in Abbotsford, the interaction patterns presented here will need to be updated as longer-term use becomes available.



SENIORS IN ABBOTSFORD:

Towards an Age-Friendly Community.
Opportunities For Policy Enhancements



HelpSeeker
Technologies