Age Forward

British Columbia's 50+ Health Strategy

and 3-Year Action Plan

BRITISH COLUMBIA | Ministry of Health

Message from the Minister of Health

Age Forward: British Columbia's 50+ Health Strategy and 3-Year Action Plan outlines our commitment to improving the quality of life for older adults in our province. With nearly a quarter of B.C.'s population aged 65 and older, supporting the health and well-being of older adults to help them thrive and continue contributing to their communities is a key priority.

As the population ages, it is imperative that we adapt our health-care services to meet the evolving needs of older adults. Our strategy and action plan aim to promote health in aging and make sure older adults have access to the resources they need to live with dignity in their communities. This is an *Age Forward* health-care system, one that prioritizes proactive, personalized and culturally safe care.

By adopting a 50+ focus, *Age Forward* promotes an upstream approach, allowing for earlier interventions that can prevent or mitigate health issues before they escalate. The *Age Forward* action plan outlines a range of strategic initiatives aimed at reducing frailty and preventable falls, improving chronic disease management and increasing the independence of older adults in their communities. These measures reflect our dedication to preventive health care, aiming to increase the number of years spent in good health. They support older adults in aging comfortably in their chosen environments and help reduce unnecessary emergency care, hospitalizations and admissions to long-term care facilities.

In line with our vision for a sustainable and equitable health-care system, we are also focusing on enhancing community support and integrating a holistic approach to care that respects the unique needs of every individual. Our strategy is built on the foundational belief that every person deserves to age well, supported by a health-care system that is accessible, well-coordinated, and free of racism and discrimination.

We have made significant strides, but much work remains to be done. *Age Forward* is our pledge to older adults in British Columbia–ensuring that our health-care system evolves to meet the diverse needs of an aging population, both now and in the future. This strategy is about putting people first, supporting health and wellness, and making sure the health services people need are available where and when they need them.

Adrian Dix,
Minister of Health

Territory Acknowledgement

We affirm the inherent rights and title of B.C. First Nations whose territories stretch to every inch of the province. We specifically recognize with gratitude the lək̓ʷəŋən (Lekwungen) peoples of the Songhees and Xwsepsum (Esquimalt) Nations, on whose territories the central office of the Ministry of Health is located.

We are grateful to all the First Nations who have nurtured and cared for the lands and waterways around us since time immemorial and also recognize that other Indigenous Peoples who live in B.C.–including Métis, Inuit, and First Nations with homelands elsewhere in Canada–have rights to health and wellness that must be upheld.

Acknowledgements

Age Forward: British Columbia's 50+ Health Strategy and Action Plan were informed by engagement with key health sector partners, interest holders, subject matter experts, and Indigenous Elders from communities across British Columbia (B.C.). The Ministry of Health (the Ministry) is sincerely grateful to those who shared their experience and expertise about what it means to grow older in B.C. and how the Province can best support people as they age.

The Ministry is deeply appreciative of the Indigenous Elders who shared their stories, wisdom, and insights. These experiences and perspectives guided efforts towards creating a strategy that is culturally sensitive, inclusive, responsive, and impactful.

The Ministry also acknowledges the efforts of the following contributors who supported the development of *Age Forward:*

For the provision of Indigenous facilitation and strategic advisory services.

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For the provision of facilitation and strategic advisory services.

MNP LLP

The Ministry of Health is sincerely grateful to those who shared their experience and expertise about what it means to grow older in B.C. and how the Province can best support people as they age.

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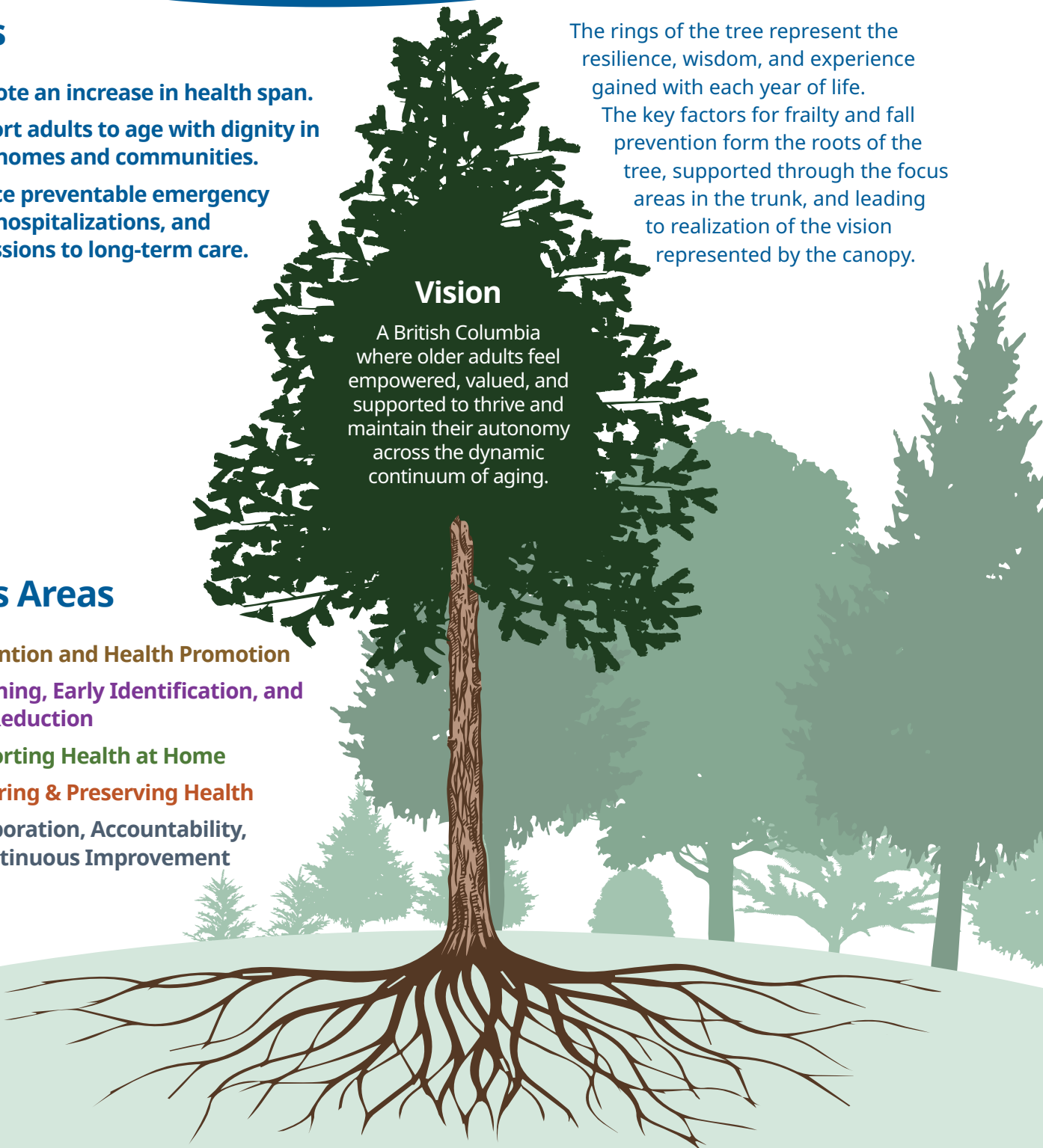
Age Forward: Strategy at a Glance

Goals

- **Promote an increase in health span.**
- **Support adults to age with dignity in their homes and communities.**
- **Reduce preventable emergency care, hospitalizations, and admissions to long-term care.**

The rings of the tree represent the resilience, wisdom, and experience gained with each year of life. The key factors for frailty and fall prevention form the roots of the tree, supported through the focus areas in the trunk, and leading to realization of the vision represented by the canopy.



Focus Areas

- **Prevention and Health Promotion**
- **Screening, Early Identification, and Risk Reduction**
- **Supporting Health at Home**
- **Restoring & Preserving Health**
- **Collaboration, Accountability, & Continuous Improvement**

Key Factors for Frailty and Fall Prevention and Management

Health Behaviours **Connection & Social Support** **Health System Support**

Age Forward

British Columbia's 50+ Health Strategy

Introduction

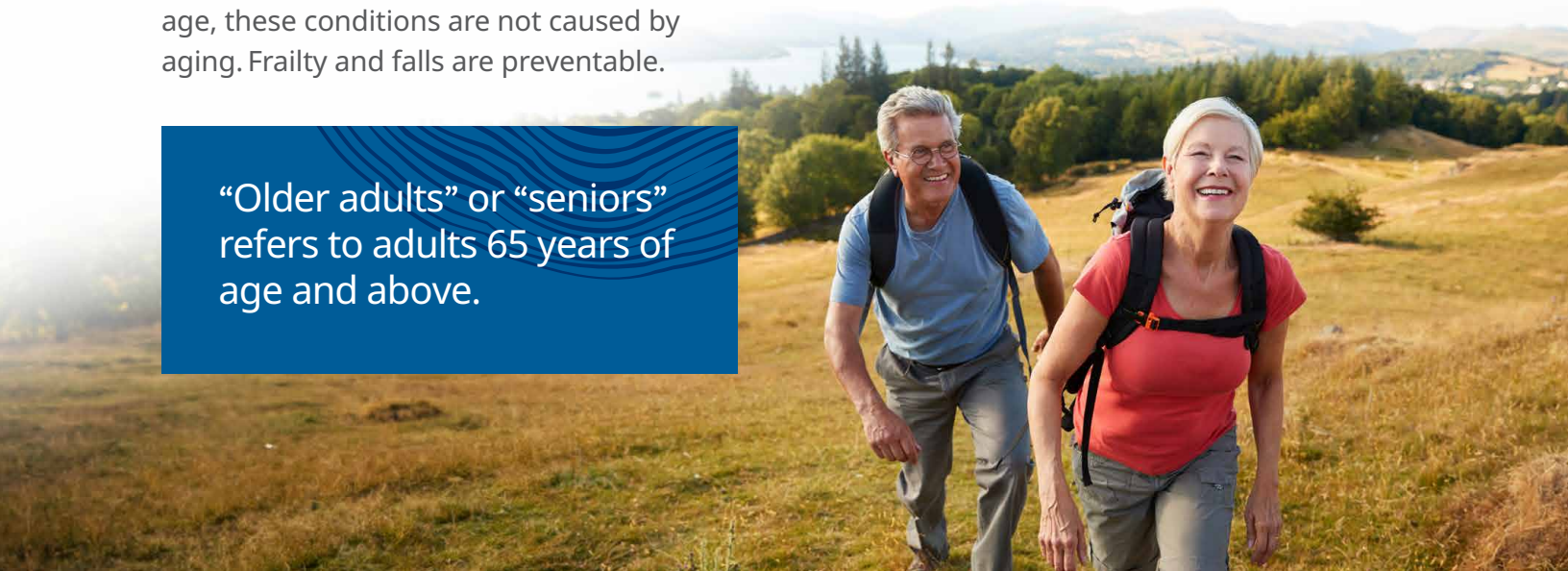
As the population of British Columbia (B.C.) continues to grow, the number of people 65 years and older ("older adults") will increase. By 2043, it is expected that there will be over 1.5 million older adults living in B.C. (around 21% of the population).[1] This significant increase in older adults promises a wealth of experience and knowledge that can enrich the broader community, but also requires a shift to ensure that people are empowered to make healthy choices and that the health-care system is *Age Forward*.

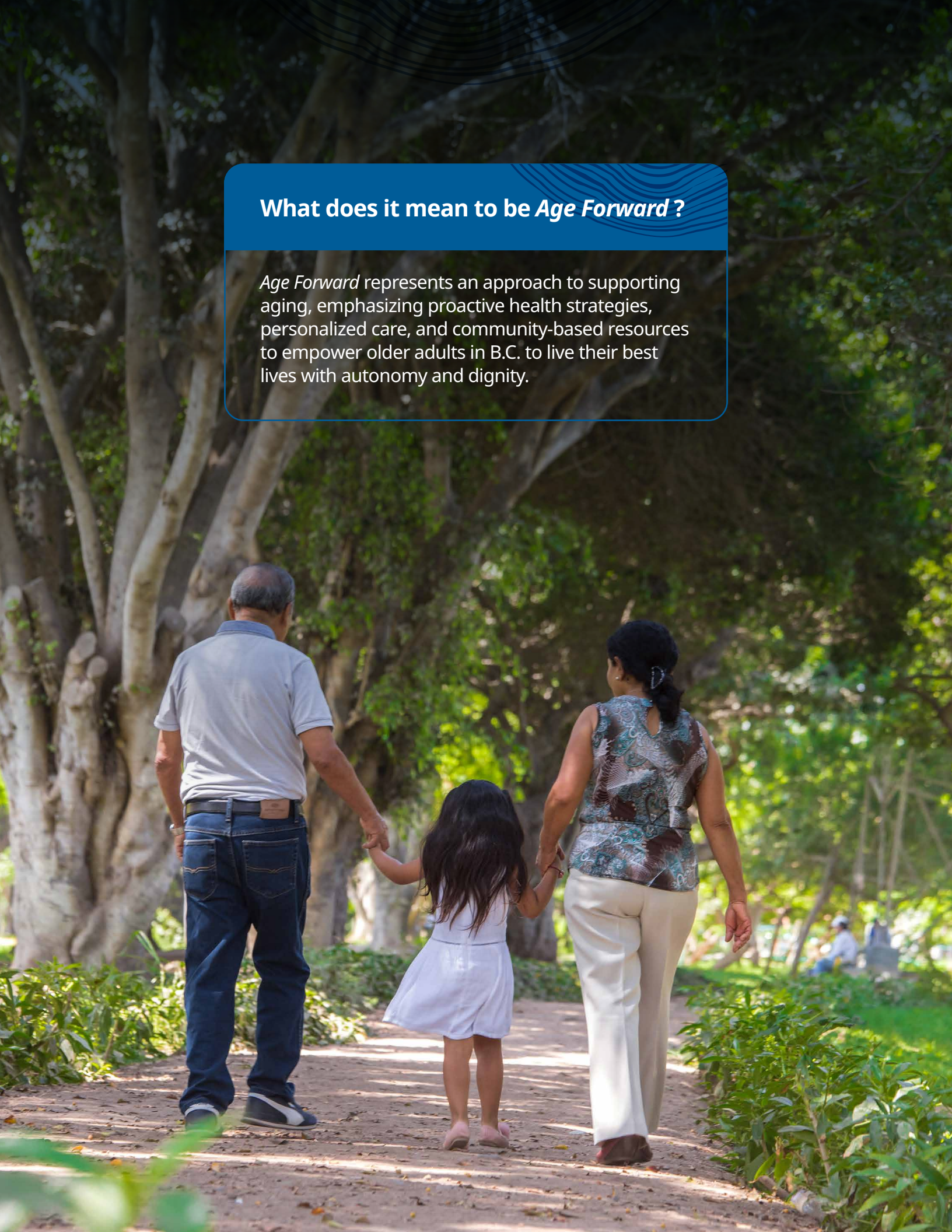
Many older adults living in B.C. will remain robust and active as they age. However, aging can bring challenges, including increased risk for developing chronic health conditions, experiencing falls and fall-related injuries, and increased reliance on the health-care system. Frailty increases the risk of falls and fall-related injuries and contributes to preventable emergency visits, hospitalizations, and admissions to long-term care. Although the rates of frailty and falls increase with age, these conditions are not caused by aging. Frailty and falls are preventable.

Age Forward: British Columbia's 50+ Health Strategy (Age Forward) presents the Ministry of Health's comprehensive roadmap for supporting and developing policies, services, programs, and resources to promote and protect the health of all adults 50 years and older as they age. The strategy focuses on preventing, managing, and reducing frailty, and decreasing the incidence and severity of falls and fall-related injuries. It is designed to evolve with time to meet the dynamic opportunities, needs, and challenges for the 50+ population in B.C.

This first *Age Forward* action plan sets clear, measurable goals and objectives, providing a framework for progress and accountability. Together, *Age Forward* and the *3-Year Action Plan* set a path towards enhancing the quality of life for adults aged 50+, promoting a resilient and inclusive society for all generations.

"Older adults" or "seniors" refers to adults 65 years of age and above.





What does it mean to be *Age Forward* ?

Age Forward represents an approach to supporting aging, emphasizing proactive health strategies, personalized care, and community-based resources to empower older adults in B.C. to live their best lives with autonomy and dignity.

Background & Context

Frailty

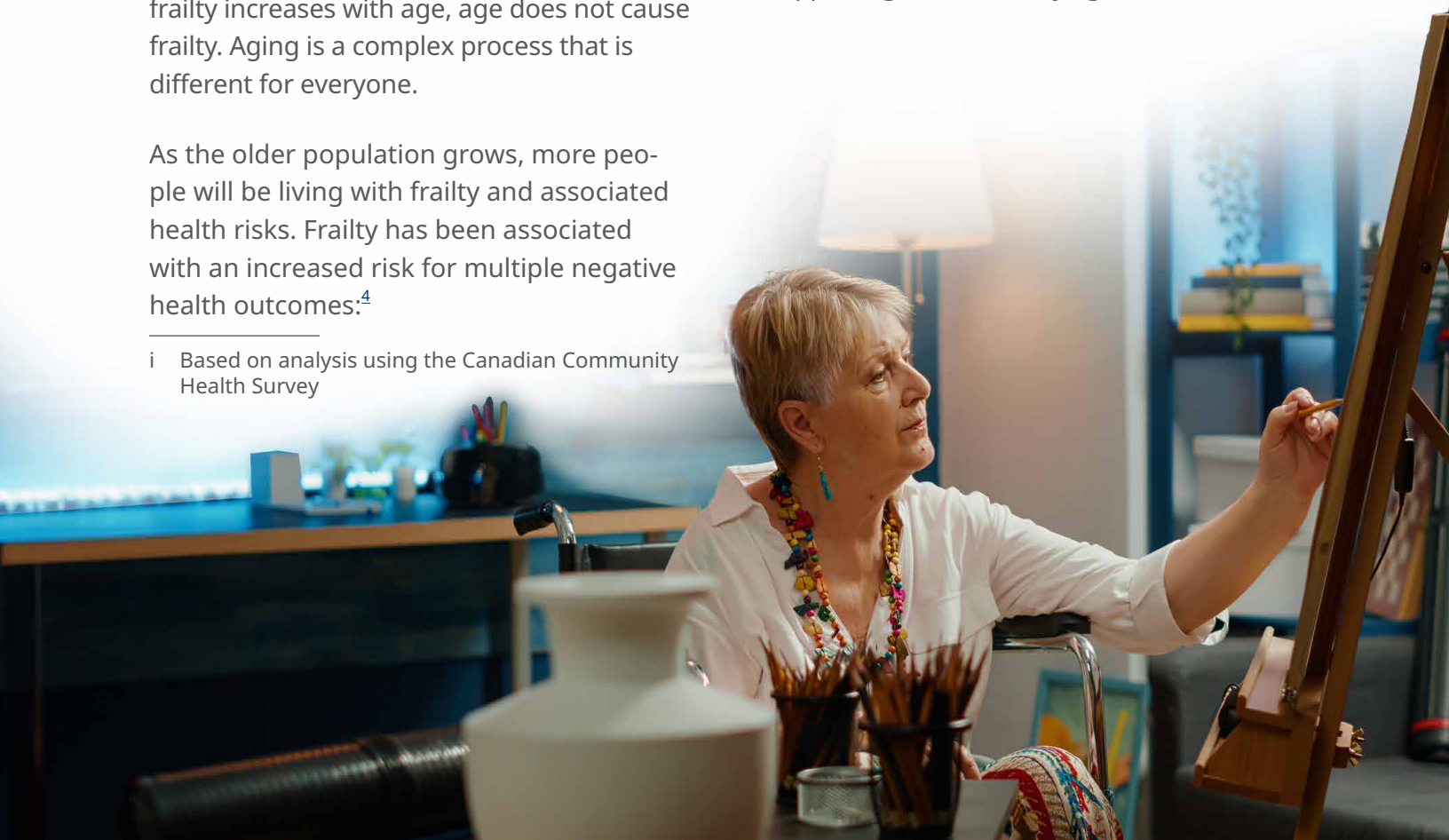
The Canadian Frailty Network defines frailty as: “a medical condition of reduced function and health in older individuals.” It is estimated that 1 in 4 older adults, and 1 in 2 First Nations older adults, are medically frail, with more females affected compared to males.[2] Of people 65 years and older living in B.C., it was estimated that 20.8% were frail in 2013/2014.[3]

There are many risk factors that can cause and contribute to frailty. These include physical (such as poor nutrition and/or muscle loss, and polypharmacy), psychological (such as depression), and social factors (such as isolation). Having more risk factors increases frailty risk and severity.[2] While the risk of frailty increases with age, age does not cause frailty. Aging is a complex process that is different for everyone.

As the older population grows, more people will be living with frailty and associated health risks. Frailty has been associated with an increased risk for multiple negative health outcomes:[4]

- 1.2 to 1.8-times risk for hospitalization
- 1.6 to 2.0-times risk for loss of activities of daily living
- 1.8 to 2.3-times risk for premature mortality
- 1.5 to 2.6-times risk for physical limitation
- 1.2 to 2.8-times risk for falls and fractures

Frailty can be prevented, slowed, or even reversed through various interventions including healthy lifestyle behaviours such as physical activity and nutrition. Awareness, early identification of risk, and proactive management of frailty are all critical for supporting adults as they age.



i Based on analysis using the Canadian Community Health Survey

Falls

Frailty is a significant predictor of falling among older adults. In turn, a fall or fall-related injury can lead to or worsen frailty. This frailty-falls relationship can result in a cycle of declining health and an increased risk of preventable hospitalization, disability, and death.

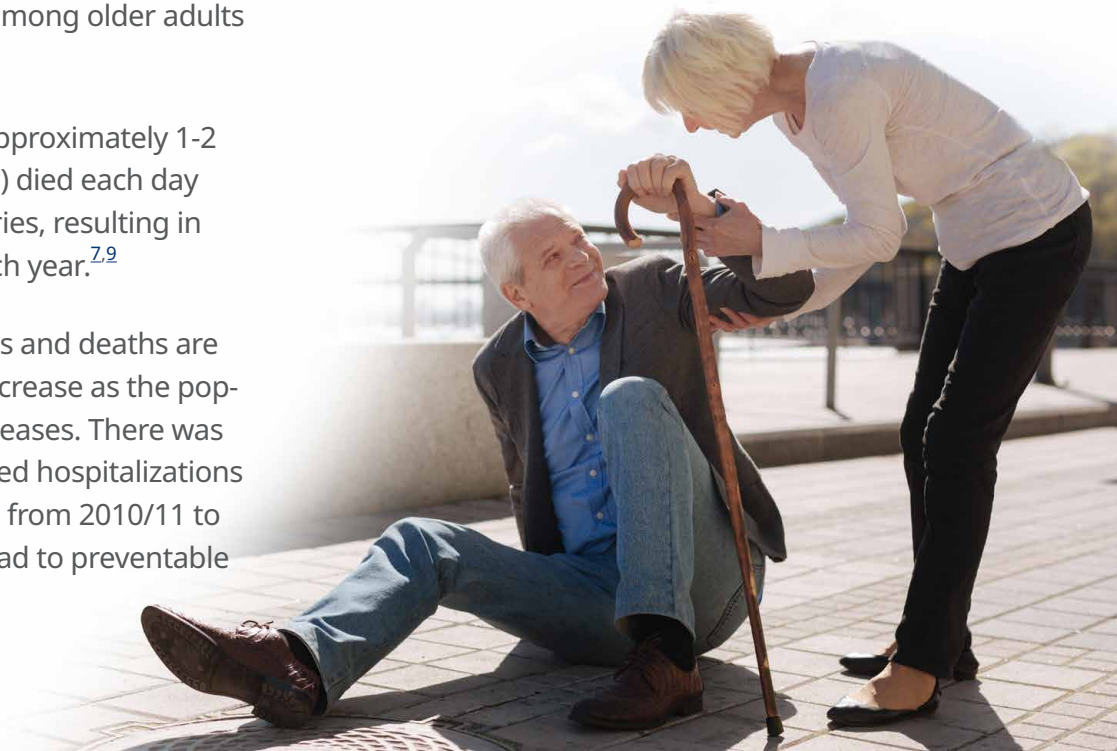
The World Health Organization defines a fall as: "an event which results in a person coming to rest inadvertently on the ground, floor, or other lower level."[5] An estimated 20% to 30% of older adults in Canada experience 1 or more falls each year.[6] In B.C., falls among older adults are a leading cause of injury-related hospitalization and death:

- In 2021/22, 82% (18,479) of the 22,653 injury-related hospitalizations among older adults were due to falls, with most occurring in community within the home setting.[7]
- In 2018, the annual total cost (including deaths, hospitalized treatment, emergency room visits, and permanent disability) due to falls among older adults was 1.14 billion.[8]
- Between 2014-2018, approximately 1-2 older adults (65+ years) died each day due to fall-related injuries, resulting in around 500 deaths each year.[7,9]

Fall-related hospitalizations and deaths are expected to continue to increase as the population of older adults increases. There was a 42% increase in fall-related hospitalizations among older adults in B.C. from 2010/11 to 2021/22.[10] Falls can also lead to preventable institutionalization; approximately 17% of new residents admitted to long-term care had a fall-related hospitalization in the previous year.[11] In 2023, falls resulted in more ambulance calls in B.C. than any other health issue.[12]

Adverse health outcomes from falls are not experienced evenly across communities in B.C. The risk of falling, and experiencing injuries from falls, is influenced by the socio-economic determinants of health.[2] These include inadequate income, low education, illiteracy and language barriers, scarcity of transportation, inadequate living conditions, and lack of social networking and social interaction.[3] Home care clients are at a higher risk of falls due to their lower functional abilities, polypharmacy, and health conditions.[13]

Indigenous Peoples living in B.C. are disproportionately impacted by injury from falls. Based on data from 2004–2007, status First Nations were almost twice as likely to be hospitalized due to a fall compared to other people in B.C. These disparities in fall-related injury rates need to be interpreted in the context of the long legacy and present reality of colonialism and racism.



Prevention & Management

Frailty can be prevented, delayed, and reduced to maintain and improve quality of life. Similarly, although the risk of falling increases with age, falls and fall-related injuries are not a normal part of aging. The risk and rates of falls and fall-related injury can be lowered, even among those at very high risk.

Effective prevention of frailty and falls includes supporting positive health behaviours throughout life. This involves ensuring adequate physical activity, good nutrition and limiting use of alcohol and tobacco. It includes access to immunizations to avoid vaccine-preventable diseases and optimizing the use of medications to avoid side effects and interactions that can lead to frailty and falls. It also includes ensuring connection and social support to reduce isolation and loneliness, key contributors to frailty. Measures to avoid preventable injuries, such as screening for health conditions that are associated with an increased risk of falls, and assessment of environmental hazards, are essential.

Correspondingly, as people age and illness and chronic conditions arise, targeted interventions can support effective management and delay the progression of frailty as well as decrease the risk of falls and fall-related injury.

While adopting healthy behaviours and accessing supports and services can help prevent and slow the decline in health and function, many people face barriers that impact their choices and access to supportive services and programs. These barriers need to be addressed to create the conditions that allow for prevention and proactive management to occur.

See Appendix A for highlights of evidence on risk and preventive factors for frailty and falls.

The Way Forward

The way forward is a health-care system that is *Age Forward*, addressing the preventable factors contributing to frailty and falls among older adults.

This will require:

- Promoting physical activity, a cornerstone in preventing and reducing frailty and falls.
- Supporting better nutrition to help older adults maintain optimal health and prevent malnutrition, which can contribute to frailty and falls.
- Promoting public vaccination programs, to protect older adults from vaccine-preventable diseases.
- Creating age-friendly communities and bolstering community-based seniors' services to enhance social supports and provide opportunities for meaningful connection.
- Integrating frailty and fall prevention measures into primary care and hospital services, prompting early interventions and comprehensive care planning.
- Optimizing medication use, including medication review services and deprescribing initiatives, to reduce adverse drug events and interactions that can exacerbate frailty and increase the risk of falls.

- Optimizing home health services, supporting older adults' desires to age at home, and ensuring the home environment is safe and adaptable.
- Leveraging technology to promote awareness and navigation of programs and services to support timely, appropriate care.

By prioritizing these multifaceted approaches, B.C. can effectively prevent and reduce frailty among older adults, empowering them to age with dignity, autonomy, and vitality, continuing to engage with their families, social networks, and communities.

This proactive approach not only enhances the quality of life for older adults but also optimizes use of health-care resources, fostering sustainability across services.

The Framework

Informed by the research evidence, promising practices, B.C. health data and engagement with key partners and Indigenous Elders, *Age Forward and the 3-Year Action Plan* aim to provide a comprehensive roadmap for the creation and enhancement of policies, programs, services, and resources to prevent and reduce frailty and falls and enhance health and well-being in the later years.

Vision

A British Columbia where older adults are empowered, valued, and supported to thrive and maintain their autonomy across the dynamic continuum of aging.

Goals

The three goals of *Age Forward* are to:

1. **Promote an increase in health span:** Support lifestyle factors that reduce the onset of chronic diseases and disabilities, thereby increasing the number of years lived in good health.

2. **Support adults to age with dignity in their homes and communities:** Ensure that older adults receive the necessary support and resources to live with autonomy, comfort, and respect in their homes and communities.

3. **Reduce preventable emergency care, hospitalizations, and admissions to long-term care:** Develop and implement strategies to enhance home-based and community supports and improve the responsiveness of health services to meet the needs of the aging population.

Focus Population

Addressing the many aspects of health and well-being is important at any age. For those aged 50+, a proactive approach to maintaining health is essential. The prevalence of chronic conditions and disabilities increases with age, and people 50 years and older are overrepresented in emergency department visits and hospitalizations. Addressing risk factors to prevent and reduce frailty and falls supports adults to age with vitality and autonomy. By focusing on preventive health behaviours to promote health and wellness and facilitating screening and early identification to detect issues early, people will have more opportunities to live in good health for longer. While long-term and end-of-life care are vital, they are specifically designated as out of scope for *Age Forward* to focus efforts on proactive, preventive measures that can be implemented earlier in the aging process.

In 2022/23 there were over 2.1 million people living in B.C. who were 50 years or older, making up 39% of the population. This population is projected to grow by almost 760,000 over the next two decades, reaching over 2.9 million in 2043.[15] Population data and statistics can be found in Appendices A and B.

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Guiding Principles

Health Equity

The Province is committed to creating an inclusive health-care system that removes obstacles to accessing high-quality care for all adults, particularly those from marginalized and underserved communities. The B.C. Ministry of Health aims to support people in achieving their optimal level of health and well-being, regardless of age, ability, socio-economic status, ethnicity, gender, sexuality, or geographic location. This will be accomplished through tailored interventions, culturally inclusive programs, and by taking steps towards identifying and removing systemic barriers.

Community Partnerships & Engagement

The Province recognizes the value of collaborating with health authorities, local organizations, charities and non-profits, health-care providers, and individuals to co-develop programs and approaches that are rooted in community needs and strengths. This helps ensure that B.C.'s health-care system is adaptable, responsive, and reflective of the diverse voices and experiences of people living in B.C. It will lead to more effective and inclusive health and wellness initiatives across the province.

Evidence-Based, Person-Centered Care

The Province acknowledges the value of providing compassionate, respectful, and responsive care to enhance the quality of life and autonomy of older adults as they age. *Age Forward* is grounded in the principle of evidence-based, person-centered care. All policies, programs, and services are informed by the best available research and aim to consider the unique needs and preferences of individuals.

Approaches

Systems Approach

The health system needs to be responsive, adaptable, and capable of meeting the diverse needs of the aging population. Integration of services across health care, social support, and community resources is needed to address the health challenges associated with later life, including protection from the impacts of climate change. This approach also recognizes that adults aged 50+ are often caregivers, and that engaging in caregiving should be a choice.

A systems approach was adopted in *Age Forward* to ensure a coordinated, efficient, and effective response to the complexities of aging. The Ministry aims to create a seamless continuum of care that supports older adults by fostering collaboration among various settings, sectors, and disciplines.

Life-Course Approach

A life-course approach was embraced in *Age Forward* to acknowledge that conditions and experiences throughout life have an impact on health. The Ministry recognizes that structural factors can play a role in the onset of biological aging (changes in body function and structures) earlier than chronological aging (aging with the passage of time). These factors can include socioeconomic status, systemic racism and discrimination, educational opportunities, environmental conditions, and access to community resources and social support networks. An individual's health trajectory is related to social relationships and networks, reinforcing the need to recognize family and community as integral to health and well-being.

Gender-Based Analysis Plus

The Ministry is committed to delivering quality health services to all people in B.C. Gender-Based Analysis Plus (GBA+) is a tool used to understand how diverse groups of people may experience, benefit from, or be excluded from policies, programs, and services. It considers age, sex, gender, ability, education, ethnicity, economic status, geography, language, religion, and other identity factors. GBA+ supported the development of *Age Forward* and will inform the implementation of the *Action Plan*.

Cultural Safety & Humility

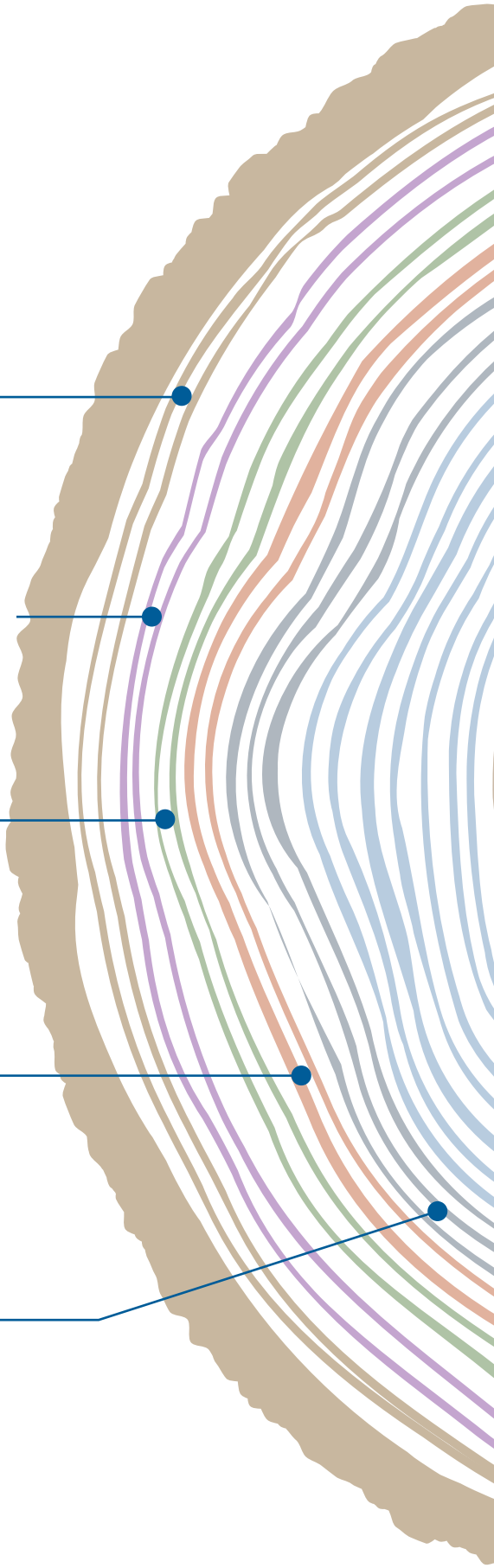
Embedding cultural safety and humility is key to the delivery of health-care services for a diverse population. Cultural safety is built upon respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in services that are free of racism and discrimination, where people feel safe when receiving health care. Cultural humility is a process of individual self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.[16]

Through commitments enshrined by the Declaration on the Rights of Indigenous People Act, the Province has set goals to provide health-care services in a manner that allows Indigenous Peoples' feeling of safety, knowing that they will receive high quality care, be treated with respect and receive culturally safe and appropriate services.[17] Underpinning this is the ongoing work across health authorities and with other key partners to implement the recommendations of the In Plain Sight Report to eliminate Indigenous specific racism.

Age Forward acknowledges the impact of colonization, inter-generational trauma, and systemic barriers to care that affect Indigenous Peoples' experience in the health-care system. This strategy recognizes that reconciliation, cultural safety and humility must be at the forefront of planning for health-care services, to improve health outcomes for Indigenous Peoples, break the cycles of systemic racism throughout the health-care system and promote inclusivity.

Focus Areas

Age Forward presents five interconnected focus areas each designed to address specific aspects of health and well-being across the health care continuum. The five focus areas are:



1 Prevention and Health Promotion

Goal: To empower adults 50+ to lead active, healthy lives through increased physical activity, nutrition, social engagement, and preventive health care, thereby preventing or delaying the onset of frailty and preventing falls and fall-related injuries.

2 Screening, Early Identification, and Risk Reduction

Goal: To establish a robust system for the early detection and management of frailty risk factors, enabling timely, tailored interventions that significantly reduce the incidence and impact of frailty.

3 Supporting Health at Home

Goal: To support older adults in B.C. to live safely, independently, and comfortably in their preferred environment for as long as possible, through enhancing supportive services, community resources, and home adaptations that address their changing health and mobility needs.

4 Restoring & Preserving Health

Goal: To provide seamless access to integrated services across the continuum of care, including preventive, acute, and community care to effectively manage health and prevent frailty and falls.

5 Collaboration, Accountability, and Continuous Improvement

Goal: To establish governance structures and a framework for ongoing monitoring and input that informs the continuous improvement of *Age Forward*, ensuring it remains effective, relevant, and responsive to the needs of the older adult population in B.C.

Current Ministry Actions

Current Ministry of Health policies, programs, and services across these five focus areas provide a strong foundation to support health and well-being. The Ministry remains committed to efforts already underway that support the delivery of timely, high-quality, appropriate, equitable, and cost-effective services and care for aging adults. Some of these efforts and investments for each focus area are highlighted below.

Prevention & Health Promotion

- ***Strengthening B.C.'s Population and Public Health Framework***
  Establishing core functions to promote and protect the health and well-being of all people in B.C. through a life-course approach. Refreshing priorities to advance Truth, Rights and Reconciliation, and reduce preventable and unfair inequities in health outcomes.

- ***HealthLink BC (8-1-1)***
  Providing evidence-based information on a wide range of health topics and access to personalized navigation support and advice from health professionals, including nurses, pharmacists, registered dietitians, and qualified exercise professionals.

- ***Age-Friendly Communities Program, Plan H, and the Farmers' Market Nutrition Coupon Program***
  Supporting improved nutrition, physical activity, and community connectedness with 61 communities in B.C. currently recognized as Age-Friendly.

Screening, Early Identification, & Risk Reduction

- ***Strengthening Primary Care***
  Introducing new digital tools to facilitate attachment to a family physician or nurse practitioner, implementing new payment models so patients with complex needs can spend more time with their doctor, and expanding Primary Care Networks and Urgent and Primary Care Centres.

- ***Optimizing Scope and Reach of Pharmacists***
  Integrating pharmacists within Primary Care Networks to work directly with patients with complex conditions, and to support medication management including addressing polypharmacy. Expanding scope of practice to include prescription renewal, administering injectable drugs like vaccines, and providing prescriptions for minor ailments such as shingles.

- ***Clinical Practice Guidelines and Protocols***
  Providing recommendations to health-care providers on delivering high quality, appropriate care to patients with specific clinical conditions or diseases.

Supporting Health at Home

- ***Investments in Home Care and Seniors' Services***
  Supporting older adults to safely age at home by recruiting and retaining more health-care workers, improving service delivery, and expanding services.

- ***Better at Home Program***
  Providing older adults with access to non-medical home support services such as grocery shopping and light housekeeping in 260 communities.

- ***Choose to Move, Therapeutic Activation Program for Seniors, and Family and Friend Caregiver Support Program***
  Providing activities to support older adults in staying active and engaged in their communities and supporting caregivers to maintain their own well-being while caring for a loved one.

- ***Social Prescribing Programs***
  Delivering social prescribing demonstration projects in communities in B.C. that pair older adults at risk of frailty with a Community Connector. The Community Connector provides one-to-one support to develop health and wellness plans, and then connects seniors to the community programming and health services that meet their needs and preferences.

Restoring & Preserving Health

- ***B.C.'s Health Human Resources Strategy***
  Focusing on four cornerstones–retain, redesign, recruit, and train–the strategy outlines 70 actions that will help build and support a healthy and productive workforce.

- ***Provincial Allied Health Strategic Plan***
  Providing a comprehensive roadmap to support allied health professionals in delivering high quality and timely health care services to people in B.C.

- ***B.C.'s 10-Year Cancer Care Action Plan***
  Committing to immediate steps to better detect, treat, and prevent cancers.

- ***Specialized Community Services Program***
  Providing a range of necessary health-care services for adults with complex medical needs and/or frailty organized in a program structure that enables easy access to timely, quality, integrated and coordinated care no matter where a person lives in B.C.

Collaboration, Accountability, & Continuous Improvement

- ***Anti-Racism Data Act and Anti-Racism Act***
  Introducing legislation to ensure race-based data are collected and used to remove systemic racism from provincial institutions, including hospitals and other public spaces.

- ***Provincial Data Plan***
  Supporting efforts to advance equity, support reconciliation, increase evidence-based decision-making, deliver modern services people need, and strengthen data competency and governance.

The *Age Foward 3-Year Action Plan* outlines the additional actions that will be taken to make meaningful progress towards achieving the *Age Forward* goals.

Conclusion

Age Forward is a framework to support older adults in B.C. to age in homes and communities with autonomy, mobility, and dignity. Meeting the goals of the five focus areas, as outlined above, will promote improved quality of life for adults as they age. These initiatives support physical, social, mental, and cognitive health by increasing opportunities and access to programs, services, and resources. Collaboration across government, the health-care system, partner organizations, and communities will ensure comprehensive and coordinated planning, implementation, evaluation, and adaptation of programs and policies.

Age Forward aims to empower older adults to lead active, healthy lives. It supports a comprehensive, culturally safe health system that addresses the diverse needs of older adults and fosters a sense of belonging and community engagement.

Age Forward and implementation of the *3-Year Action Plan* requires collaboration across all levels of government, key partners, interest holders and the public to create an inclusive, supportive environment for older adults and ensure the right care at the right time to avoid preventable declines in health.

Improved health of this population will reduce health-care utilization related to frailty, falls, and preventable chronic conditions. Ultimately, B.C. will have a more resilient health-care system.

By leveraging existing strengths, resources and partnerships, the B.C. Ministry of Health aims to enhance the policies, programs, and resources for adults 50+ years. Working together, *Age Forward* will promote health and wellness and support people in British Columbia to thrive later in life.

3-Year
Action Plan

Focus Area 1:

Prevention & Health Promotion

Priority 1.1

Improve access to and coordination of fall prevention programs including community-based physical activity opportunities

1.1.1 Explore opportunities to develop a provincial approach to accessible, community-based physical activity programming and resources for fall prevention

Investigating options for comprehensive, accessible, evidence-based, fall prevention programming across the province, with an emphasis on fostering strength and balance, while also supporting social and mental health.

1.1.2 Explore the feasibility of developing a provincial navigation tool/repository of community-based physical activity programs and services for older adults

Exploring technical solutions to navigation support that aim to connect the public and health-care providers with information on local and accessible physical activity opportunities in their community such as exercise classes, equipment rentals, facilities, and outdoor recreation spaces.

1.1.3 Establish Fall Prevention Lead positions in health authorities

Enhancing provincial injury prevention capacity, with a focus on fall prevention among community-dwelling older adults, through the creation of Fall Prevention Leads in each health authority to work in coordination with existing Injury Prevention Leads.

Priority 1.2

Increase opportunities for community-led initiatives and promote meaningful social interaction and community engagement

1.2.1 Explore opportunities to expand the Indigenous Elders Activity Program

Collaborate with health authorities to support knowledge sharing and consider feasibility for potential expansion of the Indigenous Elders Activity Program. This program offers culturally safe and community requested activities and workshops to support physical, mental, and community health.

Priority 1.3

Enhance knowledge and awareness of preventive health behaviours and resources

1.3.1 Improve access to credible, evidence-based health information by enhancing resources on HealthLink BC

Establishing HealthLink BC as the go-to source for information on aging well, supporting informed health decisions among older adults.

1.3.2 Launch marketing campaign(s) to support the uptake of preventive health behaviours

Implementing health promotion strategies to encourage family caregivers, middle-aged adults, and older adults to engage in protective and preventive health behaviors, emphasizing the value of maintaining physical strength and activity as part of aging well.

1.3.3 Update the Healthy Eating for Seniors' Handbook

Providing current, practical, culturally relevant, and evidence-based nutrition information, in multiple languages and formats, to support healthy eating, counteract nutrition misinformation, and highlight the role of nutrition in healthy aging and maintaining independence. This work will include consideration of the unique values, traditions, and food choices of B.C.'s Indigenous communities to ensure relevance of the *Handbook* to diverse audiences.

1.3.4 Expand food access support through the Farmers' Market Nutrition Coupon Program

Increasing the number of participants receiving coupon subsidies for nutritious foods through the *Farmers' Market Nutrition Coupon Program*, with a focus on older adults and Indigenous populations.

1.3.5 Develop distinction-based, food-related wellness tools for Indigenous communities

Developing an Indigenous Food-Wellness Resource hub to improve the resources available to Indigenous Peoples. Co-sponsored by the B.C. Ministry of Health and Health Canada, this Indigenous-led project intends to connect elders with youth to share and preserve Traditional Knowledge around food and wellness.

Focus Area 2:

Screening, Early Identification, & Risk Reduction

Priority 2.1

Improve early identification and risk reduction of frailty and falls

2.1.1 Develop a health and wellness self-assessment tool

Providing a digital self-assessment tool to support older adults in self-managing their health and reduce the risk of frailty and falls.

2.1.2 Explore opportunities for annual health and wellness screening, with frailty and/or falls assessment as needed

Determining the best option for providing comprehensive, multidisciplinary assessments to develop effective care plans, such as functional ability, frailty and falls, physical health, cognition, mental health, and socioeconomic factors. A business case will explore the most effective implementation model, considering practitioner types, assessment levels, and the potential for a tiered approach based on age and need.

2.1.3 Support integration of exercise professionals into health-care settings

Exploring opportunities for the integration and optimization of exercise professionals into health-care settings to support patient health through physical activity promotion, exercise prescription, and health behaviour change support.

Priority 2.2

Increase access to services and supports to reduce the risk of illness and maintain health

2.2.1 Increase access to focused medication management and deprescribing services

Enhancing the Pharmacist Medication Review Service with emphasis on deprescribing for older adults, pain management, and opioid stewardship. This includes integrating tools and education for screening and assessment, and consideration of traditional medicines. Additionally, the identification and surveillance of medications that increase the risk of falls or frailty will be improved, informing medication review and deprescribing efforts to better support the needs of older adults.

2.2.2 Publicly fund additional vaccines

Explore expanding B.C.'s publicly funded immunization program to include additional vaccines that have a significant impact on the health of older adults and those who are clinically vulnerable. Expanding publicly funded vaccine options will remove financial barriers to vaccination and offer protection against infections that can contribute to the onset or exacerbation of frailty among older adults.

Priority 2.3

Provide evidence-informed practice guidance to support consistent, high-quality care

2.3.1 Increase access to clinical prevention services by strengthening implementation of Lifetime Prevention Schedule (LPS)-recommended interventions

Ensuring consistent and equitable access to clinical prevention services, by moving to full implementation of LPS recommended interventions including screening for fall and fragility fracture risk, to support frailty prevention and improve health outcomes for older adults.

2.3.2 Explore development of primary care clinical practice guidance on physical activity

Delivering clinical guidance to primary care providers to promote regular physical activity and to support referrals to exercise professionals when indicated. This action acknowledges the importance of regular physical activity in supporting physical and mental health, including protecting against age-related functional decline.

2.3.3 Explore updating primary care clinical practice guidance on frailty

Refreshing guidance for primary care providers to help prevent, identify, assess, treat, and manage frailty.

Focus Area 3:

Supporting Health at Home

Priority 3.1

Reduce frequency and severity of falls and fall-related injuries

3.1.1 Launch Fall Prevention at Home resources

Providing a comprehensive set of resources, in multiple languages, to empower health-care professionals, volunteers, and the public with vital knowledge and tools for preventing falls and fall-related injuries.

3.1.2 Explore enhanced home safety assessment and modification supports

Determining options to further support home safety assessments and modifications in people's homes, including opportunities to address existing barriers such as knowledge gaps, access to skilled labour and resources, and financial constraints. This action includes the development of an Online Home Safety Checklist Assessment Tool to identify injury hazards and provide recommendations for modifications.

3.1.3 Promote fall prevention and frailty training to Better at Home staff and volunteers

Collaborating with partners to promote fall prevention and frailty training to *Better at Home* staff and volunteers, recognizing their unique position to support older adults in their homes.

Priority 3.2

Enhance access to and availability of home health services

3.2.1 Expand the Better at Home Program

Introducing an expanded basket of services as part of the *Better at Home* program with social connection at the core of service delivery. New services include information and referral, peer support, expanded group activities, social meals, and more flexible transportation options.

3.2.2 Initiate a phased expansion of Community Connectors

Supporting expansion of the number of Community Connectors from 19 to approximately 90 -100 across B.C. over the next two years (2024/25 and 2025/26). Community Connectors work directly with older adults, providing links to resources such as social and physical activities, meal delivery, caregiver support, and more.

3.2.3 Increase accessibility of Home Health Services

Enhancing the accessibility of Home Health Services to meet the growing needs of older adults, and other individuals, with complex conditions and/or frailty. This includes increasing home support service levels,

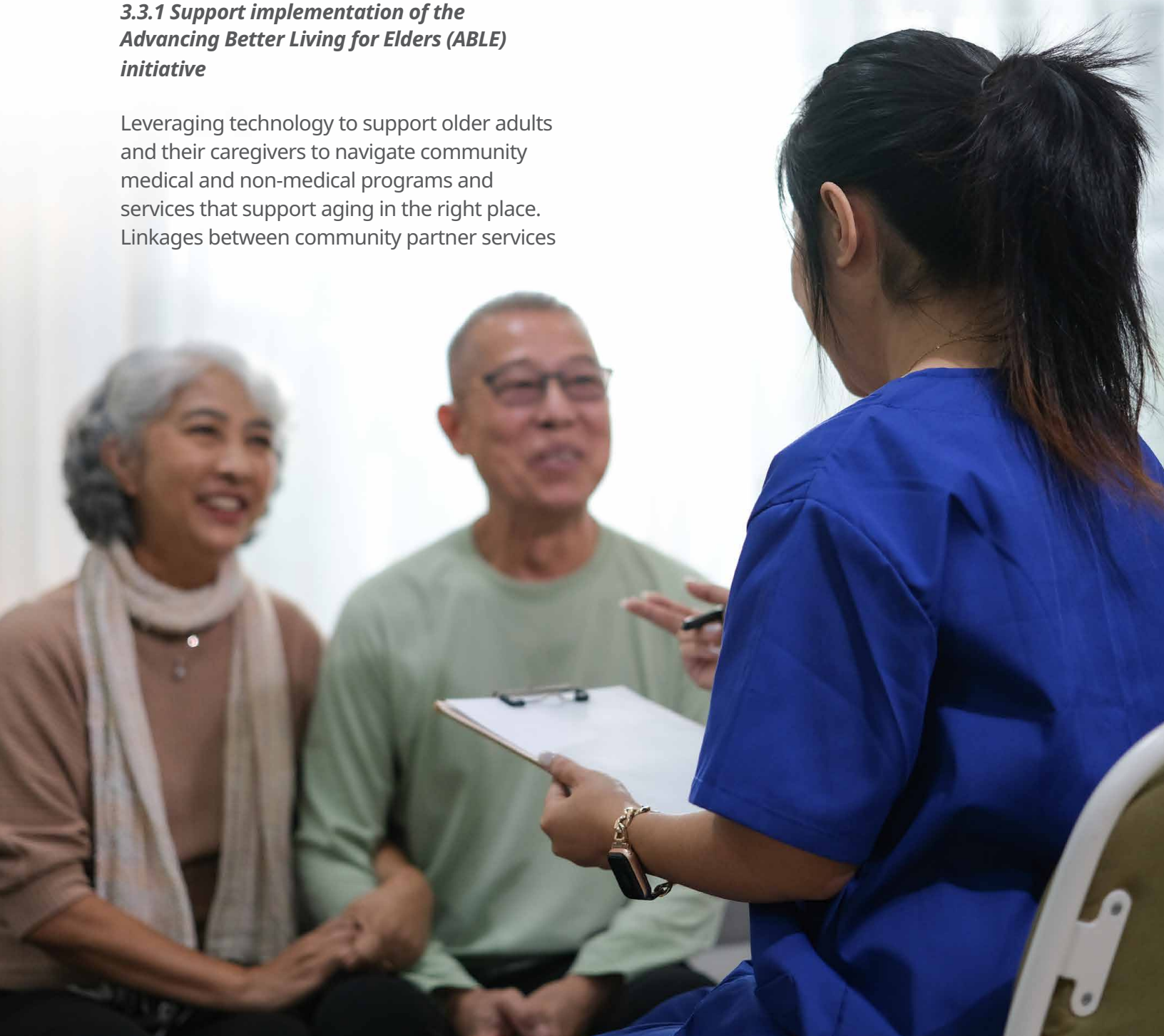
expanding service hours (to include evenings, weekends, and overnight), and enhancing care management and home support flexibility for greater responsiveness.

Priority 3.3

Provide enhanced support for navigation of medical and non-medical programs and services

3.3.1 Support implementation of the Advancing Better Living for Elders (ABLE) initiative

Leveraging technology to support older adults and their caregivers to navigate community medical and non-medical programs and services that support aging in the right place. Linkages between community partner services will be amplified and formalized to improve awareness and access, while creating a clear care pathway for the individual and their families that is easy to track and follow.



Focus Area 4:

Restoring & Preserving Health

Priority 4.1

Enhance discharge planning and integration with community-based, culturally safe care and supports within acute care

4.1.1 Promote and increase availability of the Indigenous Patient Liaison Program

Collaborating with health authorities to enhance access to the Indigenous Patient Liaison Program to provide more culturally safe support to Indigenous patients and families and combat Indigenous-specific racism in health care.

Priority 4.2

Expand self-management programs and supports for those living with chronic disease and/or frailty

4.2.1 Enhance the Patients as Partners Initiative

Expanding the Self-Management Frailty Health Coach Program, which supports individuals and family care partners in managing health more effectively at home and in engaging with the health-care system. Educational resources offered by Patients as Partners-funded contractors will also be enhanced. This could include integrating frailty topics into multicultural events organized by the interCultural Online Health Network (iCON).

Priority 4.3

Increase access to community-based specialized services for those with complex care needs and/or frailty

4.3.1 Explore options for integrating B.C. Emergency Health Services response with health authority clinicians

Integrating primary care paramedics with other health clinicians offers opportunities for increasing in-home fall assessments and linking patients to local prevention resources. Virtual and in-person options can enable more holistic responses and follow-up to 911 calls related to falls.

4.3.2 Explore primary care via outreach service delivery for frail seniors

Investigating options for providing patient-centered primary care services to older adults in their homes. Outreach primary care delivery aims to increase accessibility, integrate care, and improve patient engagement and health outcomes by bringing services to familiar, comfortable environments.

Priority 4.4

Improve the detection and treatment of frailty and fall-related injury risk in acute care settings and enhance care planning

4.4.1 Reinvigorate frailty risk identification care planning practices in acute care

Focusing on patient screening and assessment, developing comprehensive care plans to mitigate frailty in hospital, restoring health, and facilitating discharge planning to support safe return, as soon as possible upon admission.

4.4.2 Explore options to enhance secondary fracture risk prevention

Investigating options for secondary fracture risk prevention in hospital, including potential expansion of the Fracture Liaison Service (FLS). The FLS is a model of care for secondary fracture risk prevention focused on the identification of at-risk patients, investigation of osteoporosis, and initiation of appropriate treatments including medication and fall prevention measures.

Priority 4.5

Support delivery of quality nutrition care in acute care settings, including improving the prevention, detection, and treatment of malnutrition

4.5.1 Implement Provincial Nutrition Standards in acute care

Introducing evidence-based, practice-informed Provincial Nutrition Standards in acute care settings to enhance the nutrition care and food service experience for patients. Developed by specialists in clinical nutrition and food service, the standards focus on guiding menu planning and meal delivery that consider the diverse cultural preferences of patients, including local Indigenous populations, while also promoting autonomy in food choices during their care. Under the standards, facilities are required to establish rigorous processes for the prevention, detection, and treatment of malnutrition, including comprehensive discharge planning.

Focus Area 5:

Collaboration, Accountability, & Continuous Improvement

Priority 5.1

Establish dedicated forums for collaboration to support *Age Forward* systems and services

5.1.1 Convene a cross-government table to support Age Forward systems

Establishing a cross-government table to facilitate coordinated planning, development, and implementation of programs, services, and policies aimed at supporting *Age Forward* systems.

5.1.2 Establish a mechanism for older adults and care partners to have a voice in community programming

Leveraging Community Collaboratives across the province to incorporate older adults' input into program planning processes, ensuring that investments align with the evolving needs of older adults in their communities.

Priority 5.2

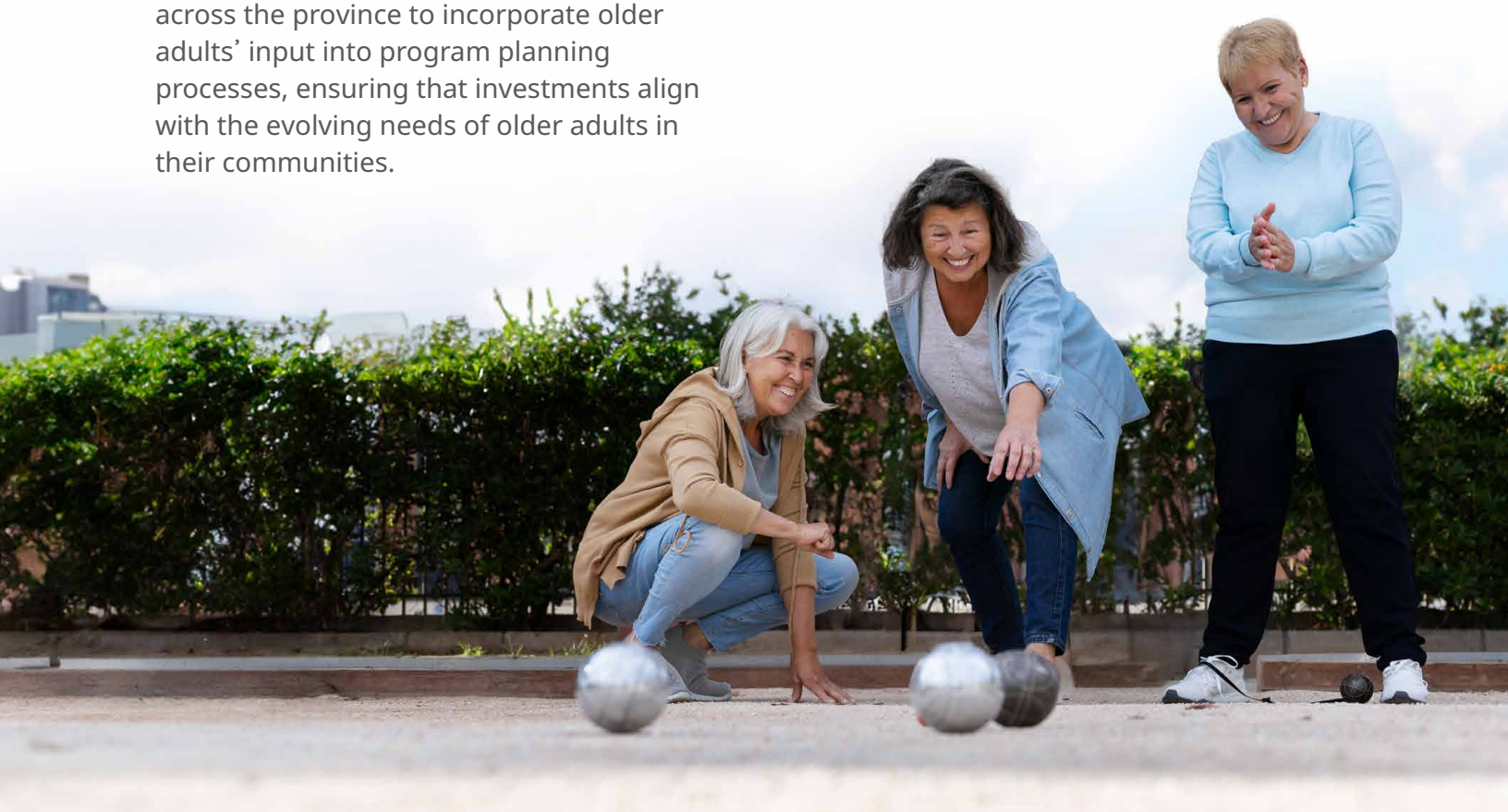
Monitor progress towards strategy goals and allow for responsive adaptation

5.2.1 Develop a measurement and surveillance framework for the Action Plan

Enabling the monitoring of outcomes and impacts and informing future *Age Forward* action plans.

5.2.2 Conduct regular measurement and reporting

Coordinating with other health system partners on measurement and reporting to track progress of the *Action Plan*.



Appendix A

The following key factors in frailty and fall prevention and management were considered in the development of *Age Forward British Columbia's 50+ Health Strategy and 3-Year Action Plan.*

Health Behaviours

Physical Activity

- Physical activity prevents and reduces frailty among older adults.[18] Strength and balance exercise programs are effective at reducing fall and injury risk, which can increase the risk of developing or exacerbating frailty. Aerobic exercise can prevent and manage multiple chronic conditions associated with frailty.[19]

- As age increases, barriers to participating in physical activity can increase, (e.g. financial, functional limitations, motivation and self-confidence), increasing the risk of negative health outcomes from physical inactivity.

- Physical activity has positive impacts on cognitive function and mental health and can provide opportunities for social connection (i.e. group-based classes). Physical activity can also improve mood, sleep, and overall quality of life.

- A positive feedback loop exists between participating in physical activity and maintaining independence, an important factor for preventing frailty. Maintaining and/or improving physical and cognitive function through physical activity supports older adults' capacity to a) accomplish activities of daily living required to remain independent, and b) engage in hobbies and recreational activities, further promoting functional capacity.

- In B.C., 69% of adults aged 50-64 and 51% of those aged 65+ reported achieving Canada's Physical Activity Guidelines of 150 minutes per week of moderate to vigorous physical activity in 2021.[20] More men compared to women in both age groups met the guidelines, highlighting underlying barriers faced by different populations.

- Different equity deserving groups face increased barriers (e.g. financial, cultural/ language, structural) to physical activity opportunities including Indigenous Peoples, newcomers to B.C., and racialized groups.

Nutrition

- Poor nutritional status is a key contributor in the development of frailty.[21] Increasing age coincides with physiological, psychological, and social changes that can increase the risk of poor nutrition (e.g. decreased sense of taste and smell, loss of thirst, poor oral health, reduced appetite, difficulties digesting and absorbing food, and having chronic conditions). Certain life circumstances, such as living alone, can also increase the risk of poor nutrition.

- About one third (34%) of community-living older Canadians aged 65 and older were at risk of poor nutritional status in 2008/2009. Women were more likely than men to be at nutritional risk (38% versus 29%).[22] Between 2010-2013, 45% of adult patients admitted to hospital were found to be malnourished.[23]

- Eating patterns that emphasize fruit, vegetables, whole grains, protein foods, along with adequate hydration, help to prevent and reduce frailty.[24] Eating well, especially when combined with physical activity, helps to maintain strength with aging, lowering the risk of frailty and falls. In addition to providing key nutrients, food supports cultural, social, mental, and spiritual well-being. In B.C., only 20% of those 50-64 years and 27% of those aged 65+ reported consuming fruits and vegetables five or more times daily in 2021.[25]

- Eating with others creates a sense of belonging and social connection, as well as providing opportunity for improved nutrition.

Food Insecurity

- Access to affordable, culturally preferable, nutritious, and safe food is critical to the health and well-being of older adults.

- Household food insecurity is inversely associated with diet quality. It is also associated with poorer cognitive function and increased risk of physical and mental health problems including depression, anxiety, stress, and sleep disorders. Those most likely to be food insecure include people and households that are marginalized due to structural, social, economic, and geographic inequities.[26]

Substance Use

Tobacco

- Tobacco use has been shown to increase frailty and frailty risk. The use of tobacco significantly worsens overall health, and smoking tobacco remains a leading preventable cause of premature death, disease, and hospitalizations.[27]
- In B.C., 12% of people aged 50 to 64 and 7% of people aged 65+ were daily or occasional smokers in 2022.[20]
- Quitting smoking may be beneficial for preventing or delaying the development of frailty in older adults.[28,29]

Alcohol

- Alcohol affects the brain and nervous system and is a causal factor in over 200 disease and injury conditions, including cardiovascular disease, cancer, gastrointestinal diseases, communicable diseases, poor mental health, falls, and violence.[30] It is a leading contributor to preventable injury in Canada[31] and a significant preventable driver of hospitalization, accounting for approximately 6% of hospitalizations annually in B.C.[32] There were 25,217 hospitalizations attributable to alcohol in B.C. in 2020, 10,647 (42%) of which were among those aged 65+.[33]
- Aging slows the ability of the body to break down alcohol, increasing the risk of harm. Sex and gender also affect the use and health effects of alcohol. Female bodies experience a greater effect from alcohol and experience more harm from lesser amounts of alcohol.

- Increased consumption also increases risk and harms.[34] Consumption in B.C. has been trending upward since 2013 and annual per capita alcohol consumption was 9.16L per person age 15+ in 2022.[35] Heavy drinking[ii] is increasing, with 19% of 50–64-year-olds and 9% of those 65+ reporting heavy drinking in 2022.

ii Heavy drinking refers to males who reported having 5 or more drinks, or women who reported having 4 or more drinks, on one occasion, at least once a month in the past year.

- Even at low to moderate levels, alcohol can be harmful to both short-term and long-term health, and can impair cognitive and psychomotor function, balance, visual focus, reaction time, and judgment. Alcohol also changes behaviour, leading to minor and major injuries.

Cannabis

- Reported cannabis use by older adults (both past year use and frequent use) has increased between 2019 (first year data available) and 2022. In B.C., cannabis use among ages 50-64 was 20.1% in 2019, and 23.3% in 2022; while frequent use (daily or almost daily) was 5.7% in 2019 and 7.5% in 2022. Among those aged 65 years and older, usage was 9.3% in 2019, and 12.0% in 2022, with frequent use at 3.4% in 2019 and 3.9% in 2022.[20]
- Due to the prohibition of cannabis in Canada that ended with legalization in 2018, the evidence on risks and benefits of use is still limited and is emerging. People can use cannabis for both medical and non-medical reasons.

Connection & Social Support

Community-Based Seniors' Services

- Community-based seniors' services (CBSS) programs deliver non-medical home support services and health promotion programming throughout B.C., to support independence, social engagement, and connection. CBSS programs are funded by the B.C. Ministry of Health, managed by United Way B.C. (UWBC) and delivered by non-profit agencies across the province. A goal of CBSS programming is to increase social connection and reduce isolation and loneliness among older adults, which are key contributors to frailty.

- Research has shown that social isolation and loneliness in older adults are associated with a reduced sense of well-being and quality of life, poor general health, and increased use of health and support services.[37] Social isolation and loneliness have been linked to higher risks for a variety of physical and mental conditions including high blood pressure, heart disease, a weakened immune system, anxiety, depression, and cognitive decline.[38]
- Enhancing social connections is important for supporting the well-being and health of older adults.[39] Social support has been shown to slow cognitive decline,[40] impact physical and mental health, quality of life, loneliness, anxiety and mortality risk.[41] Promising interventions include programs to improve social skills, enhance social support, increase opportunities for social interaction, and address deficits in social cognition.[42]

Age-Friendly Communities

- Older adults who live in communities with high levels of age-friendliness are less likely to experience frailty. Age-friendly communities is a concept developed by the World Health Organization that "focuses on action at the local level that fosters the full participation of older people in community life and promotes healthy and active ageing."[43]
- Building inclusive communities with improved transportation, housing and built environments is vital. Social participation and encouraging the inclusion of social and health services is important in preventing frailty among community-dwelling older adults and promoting independence.
- Supporting age friendly physical and social environments empowers older adults in making choices that enhance their health and well-being, and allows them to fully participate in their communities for as long as possible.

Data related to Community Connection & Social Support

- Most adults 50+ years living in B.C. reported a strong or very strong sense of belonging to their local community in 2022. This proportion was higher with increased age but has decreased since 2020.[20]
  - 50-64 years: 72% (2020) to 64% (2022)
  - 65+ years: 81% (2020) to 73% (2022)
- About 60% of Canadians aged 55-64 years and 61% of those aged 65+ rarely or never felt lonely from April to June 2023, with around 29% sometimes and 10% frequently feeling lonely for both age groups.[44]
- BC211 is a provincial helpline/website/text service connecting people to community,

government, and social services. BC211 received 619 calls for senior abuse in 2021/22, with a 46% increase in calls from 2020/21 to 2021/22. Self-neglect accounted for 68% of the 708 confirmed abuse cases in B.C. investigated by Designated Agencies in 2021, followed by abuse (36%) and neglect (18%).[45]

Health System Support

Home Health

- Home Health is a group of publicly subsidized services that support older adults with complex conditions and/or with frailty, to manage their health-care needs and remain living at home for as long as possible. These services include support with daily living activities (such as, dressing, bathing, medication support), community-based professional services delivered by registered health professionals (such as care management and planning, client assessment, nursing, occupational therapy, physical therapy, social work, dietetic services), and support services for caregivers (such as adult day programs, in-home respite, in-facility overnight respite).

- Recent estimates suggest that up to one in three Canadians admitted to a long-term care home may have been better suited to receive care at home.[46] In 5% of hospitalizations in B.C. in 2021/22, patients continued to occupy a hospital bed after their treatment ended. More than 80% of these hospitalizations were for older adults, many of whom were waiting for suitable care services outside of the hospital to support them in managing their non-acute medical conditions.[45]

- When implemented effectively, home health services can help older adults avoid emergency department visits, extended hospital stays, and premature admission to facility-based care.

Primary Care

- Primary Care plays an important role in preventing and reducing frailty through early detection, comprehensive assessments, personalized interventions, and ongoing monitoring. Early identification and management of patients with, or at-risk of, frailty provides an opportunity to suggest appropriate preventative and rehabilitative actions. These actions have the capacity to prevent, rehabilitate, or even reverse decline associated with frailty. Providing people with knowledge about their health status at an earlier stage empowers them to plan their future and supports them in making informed choices.

- Attachment to a family physician or nurse practitioner reduces service fragmentation and allows for longitudinal, relationship-based primary care, including providing regular assessments and team-based care to support primary care needs. Access enabled by attachment is an effective way of keeping everyone, including frail older adults, from hospitalizations or moving into long-term care.

- Most people in B.C. aged 50+ in 2022 reported having a regular health-care provider:[20]
  - 50 to 64 years: 89%, women (91%), men (86%)
  - 65+: 92%, women (93%), men (91%)

Immunizations

- The immune system can start to deteriorate as an individual ages. Adults may start experiencing chronic, low-grade inflammation, making them more susceptible to various diseases. Older adults are at higher risk of frailty from vaccine preventable diseases and associated complications. These can lead to longer-term illness, requiring intensive care or hospitalization. Immunization is the best way to protect against vaccine preventable diseases.[47]

- Key evidence showing the effectiveness of immunization for frailty prevention and reduction includes improved protection against vaccine preventable diseases, increased quality of life, reduced rates of vaccine preventable diseases and hospitalizations among older adults in B.C., and reduced health-care costs.[48]

- B.C. offers enhanced influenza vaccines, pneumococcal polysaccharide vaccine, and prioritized COVID-19 vaccines for adults aged 65+ to compensate for their reduced capacity for an effective immune response.[49]

Pharmacy Services

- Polypharmacy, or the simultaneous usage of multiple medications, is common among older adults living with frailty. Polypharmacy increases the risk of adverse drug events, drug-related emergency department visits, and falls.[50]

- Older adults living with frailty are at greater risk of drug therapy problems due to the high number of medications taken, chronic conditions, and age-related physical changes.[51]

- Over 318,000 people or 15% of B.C. residents aged 50+ had active prescriptions for five or more medications concurrently in 2022.[52]

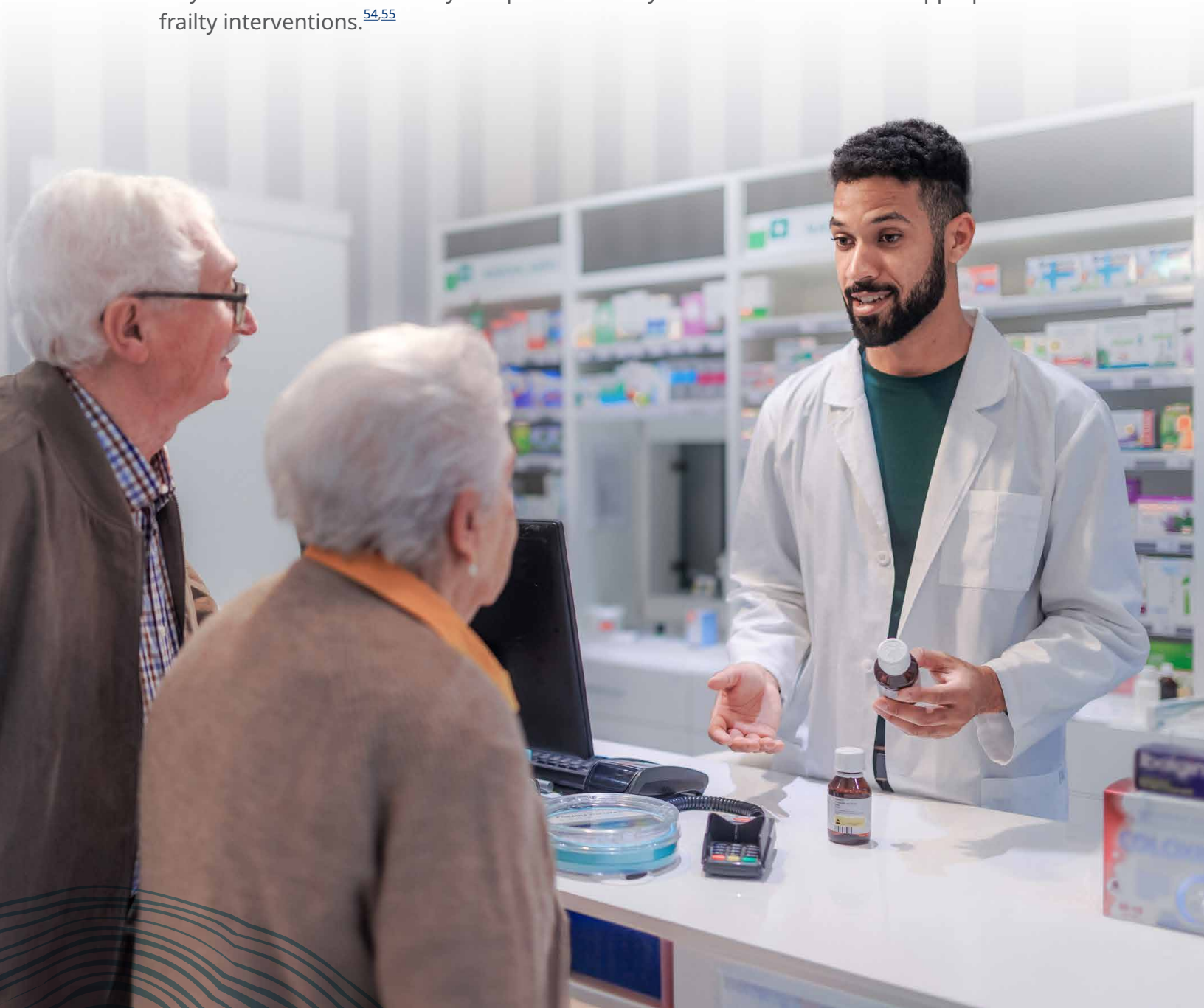
- Pharmacists are accessible medication experts with specialized training and are well-equipped to support patients to manage drug therapy and chronic diseases.

Hospital Care

- Hospitals can support the identification of frailty, particularly for patient populations not attached to a longitudinal care provider, or who have complex chronic conditions that intersect with frailty and require episodic acute care.

- The role of hospitals in identifying frailty has increased over the past two decades. On average, patients presenting to hospitals in B.C. are older, have more chronic and acute conditions, and are more likely to have repeat visits to the hospital than twenty years ago.[53]

- Hospitals can play a role in the reduction of frailty. Early identification, and care planning to manage and mitigate frailty, are key to reducing frailty in hospitals. Frail admitted patients typically have longer hospital stays than non-frail admitted patients, and extended hospital stays can worsen the severity of a patient's frailty status in the absence of appropriate frailty interventions.[54,55]



Appendix B

Data

The data presented below provides an overview of the population *Age Forward* supports, including demographics, socioeconomic status, prevalence of health conditions, and health-care utilization. Appendix A also includes relevant statistics.

Population[15]

In 2023, approximately 39% of the B.C. population was 50 years and older (over 2.1 million B.C. residents). About 53% of adults 50+ years were female and 47% were male. As age increases, population numbers decrease, and the proportion of females increases. The proportion of the population aged 50 years and older is expected to remain consistent over the next 20 years, but with a growing total population, the number of older adults is expected to increase by over 789,000 by 2043, reaching over 2.9 million people 50 years and older.

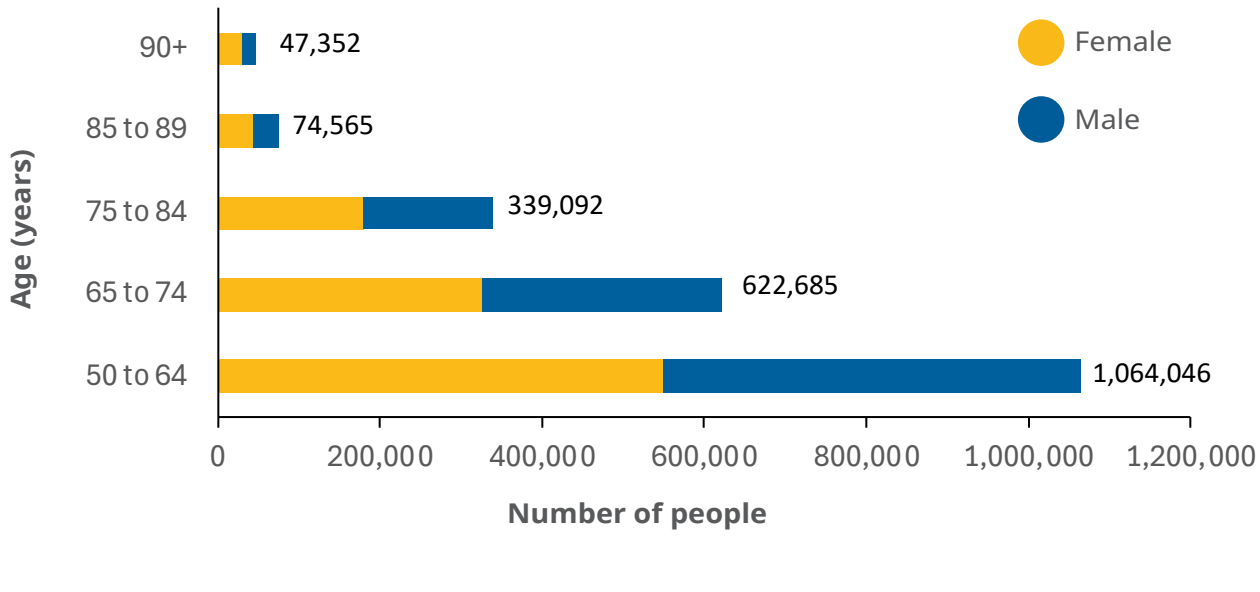


Figure 1. Age and sex distribution of adults 50+ years in B.C. (2023)

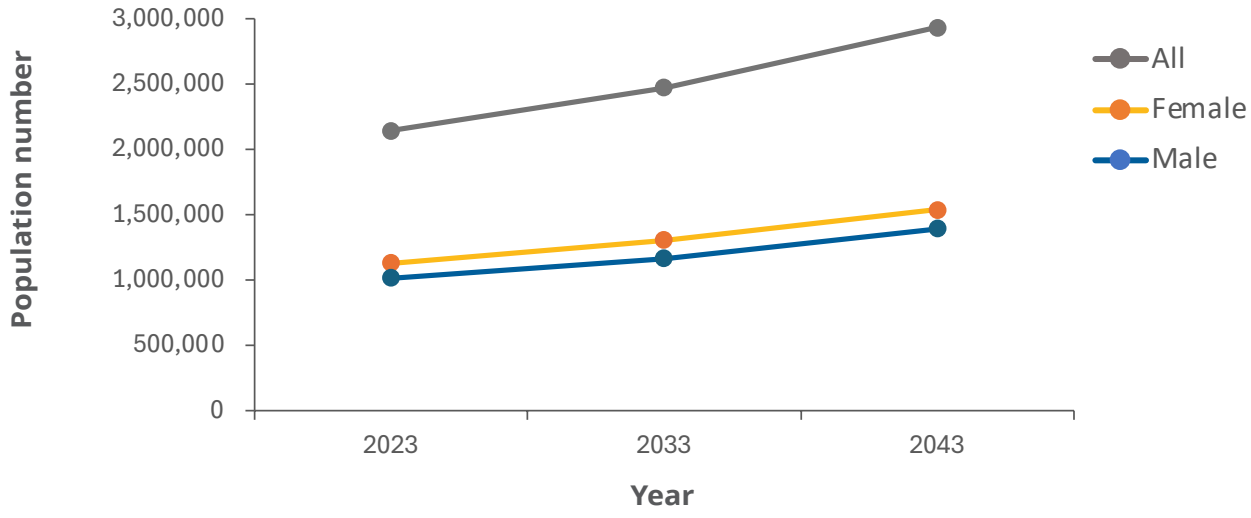


Figure 2. Projected population of people 50+ years in B.C. over the next 10 and 20 years

Diversity

In 2021, around 4% of the population 45 years and older living in B.C. identified as Indigenous. Among these people, nearly 60% identified themselves as First Nations, 36% as Métis, and less than 1% identified as Inuk (Inuit).[56]

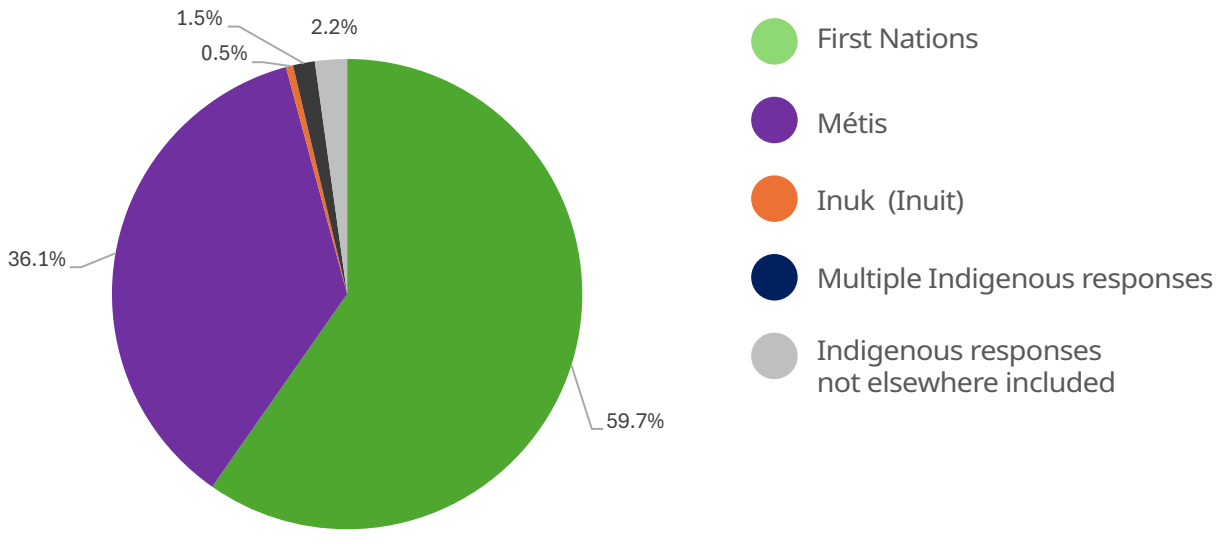


Figure 3. Distinction of Indigenous Peoples 45+ years in B.C. (2021)

In 2021, 27.5% of people 45 years and older in B.C. identified as being part of a racialized group (non-white and/or non-Caucasian). This proportion was higher in younger age groups, at 35.5% for 45–54-year-olds and lower in older age groups, at 21.5% for people 75 years and older.[57]

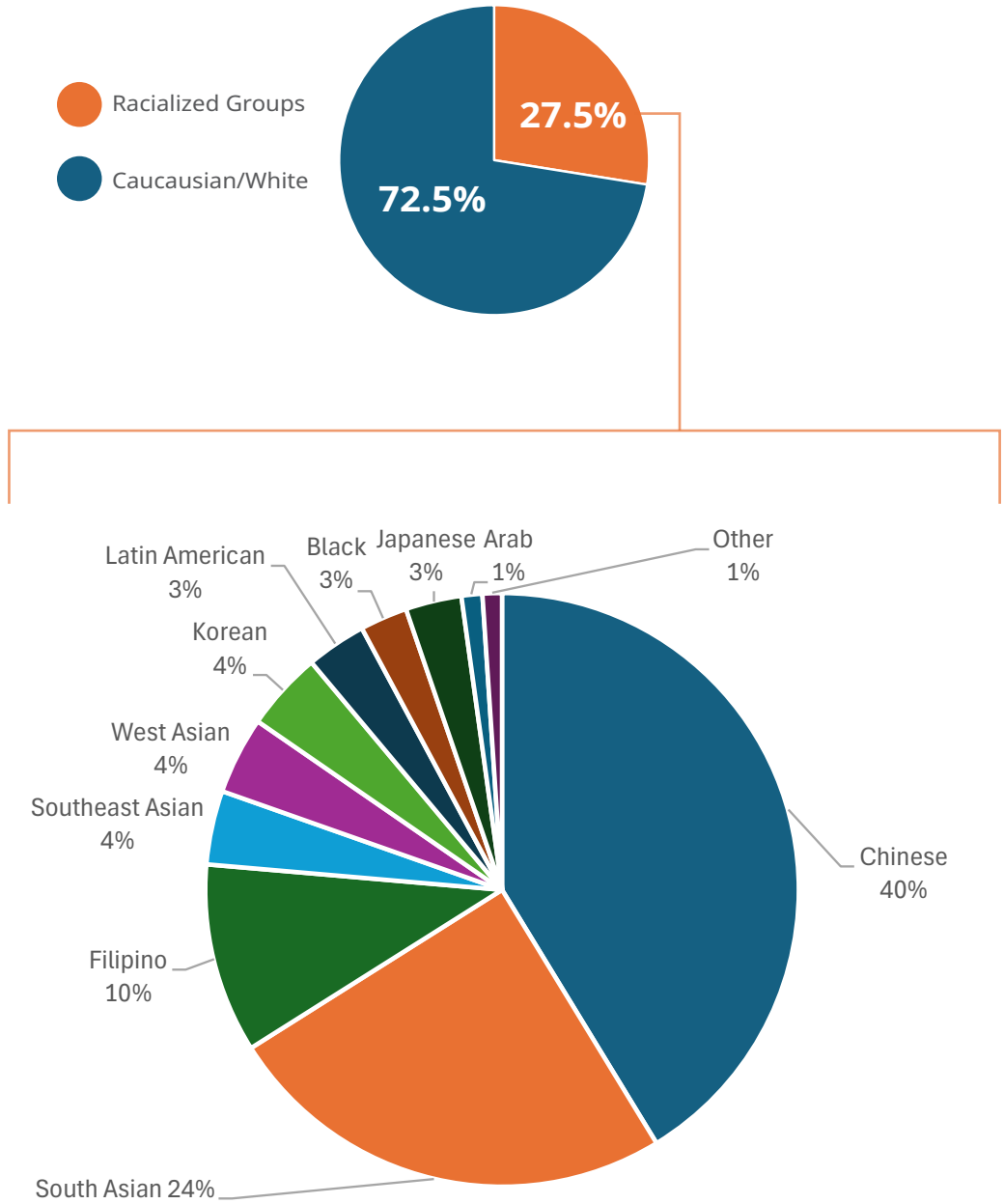


Figure 4. Racial identity among population 45+ years in B.C., excluding Indigenous Peoples (2021)

Interior and Island health authorities had the highest proportion of adults 50+ in 2023, with B.C. residents 50 years and older making up almost 45% of the population. In Fraser, Northern, and Vancouver Coastal health authorities, older adults made up 36-37% of the population.[58]

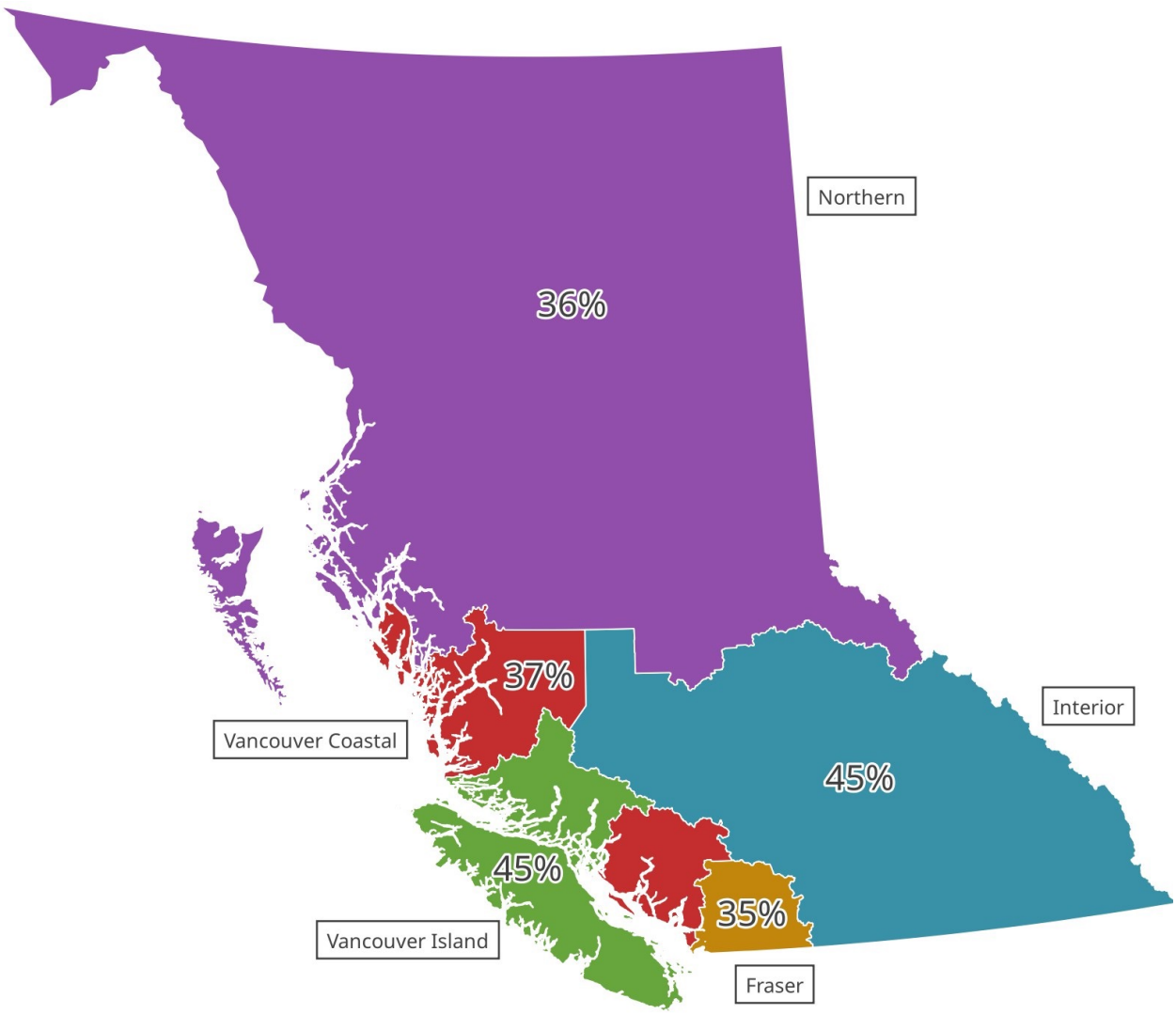


Figure 5. Percent of population 50+ years in each health authority (2023)

In 2022/23, 25% of the people living in rural areas, and 19% of people living in urban areas of B.C. were older adults (65+).[59]

Socioeconomic Factors

Most adults 50 years and older in B.C. are employed, with the proportion of older adults shifting from full-time to part-time work increasing with age.[60] In 2018, approximately one in four people in Canada aged 65 years and older were caregivers, supporting friends or family with problems related to aging, a physical or mental disability, or a long-term condition. On average women provided more hours of care per week (8 hours) compared to men (5 hours).[61]

For adults 45-54 years, 55-64 years, and 65+ years, median total income was consistently lower for older age groups compared to younger groups from 2018–2022.[62] In 2022, 8.7% of those aged 65 years and older in B.C. (89,000 individuals) were classified as low income (8.5% among males and 8.8% among females). For those 65+ not living with family or a partner, their likelihood of being low income more than doubles (19.7%).[63]

The proportion of people facing food insecurity in 2022 in B.C. was higher in younger adult age groups:[64]

- 45-54 years: 22.9% (148,000 people)
- 55-64 years: 18.9% (134,000 people)
- 65 years and older: 12.1% (124,000 people)

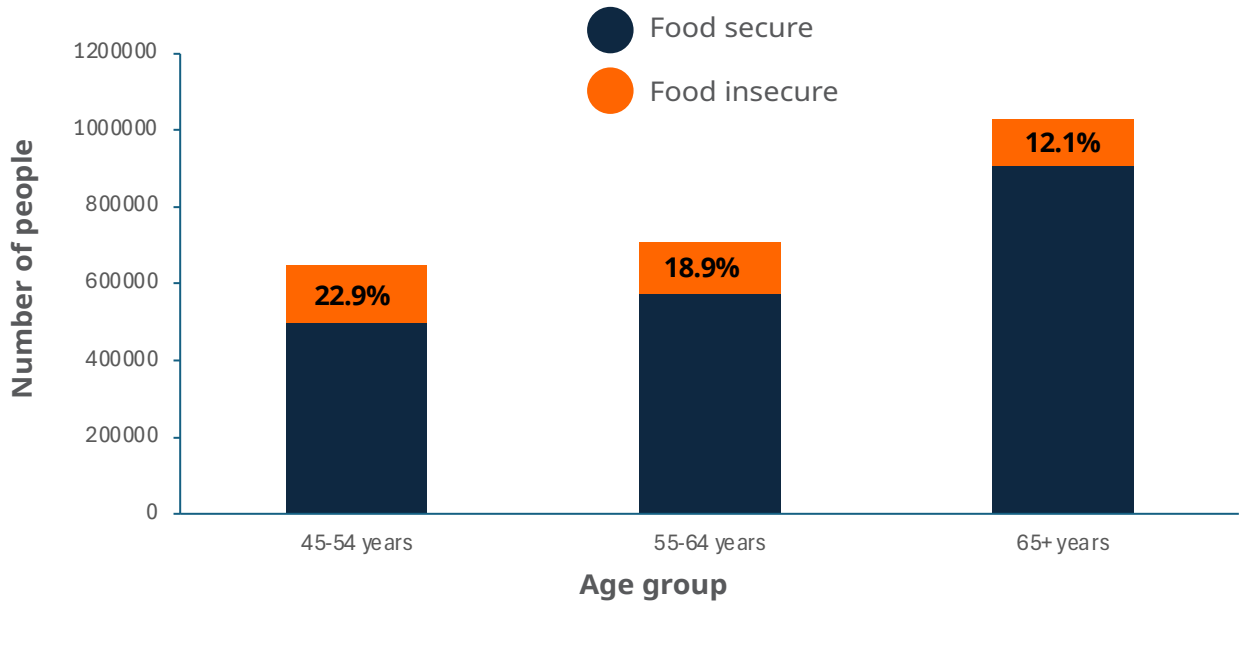


Figure 6. Food security among people aged 45+ in B.C. (2022)

Health

At age 50, life expectancy in B.C. in 2022 was 34.22 years (based on 3-year aggregate for a total of 84.22 years). Life expectancy has increased for all ages since 1981, with only a slight decline (0.25 years) in the most recent 3-year period.[65]

Perceived Health: Fewer than half of people aged 50 years and older living in B.C. rated their health as very good or excellent in 2022. The proportion of people in B.C. rating their health as very good or excellent has decreased from 2020 to 2022 among those aged 50-64 years (from 55.8% to 47.2%) and those 65 years and older (from 51.8% to 40.6%).[20]

Perceived Mental Health[iii]: From 2020 to 2022, those who perceived their mental health to be very good or excellent decreased for those aged 65 years and older (from 70.6% to 55.9%) and those aged 50-64 years (from 60.9% to 54.7%).[20]

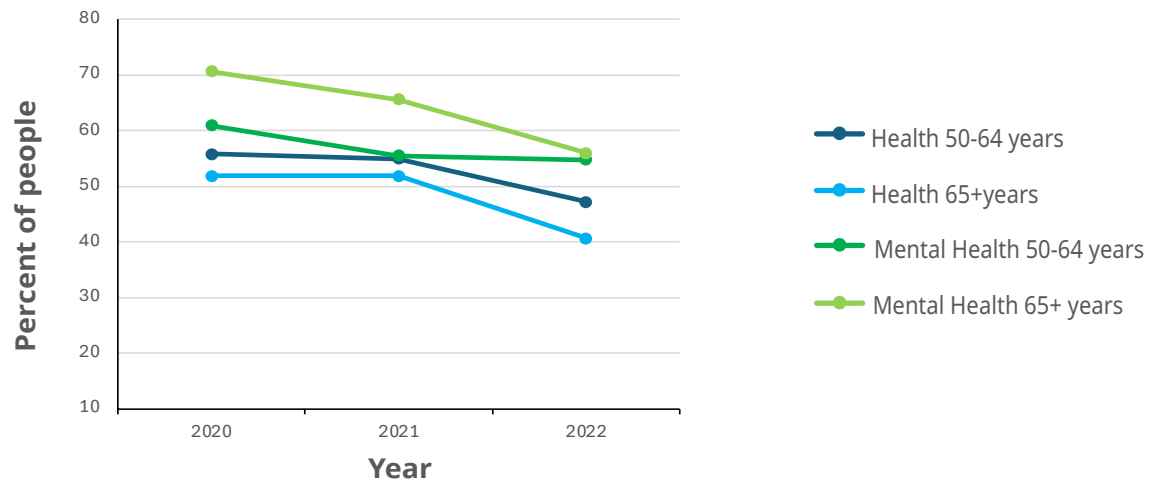


Figure 7. Percent of people 50-64 years and 65+ years in B.C. reporting very good or excellent health and mental health, 2020 - 2022[iv]

Disability: The percentage of persons with disabilities (including physical, cognitive, and mental health related) in B.C. increases with age, nearly doubling from 29.5% among those aged 45-64 years to 53.5% among those 75 years and older in 2022. The percentage of persons with disabilities was higher for females than males among those aged 45-74, whereas for those 75+ the prevalence was higher among males (54.4%) compared to females (52.6%).[66]

iii The survey methodology changed in 2022 to be entirely online and as such is not directly comparable to previous years.

iv Note that the COVID-19 Pandemic could have been a factor in the declining rates of self-rated health and mental health during this time period.

Chronic conditions: In 2021/22, almost 47% of B.C. residents 50 years and older had two or more chronic conditions (over 1 million people)[v]. Prevalence was higher for older age groups, at around 80% for people 75 years and older. Prevalence of 2+ conditions was similar between males and females, with a slightly higher prevalence in males for age 50-64 years and in females for all other age groups. Around 22% of people 75 years and older had five or more chronic conditions.[67]

Osteoporosis: In 2021/22, approximately 11% of B.C. residents aged 50 years and older, had an osteoporosis diagnosis (over 209,000 people). The prevalence increased with age, with approximately 22% of 75–84 year-olds and 35% of 85+ year olds having an osteoporosis diagnosis. Osteoporosis diagnoses were more prevalent in females compared to males across all age groups.[67]

Dementia: In 2021/22, over 67,000 B.C. residents 50 years and older (3.1%) had a diagnosis of Alzheimer's disease or another form of dementia. The highest prevalence of Alzheimer's and other dementia was observed in people 85 years and older; approximately 23% of this age group (over 30,000 people) had a diagnosis. Prevalence was similar between females and males below 85 years. Among those aged 85+, females had a higher prevalence (25%) compared to males (20%).[67]

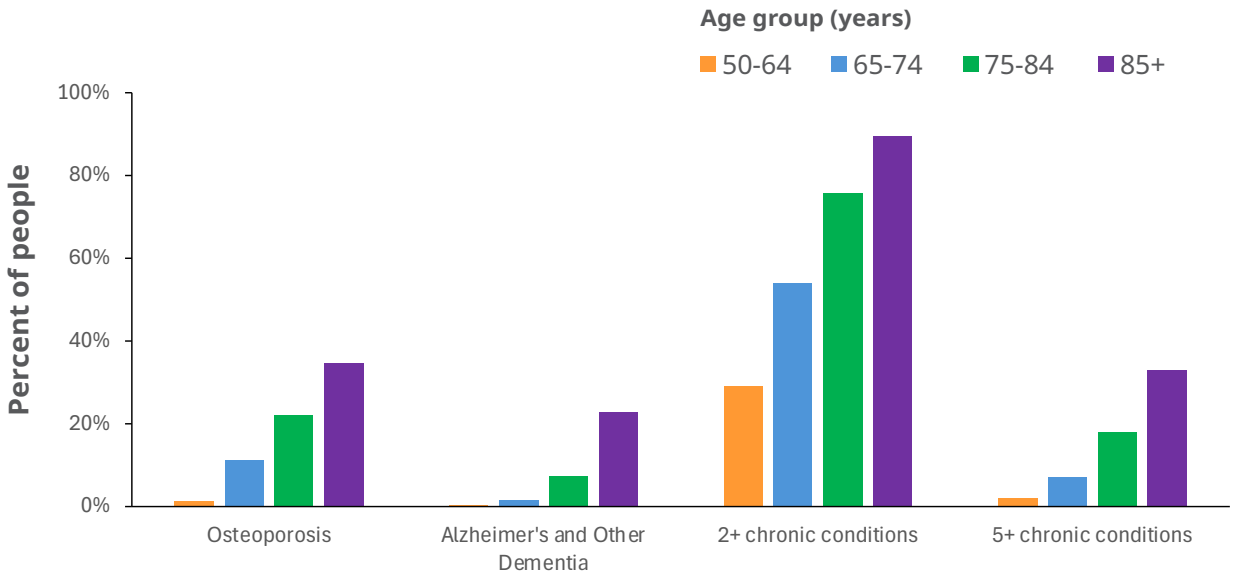


Figure 8. Prevalence of Alzheimer's and other dementia, osteoporosis, and multiple chronic conditions, by age group, B.C. 2021/22

v Based on Chronic Disease Registry. Two or more conditions includes 20 conditions: asthma, chronic obstructive pulmonary disease, heart failure, ischemic heart disease, stroke, transient ischemic attack, Alzheimer's and other dementias, epilepsy, multiple sclerosis, Parkinson's disease, anxiety and mood disorders, schizophrenia and delusional disorders, substance use disorders, gout, osteoarthritis, osteoporosis, rheumatoid arthritis, diabetes mellitus, chronic kidney disease, and hypertension.

Cancer: As of January 1, 2022, around 90% of all people living in B.C. with a recent (within 5 years) cancer diagnosis were 50 years and older, which is around 82,100 people. Of all cancer diagnoses, the majority were for people aged 65-79 years (approximately 46%), followed by 50-64 years (approximately 26%), and then those aged 80 years and older (approximately 17%). More males compared to females had a diagnosis for ages 65-79 and 80+, while more females compared to males had a diagnosis for ages 50 – 64 years.[68]

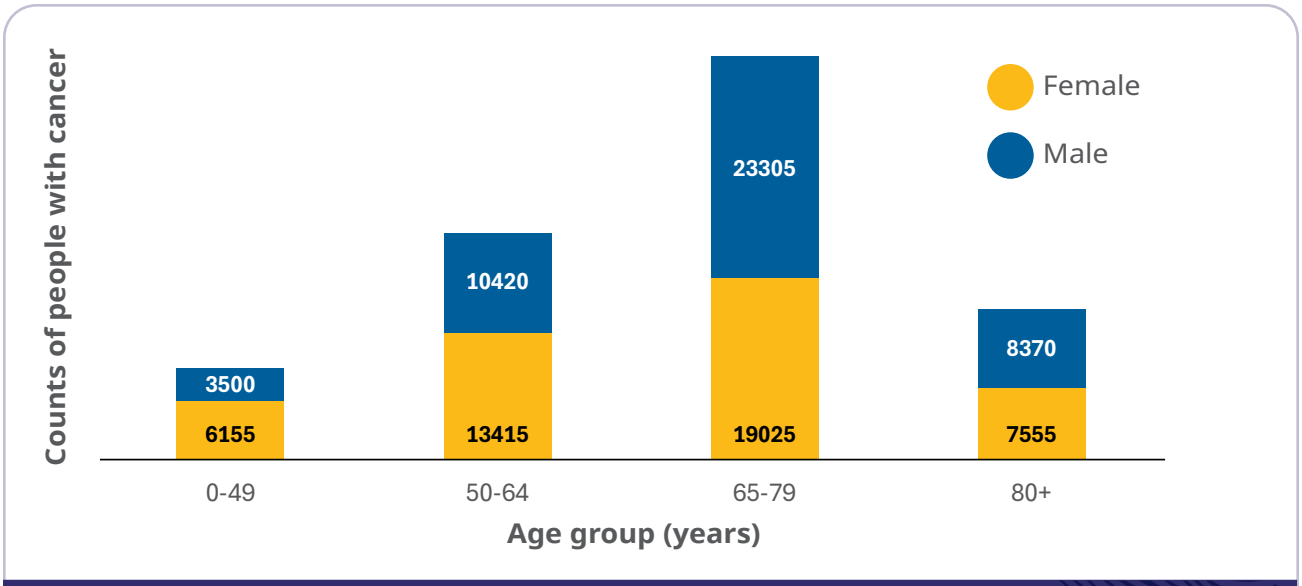


Figure 9. 5-year cancer counts of males and females in B.C. by age (January 2022)

The most common cancer types for people aged 50 years and older living in B.C. diagnosed in the past 5 years are breast, colorectal, and lung cancer for females, and colorectal, lung, and prostate cancer for males.[67]

Health-care Service Use

Home & Community Care Support Services[69]

In 2022/23, about 7.9% (around 25,500 people) of B.C. residents 75-84 years were receiving publicly funded support such as home support services, assisted living or long-term care. Of these people who access supports, nearly half (47%) were 85 years or older.

Of all B.C. residents aged 85 years and older, about 31.7% (around 39,000 people) were receiving publicly funded support as follows:

- Home support: 14.5%
- Assisted living: 1.6%
- Long-term care: 15.6%

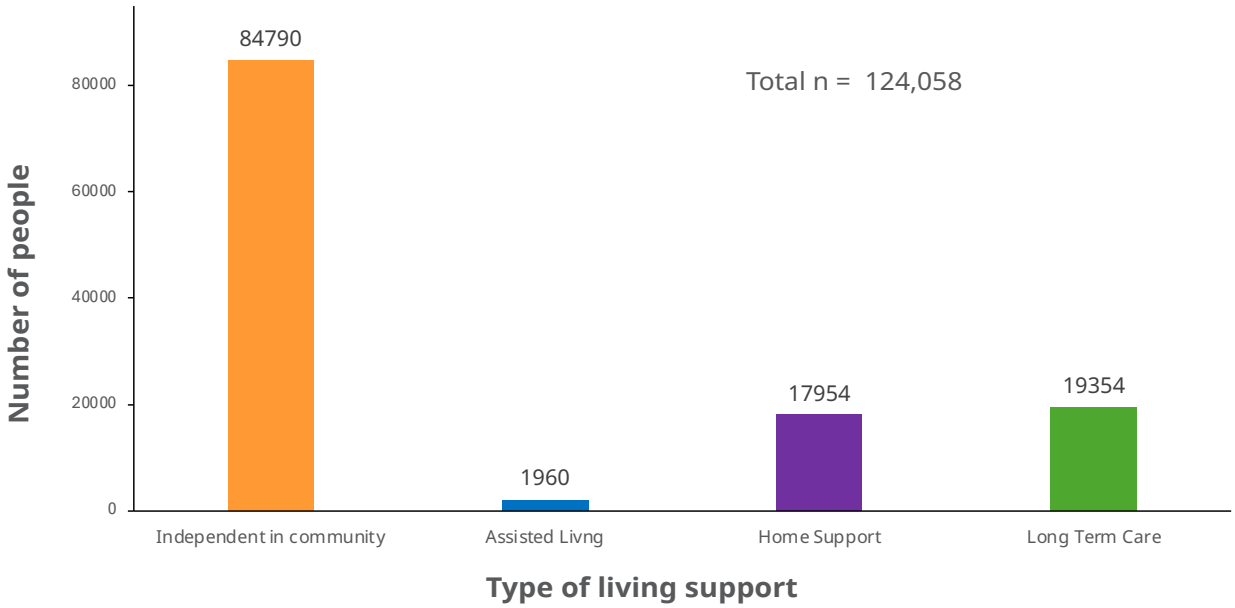


Figure 10. Living setting and support for people 85+ years in B.C. in 2022/23

Note: Clients receiving multiple types of HCC services within the 2022/23 fiscal year are only counted once for the highest intensity service type (i.e. LTC > AL > HS).

As of January 2024, approximately 11% of long-term care clients are private-paid, about 3,400.

Hospitalizations & Emergency Department Visits[70]

The use of hospital services increases with age. Despite only making up 39% of the population, people 50 years and older made up around 68% of the total hospitalizations and between 42–46% of emergency department visits[vi] from 2017/18 to 2022/23.

Over these past 6 years, an average of 20% of B.C. residents 50 years and older were hospitalized compared to 8% of BC residents younger than 50 years. This proportion is highest in older people, with around 33% of residents age 85+ being hospitalized each year.

vi Data from 30 sites, accounting for about 73% of emergency department visits in B.C.

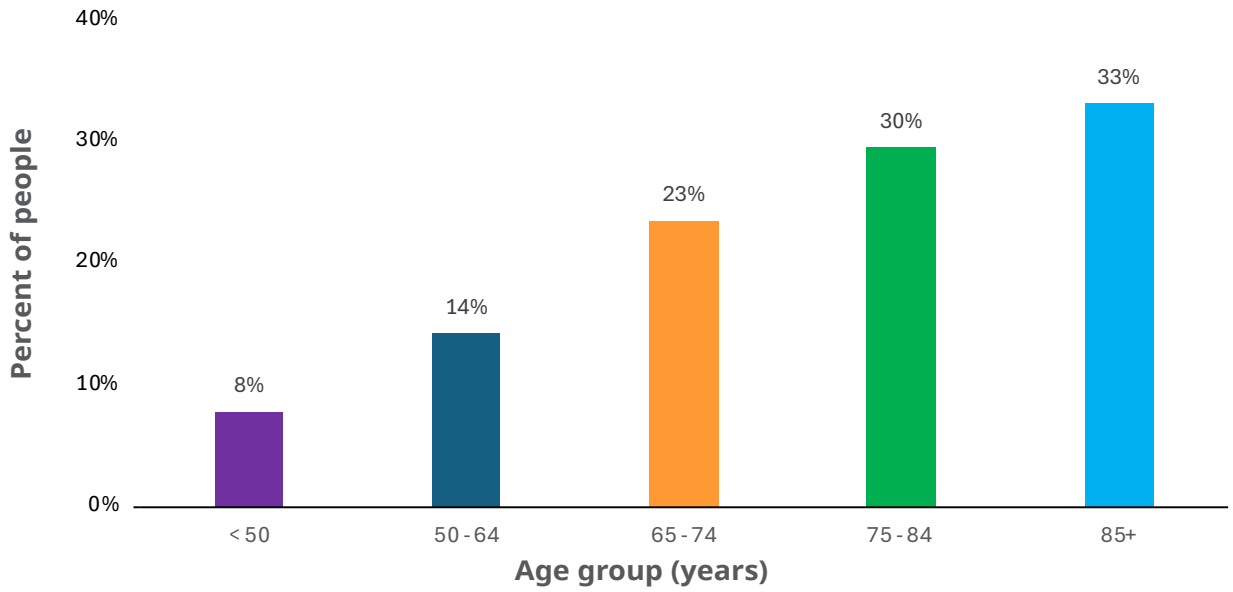


Figure 11. Proportion of B.C. residents hospitalized in B.C. in 2022/23 by age group

Falls[vii]

There were 17,446 fall-related hospitalizations among adults aged 50+ in B.C. during the fiscal year 2022/23, with 66% of these hospitalizations occurring among adults aged 75+. The rate of fall-related hospitalizations was 817 per 100,000 for those aged 50+, and more than 6 times higher, at 5094 per 100,000, for those aged 85+.[71]

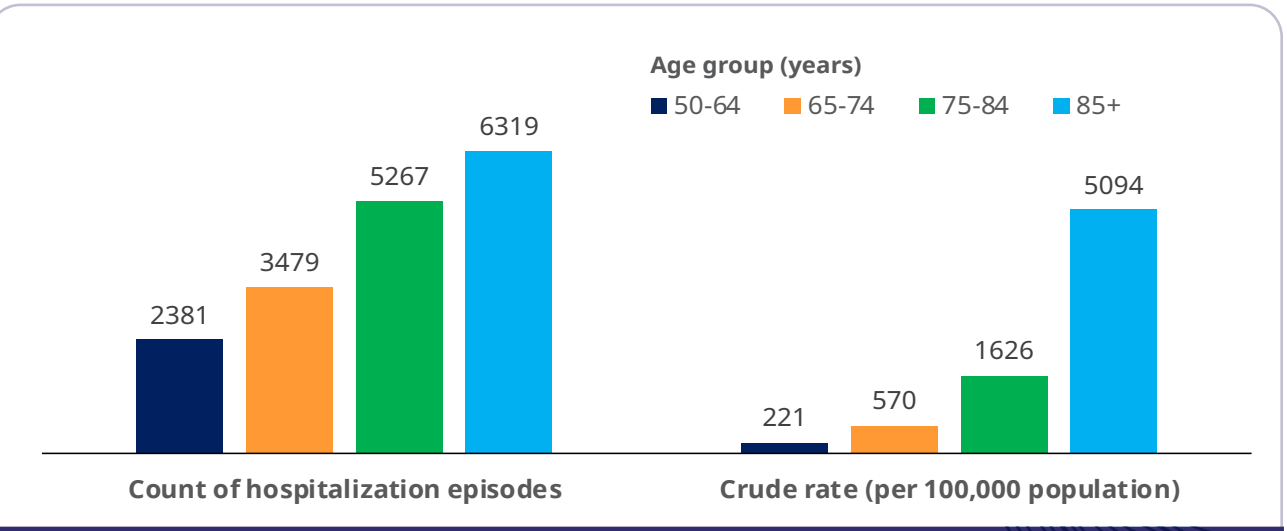


Figure 12. Counts of fall-related hospitalizations and rate per 100,000 population by age group, B.C. 2022/23

vii Includes inpatient hospital stays from Discharge Abstract Database. Excludes ambulatory care, emergency room visits and outpatient visits. Episode of care groups contiguous inpatient hospitalizations as the same episode.

There were 839 admissions to publicly funded long-term care in B.C. among adults aged 50+ within 6 weeks of a fall-related hospitalization in the 2021/22 fiscal year. These accounted for 14% of all long-term care admissions for this age group. Over this same period, 5% of admissions (530) to publicly funded long-term care in B.C. among residents aged 50+ were directly from hospital following a fall-related hospitalization.[72]

There were 591 fall-related deaths for adults aged 50+ in B.C. in 2018, with 58% of deaths occurring among adults aged 85+. The rate of deaths from a fall among those aged 50+ was around 30 per 100,000 population. Among those aged 85+, the rate of deaths from a fall was around 297 per 100,000.[9]

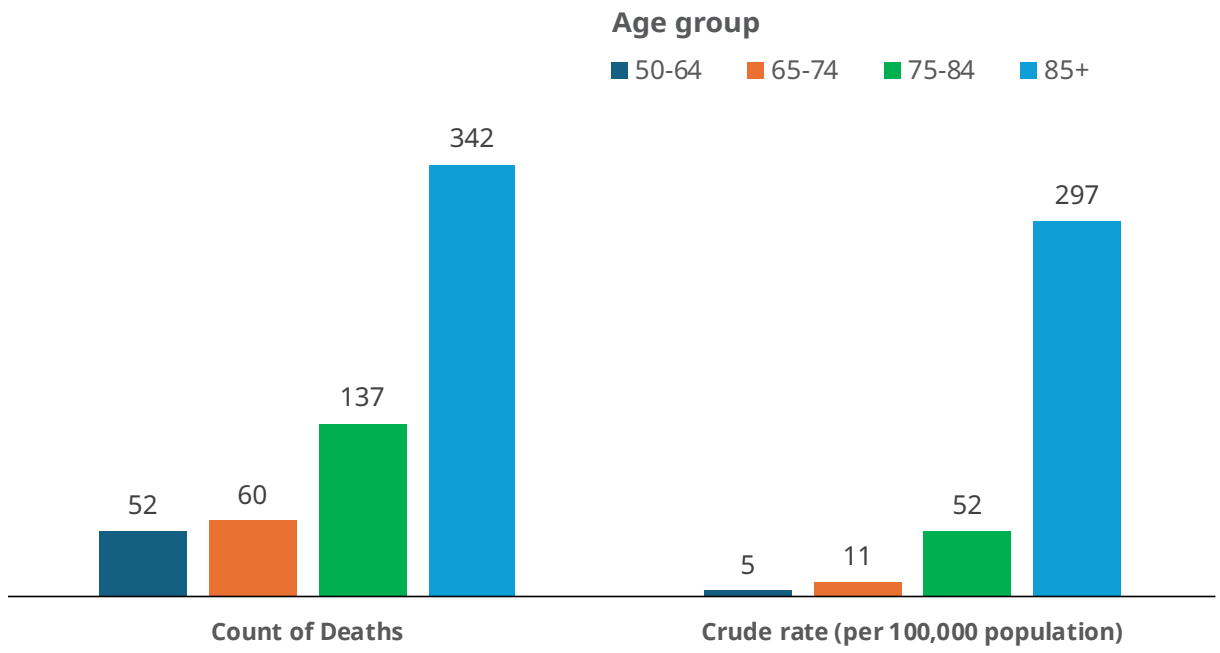


Figure 13. Counts of fall-related deaths and rate per 100,000 population by age group, B.C. 2018

References

1 BC Statistics. Data extracted and prepared by Performance, Partnerships and Methodologies Branch, Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, February 2024. Available from *https://bcstats.shinyapps.io/popApp/*

2 Canadian Frailty Network. What is Frailty? [Internet]. Kingston, ON: Canadian Frailty Network; 2024. Available from: *https://www.cfn-nce.ca/frailty-matters/what-is-frailty/*

3 Gilmour H, Ramage-Morin PL. Association of frailty and pre-frailty with increased risk of mortality among older Canadians. Statistics Canada Health Reports. 2021; 32 (4).

4 Vermeiren S, Vella-Azzopardi R, Beckwée D, Habbig A-K, Scafoglieri A, Jansen B, Bautmans I, Gerontopole Brussels Study Group. Frailty and the Prediction of Negative Health Outcomes: A Meta-Analysis. J Am Med Dir Assoc. 2016;17(12): 1163.e1-1163.e17.

5 World Health Organization. Step safely: Strategies for preventing and managing falls across the life-course [Internet]. World Health Organization; 2021. Available from: *https://www.who.int/publications/i/item/978924002191-*

6 Public Health Agency of Canada. Seniors' falls in Canada: Second report [Internet]. Ottawa, ON: Public Health Agency of Canada; 2014. Available from: *https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/seniors-aines/publications/public/injury-blessure/seniors_falls-chutes_aines/assets/pdf/seniors_falls-chutes_aines-eng.pdf*

7 Ministry of Health. Discharge Abstract Database (DAD), BCIRPU Injury Data Online Tool [Internet]. Ministry of Health; 2021. Available from: *https://cdn.prod.website-files.com/655b73b3a36151f9da132ca3/667c93802590d54337d35870_5bf02e45-1002-46ab-9cab-654b674afe59.pdf*

8 BC Injury Research and Prevention Unit. Cost of Injury [Internet]. BCIRPU; 2022. Available from: *https://www.costofinjury.ca/bc/costs-by-age-and-sex-by-cause-of-injury*

9 BC Injury Research and Prevention Unit. Injury Data Online Tool [Internet]. BCIRPU; [cited June 2024]. Available from: *http://old.injuryresearch.bc.ca/idot/*

10 Health Sector Information, Analysis and Reporting Division, B.C. Ministry of Health. Insight from Analytics: A focus on falls with unintentional injury hospitalizations. 2024. Internal document and additional custom data analysis of the Discharge Abstract Database and the Home and Continuing Care Data.

11 Health Sector Information, Analysis and Reporting Division, B.C. Ministry of Health. Insight from Analytics: A focus on falls with unintentional injury hospitalizations. 2024. Internal document.

12 BCEHS, CAD Database, extracted and prepared by Organizational Performance, Business Operations and Support, BCEHS/PHSA.

13 Manis DR, McArthur C, Costa AP. Associations with rates of falls among home care clients in Ontario, Canada: a population-based, cross-sectional study. BMC Geriatr. 2020; 20(80): 1-12.

14 BC Office of the Provincial Health Officer, BC Ministry of Healthy Living and Sport. Pathways to Health and Healing 2nd Report on the Health and Well-being of Aboriginal People in British Columbia: Provincial Health Officer's Annual Report 2007 [Internet]. Victoria, BC: Ministry of Healthy Living and Sport; 2009. Available from: *https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/health/office-of-indigenous-health/abohlth11-var7.pdf*

15 B.C. Statistics. Data extracted and prepared by Performance, Partnerships and Methodologies Branch, Health Sector Information, Analysis and Reporting Division, B.C. Ministry of Health, February 2024.

16 First Nations Health Authority. Cultural Safety & Humility Framework [Internet]. FNHA; 2022. Available from: *https://www.fnha.ca/what-we-do/cultural-safety-and-humility*

17 Government of British Columbia. Declaration on the Rights of Indigenous People Act Action Plan (2022-2027) [Internet]. Available from: *https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf*

18 Oliveira JS, Pinheiro M B, Fairhall N, Walsh S, Chesterfield Franks T, Kwok W, Bauman A, Sherrington C. Evidence on Physical Activity and the Prevention of Frailty and Sarcopenia Among Older People: A Systematic Review to Inform the World Health Organization Physical Activity Guidelines. J Phys Act Health. 2022; 17(12):1247-1258.

19 Posadzki PP, Pieper D, Bajpai RC, Makaruk H, Könsgen N, Neuhaus AL, Semwal M. Exercise/physical activity and health outcomes: an overview of Cochrane systematic reviews. BMC Public Health. 2020; 20(1): 1724.

20 Statistics Canada. Table 13-10-0096-01 Health characteristics, annual estimates. DOI: https://doi.org/10.25318/1310009601-eng

21 Ni Lochlainn M, Cox NJ, Wilson T, Hayhoe RPG, Ramsay SE, Granic A, Isanejad M, Roberts HC, Wilson D, Welch C, Hurst C, Atkins JL, Mendonça N, Horner K, Tuttiett ER, Morgan Y, Heslop P, Williams EA, Steves CJ, Greig C, Draper J, Corish CA, Welch A, Witham MD, Sayer AA, Robinson S. Nutrition and Frailty: Opportunities for Prevention and Treatment. Nutrients. PubMed. 2021;13(7): 2349.

22 Ramage-Morin PL, Garriguet D. Nutritional risk among older Canadians. Health Rep. 2013;24(3):3-13.

23 Allard JP, Keller H, Khursdheed NJ, Laporte M, Duerksen DR, Gramlich L, Payette H, Bernier P, Vesnaver E, Davidson B, Teterina A, Lou W. Malnutrition at Hospital Admission – Contributors and Effect on Length of Stay: A Prospective Cohort Study from the Canadian Malnutrition Task Force. J Parenter Enteral Nutr. 2015; 40(4): 487-97.

24 Rashidi Pour Fard N, Amirabdollahian F, Haghighatdoost F. Dietary patterns and frailty: a systematic review and meta-analysis. Nutrition Reviews. 2019; 77(7): 498–513.

25 Statistics Canada. Table 13-10-0096-12 Fruit and vegetable consumption, 5 times or more per day, by age group. Available from: *https://doi.org/10.25318/1310009601-eng*

26 BC Centre for Disease Control. Priority Health Equity Indicators for British Columbia: Household Food Insecurity. Update Report [Internet]. BCCDC; 2023. Available from: *http://www.bccdc.ca/Documents/2023-10-18_HouseholdFoodInsecurityReport.pdf*

27 Canadian Centre on Substance Use and Addiction. Canadian Substance Use Costs and Harms [Internet]. Ottawa: CCSA; 2023. Available from: *https://www.ccsa.ca/canadian-substance-use-costs-and-harms*

28 Kojima G, Iliffe S, Jivraj S, Lilias A, Walters K. Does current smoking predict future frailty? The English longitudinal study of ageing. Age & Ageing. 2018; 47(1):126-131.

29 Niederstrasser NG, Rogers NT, Bandelow S. Determinants of frailty development and progression using a multidimensional frailty index: Evidence from the English Longitudinal Study of Ageing. PLoS ONE. 2019; 14(10):1-16.

30 World Health Organization. Global status report on alcohol and health 2018 [internet]. Geneva: World Health Organization; 2018 [cited 2024 Apr 3]. Available from: *https://www.who.int/publications/i/item/9789241565639*

31 Public Health Agency of Canada. The Chief Public Health Officer's Report on the State of Public Health in Canada 2015 Alcohol Consumption in Canada [Internet]. Ottawa: Public Health Agency of Canada; 2016 [cited 2024 Apr 4]. Available from: *https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2015-alcohol-consumption-canada.html.*

32 Ministry of Health. Internal data analysis. [2023].

33 Canadian Centre on Substance Use and Addiction and Canadian Institute for Substance Use Research. Canadian substance use costs and harms data visualization tool [Internet]. CCSA; 2023 [cited April 2024]. Available from: *https://csuch.ca/explore-the-data/*

34 Paradis C, Butt P, Shield K, Poole N, Wells S, Naimi T, Sherk A. The Low-Risk Alcohol Drinking Guidelines Scientific Expert Panels. Canada's Guidance on Alcohol and Health: Final Report [Internet]. Ottawa, Ont.: Canadian Centre on Substance Use and Addiction; 2023. Available from: *https://www.ccsa.ca/sites/default/files/2023-01/CCSA_Canadas_Guidance_on_Alcohol_and_Health_Final_Report_en.pdf*

35 Canadian Institute of Substance Use Research, University of Victoria. Annual per capita alcohol consumption vs years. Interactive Data Visualization tool [Internet]. Available from: *http://aodtool.cfar.uvic.ca/pca/tool.php*

36 Statistics Canada. Table 13-10-0096-11 Heavy drinking, by age group. DOI: *https://doi.org/10.25318/1310009601-eng*

37 Federal Provincial Territorial Ministers Responsible for Seniors. Social isolation of seniors: understanding the issue and finding solutions [Internet]. Available from: *SISI.volume1.eng.pdf (canada.ca).*

38 National Institute on Aging. Research Highlights - Social isolation, loneliness in older people pose health risks [Internet]. National Institute on Aging; 2019. Available from: *https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks#:~:text=Research%20has%20linked%20social%20isolation%20and%20loneliness%20to,depression%2C%20cognitive%20decline%2C%20Alzheimer%E2%80%99s%20disease%2C%20and%20even%20death.*

39 Suragarn U, Hain D, Pfaff G. Approaches to enhance social connection in older adults: an integrative review of literature. Aging and Health Research. 2021; 1(3): 100029.

40 Kelly ME, Duff H, Kelly S, McHugh Power JE, Brennan S, Lawlor BA, Loughrey DG. The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults: a systematic review. Syst Rev. 2017; 6(259): 1-18.

41 Drageset J. Social support. In: Haugan G, Eriksson M, editors. Health Promotion in Health Care – Vital Theories and Research. Cham (CH): Springer; 2021. p. 137-144.

42 National Institute on Aging. Understanding social isolation and loneliness among older Canadians and how to address it [Internet]. Toronto: National Institute on Ageing, Toronto Metropolitan University; 2022. Available from: *socialisolationreport-final1.pdf (cnpea.ca)*

43 World Health Organization. Age-friendly World [Internet]. World Health Organization; [Cited April 4, 2024]. Available from: *https://extranet.who.int/agefriendlyworld/age-friendly-practices/*

44 Statistics Canada. Table 45-10-0049-01 Loneliness by gender and other selected sociodemographic characteristics. DOI: *https://doi.org/10.25318/4510004901-eng*

45 Office of the Seniors Advocate British Columbia. Monitoring Seniors Services: 2022 Report. Victoria, B.C.: Office of the Seniors Advocate; 2022. Available from: *https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2022/12/OSA-MSSREPORT-2022-FINAL.pdf*

46 National Institute on Ageing. Ageing in the Right Place: Supporting Older Canadians to Live Where They Want. [Internet]. Toronto, ON: National Institute on Ageing, Toronto Metropolitan University; 2022 [cited 2024 Apr 2]. Available from: *https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/638e0857c959d1546d9f6f3a/1670252637242/AIRP+Report+Final2022-.pdf*

47 Pott H, Andrew MK. Vaccines, Vaccine-Preventable Diseases, and Frailty. In: Ruiz JG, Theou O, editors. Frailty. Springer: Cham; 2024. p. 351-358.

48 Skowronski DM, Kaweski SE, Irvine MA, Chuang ESY, Kim S, Sabaiduc S, Reyes RC, Henry B, Sekirov I, Smolina K. Risk of hospital admission and death from first-ever SARS-CoV-2 infection by age group during the Delta and Omicron periods in British Columbia, Canada. CMAJ. 2023; 195(42): E1427-E1439.

49 Immunize B.C. Vaccines all adults need [Internet]. Immunize B.C.: [cited 2024 Mar 27]. Available from: *https://immunizeBC.ca/adults/vaccines-adults-need*

50 Reason B, Terner M, McKeag AM, Tipper B, Webster G. The impact of polypharmacy on the health of Canadian seniors. Family Practice. 2012; 29(4): 427–32.

51 Canadian Institute for Health Information. Adverse drug reaction-related hospitalizations among seniors, 2006 to 2011 [Internet]. Ottawa (ON): Canadian Institute for Health Information; 2013 [cited 2024 Mar 27]. Available from: *https://publications.gc.ca/collections/collection_2013/icis-cihi/H117-5-25-2013-eng.pdf*

52 B.C. Ministry of Health Analysis, PharmaNet data and PEOPLE population (January 2024).

53 Naik H, Murray TM, Khan M. Population-based trends in complexity of hospital inpatients. JAMA Intern Med. 2024; 184(2):183-192.

54 Boucher EL, Gan JM, Rothwell PM, Shepperd S, Pendelbury ST. Prevalence and outcomes of frailty in unplanned hospital admissions: a systematic review and meta analysis of hospital-wide and general (internal) medicine cohorts. eClinial Medicine. 2023; 59(101947).

55 Stillman GR, Stillman AN, Beecher MS. Frailty is associated with early hospital readmission in older medical patients. Journal of Applied Gerontology. 2021; 40(1):38-46.

56 Statistics Canada. Table 98-10-0292-01 Indigenous identity population by gender and age: Canada, provinces and territories, census metropolitan areas and census agglomerations. DOI: *https://doi.org/10.25318/9810029201-eng*

57 Statistics Canada. Table 98-10-0351-01 Visible minority by gender and age: Canada, provinces and territories. DOI: *https://doi.org/10.25318/9810035101-eng*

58 BC Statistics. Data extracted and prepared by Performance, Partnerships and Methodologies Branch, Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, February 2024. Available at *https://bcstats.shinyapps.io/popApp/*

59 Office of the Seniors Advocate British Columbia. Resilient and resourceful; challenges facing B.C.'s rural seniors [Internet]. Office of the Seniors Advocate British Columbia; 2024. Available from: *https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2024/02/OSA-Rural-Seniors-FINAL-LOW-RES.pdf*

60 Statistics Canada. Table 14-10-0017-01 Labour force characteristics by sex and detailed age group, monthly, unadjusted for seasonality (x 1,000). DOI: *https://doi.org/10.25318/1410001701-eng*

61 Statistics Canada. The experiences and needs of older caregivers in Canada. Insights on Canadian Society. November 2020. Available from: *https://www150.statcan.gc.ca/n1/pub/75-006-x/2020001/article/00007-eng.htm*

62 Statistics Canada. Table 11-10-0239-01 Income of individuals by age group, sex and income source, Canada, provinces and selected census metropolitan areas. DOI: *https://doi.org/10.25318/1110023901-eng*

63 Statistics Canada. Table 11-10-0135-01 Low income statistics by age, sex and economic family type. DOI: *https://doi.org/10.25318/1110013501-eng*

64 Statistics Canada. Table 13-10-0835-01 Food insecurity by selected demographic characteristics. DOI: *https://doi.org/10.25318/1310083501-eng*

65 Statistics Canada. Table 13-10-0114-01 Life expectancy and other elements of the complete life table, three-year estimates, Canada, all provinces except Prince Edward Island. DOI: *https://doi.org/10.25318/1310011401-eng*

66 Statistics Canada. Table 13-10-0374-01 Persons with and without disabilities aged 15 years and over, by age group and gender. DOI: *https://doi.org/10.25318/1310037401-eng*

67 Chronic Disease Registry and Client Roster. Data extracted and prepared by Performance, Partnerships and Methodologies Branch, Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, February 2024.

68 BC Cancer Registry. Data extracted and prepared by BC Cancer, Cancer Surveillance and Outcomes, Data and Analytics, September 2023.

69 BC Ministry of Health Analysis, HCC MRR (February 2024), Health Authority manual submissions (February 2024), and P.E.O.P.L.E (December 2023).

70 BC Ministry of Health Analysis, DAD and NACRS (February 2024)

71 Discharge Abstract Database and P.E.O.P.L.E. Data extracted and prepared by Performance, Partnerships and Methodologies Branch, Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, February 2024

72 Discharge Abstract Database and the Home and Community Care Minimum Reporting Requirements (HCC MRR). Data extracted and prepared by Performance, Partnerships and Methodologies Branch, Health Sector Information, Analysis and Reporting Division, BC Ministry of Health, February 2024.

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