

## Appendix B: Priority Populations

### United Way BC Healthy Aging's Priority Populations

Within the context of limited resources and a growing seniors' population, it is important to consider where the CBSS sector can make the most impact with its programming. Alongside this, we know that social and economic inequities negatively influence our ability to age well. United Way BC Healthy Aging programs focus on community-dwelling seniors who are from at least two of the following priority populations:

- **Low to modest income:** In general, low income is meant to refer to seniors who have challenges affording items, such as: adequate food; monthly mortgage/rent; sufficient home heat; prescribed medication; transportation; and other required prescribed health care.
- **Socially isolated or lonely:** A socially isolated or lonely senior is one who describes themselves as alone, disconnected from life and community, with reduced ability to participate and enjoy life as they have in the past. Challenges can include physical or mental health issues, mobility challenges (e.g., using a walker or cane), loss of a driver's license, a recent move, challenges with digital literacy, or loss of a partner, friend, or community supports.
- **Low to moderate frailty:** Frailty isn't an illness or disease—it's what happens when someone's overall health gradually gets worse. Frailty can show up as feeling weak or tired; losing muscle or unintentional weight loss; problems with memory, clear thinking, and concentration; problems recovering from setbacks; problems doing things a person used to be able to do (physically, mentally, and socially); and an overall decline in how the body and brain function. When several things on this list are combined, that is frailty. (Source: [Pacific Regional Centre for Healthy Aging](#)).
- **Member of an underserved/equity-deserving group:** Seniors who identify as: Indigenous; an ethnocultural minority; newcomers and immigrants; 2SLGBTQIA+; living with a disability (may include cognitive, mental health, physical, etc.); speaking a primary language that is not English; living in a remote community without access to essential services; and others, as identified by community organizations, who may be experiencing barriers to program access.

## UNITED WAY BC HEALTHY AGING FRAMEWORK

### Seniors

While seniors are commonly defined as aged 65 years and older in BC, some CBSS organizations may define a senior as a person aged 55+ or 60+ depending on their local community context. Chronological age does not always correspond with functional age. Some individuals may experience premature aging (i.e., age-related health conditions and functional impairments) due to health conditions, poverty and housing insecurity, discrimination, or systemic barriers. Examples might include unhoused people, people living with certain chronic health conditions (e.g., young on-set dementia), and members of underserved or equity-deserving groups who due to cumulative disadvantages have a lower life expectancy than the rest of the population.

When deciding on the age cutoff for services, CBSS agencies should consider their:

- Local community context (e.g., presence of populations who may prematurely age or require services at a younger age)
- Organizational capacity (e.g., whether they have waitlists)
- Ability to serve the people in question (e.g., a 55 year-old unhoused individual may have fairly different needs than a frail, lonely 80-year old)