

## Why Priority Populations for United Way BC Healthy Aging?

Over the past decade, the proportion of BC's population that is over 65 has significantly increased – from 15% of the population in 2010 to 20% in 2022. Within the context of limited resources and a growing seniors' population, it is important to consider where the Community-Based Seniors' Services (CBSS) sector can make the most impact with its programming.

It has been estimated that 80% of health outcomes are determined by socioeconomic factors (e.g., education, income, family and social support), the physical environment (e.g., transportation, housing), and health behaviors (e.g., diet, physical activity)<sup>1</sup>.

Older adults who have experienced discrimination or exclusion throughout their lives may also carry the psychological burden of chronic stress. Discrimination related stressors, contribute to higher rates of anxiety, depression, dementia, and other mental health disorders<sup>2</sup>.

### Definition: 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)

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<sup>1</sup> Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County Health Rankings: Relationships Between Determinant Factors and Health Outcomes. *American journal of preventive medicine*, 50(2), 129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>.

<sup>2</sup> Centre for Addiction and Mental Health. (CAMH). Aging and Mental Health Policy Framework. Toronto: <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/camh-aging-and-mental-health-policy-framework-pdf.pdf>

## Definitions: Healthy Aging Priority Populations

### **Low to Modest Income**

In general, low income is meant to refer to seniors who have challenges affording items like:

- i) adequate food
- ii) monthly mortgage/rent
- iii) sufficient home heat
- iv) prescribed medication
- v) transportation
- vi) other required prescribed health care

### **Socially Isolated/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 (using a walker or cane), loss of a driver's license, a recent move challenges with digital literacy, or loss of a partner, friends, community supports, etc.

### **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 you used to be able to do (physically, mentally, and socially); and an overall decline in how your body and brain function. (Source: [Pacific Regional Centre for Healthy Aging](#)).

### **Member of an Underserved Group**

Seniors who identify as:

- experiencing cultural and/or linguistic barriers;
- deaf and hard of hearing;
- experiencing elder abuse;
- experiencing mobility barriers;
- 2SLGBTQIA+;
- newcomers/temporary residents;
- people with disabilities;
- permanent residents (immigrants and refugees);
- at risk of homelessness;
- at risk/experiencing mental and/or physical health issues; and
- others, as identified by community organizations, who may be experiencing barriers to program access.

\*NOTE: Indigenous seniors and Elders are exempt from priority population screening and should be automatically prioritized for Healthy Aging programs.

## Acknowledgements

*These definitions were created with input from the Learning & Evaluation (L&E) Task Force, Learning & Evaluation (L&E) Advisory Committee, and BC CBSS Leadership Council. All three groups have unique perspectives and experiences from communities across BC. We are grateful for their expertise.*

Last updated: February 23, 2026