



S.U.C.C.E.S.S.

Advancing Inclusion and Quality of Life for Canadian Seniors

**Written Submission to
Standing Committee on Human Resources, Skills and Social
Development and the Status of Persons with Disabilities**

Contact Information

Queenie Choo
Chief Executive Officer
S.U.C.C.E.S.S.
28 West Pender Street
Vancouver, BC V6B 1R6
604-408-7272
queenie.choo@success.bc.ca





Summary of Recommendations

As one of Canada's largest immigrant and refugee-serving agencies, S.U.C.C.E.S.S. submits the following recommendations to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities for consideration in their study - *Advancing Inclusion and Quality of Life for Canadian Seniors* – on how the Government of Canada can support vulnerable seniors today while preparing for the diverse and growing seniors' population of tomorrow.

The recommendations are organized according to the themes of *Advancing Inclusion and Quality of Life for Canadian Seniors*.

Theme: How the Government can improve access to housing for seniors including aging in place and affordable and accessible housing

1. Expand the entire continuum of seniors care to ensure all seniors have access to culturally-sensitive care at the right time and at the right place based on individual needs including health situation, personal circumstances, family supports, as well as cultural preferences.
2. Support informal caregivers of seniors through expanding home care supports, adult day centres, respite beds, and financial supports such as tax credits.
3. Expedite the building of affordable housing for seniors through higher levels of investment immediately.
4. Ensure the sustainability of existing, non-profit housing for seniors.

Theme: How the Government can improve the overall quality of life and well-being for seniors including community programming, social inclusivity and social determinants of health

5. Recognize seniors are diverse and culturally-sensitive care results in better outcomes.
6. Engage seniors in service planning and delivery.
7. Adopt an early intervention and preventative approach to support seniors to remain healthy, active, and independent for as long as possible.
8. Adopt an integrated and holistic approach to enhance the coordination and delivery of services for seniors.
9. Increase specialized services for vulnerable immigrant seniors.

The recommendations are expanded upon on the following pages.



Seniors in British Columbia

Similar to other regions of Canada, British Columbia has an aging population. While British Columbia's overall population grew by 5% between 2011 and 2016, the number of seniors (age 65 and up) increased by 23%.ⁱ The population growth rate of seniors in British Columbia exceeds the national average, which is 20%.

Seniors represent 18% of the province's population, compared to 16% in 2011.ⁱⁱ Statistics Canada projects that by 2038, seniors will represent 25% of British Columbians.ⁱⁱⁱ Furthermore, seniors today also have longer life expectancies; a 65 year old in 2006 had a life expectancy of 20.14 years compared to 21.64 years for a 65 year old in 2016.^{iv}

British Columbia's seniors are diverse. According to the most recently available census data on immigration¹, 41% of seniors in British Columbia are immigrants and increases to 57% in the Metro Vancouver region. In comparison, only 30% of seniors across Canada are immigrants.^v Furthermore, 18% of seniors in the province self-identify as visible minorities.^{vi} There is also significant language diversity amongst British Columbia's seniors population; Census 2016 data indicates that 31% of the province's seniors speak a non-official language as a mother tongue and this increases to 46% in Metro Vancouver.^{vii}

Immigrant seniors, even those who have been in Canada for 10 years or more, experience numerous challenges that impact their health and well-being and increase their vulnerability as they age. These include English language barriers, low income and poverty, physical and social isolation, poor health, and difficulties accessing and navigating Canada's health and government systems.

It is essential to ensure that the diverse needs and experiences of seniors, including immigrant seniors, are included in strategies and actions to support the healthy aging and quality of life of Canada's seniors.

Recommendations

Theme: How the Government can improve access to housing for seniors including aging in place and affordable and accessible housing

- 1. Expand the entire continuum of seniors care to ensure all seniors have access to culturally-sensitive care at the right time and at the right place based on individual needs including health situation, personal circumstances, family supports, as well as cultural preferences.** This includes culturally-sensitive home care, home supports, and adult day centres to support seniors to age at home, as well as more assisted living and residential care beds so that when seniors do reach that point on the care continuum, they do not have to spend years waiting for a bed in a culturally-sensitive facility while their health deteriorates. If the right supports are provided at the right time and in the right place, seniors will be able to experience seamless transitions as they journey from their home, to assisted living, to residential care with shorter wait times, fewer disruptions, and increased predictability in planning that will create greater cost efficiencies overall.

However, despite the need for more care to support British Columbia's growing population of diverse seniors, there are still significant gaps. For example, the amount of home care support that British Columbia's seniors receive has decreased despite the increased demand. In 2015/2016, 42,170 seniors in British Columbia enrolled in publicly subsidized home care support services², which represents an increase of 4% from 2013/2014. However, the average number of home care support hours delivered per senior declined by 3% during the same period.^{viii} This does not even take into account the seniors who have not registered for home care due to barriers such as lack of awareness about the program as well as limited English language proficiency. This is reflected in the fact that many immigrants have unmet

¹ Based on National Household Survey 2011. Immigration data from Census 2016 will be released at the end of October 2017.
² Refers to assistance with daily personal care activities including bathing, dressing, and toileting.



home care needs; Statistics Canada has found that in Canada, 30% of those with unmet home care needs are immigrants.^{ix}

In another example, research has found that there is a significant gap in culturally-sensitive care facilitates for seniors. In 2017, S.U.C.C.E.S.S. partnered with Simon Fraser University's Gerontology Research Centre on a study on seniors care. The study, *Gaps in Facility Care for East Asian Cultural Groups in Selected GVRD Communities: A Geographic Information Systems and Focus Group Report*, found that there is a significant need for culturally-sensitive care for seniors in assisted living and residential care in Metro Vancouver.

- 2. Support informal caregivers of seniors through expanding home care supports, adult day centres, respite beds, and financial supports such as tax credits.** Informal caregivers play an essential role in supporting seniors to age at home. It is estimated that informal caregivers provide 70% of all care to seniors in the community.^x Informal caregiving at home is particularly prevalent in the immigrant community; research has found that immigrant seniors, particularly those whose mother tongue is not English, are more likely to receive home care support from informal caregivers.^{xi}

However, due to lack of support as well as multiple responsibilities in their lives including work and caring for their own children, many informal caregivers experience challenges such as physical, mental and emotional stress, financial challenges and hardships, risk of burnout, as well as lack of support.^{xii} A study by CIBC found that the economic impact of caring for aging parents translates to \$33 billion per a year across Canada and will increase by 20% in the next ten years.^{xiii}

Informal caregivers need to be supported through various means, such as through more home care supports, adult day centres, and respite beds. Greater financial supports, such as through enhanced tax credits, should be offered to informal caregivers to alleviate financial challenges and hardship. As the seniors population increases in the coming years, it is expected that there will be even a greater reliance on informal caregivers.

- 3. Expedite the building of affordable housing for seniors through higher levels of investment immediately.** One of the key areas that increase the vulnerable of seniors, particularly those who are in low income and poverty, is the lack of affordable housing. This issue is particularly acute in Metro Vancouver, which has an extremely tight housing market. Of the households in core housing need and spending at least half of their income on shelter, 19% have primary maintainers who are age 65 and up.^{xiv} The number of households on the BC Housing waitlist for social housing is also increasing, particularly for seniors housing. More than a third (36%) of the households on the waitlist are for seniors housing, compared to 30% in 2012. While the overall BC Housing waitlist grew by 23% from 2012 to 2017, the waitlist for seniors housing grew by 49% during the same period.^{xv} Higher levels of investments into building more affordable seniors housing is needed immediately.
- 4. Ensure the sustainability of existing, non-profit housing for seniors.** It is estimated that 19,047 social housing units in Metro Vancouver having operating agreements with the provincial and federal governments that will expire between 2016 and 2040, and almost half (49%) of these units are for seniors.^{xvi} In addition to building additional affordable housing for seniors, the government should work with non-profit operators who have expiring operating agreements to ensure they are able to maintain their stock of affordable housing, particularly those for vulnerable British Columbians such as seniors. To ensure sustainability, government should also work with non-profit operators to upgrade and maintain housing projects, particularly older housing projects, to meet current health, safety, and environmental standards and to generate long-term cost-efficiencies.



Theme: How the Government can improve the overall quality of life and well-being for seniors including community programming, social inclusivity and social determinants of health

- 5. Recognize seniors are diverse and culturally-sensitive care results in better outcomes.** Culturally-sensitive care adopts an inclusive approach and takes into consideration various factors, such as personal circumstances, family supports, language and cultural needs, and preference for culturally-familiar food and activities, in the delivery of services and supports. Through culturally sensitive care, seniors are healthier as they can communicate and express their needs, feel more at ease in a culturally-familiar environment, and are more engaged, thus reducing emotional hardships and social isolation and enhancing their sense of belonging, all which contribute to better health outcomes. There is a particular need to address issues of isolation and belonging; a recent survey by the Office of the Seniors Advocate in British Columbia found that of seniors surveyed in residential care, 45% indicated that they have no one to do things with; 26% indicated that it is not easy to make friends in the care homes; and 51% indicated that there is not anyone to ask for help/advice.^{xvii} Culturally-sensitive care can play an essential role in addressing these areas that negatively impact seniors' health outcomes.
- 6. Engage seniors in service planning and delivery.** In order to support the inclusion of Canadian seniors, it is essential to engage seniors in service planning and delivery as well as individual care decision-making. This promotes an inclusive and client-centered approach rather than a prescriptive approach to seniors care, and seniors are thus empowered to be active decision makers in their own health, which results in better health outcomes. For example, a review of BC's Chronic Disease Self-Management Program found that participants visited their doctors less frequently, hospitalization rates were lower, and participants had less disability and fatigue, and better overall health outcomes.^{xviii}

Engaging seniors in service planning and delivering is an essential component of culturally-sensitive care, as well as the provision of care at the right time and in the right place. This can only be achieved through listening to the needs, preferences, and views of seniors and including their voices in planning and decision-making both at the system-wide and individual levels.

- 7. Adopt an early intervention and preventative approach to support seniors to remain healthy, active, and independent for as long as possible.** While immigrants are quite healthy upon their arrival in Canada (the healthy immigrant effect), their health deteriorates as they spend more time in Canada; research has found that while recent immigrant seniors were similar to their non-immigrant counterparts in terms of activity limitations and functional health, immigrants seniors who have been in Canada for 10+ years are more likely than non-immigrant seniors to report poor self-rated health.^{xix} There are various contributors such as adopting a less healthy lifestyle and the emergence of other life stressors over time.^{xx} For example, as compared to their non-immigrant counterparts, immigrant seniors are more likely to be at risk of having poor diet and nutrition.^{xxi} The physical activity rate among immigrant seniors is also low; research has found that almost 25% of immigrant seniors do not engage in any physical activity or only exercise less than twice per a week.^{xxii} Furthermore, immigrant seniors are less likely than their non-immigrant counterparts to believe there is something they should do to improve their physical health.^{xxiii}

This speaks to the need for early interventions to support seniors' health and wellbeing as they age. This includes more activities to engage seniors in the community, more education to help increase seniors' understanding of health maintenance and illness prevention, as well as increased funding for more adult day centre spaces that support seniors to stay at home longer. It is well understood that an early intervention approach is cost effective and produces better health outcomes.^{xxiv} Seniors stay in their homes longer, remain independent and active, and are less likely to use more costly health services until later in life. For example, adult day centres produce positive outcomes; in Alberta, their Comprehensive Adult Day Programs have reduced seniors' emergency visits by 34% and hospital admissions by 49%.^{xxv}



- 8. Adopt an integrated and holistic approach to enhance the coordination and delivery of services for seniors.** Currently, the system is fragmented and services that support health aging for seniors are scattered. Often, seniors and their families do not know what social and health services are available and where and how to access these services. For example, a study by the Office of the Seniors Advocate in British Columbia found that under a third (31%) of seniors surveyed were aware of programs, such as Home Adaptations for Independence programs, to support aging in place.^{xxvi} As a result, many seniors end up accessing more costly services – such as emergency rooms – even when it is not needed because they do not know where else to access services.

There are gaps within the system as well. For example, seniors often have multiple health providers. However, their health providers (e.g. family doctor, home care nurse, personal support worker, dentist, specialists, etc.) are usually not in communication with one another, which can result in overlapping or duplicating services.^{xxvii} Not only is this inefficient and costly, but it can also have negative impact on the health of seniors (e.g. confusing/mixed messages from health providers, stress of accessing services, mixing of medication prescribed by various care providers).

There is an urgent need to adopt an integrated and holistic approach to enhance the coordination and delivery of services for seniors across multiple dimensions including family and social support, housing, illnesses prevention and management, primary, acute and specialized care, functional health, and mental well-being. An integrated and holistic approach brings together various pieces of a fragmented care system for seniors and would better support seniors and their families to understand, access, and navigate social and health services that promote healthy aging. It would also eliminate service duplication as seniors access impactful services that they need, rather than simply what is available.

- 9. Increase specialized services for vulnerable immigrant seniors.** Vulnerable immigrant seniors, many who are living in low income and poverty, experience challenges such as English language barriers, isolation, changing family relationships/dynamics during settlement that can increase their vulnerability, and poor health. They also experience barriers to accessing appropriate services including limited awareness of resources and services, cultural and systemic barriers (i.e. ineligibility to access certain programs and services), and lack of culturally and linguistically-appropriate programs services in the community.^{xxviii}

Despite the significant number of vulnerable immigrant seniors, there is a glaring lack of services for this population group. Many immigrant seniors in British Columbia are naturalized citizens and, therefore, ineligible for federally-funded settlement services to support them to navigate government and community systems and integrate into the community through addressing issues of social isolation and loneliness. However, provincially-funded settlement services in British Columbia currently prioritize those who are destined for the labour market, which typically does not include seniors. More funding for specialized services are needed to address the barriers experienced by immigrants seniors and to support their healthy aging. This includes culturally and linguistically-appropriate programming that supports health and wellness, promotes community participation, and enhances social networks and connections.

Backgrounder: Challenges in Seniors Care

- **Aging at Home:** Most seniors want to age at home and this is true even if they have long-term health conditions.^{xxix} When the appropriate supports are in place, seniors are able to age at home safely. However, when the appropriate supports are not provided at the right time and right place, seniors are more likely to end up in emergency rooms, be admitted to hospitals, stay in hospitals longer to recover, or move into long-term residential care facilities even when it is not needed because other lower-cost and more appropriate supports are unavailable. For example, the Canadian Institute for Health Information found that in British Columbia, 15% of seniors who enter residential care have low to moderate *Method*



for *Assigned Priority Levels (MAPLe)* scores, which indicate that they might have been able to continue living at home instead with the appropriate supports. The same study indicates the median length of alternate level of care stay³ in British Columbia for those waiting for home care is 34 days.^{xxx}

The Health Council of Canada indicates there is growing research which demonstrates that integrating home care into the health care system not only produces improved health and well-being amongst seniors and their families, but it also leads to lower costs as use of hospital and long-term care facilities is reduced.^{xxx}

Despite the need for more care to support British Columbia's growing population of diverse seniors, there are still significant gaps. For example, the amount of home care support that British Columbia's seniors receive has decreased despite the increased demand. In 2015/2016, 42,170 seniors in British Columbia enrolled in publicly subsidized home care support services⁴, which represents an increase of 4% from 2013/2014. However, the average number of home care support hours delivered per senior declined by 3% during the same period.^{xxxii}

Furthermore, there are many seniors who have not even registered for home care due to barriers such as lack of awareness about the program as well as limited English language proficiency. This is reflected in the fact that many immigrants have unmet home care needs; Statistics Canada has found that in Canada, 30% of those with unmet home care needs are immigrants.^{xxxiii}

- **Reliance on Informal Caregivers:** Informal caregiving at home is particularly prevalent in the immigrant community; research has found that immigrant seniors, particularly those whose mother tongue is not English, are more likely to receive home care support from informal caregivers.^{xxxiv}

Informal caregivers have a considerable range of caregiving responsibilities such as accompanying seniors to medical appointments and providing informal interpretation, supporting seniors to navigate and access health services, preparing meals and cleaning households, administering medication including injections, providing health and personal care (e.g. bathing and grooming), as well as offering social and emotional support. It is estimated that in British Columbia, caregivers provide an average of 19 hours of unpaid, informal care a week to seniors who are registered for home care support.^{xxxv} The number is likely much higher for seniors who require home care support but are not registered due to barriers such as English language proficiency and/or lack of knowledge about the program.

Informal caregivers not only care for seniors but 25% also have the dual responsibility of caring for their own children.^{xxxvi} This trend will become more prevalent as the number of multi-generational households increases; according to Census 2016, the number of multi-generational households in British Columbia increased by 12% since 2011.^{xxxvii} The issue is particularly pronounced for immigrant families as they are more likely to live in multi-generational households.^{xxxviii}

The vast majority of caregivers also have to balance caregiving with working. With so many responsibilities, they experience incredible physical, psychological and financial stress and are at a high risk of burnout.^{xxxix} A study by CIBC found that the economic impact of caring for aging parents translates to \$33 billion per a year across Canada and will increase by 20% in the next ten years.^{xl}

- **Assisted Living & Residential Care:** For seniors who are no longer able to live at home safely, many have challenges accessing assisted living and residential care. In British Columbia, there were over 900 seniors on the waitlist for subsidized assisted living units as of March 2016 and more than 1,800 seniors

³ Alternate level of care occurs when an individual occupies a hospital bed but does not need the care and resources provided in acute care.
⁴ Refers to assistance with daily personal care activities including bathing, dressing, and toileting.



on the waitlist for long-term residential care as of September 2016. On average, seniors waited 46 days to be admitted to residential care.^{xii}

Research by the Canadian Institute for Health Information found that in British Columbia, the median length of alternate level of care stay⁵ for those waiting for residential care is 32 days, which is higher than Alberta (27 days) and Ontario (28 days).^{xiii} Not only do these seniors not need hospital care – since they are ready to move to a care facility – but it is very costly for the system; the cost of staying in a hospital is more expensive than staying in a residential care facility by \$1,000 a day.^{xiiii}

For culturally sensitive care, the wait is very significant. For example, at S.U.C.C.E.S.S.'s 113-bed residential care facility in Vancouver, the average wait time is 4 years.

Summary of Recommendations

Theme: How the Government can improve access to housing for seniors including aging in place and affordable and accessible housing

1. Expand the entire continuum of seniors care to ensure all seniors have access to culturally-sensitive care at the right time and at the right place based on individual needs including health situation, personal circumstances, family supports, as well as cultural preferences.
2. Support informal caregivers of seniors through expanding home care supports, adult day centres, respite beds, and financial supports such as tax credits.
3. Expedite the building of affordable housing for seniors through higher levels of investment immediately.
4. Ensure the sustainability of existing, non-profit housing for seniors.

Theme: How the Government can improve the overall quality of life and well-being for seniors including community programming, social inclusivity and social determinants of health

5. Recognize seniors are diverse and culturally-sensitive care results in better outcomes.
6. Engage seniors in service planning and delivery.
7. Adopt an early intervention and preventative approach to support seniors to remain healthy, active, and independent for as long as possible.
8. Adopt an integrated and holistic approach to enhance the coordination and delivery of services for seniors.
9. Increase specialized services for vulnerable immigrant seniors.

About S.U.C.C.E.S.S.

Founded in 1973, S.U.C.C.E.S.S. is one of the largest immigrant and refugee serving agencies in Canada with 20+ service locations across Metro Vancouver, in Northern BC and Ontario, as well as overseas in China, South Korea, and Taiwan. S.U.C.C.E.S.S. delivers a range of integrated services to more than 61,200 clients annually in the areas of settlement, language, employment, business, family and youth, counselling, early childhood development, affordable housing, seniors care, as well as community development.

Of note, S.U.C.C.E.S.S. delivers an integrated continuum of culturally-sensitive care to ensure seniors are able to age in the right place and with the right supports. In addition to providing home support services, S.U.C.C.E.S.S. also operates 45 adult day centre spaces and manages 83 assisted living units and 114 long-term residential care beds for seniors.

⁵ Alternate level of care occurs when an individual occupies a hospital bed but does not need the care and resources provided in acute care.

- ⁱ Statistics Canada. 2016 Census of Population. Statistics Canada, Catalogue no. 98-400-X2016001.
- ⁱⁱ Statistics Canada. 2016 Census of Population. Statistics Canada, Catalogue no. 98-400-X2016001.
- ⁱⁱⁱ Statistics Canada. Population Projects for Canada (2013 to 2063), Provinces and Territories (2013 to 2038). Retrieved from <http://www.statcan.gc.ca/pub/91-520-x/91-520-x2014001-eng.pdf>
- ^{iv} BC Stats. Life Expectancy at Age 65. Vital Statistics. Retrieved from <http://www.bcstats.gov.bc.ca/Files/78c9089d-2a1b-4b4c-ab63-626c52bb971d/LifeExpectancyatAge65inBC.csv>
- ^v Statistics Canada. 2011 National Household Survey, Statistics Canada, Catalogue no. 99-010-X2011045.
- ^{vi} Statistics Canada. 2011 National Household Survey, Statistics Canada Catalogue no. 99-010-X2011029.
- ^{vii} Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016052.
- ^{viii} Office of the Seniors Advocate British Columbia. (2016). Monitoring Seniors' Services: 2016. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2016/12/OSA-MonitoringReport2016.pdf>
- ^{ix} Turcotte, M. (2014). Canadians with Unmet Home Care Needs. Insights on Canadian Society, Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14042-eng.pdf>
- ^x CARP. (2014). Caregivers Need Comprehensive Supports. Retrieved from <http://www.carp.ca/wp-content/uploads/2014/02/Caregiver-Brief-Feb-2014.pdf>
- ^{xi} Um, S. & Lightman, N. (2016). Ensuring Healthy Aging for All: Home Care Access for Diverse Senior Populations in the GTA. Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2016/07/Ensuring-Healthy-Aging-For-All_Wellesley-Institute.pdf
- ^{xii} CARP. (2014). Caregivers Need Comprehensive Supports. Retrieved from <http://www.carp.ca/wp-content/uploads/2014/02/Caregiver-Brief-Feb-2014.pdf>
- ^{xiii} Tal, B. & Mendes, R. (2017). Who Cares: The Economics of Caring for Aging Parents. CIBC In Focus. Retrieved from <https://www.cibc.com/content/dam/pwm-public-assets/documents/pdfs/insights/who-cares-the-economics-of-caring-for-aging-parents-in-focus-en.pdf>
- ^{xiv} Metro Vancouver. (2017). Metro Vancouver Housing Data Book. Retrieved from http://www.metrovancouver.org/services/regional-planning/PlanningPublications/MV_Housing_Data_Book.pdf
- ^{xv} Metro Vancouver. (2017). Metro Vancouver Housing Data Book. Retrieved from http://www.metrovancouver.org/services/regional-planning/PlanningPublications/MV_Housing_Data_Book.pdf
- ^{xvi} Metro Vancouver. (2017). Metro Vancouver Housing Data Book. Retrieved from http://www.metrovancouver.org/services/regional-planning/PlanningPublications/MV_Housing_Data_Book.pdf
- ^{xvii} Office of the Seniors Advocate British Columbia. (2017). Every Voice Counts: Office of the Seniors Advocate Residential Care Survey Provincial Results. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2017/09/Provincial-Results-Final-HQ.pdf>
- ^{xviii} Cohen, M. (2012). Caring for BC's Aging Population: Improving Health Care for All. Canadian Centre for Policy Alternatives. Retrieved from <http://www.heu.org/sites/default/files/uploads/CCPABC-Caring-BC-Aging-Pop.pdf>
- ^{xix} Vang, Z., Sigouin, J., Flenon, A., & Gagnon, A. (2015). The Healthy Immigrant Effect in Canada: A Systematic Review. Retrieved from <http://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1012&context=plc>
- ^{xx} Lai, D. (2012). Health Status and Social Determinants of Health of Immigrant Seniors in Canada. Retrieved from www.elderabuseontario.com/wp-content/uploads/2014/03/What-do-we-know-about-immigrant-seniors-aging-in-Canada.pdf
- ^{xxi} Lai, D. (2012). Health Status and Social Determinants of Health of Immigrant Seniors in Canada. Retrieved from www.elderabuseontario.com/wp-content/uploads/2014/03/What-do-we-know-about-immigrant-seniors-aging-in-Canada.pdf
- ^{xxii} Rudner, A. (2012). The Health Status and Health Behaviours of Immigrant and Non-Immigrant Seniors. Retrieved from <http://www.elderabuseontario.com/wp-content/uploads/2014/03/What-do-we-know-about-immigrant-seniors-aging-in-Canada.pdf>
- ^{xxiii} Rudner, A. (2012). The Health Status and Health Behaviours of Immigrant and Non-Immigrant Seniors. Retrieved from <http://www.elderabuseontario.com/wp-content/uploads/2014/03/What-do-we-know-about-immigrant-seniors-aging-in-Canada.pdf>
- ^{xxiv} BC Health Coalition. (2015). Living Up to the Promise: Addressing the High Cost of Underfunding and Fragmentation in BC's Home Support System. Retrieved from <http://bchealthcoalition.ca/sites/default/files/uploads/Living%20Up%20To%20The%20Promise%20-%20Summary%20Report%20-%20press.pdf>
- ^{xxv} Office of the Seniors Advocate British Columbia. (2015). Caregivers in Distress: More Respite Needed. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2015/09/CaregiversReport.pdf>
- ^{xxvi} Office of the Seniors Advocate British Columbia. (2015). BC Seniors Survey: Bridging the Gaps. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2015/09/SurveyReport.pdf>
- ^{xxvii} Cohen, M. (2012). Caring for BC's Aging Population: Improving Health Care for All. Canadian Centre for Policy Alternatives. Retrieved from <http://www.heu.org/sites/default/files/uploads/CCPABC-Caring-BC-Aging-Pop.pdf>
- ^{xxviii} Stewart, M. Shizha, E., Makwarimba, E., Spitzer, D., Khalema, E., & Nsaliwa, C. (2011). Challenges and Barriers to Services for Immigrant Seniors in Canada: 'You Are Among Others But You Feel Alone'. International Journal of Migration, Health and Social Care, 7(1), 16-32.
- ^{xxix} Health Council of Canada. (2012). Seniors in Need, Caregivers in Distress: What Are the Home Care Priorities for Seniors in Canada? Retrieved from http://www.carp.ca/wp-content/uploads/2012/04/HCC_HomeCare_2d.pdf
- ^{xxx} Canadian Institute for Health Information. (2017). Seniors in Transition: Exploring Pathways Across the Care Continuum. Retrieved from <https://www.chi.ca/sites/default/files/document/seniors-in-transition-report-2017-en.pdf>
- ^{xxxi} Health Council of Canada. (2012). Seniors in Need, Caregivers in Distress: What Are the Home Care Priorities for Seniors in Canada? Retrieved from http://www.carp.ca/wp-content/uploads/2012/04/HCC_HomeCare_2d.pdf
- ^{xxxii} Office of the Seniors Advocate British Columbia. (2016). Monitoring Seniors' Services: 2016. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2016/12/OSA-MonitoringReport2016.pdf>
- ^{xxxiii} Turcotte, M. (2014). Canadians with Unmet Home Care Needs. Insights on Canadian Society, Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14042-eng.pdf>
- ^{xxxiv} Um, S. & Lightman, N. (2016). Ensuring Healthy Aging for All: Home Care Access for Diverse Senior Populations in the GTA. Wellesley Institute. Retrieved from http://www.wellesleyinstitute.com/wp-content/uploads/2016/07/Ensuring-Healthy-Aging-For-All_Wellesley-Institute.pdf
- ^{xxxv} Office of the Seniors Advocate British Columbia. (2015). Caregivers in Distress: More Respite Needed. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2015/09/CaregiversReport.pdf>
- ^{xxxvi} Cohen, M. & Franko, J. (2015). Living Up to the Promise: Addressing the High Cost of Underfunding and Fragmentation in BC's Home Support System. BC Health Coalition and Integrated Care Advocacy Group. Retrieved from <http://bchealthcoalition.ca/sites/default/files/uploads/Living%20Up%20To%20The%20Promise%20-%20Summary%20Report%20-%20press.pdf>
- ^{xxxvii} Statistics Canada. Private Households by Household Type, 2016 Counts, Canada, Provinces and Territories, 2016 Census. Retrieved from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fstfam/Table.cfm?Lang=E&T=21&Geo=00>
- ^{xxxviii} Milan, A., Laffamme, N. & Wong, I. (2015). Diversity of Grandparents Living with Their Grandchildren. Insights on Canadian Society, Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/75-006-x/2015001/article/14154-eng.pdf>
- ^{xxxix} CARP. (2014). Caregivers Need Comprehensive Supports. Retrieved from <http://www.carp.ca/wp-content/uploads/2014/02/Caregiver-Brief-Feb-2014.pdf>
- ^{xl} Tal, B. & Mendes, R. (2017). Who Cares: The Economics of Caring for Aging Parents. CIBC In Focus. Retrieved from <https://www.cibc.com/content/dam/pwm-public-assets/documents/pdfs/insights/who-cares-the-economics-of-caring-for-aging-parents-in-focus-en.pdf>
- ^{xli} Office of the Seniors Advocate British Columbia. (2016). Monitoring Seniors' Services: 2016. Retrieved from <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2016/12/OSA-MonitoringReport2016.pdf>
- ^{xlii} Canadian Institute for Health Information. (2017). Seniors in Transition: Exploring Pathways Across the Care Continuum. Retrieved from <https://www.chi.ca/sites/default/files/document/seniors-in-transition-report-2017-en.pdf>
- ^{xliiii} BC Care Providers Association. (2017). Alternate Level of Care Infographic. Retrieved from <http://bccare.ca/wp-content/uploads/2017/02/ALC-Days-infographic-Feb2017.pdf>