

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

Concerning

*Advancing Inclusion and Quality of Life for Canadian
Seniors*

Submitted by: Raising the Profile Project,
United Way of the Lower Mainland,
Active Aging Research Team,
and British Columbia Recreation and Parks Association



1. Introduction

This brief is a joint submission of the Raising the Profile Project (RPP) and three organizations: United Way of the Lower Mainland, Active Aging Research Team at the University of British Columbia, and British Columbia Recreation and Parks Association. These organizations joined the RPP's call for action to improve supports for BC's Community-Based Seniors' Services (CBSS) sector, identified through a two-year community development and research process.

The RPP defined CBSS very broadly to include all municipal and non-profit organizations (e.g. senior centres, community centres, ethno-cultural organizations, multi-service non-profit societies, etc.) that provide programs and services focused on enhancing the capacity of older adults to remain physically active, socially and mentally engaged, and as healthy and independent as possible. The overarching goal of the CBSS sector is to support older adults to maintain and/or improve their quality of life and ability to age in place.

The project grew out of concerns raised by community members and service providers who noted that despite the very positive and creative programming offered by CBSS, the sector has limited capacity to address the growing and increasingly complex needs of BC's aging population. Specifically, they expressed concerns about the limited co-ordination within the sector, the lack of recognition of the vital role played by these services and programs in the broader community and by government, and the inconsistent and short term nature of the funding for these services. To address these concerns community members and service providers pointed to the need for the sector to have a much higher profile, and increased support to address the capacity gaps in the sector and to build a more cohesive and collaborative culture among CBSS and with key partners from the community and government.

To this end, the RPP, in collaboration with its partners, has conducted research and engaged in community development work to demonstrate the value of the services provided by the CBSS sector in supporting seniors' health and wellbeing. This work included producing an extensive literature review, profiles of innovative programs and broader sector initiatives, and regional consultations with representatives from urban, suburban, and rural and remote communities across BC. In total the project conducted more than 50 interviews with service providers and involved more than 400 leaders from the local communities, CBSS, government and community foundations through the regional consultation process. At each consultation the findings from the research were shared, and input was gathered on the local capacity building needs and strategies for addressing these needs and for building capacity and developing more collaborative relationships with larger institutional partners such as community foundations, local government, health and transit authorities, etc.

Drawing on the research and community development work of the RPP, this submission aims to provide: 1) research evidence that demonstrates the value of the CBSS sector for addressing social inclusion and the social determinants of health; 2) an overview of the seven core programming areas of the sector; 3) the findings from the community development and regional outreach of RPP which identify capacity building needs and strategies to ensure that the sector is well-positioned to meet the growing needs of an aging population; 4) the specific steps underway to develop the infrastructure needed to support the CBSS sector at the local, regional and provincial levels in BC; and 5) recommendations to the federal government on how the CBSS sector can promote the social inclusion, wellbeing and quality of life of seniors.

While the RPP represents the experience of the CBSS sector in one province, we believe our research and findings are highly relevant to the theme of improving the quality of life and wellbeing of seniors across the country. We are very interested in working with the other provinces, sharing our processes and learnings,

and learning from their experience with the goal of strengthening the national focus on CBSS impacts and benefits.

2. Role of CBSS in Supporting the Social Inclusion, Wellbeing and Quality of Life of Canadian Seniors

In the literature review conducted by the RPP, strong evidence emerged on the key role of CBSS in supporting a holistic approach to health and wellbeing for Canada's older adult population, including the recognition of the importance of interventions that address the social determinants of health and are focused on health promotion and prevention activities and supports. The CBSS sector provides programming that addresses the following key social determinants of health identified by the Public Health Agency of Canada: social support networks, social environment, personal health practices and coping skills, and income/social status. CBSS programming also serves to foster resilience within individuals and communities, by providing support that allows seniors to continue to thrive even when experiencing personal losses or health challenges (for more information please see our literature review [Raising the Profile of the Community-Based Seniors' Services Sector in B.C.: A Review of the Literature](#)).

In Canadian research on senior centres, it has been found that seniors perceive opportunities for social participation as the most important benefit of senior centre participation.¹ Social support is a key feature, not only in CBSS programs specifically designed to foster social support and social connectedness, but in all programming offered by the CBSS sector including physical activity classes, meal programs, self-management groups, etc. There is also strong evidence supporting the relationship between social inclusion and health. In fact, a systematic review found that lack of social relationships is equivalent to smoking as a risk factor for mortality.² Social isolation has been found to be associated with negative health outcomes, such as increased risk for Alzheimer's disease³ and falls.⁴

The CBSS sector also plays a critical role in fostering resilience in older adults and in promoting positive health practices through health promotion and physical activity programming, including programs specifically for older adults living with chronic conditions, disability, cognitive impairment, and/or frailty.⁵ For example, in Canada 74% of individuals over 65 have at least one chronic condition⁶ and the CBSS sector offers a number of different programs which help these individuals to live healthy lifestyles (e.g., healthy meal programs) and manage their chronic conditions (e.g., chronic disease-self management programs).

¹ Novek, S., Menec, V., Tran, T., & Bell, S. (2013) *Social Participation and Its Benefits*. Retrieved from http://www.gov.mb.ca/shas/publications/docs/senior_centre_report.pdf

² Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives On Psychological Science*, 10(2), 227-237. doi:10.1177/1745691614568352

³ Kuiper, J. S., Zuidersma, M., Oude Voshaar, R. C., Zuidema, S. U., van den Heuvel, E. R., Stolk, R. P., & Smidt, N. (2015). Social relationships and risk of dementia: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews*, 2239-57. doi:10.1016/j.arr.2015.04.006

⁴ Faulkner, K. A., Cauley, J. A., Zmuda, J. M., Griffin, J. M., & Nevitt, M. C. (2003). Is social integration associated with the risk of falling in older community-dwelling women?. *Journals Of Gerontology: Series A: Biological Sciences And Medical Sciences*, 58A(10), 954-959.

⁵ Casteel, C., Nocera, M., & Runyan, C. W. (2013). Health Promotion and Physical Activity Programs in Senior Centers. *Activities, Adaptation & Aging*, 37(3), 213-223.

⁶ Canadian Institute for Health Information. (2011). *Health Care in Canada, 2011: A Focus on Seniors and Aging*. Retrieved from https://secure.cihi.ca/free_products/HCIC_2011_seniors_report_en.pdf

The CBSS sector plays a pivotal role in providing support to vulnerable older adults who are low income, socially isolated and/or from disadvantaged groups. Research suggests that not-for-profit CBSS such as senior centres serve primarily low or middle-income older adults (e.g., at a senior centre in Ontario approximately 70% of senior centre participants had incomes below \$35,000).⁷ Research also suggests that low-income seniors receive more health and social benefits from participation at senior centres than seniors with higher incomes.⁸ In addition, CBSS support low-income, vulnerable seniors by directly assisting them to access federal, provincial and municipal income benefits (e.g. the Guaranteed Income Supplement, affordable housing subsidies, etc.) through information and referral services, and by providing them with access to low-cost meals, and free and low barrier physical activity, recreation, and transportation programs.

The CBSS sector also has the potential to provide considerable value to the health care system by reducing health care utilization and costs for older adults. For example, many CBSS offer physical activity programs, and physical activity is associated with lower rates of health resource use. Recent research, for example, estimates that inactive seniors incur over 2.5 times the healthcare costs compared to physically active seniors, adding an estimated annual cost of \$5.6 billion to the Canadian healthcare system.⁹ Another example are the nutritional programs offered by CBSS (e.g., communal lunch programs). The *Canadian Malnutrition Task Force* has found that almost half of patients who come into hospital are moderately or severely malnourished, and these patients have longer hospital stays than well-nourished patients. On average, malnourished patients cost an additional \$1,500 - \$2,000 per hospital stay, resulting in additional costs to the Canadian healthcare system of approximately \$1.56 to \$2.1 billion per year.¹⁰ Through programming focused on physical activity, nutrition, and social support, the CBSS sector has the potential to positively impact the health of Canada's older adult population and costs in our publically funded health care system.

Despite the key role of the CBSS sector in delivering cost-effective community programming to advance the health, quality of life and social inclusion of the older adult population, there is a general lack of awareness in government, and the public more broadly, about the role of the sector and the benefits that result from its services. As a result, investment in the sector by governments has been quite limited. There are also significant gaps in our knowledge of the Canadian CBSS sector, with most research focusing on senior centres in the US. These gaps and barriers have prevented the sector from reaching its full potential for promoting the health and wellbeing of Canada's older adult population.

3. Seven Core Programming Areas for the CBSS Sector

Based on our research and feedback at the regional consultations, the RPP identified seven core services that should be available in every community to support the quality of life and wellbeing of older adult populations. While the structure and delivery mechanism would vary based on community size and location, these core services should be available in every community. The following provides a brief

⁷ Fitzpatrick, T., Gitelson, R., Andereck, K., & Mesbur, E. (2005a). Social support factors and health among a senior center population in southern Ontario, Canada. *Social Work In Health Care*, 40(3), 15-37.

⁸ Fitzpatrick, T. R., McCabe, J., Gitelson, R., & Andereck, K. (2005b). Factors That Influence Perceived Social and Health Benefits of Attendance at Senior Centers. *Activities, Adaptation & Aging*, 30(1), 23-45. doi:10.1300/J016v30n0102

⁹ Woolcott, J. C., Ashe, M. C., Miller, W. C., Shi, P., & Marra, C. A. (2010). Does physical activity reduce seniors' need for healthcare?: a study of 24 281 Canadians. *British Journal Of Sports Medicine*, 44(12), 902-904.

¹⁰ Curtis, L. J., Bernier, P., Jeejeebhoy, K., Allard, J., Duerksen, D., Gramlich, L., & ... Keller, H. (2016). Costs of hospital malnutrition. *Clinical Nutrition (Edinburgh, Scotland)*, doi:10.1016/j.clnu.2016.09.009

description of each core service area, and an example of an innovative program in the service area which was profiled by the RPP (more information on each of the core service areas and examples of innovative programs can be found on our website <http://www.seniorsraisingtheprofile.ca/>).

1. **Nutritional Supports:** In Canada it has been estimated that approximately 1/3 of seniors are at nutritional risk (at risk of being malnourished), and seniors who are living alone or low-income are at particular risk.¹¹ The CBSS sector provides a range of nutritional support programs for seniors, such as communal lunch programs, nutrition education, and meal delivery services. In most cultures eating is an important social activity, and in addition to providing nutritional benefits, many nutritional support programs also provide opportunities for social interaction.

Program Example: Silver Harbour Seniors' Activity Centre offers a [Food Services Program](#) which provides seniors with access to subsidized hot lunches (Mon-Fri) and snacks/drinks. Each week the centre serves approximately 350 meals and 380 snacks/drinks.

2. **Wellness Programming:** Wellness programs support seniors to maintain their health and wellbeing, and play a particularly important role in providing appropriate programming options for seniors who have difficulty in accessing services due to mobility issues, health conditions, social isolation, and/or emotional or cognitive vulnerabilities. Examples of wellness programs include peer counseling programs, health and wellness clinics, self-management and support groups, and programs supporting homebound and isolated seniors.

Program Example: The [Therapeutic Activity Program for Seniors](#) is a day program for isolated seniors which is offered five days a week by Valley Community Services. The program includes transportation to the program, physical and educational activities, and a nutritious lunch. A participant described the impact of the program as: "Suddenly I have a life. I now know people when I go in public. The exercises helped a great deal. I do activities I don't do at home, and I get hugs which is very important when you're alone."

3. **Physical Activity:** Despite the fact there is strong research evidence linking physical activity with good health, only 12% of Canadians aged 60-79 are meeting the Canadian Physical Activity Guidelines.¹² CBSS provide a broad range of programming to support physical activity (e.g., exercise classes, dance programs, walking/hiking groups, yoga, sport activities, etc.), including programs that are modified or offer modifications for seniors with functional limitations.

Program Example: [Choose to Move](#) is a province-wide individualized coaching program to encourage and support seniors who are currently inactive to become more physically active and socially engaged. The program is offered by the Active Aging Research Team at Centre for Hip Health and Mobility, in partnership with British Columbia Recreation and Parks Association and YMCA of Greater Vancouver. Early results for the program show that participants have increased their physical activity rates, increased feelings of social connectedness, and decreased feelings of loneliness.

4. **Education, Recreation and Creative Arts Programs:** Participation in educational, recreational and creative arts programs can provide seniors with social support, build self-esteem, foster resilience and reduce social isolation. Educational programs can serve the practical purpose of providing

¹¹ Ramage-Morin, P., & Garriguet, D. (2013). *Nutritional Risk Among Older Canadians*. Retrieved from <http://www.statcan.gc.ca/pub/82-003-x/2013003/article/11773-eng.pdf>

¹² Statistics Canada. (2015). *Directly measured physical activity of adults, 2012 and 2013*. Retrieved from <http://www.statcan.gc.ca/pub/82-625-x/2015001/article/14135-eng.htm>

information to improve the health and quality of life of seniors, but also can provide a sense of meaning and accomplishment. The potential for creative arts programs to enhance seniors' health and wellbeing is only a recent area of study, but research suggests that creative arts programs may have significant positive impacts on the quality of life and health care utilization of the older adults who participate in this programming.¹³ While seniors usually participate in recreation programs for enjoyment and socialization purposes, these programs can also play a role in reducing social isolation and promoting positive emotions.

Program Example: [Humjoli](#) is a peer social group for older South Asian women that is designed to reduce social isolation, provide peer support, connect seniors to community resources and empower group members. The group has over 100 members, and members are actively involved in organizing and coordinating the group's activities as well as planning events for the wider community.

5. **[Information, Referral and Advocacy](#):** Information, referral and advocacy services help seniors to access the government programs and community services they require to maintain their independence and quality of life. These services help seniors, and particularly those with low incomes, to navigate resources in four main areas: income benefits and supports, housing services and supports, health services, and community programs and resources.

Program Example: For almost 40 years the 411 Seniors Centre Society has been providing one-on-one [Information and Referral Services](#) to seniors living in Vancouver. The program is available five days a week with services available in seven different languages. Over 2016-2017 the program served approximately 1,880 people in-person, by phone or via e-mail.

6. **[Transportation](#):** Age-related changes in physical or mental health can impact the ability of seniors to drive safely and get around their community. Transportation services are crucial for seniors to avoid social isolation, stay connected with the community, shop for food, and access the health and community services they need. Transportation is a highly complex issue, and to fully address it a broad range of stakeholders and solutions are needed. The CBSS sector has been at the forefront of many innovative partnerships involving CBSS, local government, transit authorities and senior advocates in order to address the transportation needs of older adults.

Program Example: The [West Kootenay Seniors Transportation](#) program employs a Transportation Coordinator who provides education, navigation assistance and advocacy support for older adults attempting to navigate the available public and volunteer transportation resources in the West Kootenays. This program is a part of the broader Moving Together Project, a cross-sectoral initiative bringing together stakeholders from government and the community to identify ways to improve access to public transit services for seniors in the West Kootenays.

7. **[Affordable Housing](#):** Housing affordability is a major concern for older adults, and recent reports on housing in Metro Vancouver have found an increasing numbers of older adults are applying for subsidized housing¹⁴ and experiencing homelessness.¹⁵ While not originally conceived as one of the core

¹³ Cohen G. D. , Perlstein S. , Chapline J. , Kelly J. , Firth K. M. , & Simmens S . (2006). The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *The Gerontologist*, 46, 726 -734.

¹⁴ Pauly, B., Cross, G., & Weiss, D. (2016). *No Vacancy: Affordability and Homelessness in Vancouver*. Retrieved from http://www.ugm.ca/wp-content/uploads/2016/10/HAW_Report_Final-Oct11.pdf

¹⁵ Thomson, M. (2016). *Vancouver Homeless Count 2016*. Retrieved from <http://vancouver.ca/files/cov/homeless-count-2016-report.pdf>

service areas, housing was added as a core area after feedback at the regional consultations overwhelmingly emphasized the importance of housing. Traditionally, most CBSS have limited their involvement in the housing sector to information and referral, with few directly providing housing. The current housing crisis in BC has, however, put increased pressure on the CBSS sector to support seniors with housing challenges, advocate for affordable housing options, and in some cases, to develop non-profit affordable housing options themselves.

Program Example: The [Temporary Housing Program](#) is an innovative program offered by the Seniors Services Society in New Westminster that provides temporary housing and one-on-one support to find permanent housing for seniors who are homeless or at risk of homelessness. The program is in very high demand and could serve many more people if additional resources were available.

4. Capacity Building to Ensure the Sustainability of the CBSS Sector

Capacity Needs Identified Through the Regional Consultations

One of the goals of the RPP was to identify how to build the capacity of the CBSS sector in order to address the growing and increasingly complex needs of BC's aging population. At the regional consultations held by the RPP, eleven key areas were identified where capacity building is needed to support the further development of the sector (please see [Raising the Profile Project: Findings and Recommendations from the Community Consultations](#) for a complete summary of these findings). We believe these capacity building areas are relevant not only for the CBSS sector in BC, but also for supporting CBSS across Canada. These key areas are:

1. **Volunteer Infrastructure:** Participants emphasized that while the use of volunteers is very positive and essential to service delivery, recruiting and supporting volunteers is becoming increasingly challenging and requires a greater investment in volunteer management and support.
2. **Collaborative Skills and Structures:** Participants recognized the value of improving collaboration within the sector and with the broader community and government, but stated that to do this effectively you need to use a community development approach and have funding for collaborative structures at the local level.
3. **Consistent and Sustained Funding:** Participants identified problems with short-term project funding focused only on what is new and "innovative," and not on what has proven effective over the long-term and requires the commitment of on-going sustainable funding.
4. **Shared Language of Sector Benefits:** Participants talked about the need for the CBSS sector and the health care sector to develop a shared language to recognize and communicate the value of both medical and social interventions to support seniors' health and wellness.
5. **Training by the Sector, For the Sector:** Participants recognized the value of individuals and organizations in the sector learning from each other and developing skills and capacity related to programming, collaboration, and policy advocacy, and the need for this to be facilitated through a provincially coordinated strategy and support system.
6. **Information, Referral and Advocacy:** Participants identified the need for additional funding for one-to-one coaching and advocacy to support seniors with higher needs to access affordable housing, community services, government and community income supports, and health services.

7. **Development of Transportation Infrastructure:** Participants acknowledged that there are some effective local collaborations in place to improve access to transportation, but these initiatives need to be scaled up.
8. **Diversity and Inclusion Capacity, Now:** Participants acknowledged that some vulnerable and marginalized population of older adults are still not able to access CBSS services and that CBSS should be supported to learn how and what they need to do differently to be more inclusive.
9. **Intergenerational Development:** Participants talked about the value of intergenerational programming and the lack of funding to support this work.
10. **Affordable Housing:** Participants identified affordable housing as one of the core service areas of CBSS, and the need for increased awareness and knowledge within the CBSS sector of affordable housing funding and delivery models in order to allow the CBSS sector to play a larger role in advocating for and delivering affordable housing for seniors.
11. **Urban, Rural and Remote Connection:** Participants talked about the need to share expertise and skills between rural communities and with adjacent urban centres, and the importance of provincial infrastructure to support these initiatives.

Based on the findings from this consultation process, the following high level recommendations were made for the CBSS sector in BC:

- **Recognition of Community-Based Seniors' Services (CBSS) as a Sector** that provides a broad range of health promotion and prevention services in seven core areas essential to supporting seniors to maintain their health and independence
- **Creation of regional and provincial infrastructures** and funding to support capacity building of CBSS locally
- **Advocacy with municipalities and health authorities** on the benefits and importance of supporting collaborative partnerships with the CBSS sector

Moving Forward: Key Infrastructure to Build Capacity in the Sector

The RPP was a two-year project provincial project with the goal of raising the profile of the CBSS sector and identifying ways to build the capacity of the sector. As a culmination of this work, in November 2017 RPP, the United Way of the Lower Mainland, the Active Aging Research Team and BC Recreation and Parks Association along with the City of Surrey and the BC Ministry of Health will be hosting a Provincial Summit on Aging. At the Summit, the findings and recommendations from the regional consultation process will be presented and the next steps for moving forward will be shared. After the Summit, the work started by the RPP will be continued under the auspices of the United Way of the Lower Mainland. The RPP seniors' and service providers' advisory structures will become the Community-Based Seniors' Services Leadership Council for the United Way's newly emerging sector building strategic initiatives.

The following are next steps which the CBSS sector in BC will begin to move forward following the Summit. These initiatives span the entire Province ensuring individual communities, regardless of size and capacity, are reached and engaged. Some of the funding for these initiatives is already in place, and

discussions are underway about what additional supports are needed to ensure the sustainability and effectiveness of the sector over time.

- **Creation of a Provincial Knowledge Hub and other Capacity Building Initiatives:** The Knowledge Hub will be housed at the United Way of the Lower Mainland and will be a provincially coordinated, distributed learning model to build capacity through information sharing and skills development related to operational, programming and collaborative initiatives; one-to-one mentorships; and policy dialogues. Over time the capacity building initiatives will be expanded to include skill building initiatives related to leadership development and evaluation.
- **Development of Collaborative Mechanisms:** Building on the work already underway in some local communities, cross-sectoral planning tables will be established in every BC community. These planning tables will work to increase collaboration within the CBSS sector, and between the CBSS sector and government and community partners/funders. The planning tables will develop multi-year action plans, based on the priority issues identified by seniors and service providers. To support this work, the United Way of the Lower Mainland will hold regional consultations and biannual Provincial Summits on Aging to facilitate and scale-up the collaborative programming and policy development work of the planning tables and Knowledge Hub.
- **Creation of a Collaborative Table for the Funders of Seniors' Services:** The United Way of the Lower Mainland, in conjunction with other United Ways within BC are taking the lead in establishing a collaborative table of CBSS funders to provide input on the funding models/criterion, evaluation and strategic direction of CBSS in BC. They will also conduct consultations to make recommendations for common outcomes measures and identify areas where there are shared priorities and the potential for joint funding initiatives.

The infrastructure that will be developed moving forward in BC (i.e., the knowledge hub, planning tables, and collaborative funders tables) is an example of a capacity building process for the CBSS sector, and it is our hope it will serve as an inspiration to others with similar goals. Other provinces will have their own examples of infrastructure and processes they have undertaken to build the capacity of their CBSS sectors, and we would very much like to learn from these examples as well as support them with our experience.

5. Recommendations to the House of Commons Committee

Based upon our research and the experience of the RPP as outlined in this submission, we respectfully make the following recommendations to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities on how to advance the quality of life and social inclusion of Canadian seniors:

1. For the federal government to recognize, and encourage other levels of governments to recognize: a) CBSS as a sector and the value of this sector in improving the quality of life and social inclusion of seniors; b) the importance of using a community development approach and of building more collaborative relationships among CBSS and with larger institutional partners who support the sector (e.g., municipalities, health and transit authorities, community foundations, etc.); c) the identification of the seven core service areas of the CBSS sector; d) the need for capacity building in the eleven key areas identified in this submission; and e) the importance of developing a provincial infrastructure to support capacity building locally.

2. Create opportunities for leaders from the CBSS sectors from across the country to meet virtually and in-person to share best practices and identify emerging policy issues related to: a) local programming and collaborative initiatives; and b) regional/provincial infrastructure initiatives designed to increase the capacity and effectiveness of the CBSS sector.
3. Significantly increase the funding to the New Horizon's Program to: a) expand the grassroots community funding stream, encourage programming that builds on approaches that have a proven track record, and include funding for staff in its eligibility criteria; and b) support the development of regional/provincial infrastructure to increase the capacity for coordination within the CBSS sector and for building stronger ties with government and institutional partners/funders.
4. Ensure that within the Public Health Agency of Canada, there is a greater focus on the development of educational and outreach activities and materials related to the CBSS sector, and a recognition of the valuable role played by this sector in health promotion and prevention programming and in addressing a number of the social determinants of health identified by the Public Health Agency of Canada.
5. Create a research funding stream at the federal level for research on the impact of CBSS programming on the health and wellness of Canada's older adult population, and in particular to investigate the efficacy of different programming models and interventions.

About the Organizations Submitting this Briefing

Raising the Profile Project <http://www.seniorsraisingtheprofile.ca/>

The RPP is a time-limited independent project led by seniors and an advisory committee representing non-profits and municipalities from the CBSS sector across BC. Following the Provincial Summit on Aging, the work started by the RPP will be continued under the auspices of the United Way of the Lower Mainland.

United Way of the Lower Mainland <https://www.uwlm.ca/>

The United Way of the Lower Mainland (UWLM) has had a rich history in serving vulnerable populations with the particular intent of leveraging individual and community assets to build strong communities. Supporting Older Adults has for decades been a key priority area for United Way and currently supports a Provincial Healthy Aging Strategy serving close to 60,000 older adults across over 90 municipalities and regional districts in BC – this health promotion/prevention work is predicated on 3 pillars: increasing physical activity, enhancing social connectedness and supporting independence and engagement in community.

Active Aging Research Team <http://www.activeagingrt.ca/>

The Active Aging Research Team (AART) promotes connected, active lives through research, community engagement, and scientific evaluation. AART is a group of interdisciplinary community-based researchers, staff, and trainees affiliated with the University of British Columbia. Engaging with partners in the community, AART aims to improve the social and physical health of individuals of all ages through the development, implementation, and evaluation of physical activity initiatives that promote health and disease prevention.

British Columbia Recreation and Parks Association <https://www.bcrpa.bc.ca/>

BCRPA is a not-for-profit charitable organization leading the enrichment of lives and communities through the power of recreation and parks. Since 1958, the Association has been a central resource for its extensive network of members and stakeholders committed to public recreation in every municipality and regional district throughout the province, providing leadership, training and support to help meet local, provincial, and national priorities.