COSCO 75 YEARS 1950-2025

October 3 - 5, 2025

Council of Senior Citizens' Organizations of British Columbia (COSCO BC)

75TH ANNIVERSARY CONFERENCE REPORT 2025

Human Rights and Ageing:
Advocating for an Equitable Future

Funded in part by the Government of Canada's New Horizons for Seniors Program | Canada

United Way British Columbia

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Thanks to our Conference Organizing Committee, Support Team and Volunteers

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Suggested citation:
Fang, M. L., Gaudette, L.A, Van Steinburg, T., Brodrick, W., Sickman, J., Langolf, G., and Jamieson, K. (2025). Human Rights and Ageing: Advocating for an Equitable Future. COSCO BC 75th Anniversary Conference Report.

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Acknowledgments

The Council of Senior Citizens' Organizations of British Columbia (COSCO BC) acknowledges, with gratitude, the wisdom, leadership, and lived experience of the tens of thousands of older adults, caregivers, advocates, researchers, and community organizations who create seniors friendly systems across the province.

We recognize the foundational work of the seniors groups that banded together in 1950 to form COSCO BC and the many volunteers, partner organizations, unions, and community advocates who have strengthened seniors' rights and wellbeing for 75 years.

The conference was held October 4-5, 2025 on the unceded and ancestral territories of the Musqueam, Squamish, and Tsleil-Waututh peoples. We extend our respect to Indigenous Elders, Knowledge Keepers, and communities who continue to guide pathways toward equity, justice, and self-determination.

The full conference program can be viewed at:
www.coscobc.org/conference/

We also express appreciation to:

- Community-based senior-serving and seniors-led organizations across urban, rural, and remote BC
- Provincial and municipal partners
- Researchers and policy experts
- Health-care workers, social planners, and seniors centre leaders
- Older adults who shared personal stories, critiques, and solutions

We would also like to acknowledge the contributions of Simon Fraser University Urban Studies and Gerontology students Becky White, Letitia Zhu, Eldrick Chand, Farnoush Mansourian, and Mohammad Rahnamay Shalmani, who provided on-the-ground conference support and assisted with research, documentation, and synthesis following the event. Their involvement reflects the importance of intergenerational collaboration in advancing equitable ageing policy and practice.

We dedicated the 2025 Conference to two very special departed COSCO leaders, Sheila Pither who died on September 19, 2022 and Garnet Grosjean who died on January 31, 2025. Sheila and Garnett brought vision and commitment to the goal of advancing the social and physical welfare of all older persons in British Columbia and in particular to taking leadership roles in planning many previous conferences. We celebrate their lives and remember them fondly.

A Video to Celebrate 75 Years of Advocacy and Impact of COSCO BC

Thanks to funding from the Canadian Institutes of Health Research and project management by Dr Mei Fang of the Urban Studies Program and the Department of Gerontology at Simon Fraser University, a short documentary will premiere, featuring testimonials from members and celebrating COSCO's legacy. The film amplifies the voices of seniors, honours 75 years of leadership in advocacy, and sheds light on ongoing efforts to secure sustainable funding for seniors' centres, eliminate ageism, foster social inclusion, and expand awareness of elder abuse. Serving as both a celebration and a call to action, the documentary highlights COSCO BC's commitment to advancing the rights and well-being of older adults. Thanks to our videographer **Eric Sanderson** for making this happen.

The 2025 Conference was dedicated to departed COSCO leaders and advocated who brought vision and commitment to the goal of advancing the social and physical welfare of all older persons in British Columbia and in particular to planning many previous conferences. We celebrate their lives and remember them fondly.

Sheila Pither died September 19, 2022 | Garnet Grosjean died January 31, 2025

Executive Summary

The 75th Anniversary COSCO BC Conference brought together leaders from across British Columbia and Canada to confront a central question: What does it take to build a future where all older adults can live with dignity, security, and belonging?

Across two days, speakers and participants addressed human rights, systemic inequities, the economics of ageing, community connection, transportation, housing, climate resilience, and the growing role of seniors centres in the social infrastructure of the province. By integrating research, lived experience, and policy analysis, the conference articulated a unified mandate: ageing on its own (or perhaps "ageing in and of itself") is not the problem - inequality is.

Key Findings Across Both Days

1. "Ageing Must Be Treated as a Human Rights Issue"

Participants emphasized that ageism is still the last socially acceptable form of discrimination, deeply embedded in policy, funding structures, health-care systems, and cultural narratives. Older adults face systemic barriers that would be unacceptable if faced by any other demographic group.

The COVID-19 pandemic and the 2021 BC heat dome revealed profound failures in the protection of older adults' rights to safety, health, and life itself. A rights-based approach - including support for a UN Convention on the Rights of Older Persons - is essential for structural accountability.

2. "Inequality Among Seniors Is Growing"

Income insecurity and gendered poverty are increasing. Seniors poverty in BC has risen from 2% in the 1990s to over 15% today, disproportionately affecting single senior women, racialized immigrants, and seniors living alone or with disabilities.

Housing costs, gaps in extended health benefits, and user-pay models for mobility aids and home support exacerbate vulnerability. Inequality is not evenly distributed: rural seniors face fewer services, longer travel distances, and reduced access to primary care.

3. "Systems Must Shift from Charity to Infrastructure"

The conference identified the need for universal home support, coordinated primary care hubs, and long-term care that is treated as essential infrastructure. Older adults overwhelmingly want to age in place, yet existing systems prioritize institutional care, hospital transfers, and crisis response.

Investment in community-based supports - seniors centres, caregiver programs, transportation, and food security - is a cost-effective, humane alternative.

4. "Language, Culture, and Access Matter"

Many immigrant seniors face systemic exclusion due to English-only information, digital barriers, and bureaucratic gatekeeping. Cultural expectations around family, caregiving, and intergenerational living require policy shifts that reflect real demographic and lived realities.

5. “Rural Realities Require Different Solutions”

Rural and remote communities experience inequitable access to family doctors, home support, emergency services, transportation, and affordable housing. A “one size fits all” approach to health and social policy does not work. Community-governed care hubs, rural mobility solutions, and equitable travel supports are all critical.

6. “Transportation Is a Human Right”

Mobility determines whether older adults can access healthcare, food, social connection, and civic life. Without safe and reliable transportation options, independence erodes, isolation increases, and health outcomes worsen. The message was clear: mobility is belonging.

7. “Seniors Centres Are Essential Social Infrastructure”

Seniors centres across BC, Manitoba, and the North demonstrated how locally rooted hubs provide social connection, recreation, supports, meals, education, intergenerational programming, and a trusted point of contact for accessing reliable information and navigating complex systems. Stable funding and system recognition for seniors centres is needed.

8. “Elders Are Leaders - Not Passive Recipients”

Several sessions reframed ageing as elderhood not as a passive stage of recognition, but as an active period of leadership, responsibility, and collective action. Elderhood was articulated as a time when older adults exercise civic influence, steward environmental and community well-being, and mobilize lived experience toward social change. Older adults were presented not simply as contributors, but as organizers, advocates, mentors, and decision-makers in shaping climate action, caregiving systems, cultural continuity, and community resilience. Age-inclusive futures therefore require more than acknowledging older adults’ value; they must be co-designed with older adults, embed their leadership in policy and planning processes, and create structures that enable elders to act, lead, and hold systems accountable.

Conference-Wide Recommendations

1. Adopt Rights-Based Policy Approaches

- Support development of a UN Convention on the Rights of Older Persons
- Embed rights-based standards in health care, housing, guardianship, and accessibility legislation
- Ensure transparent reporting, oversight, and accountability mechanisms

2. Strengthen Income, Housing, and Health Equity

- Modernize income support programs (OAS, GIS, CPP and BC Seniors Supplement)
- Expand deeply affordable housing, especially for single senior women
- Eliminate home-support fees for seniors
- Treat seniors’ housing and LTC as infrastructure

3. Build a Provincial Strategy for Seniors Centres

- Establish stable multi-year operational funding
- Integrate seniors centres into provincial health and social policy frameworks
- Support intergenerational and culturally grounded programming

4. Transform Transportation Systems Using Mobility-Justice Principles

- Expand HandyDART capacity
- Scale travel-training programs and micro-transit services
- Create a provincial seniors' mobility data hub
- Strengthen rural transportation networks, ferry dependability and affordability, and inter-regional connections

5. Invest in Universal Home and Community Support

- Prioritize home support as the foundation of ageing in place
- Expand caregiver supports
- Develop community-governed primary-care hubs

6. Centre Older Adults' Voices

- Expand Resident and Family Councils in LTC
- Co-design community policies with seniors and disability advocates
- Invest in multilingual, culturally safe services

Overall Conclusion

Across the two days, one message was clear: an equitable future for ageing requires integrated systems - across health care, housing, transportation, income, environment, and community life - that recognize seniors as central to the social fabric of our province. This report sets out the key issues, insights, and directions necessary to build that future, grounded in data, lived experience, and collaborative leadership.

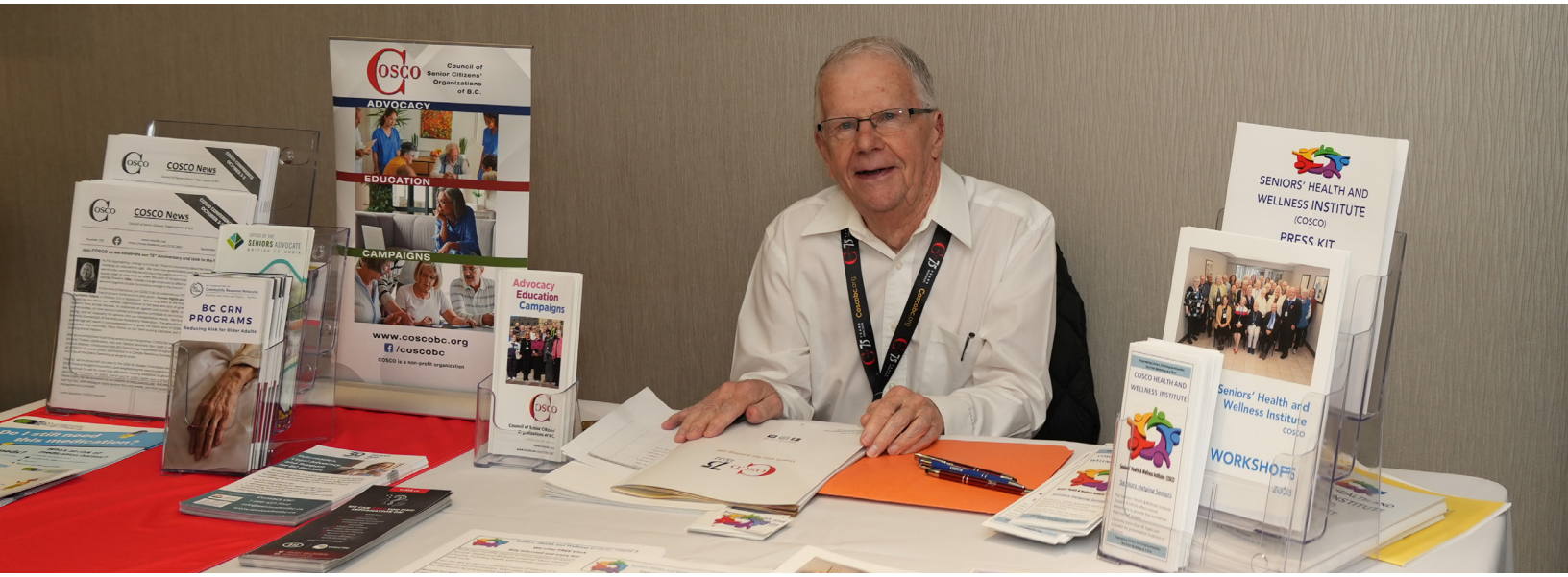
Introduction

The Council of Senior Citizens' Organizations of British Columbia (COSCO BC) convened its 75th Anniversary Conference at a pivotal moment for the province and the country. British Columbia (BC) is undergoing a profound demographic transformation: within the next decade, one in four residents will be over the age of 65, and a growing proportion of seniors will live into their late eighties and nineties. This shift, while often framed as a "challenge," is in fact a testament to the success of public health, social policy, and community resilience. However, rising longevity is occurring alongside widening inequalities, underfunded systems of care, housing precarity, and persistent ageism across institutions.

Against this backdrop, the conference brought together hundreds of participants representing older adults, seniors-led and retiree community organizations, seniors centres, policymakers, service providers, researchers, and advocates. Over two full days of presentations, discussions, and reflections, they examined the intersecting domains that shape ageing in BC today: human rights, income and housing security, rural health care, long-term care, mobility and transportation, social isolation, community infrastructure, and climate change. The conference highlighted not only the gaps in these systems but also identified the solutions emerging from communities, municipalities, and provincial networks.

A consistent theme running throughout the sessions was the need to shift public discourse from viewing ageing as a burden to recognizing the contributions, capacities, and rights of older adults. Many speakers emphasized that ageism - implicit and explicit - remains embedded in policy, program design, public narratives, and everyday interactions. Systemic ageism intersects with gender, race, disability, income, and geography, creating vastly different ageing experiences across the province. The conference, therefore served as both a reflection on the achievements of the past 75 years and a call to action for building equitable, rights-based systems that support seniors' wellbeing.

Crucially, the event underscored that ageing is not a siloed issue. Housing, healthcare, transportation, social participation, digital access, and environmental conditions all influence the capacity to age well. Effective policy must therefore integrate health, social services, community planning, and economic policy, with older adults as active partners in their design and implementation.



Context: Why this Conference Now?

Demographic Pressures and Social Change

BC's population is ageing faster than many other provinces. The number of seniors is projected to increase by more than 400,000 in the next 15 years. This demographic shift is accompanied by increased diversity: more seniors are newcomers, Indigenous, LGBTQ+, living alone, or managing disability or chronic illness. Many are also working longer, volunteering extensively, and providing intergenerational care. Throughout this report, "systems" refers to the public policies, institutions, and service structures responsible for upholding older adults' human rights, particularly the rights to health, housing, income security, mobility, safety, and social participation (see Part 1: Human Rights in Ageing). These systems, and the government policies that shape them, have not kept pace with the demographic, social, and cultural realities of ageing in British Columbia.

At the same time, BC faces severe housing affordability challenges, record levels of social isolation, strained health systems, and climate-related emergencies such as wildfires and extreme heat. These intersecting crises disproportionately affect older adults, particularly those who are low-income, racialized, rural, or socially isolated. Seniors centres, nonprofits, and volunteer networks increasingly serve as lifelines in the absence of coordinated system-wide responses.

Ongoing Policy Transitions

The provincial government has made new commitments in recent years - including significant investments in seniors' services distributed through community-based organizations. However, many of these reforms are still in early implementation stages, and communities expressed concerns about transparency, stability, and meaningful local input. At the federal level, discussions about establishing a UN Convention on the Rights of Older Persons have gained momentum, presenting an opportunity for Canada to reframe ageing from a needs-based to a rights-based policy domain.

Post-Pandemic Recovery and Public Memory

The COVID-19 pandemic exposed longstanding systemic weaknesses, particularly in long-term care and community health. Early pandemic deaths overwhelmingly affected older adults, especially those in under-resourced residential care settings. Recovery efforts have focused on staffing, infection control, and infrastructure upgrades, but deeper cultural and structural reforms remain unfinished. Many speakers emphasized that the lessons of the pandemic cannot be forgotten or diluted; they must shape future planning and accountability structures.

The Role of COSCO BC at 75 Years

As a provincial federation of senior organizations, COSCO BC has long played a central role in advocacy, policy engagement, and community mobilization. Its 75th anniversary represents both a milestone and an inflection point. COSCO BC is uniquely positioned to convene diverse stakeholders, amplify community voices, and lead cross-sector policy efforts rooted in human rights, equity, and social justice. The conference marks an important moment for consolidating knowledge, identifying system gaps, and shaping an agenda for the next decade.

Purpose and Structure of This Report

This report synthesizes key insights, evidence, and discussions from the conference. It aims to:

1. Document major themes and issues affecting seniors across BC.
2. Translate conference discussions into policy-relevant analysis.
3. Highlight emerging community-led solutions and promising practices.
4. Identify cross-cutting priorities for future action at provincial, municipal, and community levels.
5. Provide COSCO BC and partners with a foundation for ongoing advocacy.

Structured in seven parts, the report moves from broad contextual framing to thematic analysis, community insights, and policy recommendations. Appendices at the end provide additional detail, including data tables, examples of promising practices, and draft frameworks for future COSCO BC advocacy.

PART 1: HUMAN RIGHTS IN AGEING

A central theme running across the conference was the recognition that ageing is fundamentally a human rights issue. Rather than viewing older adults through a lens of vulnerability or decline, speakers emphasized the need to reframe later life around dignity, autonomy, participation, and equity. This shift requires examining how policies, systems, and cultural norms either uphold or undermine the rights of older people.

Throughout the sessions (including workshops), participants noted that ageism is not merely a matter of interpersonal prejudice but a structural and institutional problem. Age-based exclusions remain embedded in healthcare, employment, housing, social services, and governance. These barriers limit older adults' ability to participate fully in society and restrict access to necessary supports. A rights-based approach therefore demands attention to legislation, resource allocation, and service delivery systems - not just attitudes.

The Case for a Rights-Based Framework

Participants highlighted that Canada does not currently have a national human rights instrument explicitly protecting older adults. This gap affects how policy is made, how services are delivered, and how accountability is measured. Existing protections in human rights codes and Charter provisions are important but insufficient; they tend to focus on individual complaints rather than proactive structural change.

The absence of explicit protections contributes to inconsistent approaches across provinces and services. For example, some sectors may deny benefits or impose restrictions solely based on age rather than need or capacity. A rights-based framework would require consistent standards, transparency, and mechanisms for redress. Participants pointed to international efforts to establish a UN Convention on the Rights of Older Persons, which would provide global obligations for governments to ensure equal treatment, autonomy, and participation across all domains of social life.

A comprehensive rights-based approach to ageing in BC would mean:

- Embedding dignity and autonomy in all service and policy decisions.
- Ensuring older adults have meaningful participation in decisions affecting them.
- Protecting against discrimination in employment, healthcare, housing, and public systems.
- Establishing clear accountability mechanisms for violations of rights.
- Recognizing intersecting forms of marginalization, including disability, gender, race, income, and geography.

Understanding Systemic Ageism

Ageism was described repeatedly as the last socially acceptable form of discrimination, often normalized or overlooked in public discourse. It manifests at three interconnected levels:

1. Stereotypes (cognitive): Assumptions that older adults are frail, dependent, technologically incapable, or resistant to change.
2. Prejudice (emotional): Fear, pity, or discomfort that shapes how people relate to older adults.
3. Discrimination (behavioural): Policies or practices that limit access to employment, healthcare, health and dental insurance, or full civic participation.

Participants noted that public narratives tend to focus on decline - frailty, burden, cost - rather than contribution, resilience, or opportunity. This narrative not only distorts reality but also influences policy priorities, which often sideline the concerns of older adults in resource allocation or planning processes.

A key barrier identified was internalized ageism, which can lead older adults to downplay their own needs or withdraw from social, political, and economic participation. Challenging this requires both cultural change and supportive structures that reinforce positive, empowered identities in later life.

The Impact of Ageism in Policy and Systems

Speakers outlined several ways ageism produces systemic harms:

Healthcare and Protection Systems

Processes intended to protect vulnerable adults can unintentionally violate rights. Examples included:

- Lack of clear safeguards around involuntary detention or substitute decision-making.
- Insufficient oversight and transparency in protective interventions.
- Assumptions about incapacity without adequate assessment or due process.

Participants emphasized that respect for autonomy and presumption of capacity must be foundational principles. Protective interventions should be the least intrusive option and must always involve transparent, accountable processes.

Long-Term Care and Institutional Settings

The pandemic illuminated serious issues in long-term care (LTC), including:

- Overcrowded or outdated infrastructure.
- Staffing shortages and inconsistent training.
- Limited resident and family involvement in decisions.
- Lack of relational, person-centred care practices.

These failures underscored how underfunded, institutional cultures can produce environments where neither quality of care nor rights are upheld. A shift toward relational, rights-based models - with empowered staff, resident autonomy, and meaningful family engagement - was identified as essential.

Rural and Remote Access

Rights to health and safety are not equitably realized across BC. Many rural communities face:

- Long travel distances for primary care and specialist services.
- Frequent Emergency Room closures and shortages of family physicians.
- Lack of accessible, affordable transportation to medical appointments.
- Insufficient infrastructure to support ageing in place.

Participants argued that provincial responsibilities under the Canada Health Act - specifically, providing “reasonable access” to care - must be more clearly operationalized for rural and remote contexts.

Home and Community Support

Older adults overwhelmingly prefer to remain in their homes and communities, yet supports remain inadequate. Issues include:

- Costly or inaccessible home support services.
- Limited respite for family caregivers.
- Lack of universal, coordinated home care systems.
- Barriers for immigrants and newcomers due to language or navigation challenges.

Many attendees stressed that home and community care should be recognized as essential infrastructure, equivalent in importance to acute care.

Cultural and Linguistic Rights

Equity in ageing requires recognition of cultural and linguistic diversity. Many immigrant seniors face barriers to:

- Healthcare access
- Public services
- Legal and financial processes
- Social participation

Language justice is central to rights-based ageing. Translation, interpretation, and culturally responsive program design were cited as essential, particularly for seniors who contributed to the province throughout their lives but may have limited English proficiency due to decades of survival labour.

Equally important are cultural norms around caregiving, multigenerational households, and interdependence. Programs and policies must reflect - not erase - these family structures.

Rights, Autonomy, and Participation in Long-Term Care

Participants stressed that rights must not disappear when older adults enter institutional settings. Resident and family councils were highlighted as a model for ensuring lived experience is embedded in decision-making, quality improvement, and accountability. These councils reinforce:

- Autonomy and dignity
- Transparency in operations
- Collaborative decision-making
- A person-centred approach to staffing and care

Strengthening these structures province-wide can drive meaningful culture change, helping rebuild trust post-pandemic.

The Case for Universal Home Support

A major theme was the need to invest in universal home support. Economic evidence shows that:

- A single long-term care bed can cost approximately $1 million to build.
- Alternate Level of Care (ALC) hospital beds can cost $1,000 per day.
- Providing home support could save up to $870,000 per person over five years by reducing premature LTC placement.

Beyond cost, universal home support reinforces autonomy, quality of life, and the right to remain in one's chosen environment. Participants highlighted that universalizing home support is not simply a "nice to have" - it is a moral, economic, and social imperative.

Summary of Part 1

A rights-based approach to ageing requires confronting systemic ageism, embedding autonomy and dignity in policy and practice, strengthening legal protections, and ensuring equitable access to care and supports. The conference underscored that rights violations often occur not through intent but through outdated systems, insufficient oversight, and cultural assumptions. Addressing these issues demands coordinated legal reforms, transparent accountability structures, improved community-based programs and services, and a cultural shift toward viewing older adults as rights-holders and contributors.

PART 2: GOVERNANCE, FUNDING REFORM, AND SYSTEM TRANSFORMATION

A major thread focused on how governance structures, funding mechanisms, and institutional cultures shape the everyday realities of ageing in BC. Participants emphasized that while BC has made important commitments to expanding community-based services, the current system remains fragmented, uneven, and insufficiently accountable. Addressing the needs of an ageing population - projected to double in the coming decade - requires a coordinated strategy grounded in transparency, stability, and community partnership.

This section synthesizes key insights regarding how public funds are allocated, how decisions are made, and what changes are required to ensure that older adults receive equitable, timely, and rights-based supports. The emphasis throughout was on moving from patchwork approaches toward integrated, place-based systems that reflect the social, economic, and cultural realities of BC's diverse communities.

The Shift Toward Community-Based Funding

Participants highlighted that while a significant shift is being initiated in BC's seniors' services landscape, the change remains early, uneven, and far from sustainable or fully accountable from a community perspective. In recent years, the province has begun moving away from competitive, siloed grant programs toward a more centralized, community-informed funding model administered through a designated community agency. While this approach signals recognition of the need for coordination and longer-term planning, participants emphasized that it has yet to consistently deliver stable, multi-year funding or equitable regional responsiveness. Ensuring transparency, accountability, and meaningful community influence over funding decisions was identified as essential if this model is to move beyond transition and become a durable system capable of meeting seniors' rights and needs (see Appendix A: Provincial Funding Model for Seniors' Services).

The intent of this new direction is twofold:

1. Strengthen place-based supports by enabling communities to identify their own needs and priorities.
2. Reduce duplication and competition among senior-serving organizations, enabling more collaboration and alignment.

While there was positive recognition of this shift, participants noted that implementation remains uneven across regions. In particular, smaller, rural, or volunteer-driven organizations often struggle to navigate new systems without guidance or administrative support. There was consistent agreement that community-based funding must be accompanied by:

- Clear timelines
- Transparent criteria
- Public reporting on outcomes
- Opportunities for local voices to shape decisions

This sustained approach, participants emphasized, is critical to ensuring that BC's ageing sector is not defined by competition for scarce resources but by collaboration around shared goals.

Gaps in Governance and Accountability

Despite BC's progress, speakers underscored systemic governance gaps that hinder ageing policy. These include:

Fragmentation Across Ministries and Sectors

Ageing intersects with housing, transportation, health, income security, justice, and emergency management. Yet responsibility for seniors is spread across multiple ministries with limited cross-sector coordination. As a result:

- Policies are often reactive rather than preventive.
- Gaps emerge between health services, community supports, and municipal planning.
- No single body is accountable for system-wide outcomes in ageing.

Participants emphasized the need for integrated governance - potentially through an inter-ministerial secretariat or provincial seniors strategy - to align investments and measure progress across domains.

Lack of Long-Term Planning

Although BC has clear population projections showing rapid growth in the 70+ age group, many of the systems required to uphold older adults' rights have not been scaled accordingly (see Appendix A and Appendix E). Long-term care infrastructure, home and community care services, transportation networks, and critically, the supply of deeply affordable, non-market housing have not kept pace with demographic realities. Participants emphasized that "affordable housing" is frequently defined as modestly below market rent, a standard that remains inaccessible to many low-income seniors living on fixed incomes (see Appendix A: Provincial Funding Model for Seniors' Services). For seniors reliant primarily on Old Age Security and the Guaranteed Income Supplement, housing costs geared to approximately 30% of income - often in the range of $500–$750 per month - are necessary to ensure housing security, stability, and dignity (see Appendix E: Key Statistics). Without long-term planning anchored in human rights, equity, and income adequacy, the province risks further entrenching housing precarity and service gaps as the population continues to age.

Uneven Access Across Regions

Urban, suburban, rural, remote, and northern communities experience ageing very differently. A universal model does not work in a province where some communities have population densities of 10,000 people per square kilometre while others have fewer than 5. For smaller regions:

- Funding flows are unpredictable.
- Volunteer labour substitutes for paid infrastructure.
- Transportation gaps are severe.
- Primary care and home support services are limited or absent.

Participants stressed that funding formulas must reflect geographic realities and the higher per-capita costs associated with serving rural residents.

Investing in Ageing as Core Infrastructure

Speakers challenged the persistent view that seniors' services are discretionary or "soft" supports. Instead, they argued that community-based ageing services and programs should be understood as core infrastructure, just as essential as hospitals, schools, and transportation networks.

This reframing is grounded in evidence:

- Preventive community services delay or prevent long-term care placement.
- Home and community care reduce hospital emergency use and the number of days patients spend designated as Alternate Level of Care (ALC).
- Social participation programs reduce loneliness - a risk factor comparable to smoking 15 cigarettes a day.
- Available, accessible, affordable transportation reduce missed medical appointments and maintain independence.
- Affordable housing reduces premature institutionalization and improves ageing in place.

Participants emphasized that investing in community infrastructure is both fiscally responsible and aligned with human rights principles. When systems treat ageing as infrastructure, planning becomes proactive, not reactive, and aligned with population needs rather than crisis-driven responses.

Transparency, Data, and Public Trust

Trust was an overarching theme. Many older adults and family members feel disconnected from decision-making processes and are uncertain about how funding decisions are made.

Participants identified several areas where public trust could be strengthened:

Transparent Reporting

Communities want clarity on how funds are allocated, how priorities are determined, and what outcomes are being achieved. Regular public reporting—ideally co-designed with seniors—was seen as essential.

Data Availability and Integration

Reliable data on seniors' housing, transportation, poverty, home support, long-term care, and demographic trends are fragmented across provincial ministries, health authorities, municipal systems, and nonprofit partners.

Participants noted that integrated, interoperable data systems are necessary for:

- Identifying service gaps
- Monitoring inequities
- Tracking quality improvements
- Planning for population growth

Participatory Governance

Seniors expressed that decisions often feel top-down. Incorporating lived experience into governance structures, such as advisory councils, community panels, and participatory planning processes, was seen as fundamental to rebuilding trust and ensuring relevance.

Cross-Sector Partnerships as a Path Forward

Speakers emphasized that no single sector, neither government, health, municipalities, nor nonprofits, can address the needs of an ageing population alone.

Cross-sector alignment is required across:

- Healthcare (home support, primary care reform, LTC)
- Municipal planning (housing, transportation, recreation, accessibility)
- Community organizations (navigation, social participation, practical supports)
- Provincial agencies (funding, standards, oversight)
- Emergency management (climate resilience, heat preparedness)
- Transportation authorities (transit, HandyDART, rural mobility)

Participants cited promising examples of such collaborations but stressed the need for system-level frameworks that formalize these relationships. Without clear partnerships, efforts risk duplication, fragmentation, or gaps that leave seniors without essential supports.

Moving Toward Sustainable Workforce Models

Another aspect of governance discussed was the ageing workforce itself. Many sectors depend heavily on older workers and volunteers, yet age-based restrictions and benefit cut-offs discourage continued participation. For example:

- Workers over a certain age lose eligibility for long-term disability or employer-based insurance.
- Pension rules restrict contribution after age 71 - even if individuals continue working.
- Many senior-serving programs rely on volunteers who may face burnout or financial barriers.

Participants emphasized the need for policies that enable older adults to remain active contributors if they choose, without penalty or financial disadvantage. This includes enabling flexible employment, updating benefit policies, and creating supportive volunteer infrastructures.

Summary of Part 2

Governance and funding reform emerged as a cornerstone of ageing policy in BC. Participants highlighted the importance of coordinated, transparent systems; equitable community-based funding; proactive infrastructure planning; meaningful public participation; and intersectoral partnerships. Underpinning the discussion was a call to address structural barriers (not just program-level gaps) and to embed ageing within long-term, rights-based policy frameworks grounded in accountability and public trust.

PART 3: HUMAN RIGHTS, AGEISM, AND CULTURAL INCLUSION

A core focus was the recognition that ageing is fundamentally a human rights issue - not merely a demographic trend or service-delivery challenge. Presenters underscored that older adults' rights to dignity, autonomy, participation, and cultural safety must be protected across systems. Yet today, many seniors continue to face discrimination, invisibility, and exclusion because ageism remains embedded in policy, practice, and cultural norms.

This section synthesizes the key insights on age-based discrimination, lived experiences of marginalization, and the tools and reforms needed to embed human rights in BC's ageing landscape.

Ageism as a Structural and Systemic Human Rights Violation

Throughout the day, a central theme emerged: ageism is not simply a matter of individual attitude but is structurally reproduced through policy design, institutional norms, and societal narratives. Ageism affects how older adults are treated in employment, healthcare, housing, and media. It shapes public assumptions about worth, capacity, and contribution.

Participants noted several trends:

- Ageism is normalized - far more than racism, sexism, or ableism - despite its profound consequences.
- Age discrimination is embedded in policy, including benefit cutoffs, eligibility rules, and emergency planning that fails to account for mobility or cognitive diversity.
- Internalized ageism - when older adults adopt negative stereotypes about ageing - further limits participation, self-advocacy, and leadership.

The evidence is stark. During the COVID-19 pandemic and the 2021 BC heat dome, older adults accounted for nearly 80% of deaths - not because of "inevitable vulnerability," but because systems were unprepared, poorly coordinated, and under-resourced. These failures illustrated how ageism can become fatal when embedded in institutional practice.

Participants stressed that framing ageing as decline or burden stands in direct contradiction to human rights principles. Instead, seniors must be recognized as holders of rights, contributors to society, and partners in decision-making.

The Need for International and Domestic Rights Frameworks

BC's experience aligns with global findings: older people's rights are often overlooked in international law, national policy, and local programming. Participants stressed the importance of a United Nations Convention on the Rights of Older Persons - a binding instrument similar to those for children or persons with disabilities.

Such a convention would:

- Create international accountability mechanisms.
- Require member states to track progress and address inequities.
- Shift societal narratives from charity to rights.

- Provide legal grounding for age-friendly policy design.
- Strengthen advocates' ability to challenge discriminatory practices.

In Canada, calls for such a convention are growing, supported by researchers, advocacy groups, and many civil society organizations as led by Canada's International Longevity Centre and the Canadian Coalition Against Ageism Participants noted that although human rights protections exist domestically, they are often fragmented, inconsistent, or under-enforced when applied to ageing.

To operationalize rights locally, BC can utilize emerging tools and frameworks - including ageism audits, policy lenses, and standardized measures - while preparing for future, stronger global instruments.

Lived Experiences of Ageism and Cultural Contexts

Speakers emphasized that ageism does not operate uniformly. Instead, it intersects with language, immigration history, gender, race, disability, and income. Lived experience accounts highlighted how cultural narratives and systemic barriers shape older adults' access to services and sense of belonging.

Key insights included:

Language as Inclusion or Exclusion

In BC's urban centres, thousands of older adults, especially long-settled immigrants, face language barriers when interacting with health, transportation, housing, or social services. English-only systems persist, even where communities have high concentrations of culturally diverse seniors who contributed decades of labour to Canada without equitable recognition.

Language justice was repeatedly identified as a foundational requirement for age equity.

Family Roles and Cultural Values

Many immigrant seniors navigate expectations of intergenerational caregiving while lacking culturally safe supports. Participants noted that services designed around nuclear-family models often fail to reflect cultural norms such as multigenerational living or shared caregiving responsibilities.

Gendered Experiences

Older women, particularly racialized, disabled, or immigrant women, face compounding inequities due to lifetime income disparities and caregiving histories. These inequities make them more vulnerable to poverty, housing insecurity, and social isolation in older age.

Media, Narrative, and Representation

Presenters noted the persistence of "frailty narratives" in media, where seniors are depicted as passive, dependent, reliant on mobility aids, or burdensome. Such narratives undermine public support for rights-based policy and diminish the visibility of older adults as leaders, contributors, mentors, and knowledge holders.

Tools, Frameworks, and Approaches to Combat Ageism

Participants during sessions and workshops, highlighted several practical, evidence-informed tools for identifying and addressing ageism across systems. These approaches offer concrete pathways for organizations, communities, and policymakers to embed rights into everyday practice.

Ageism Audits and Policy Lenses

- Organizational ageism audits help agencies evaluate whether their programs, communications, hiring practices, and governance structures align with inclusive principles.
- Healthy Ageing Policy Lenses offer structured guides for evaluating whether policies support autonomy, equity, social participation, and accessibility.

These tools are actionable, adaptable, and can be implemented in municipal governments, health authorities, community organizations, and provincial agencies.

Global and National Measurement Instruments

- The World Health Organization's Ageism Scale (2025) offers a standardized measure for attitudes, beliefs, and behaviours related to ageing.
- New international indicators support governments in tracking progress in age-friendly communities, anti-discrimination efforts, and social inclusion.

Measurement was emphasized as essential for accountability. Without data, participants argued, ageism remains invisible and unchecked.

Age-Friendly Community Design

The WHO Age-friendly Cities framework was highlighted as a robust mechanism for embedding rights into municipal planning.

Broadly, age-friendly design encompasses:

- Accessible housing
- Affordable and safe transportation
- Social participation infrastructures
- Outdoor spaces and buildings
- Civic engagement and employment
- Respect, inclusion, and communication

Participants noted that age-friendly practices reduce isolation, strengthen community resilience, and improve outcomes across generations - not only for seniors.

Reframing Ageing: From Burden to Contribution

The final theme emphasized the need to radically shift public narratives around ageing.

Ageing was framed as:

- A dynamic process of meaning-making, not decline.
- A stage of life characterized by leadership, mentorship, and lifelong learning.
- A time for active participation, not withdrawal.
- Essential to social cohesion, caregiving economies, volunteerism, democracy, and intergenerational solidarity.

Participants stressed that reframing ageing is not a communications exercise - it is a structural intervention. The way society speaks about ageing shapes investments, research priorities, media portrayal, and the willingness of governments to fund robust supports.

The success of this reframing requires:

- Education systems that teach ageing as a life-course process.
- Policies that enable older adults to stay engaged in work and community life.
- Media that reflects diverse, balanced portrayals of older adults.
- Institution-wide commitments to “nothing about us without us”.

Summary of Part 3

All in all, human rights and ageism discussions coalesced around a unified message: BC cannot build an equitable future for ageing without confronting the structural ageism embedded in its systems, cultures, and policies. Clear pathways forward were highlighted including: rights-based frameworks, culturally inclusive practices, standardized tools for accountability, participatory governance, and a societal reframing of ageing itself.

PART 4: RURAL EQUITY ACROSS HOME, COMMUNITY, AND LONG-TERM CARE

Extensive dialogue on the structural inequities facing rural communities, the pressing need to redesign home and community care systems, and the importance of elevating resident and family voices within long-term care (LTC) were featured. While these issues operate across different parts of the care continuum, they converge on a common theme: access to care must reflect where people live, how they live, and what they value. This section outlines the key insights, persistent gaps, and promising directions that emerged.

Rural Health Equity and the Meaning of "Reasonable Access"

Rural and remote communities across BC face distinctive systemic challenges that impede equitable access to healthcare. While urban centres benefit from dense infrastructure and close proximity to services, rural residents often navigate long distances, fragile transportation networks, and chronic workforce shortages.

Uneven Access to Primary and Emergency Care

Evidence from rural BC shows:

- Emergency department closures have become routine in many communities.
- A higher proportion of rural seniors lack a consistent primary care provider.
- Home support hours are significantly lower - sometimes 24% less than in urban regions.
- Long-term care availability is markedly reduced, with 35–55% fewer beds and significantly longer wait times.

These gaps are not simply "rural realities" as they reflect structural inequities exacerbated by geography, funding formulas, and infrastructure decisions.

Redefining "Reasonable Access" Under the Canada Health Act

While the Canada Health Act guarantees "reasonable access to healthcare", the definition has historically been urban-centred, failing to account for rural travel burdens, weather-related risks, or transportation scarcity.

Participants urged the development of new, rural-specific access indicators, including:

- Maximum travel distance and travel time thresholds
- Guaranteed minimum service levels
- Standards for culturally safe, community-governed care

Defining access through a rural lens would not only reflect lived realities but also support more equitable allocation of resources province-wide.

Community-Governed Rural Care Hubs

A promising innovation discussed was the creation of Rural Care Hubs - team-based, community-governed primary care centres that integrate nursing, social care, allied health, and navigation supports.

These centres:

- Improve continuity by reducing reliance on episodic emergency care.
- Enhance cultural safety and local ownership.
- Strengthen emergency preparedness.
- Alleviate pressures on overburdened regional hospitals.

Participants emphasized that community governance is essential: models designed elsewhere must be adapted locally, not imposed from above.

Universal Home Support as a Moral and Fiscal Imperative

Another key topic of interest was the role of home support which many participants emphasized as the frontline of ageing in place. While most older adults prefer to remain in their homes, current systems do not provide adequate or affordable support to make this a reality.

The Case for Universal Home Support

It was highlighted during the conference that:

- 90% of seniors prefer to age at home when supports are available.
- A new LTC bed costs over $1 million to build.
- ALC hospital beds cost approximately $1,000 per day, with average stays reaching 200 days.
- Universal home support could save the system up to $870,000 per person over five years while improving quality of life and delaying or reducing LTC placement.

These figures demonstrate that universal home support is not only compassionate - it is economically rational.

Systemic Barriers Undermining Home Support

Key challenges include:

- Fragmented delivery models inconsistent across health authorities.
- High user fees for home support that disproportionately affect modest-income seniors just above the income threshold, with annual costs rising sharply once free services end.
- Limited hours that do not reflect real care needs.
- Workforce shortages linked to recruitment and retention challenges and uneven conditions across service providers.
- Lack of culturally appropriate and linguistically accessible services.

These issues limit independence, increase caregiver burnout, and often force premature moves into long-term care.

A Cross-Sector Movement Emerging

Community organizations, seniors' groups, health coalitions, and LTC providers are increasingly aligned around the call for universal home support. This shared agenda - framed as both a moral and economic necessity - has begun to gain traction with policymakers across party lines.

Participants emphasized the need for:

- A province-wide strategy
- Stable, dedicated funding
- Standardized models of navigation and community partnership
- Integration with primary care and rural mobility initiatives

The message was clear: universal home support must become a foundational component of BC's ageing infrastructure.

Elevating Resident and Family Voices in Long-Term Care

Participants also highlighted the growing recognition that residents and family members are rights-holders and essential partners in long-term care, not passive recipients of services. The pandemic exposed substantial weaknesses in communication, oversight, and inclusion within many facilities - leading to renewed calls for cultural transformation.

Resident and Family Councils as Mechanisms for Accountability

Across BC, Resident and Family Councils have emerged as structured, collaborative bodies that:

- Provide consistent channels for feedback and dialogue.
- Identify problems before they escalate.
- Support quality improvement initiatives.
- Strengthen trust between staff, leadership, residents, and families.

Participants emphasized that councils are most effective when:

- They are independent and empowered.
- Leadership actively collaborates rather than controls participation.
- Meetings inform both day-to-day practice and higher-level policy decisions.
- Conditions of Work = Conditions of Care

Discussions confirmed the longstanding principle that quality of care is inseparable from the quality of staff working conditions. Chronic staffing shortages, precarity, and inconsistent team assignments undermine the relationships that are foundational to person-centred care.

Participants called for:

- Stable, empowered roles for care staff
- Higher ratios of consistent assignment
- Better integration of recreation, social care, and therapeutic supports
- Leadership training that prioritizes relational care and communication

Quality of Life, Not Only Quality of Care

Speakers emphasized that residents' well-being depends on:

- Autonomy and self-determination.
- Connection to community and nature.
- Meaningful activities rooted in personal history and identity.
- A sense of belonging and emotional safety.

These elements must become central quality indicators - not just clinical benchmarks.

Cultural Change and Rebuilding Public Trust

Discussions across the board made clear that public trust in long-term care has eroded. Many older adults express fear or anxiety about entering LTC, shaped by pandemic experiences, media narratives, and stories within communities.

A new culture of care is needed - one that is transparent, accountable, trauma-informed, and grounded in residents lived experience. Participants emphasized that cultural change does not require entirely new models; many effective relational care models already exist within BC and other jurisdictions. The priority now is scaling, supporting, and embedding these models province-wide.

Summary of Part 4

The urgent need for rethinking care across the continuum - from rural access to primary care, to home support, to long-term care culture was indeed emphasized. Across all of these areas, three imperatives emerged:

1. Equity must guide access, design, and investment - especially for rural, low-income, and culturally diverse seniors.
2. Community governance and lived expertise must be embedded in every level of decision-making.
3. Quality of life, not just clinical care, should be the central benchmark for evaluating care systems.

Together, these priorities form the foundation for a rights-based, person-centred approach to ageing that BC can advance in the coming years.

PART 5: RIGHTS, DIGNITY, AND SENIOR-DRIVEN REFORM

Additional priority topics focused on the broader human-rights landscape facing older adults in BC and Canada, examining how legal frameworks, protective systems, and advocacy movements must evolve to reflect longevity, autonomy, and participation. Across presentations and dialogue, three themes were clear: existing rights instruments are insufficient, protective systems often compromise autonomy in practice, and transformative reform requires centring the voices and leadership of older people themselves.

Ageing as a Human Rights Issue

Participants established unequivocally that ageing is a human rights matter, not only a social or health concern. This reframing matters: when ageing is viewed through a rights-based lens, policy decisions shift from discretionary supports to obligations that governments and systems must uphold.

Gaps in Current Rights Frameworks

Existing national and international instruments - such as the Convention on the Elimination of Discrimination Against Women (CEDAW) and the Convention on the Rights of Persons with Disabilities (CRPD) - make minimal or no explicit reference to older adults.

Their protections apply unevenly and often fail to address:

- Chronic age-based discrimination in healthcare
- Denial of autonomy and consent rights in long-term care
- Barriers to housing, income, and participation
- Intersectional discrimination faced by Indigenous, immigrant, racialized, LGBTQ+, and disabled seniors

The lack of explicit protections results in fragmented policies, inconsistent standards, and inadequate accountability mechanisms.

Toward a UN Convention on the Rights of Older Persons

Participants identified growing global momentum for a dedicated UN Convention that would:

- Establish legally binding obligations for governments.
- Recognize older people as full rights-holders across the lifespan.
- Standardize definitions of age discrimination, autonomy, consent, and participation.
- Provide tools for monitoring, reporting, and enforcing compliance.

Such a convention would reframe ageing as a matter of justice and equity, not charity, and would strengthen policy coherence within Canada, where responsibilities for seniors intersect across federal, provincial, territorial, municipal, and Indigenous jurisdictions.

Protective Systems: Balancing Safety and Autonomy

Protective legislation - such as adult guardianship laws - aims to safeguard vulnerable adults from abuse or neglect. However, evidence presented highlighted that protective systems can themselves become sources of harm when implemented without transparency, oversight, or procedural fairness.

Key Issues Identified

Participants raised concerns related to current protective practices, including:

- Opaque decision-making processes
- Detentions occurring without clear explanations of rights, reasons, or timelines
- Limited access to legal representation or independent advocacy
- Disproportionate impacts on low-income, Indigenous, disabled, and unhoused seniors
- Staff working without adequate support or guidelines on balancing safety with autonomy

While the intent behind protective interventions is often rooted in genuine concern, the lack of clear, accessible, and rights-based pathways can lead to unnecessary loss of liberty, erosion of trust, and increased fear of engaging with health and social care systems.

Principles for Rights-Respecting Protection

Discussions emphasized that safety and autonomy are not opposing goals - they can and must co-exist.

A rights-based protective system should rest on the following principles:

1. Presumption of capacity unless specifically and clearly assessed otherwise.
2. Least-invasive intervention, chosen with the adult's input whenever possible.
3. Clear procedural safeguards, including timely notification of rights and reasons.
4. Transparent processes with independent oversight and accessible appeal mechanisms.
5. Cultural safety, acknowledging the specific histories and contexts of Indigenous, racialized, and immigrant communities.

Participants stressed that strengthening these principles is essential to restoring public trust and ensuring that protective systems uphold- rather than undermine - the dignity and autonomy of older adults.

Advocacy Movements and the Power of Collective Voice

The role of civil society movements, community coalitions, and older people themselves in accelerating change was also highlighted. These efforts demonstrate that human rights progress rarely comes from institutions alone- it is driven by sustained, collective advocacy.

Community-Led Rights Movements

Examples discussed included:

- National and provincial campaigns calling for universal home support
- Grassroots networks advancing long-term care reform
- Seniors' organizations mobilizing for climate justice, mobility justice, and accessible transit
- Intergenerational advocacy initiatives linking younger and older activists
- International movements demanding stronger rights protections and global accountability

What connects these initiatives is their reliance on lived experience as evidence: older adults articulating what dignity, safety, and autonomy mean in practice.

Reframing Older Adults as Leaders, Not Beneficiaries

A strong message emerged: older people are not passive recipients of policy – they are experts in the conditions of ageing and drivers of change. Their expertise spans caregiving, community building, crisis response, decades of civic engagement and substantial knowledge and expertise from work in the in the paid and unpaid workforce. Recognizing older adults as knowledge holders and rights-holders is central to any future policy framework.

Rebuilding Trust Through Transparency and Co-Governance

Trust in protective and long-term care systems has been severely shaken—particularly during the COVID-19 pandemic. To rebuild confidence, participants emphasized the need for governance models that involve seniors directly in oversight, planning, and evaluation.

What Co-Governance Looks Like

A co-governance approach could include:

- Resident and Family Councils embedded at every LTC site
- Older adult advisory tables at municipal and provincial levels
- Mandatory inclusion of older adults in policy development and program implementation, recognizing lived experience as essential expertise
- Participatory audits of ageism and equity within organizations
- Transparent reporting of rights violations, detentions, and care outcomes
- Culturally grounded leadership roles for Indigenous elders and community leaders

These participatory infrastructures help ensure that systems remain accountable to those they serve.

A Rights-Based Foundation for Future Policy

Conversations throughout the conference underscore that BC's ageing population requires more than program improvements- it requires a foundational commitment to human rights in ageing.

This commitment means:

- Embedding rights considerations into all policies affecting seniors (housing, income, healthcare, climate planning, transportation, digital inclusion).
- Aligning provincial frameworks with international standards, including a future UN Convention.
- Ensuring transparency and accountability in protective and regulatory systems.
- Recognizing intersectionality- how age interacts with gender, race, disability, income, culture, language, and geography.
- Supporting community-led leadership and advocacy as integral to system change.

A rights-based approach is not merely symbolic; it is the framework that ties together the policy directions highlighted across the conference - from home support and rural access to transportation justice and long-term care reform.

Summary of Part 5

Part 5 brought together critical insights on human rights, dignity, and the need for structural reform.

Three guiding imperatives emerged:

1. Strengthen rights protections by supporting international and national frameworks that explicitly address the realities of later life.
2. Reform protective systems to ensure that they uphold autonomy, fairness, and transparency.
3. Elevate older adults' voices in all decision-making spaces to rebuild trust and anchor reform in lived expertise.

These principles set the stage for the cross-sectoral, solutions-oriented discussions that would unfold on focusing on social connectedness and the importance of rethinking the meaning behind age-friendly communities.

PART 6: INEQUALITY, SOCIAL CONNECTEDNESS, AND AGE-FRIENDLY COMMUNITIES

The conversations progressed towards an in-depth exploration of structural inequalities, economic precarity, geographic disparities, and systemic barriers that shape how older adults live, work, access care, and stay connected to their communities. Presentations, discussions, and case studies revealed how gaps in income, housing, transportation, and services accumulate across the life course and intersect with gender, culture, geography, and disability. Just as importantly, participants offered pathways forward - highlighting age-friendly planning, community infrastructure, and practical models of collective action that can be strengthened and scaled.

Economic Inequality, Workforce Barriers, and the Cost of Ageing

Speakers highlighted the economic and workforce inequalities that undermine seniors' independence, health, and security. Although many older adults wish to continue working, systems and policies often prevent them from doing so safely or equitably.

Age-Based Benefit Gaps in the Workforce

Older workers, particularly those in essential professions such as nursing and teaching, face discontinuities in benefits once they reach certain age thresholds.

Examples include:

- The inability to contribute to pension plans after age 71
- Loss of long-term disability coverage, group life insurance, and accidental death benefits after age 65
- Professional shortages that rely on older adults' continued labour, while simultaneously stripping them of basic protections

These contradictions signaled how ageism is embedded in labour policy, not just social norms. While the province identifies shortages in key sectors, especially healthcare - the policy environment disincentivizes older adults' participation.

The Rising Cost of Ageing

Across BC, older adults face mounting out-of-pocket expenses, including:

- Medical exams required for driver's license renewal (up to $300)
- Hearing aids, glasses, dental care, mobility aids
- Home support fees, which remain high and inconsistent
- Increasing housing, food, and energy costs

Despite these rising expenses, retirement income security programs have not kept pace with inflation or the cost of living, intensifying vulnerability among low-income seniors.

Long-Term Care Pressure and Declining Access

Data presented revealed a striking growth in LTC waitlists - from approximately 2,300 to over 7,200 seniors in the last decade - with wait times doubling to nearly 300 days. Unlike surgical benchmarks, no comparable standards exist for LTC, signalling an urgent need to treat seniors' housing and care as critical infrastructure requiring formal targets and investment.

Poverty, Gender, Housing, and Structural Inequality

An examination of poverty among older adults revealed the reversal of one of Canada's greatest social-policy successes. After declining sharply from the 1970s to the 1990s due to OAS, CPP, and GIS, senior poverty is rising again.

Current Poverty Landscape

Data presented included:

- 15.5% of BC seniors now live in poverty (~170,000 people)
- 1 in 3 seniors living alone is poor
- Single senior women, especially those who are immigrant, racialized, or disabled, experience poverty rates around 35%
- Nearly 30% of seniors live on less than $25,000 a year
- The rising cost of rent disproportionately affects senior renters; half spend more than 30% of their income on housing

Structural inequities - not personal choices - drive these outcomes.

Housing Insecurity and Displacement

High costs of rental housing in urban centres, combined with low availability of accessible units, mean that many seniors are:

- Leaving long-time communities
- Facing homelessness for the first time
- Spending savings on basic necessities, not medical care or social participation

Housing insecurity was highlighted as the number one determinant shaping seniors' quality of life.

Policy Directions Identified

Emerging priorities included:

- Enhancing OAS, GIS, and CPP and the BC Seniors' Supplement
- Advancing toward universal home support by removing user fees and income thresholds, recognizing home support as a core public service essential to dignity, autonomy, and ageing in place (see Part 4; Appendix F)
- Expanding provincially supported, accessible, rental housing
- Designing policies to specifically support single senior women

The message was clear: **poverty reduction for seniors must become a renewed social-policy commitment.**

Equity in Access to Services: Rural, Suburban, and Urban Realities

Stark stories from rural and remote BC, where thousands of seniors face significant barriers to basic healthcare, transportation, and community supports were revealed.

Rural Health Disparities

Key data demonstrated:

- 17% of rural seniors lack a family doctor (vs. 13% in urban regions)
- 24% fewer home-support hours in rural communities
- Long-term care availability is 35% lower, with double the wait times
- Only 35 emergency rooms serve all rural BC - none of which are major trauma centres

Participants described situations where residents travel hundreds of kilometres for basic services, or where ferry disruptions sever access to food, medication, and health appointments for months.

Urban Inequities

Even within Metro Vancouver, disparities persist:

- Newer suburban municipalities (e.g., Surrey, Langley) lack the housing, transit, and health infrastructure available in older municipalities
- Low-income and newcomer seniors often cluster in areas with inadequate public space, community services, and transit
- Equity concerns are not only rural - they are geographic, systemic, and intersectional.

Transportation Barriers as a Human Rights Issue

Transportation emerged as a cross-cutting determinant:

- Without transportation, seniors cannot access healthcare, social connection, food, or assistance to obtain income benefits
- Many communities are “transportation deserts” where driving is the only option
- Seniors who stop driving face sudden isolation and health decline

This reinforced that mobility is not optional as it is essential to the rights and dignity of older adults.

Elderhood, Climate Change, and Purpose

One compelling theme was the redefinition of ageing as “elderhood” - a stage rich with meaning, wisdom, and responsibility.

Elders as Climate Leaders

Drawing from global examples:

- Older women in Switzerland successfully argued before the European Court of Human Rights that government inaction on climate violated seniors’ human rights
- International advocacy by “The Elders” demonstrates the global role of older adults in justice movements
- BC’s 2021 heat dome - where 80% of victims were seniors - emphasized the deadly intersection of ageism, climate vulnerability, and policy failure

This section challenged participants to recognize older adults not as vulnerable recipients but as necessary leaders in climate action and community resilience.

The Qualities of Elder Wisdom

Sessions highlighted traits such as:

- Emotional regulation
- Reflection and humility
- Commitment to future generations
- Stewardship and care for nature
- Courage to speak and act for collective wellbeing

Elderhood was framed as both an individual and collective journey; strengthened through circles, hubs, intergenerational partnerships, and community learning spaces.

Municipal Leadership and Age-Friendly Planning

A central component of the conference focused on local government tools and planning frameworks that can support age-friendly environments.

Why Municipalities Matter

Local governments influence key determinants of ageing:

- Land use and zoning
- Housing supply and affordability
- Transportation and mobility infrastructure
- Accessibility and public space design
- Social inclusion policies and community funding

Across BC, municipal planners are increasingly engaging with age-friendly priorities due to demographic pressures and provincial accountability frameworks.

Key Planning Tools Identified

Participants were encouraged to engage with mandated planning instruments, including:

- Housing Needs Reports (renewed every 5 years)
- Official Community Plans (OCPs)
- Accessibility Plans under the Accessible BC Act
- Poverty Reduction Strategies
- Homelessness Action Plans

These tools are essential entry points for community advocacy and collaboration.

Examples of Municipal Data Driving Action

Reports from one municipality revealed:

- 18% of residents living in poverty are 65+, the highest proportion of any age group
- 22% of unhoused residents are 55+
- Nearly half of older unhoused adults are homeless for the first time

Municipal planning efforts now increasingly target seniors explicitly in housing, shelter planning, and transportation strategies.

Community-Based Seniors Centres and Regional Collaboration

Seniors centres emerged as a vital component of community support - especially in northern and rural communities where social and health infrastructure is limited.

Integrated Models of Support

Northern BC presents a compelling model:

- Umbrella structures unite multiple seniors centres, retiree associations, local businesses, and municipal leaders
- Advisory committees integrate voices from ministries, advocates, and researchers
- Neighbourhood-based centres provide fitness, recreation, food access, and social connection
- Seniors Resource Centres address housing, elder abuse, and emergency assistance

This integrated approach stabilizes services, strengthens advocacy, and counteracts isolation.

Challenges and Opportunities

Despite their importance, senior centres face:

- Unpredictable funding
- Reliance on volunteers
- Post-pandemic disruptions
- Rising demand as rural populations age faster than urban ones

The conversations reinforced seniors centres as critical social infrastructure, like libraries, and not “nice to have” programs.

National and Provincial Movements for Prevention and Connection

A unifying theme was the need to shift from reactive to preventive approaches in ageing policy.

A National Movement

Examples from across Canada illustrated:

- Successful partnerships requiring municipalities to collaborate with seniors organizations
- Food Access Buses connecting housing complexes to grocery stores
- Community navigators and “link workers” bridging health and social care
- Social prescribing models that reduce isolation and prevent hospitalization

These models demonstrate how prevention saves health dollars and enhances wellbeing.

“It Takes a Community”

A core message which echoed throughout involved: ageing in place, equity, and how belonging can only be achieved through coordinated action across governments, health systems, nonprofits, Indigenous communities, and local leaders. Preventive, community-rooted approaches are the most cost-effective and humane.

Mobility Justice, Accessible Transit, and System Integration

Transportation was also identified as a central concern, with presenters illustrating how mobility intersects with health, climate resilience, and social participation.

A Human Rights Perspective on Mobility

Participants emphasized:

- Transportation is not simply an infrastructure issue - it is a human rights issue
- Climate justice and mobility justice are interconnected as public transit reduces the emissions that result in climate change
- Accessible transit benefits seniors, disabled persons, youth, newcomers, and future generations

Accessible Transit Across BC

Insights included:

- BC Transit serves 1.8 million residents across 130 communities
- Local government decisions shape routes, fares, and accessibility
- Travel Training and transit navigator programs support seniors and newcomers
- Health Connections programs provide vital non-emergency medical transportation

Building Modern, Accessible Transportation Systems

Planned improvements include:

- Bus Rapid Transit corridors
- More frequent bus service
- Expanded HandyDART operations
- Region-wide travel training and multilingual resources
- Infrastructure that supports pedestrian and mobility-device use

Mobility was consistently described as the condition that enables older adults to exercise all other rights: health, participation, autonomy, and community belonging.

Seniors on the Move: A Provincial Model of Transportation Justice

A final major theme highlighted the growing movement to strengthen seniors’ transportation options across BC.

Driving Cessation and the Need for Alternatives

Baby boomers face a rising rate of driving cessation, yet many communities lack viable alternatives.

This results in:

- Social isolation
- Declining physical and mental health
- Inability to remain active or contribute to community life

A Systems Approach

A provincial collaboration is advancing mobility justice through:

- Senior advisory committees
- Cross-sector working groups
- Provincial consultation processes
- Capacity-building and education
- Policy alignment across health, transportation, and community sectors

The Ageing in Motion (AIM) Grant

A major initiative identified:

- Launched in 2024 with $1M; doubled in 2025 to $2M
- Supports nonprofit and community-based seniors transportation programs
- Enables group outings, shuttle programs, volunteer drivers, and rural medical transport
- Builds a community of practice for shared learning and advocacy

This program demonstrates how investment, coordination, and lived experience can transform mobility landscapes across BC.

Summary of Part 6

A comprehensive picture of the inequalities (economic, geographic, cultural, social, and infrastructural) shaping the ageing experience across BC was illustrated. Discussions highlighted practical pathways forward: age-friendly planning, income and housing reform, transportation justice, community-centred models, and recognition of elder leadership. The day concluded by reinforcing that ageing well in BC is possible only through integrated, cross-sectoral, rights-based action.

PART 7: CROSS-CUTTING THEMES AND FUTURE DIRECTIONS

Across presentations, panels, and dialogue, the COSCO BC 75th Anniversary Conference revealed a clear set of interconnected themes. Together, they form a roadmap for the next decade of ageing policy and advocacy in BC: moving from fragmented systems to integrated structures, from ageist norms to human-rights frameworks, and from reactive measures to proactive, community-led solutions.

This section identifies the nine overarching themes that defined the conference and outlines strategic directions for future coordinated action.

Theme 1: Ageing as a Human Rights Imperative

The conference affirmed that ageing is fundamentally a human rights issue, not a matter of charity or discretionary support.

Key insights included:

- Ageism is systemic, measurable, and tied to policy design -not individual attitudes.
- Human rights violations during COVID-19 and climate events (e.g., the 2021 heat dome) demonstrated how older adults bear disproportionate risk when systems fail.
- Existing global human rights instruments do not adequately protect older people, leaving gaps across housing, health, autonomy, and participation.

Future Direction:
Advance a rights-based framework for ageing in BC through formal endorsements of the UN Convention on the Rights of Older Persons, promotion of ageism audits, and integration of human rights principles across all provincial and municipal policy domains.

Theme 2: Combatting Systemic Ageism Across Sectors

A central theme was the recognition that ageism remains the most tolerated form of discrimination - pervasive in the workplace, healthcare, policy frameworks, and media.

Examples include:

- Benefit cut-offs for older workers despite ongoing labour shortages.
- Medical decision-making influenced by stereotypes about age and capacity.
- Internalized ageism affecting older adults' confidence, aspirations, and self-advocacy.
- English-only public systems excluding immigrant seniors who contributed economically but lacked access to language training.

Future Direction:
Develop a coordinated provincial strategy to eliminate systemic ageism, including: sector-wide training (health, housing, transit, emergency response); integration of ageism metrics into program evaluation; and expansion of ageism awareness campaigns using culturally diverse, multilingual materials.

Theme 3: Income Security, Poverty Reduction, and Gender Equity

Presenters underscored the staggering rise in senior poverty in BC, particularly for single senior women, racialized seniors, and disabled older adults.

Key insights included:

- Senior poverty has rebounded to 15.5%, reversing decades of progress.
- One in three seniors living alone is poor, with women facing the highest rates.
- Many essentials of ageing (dental, hearing, visual, mobility devices) remain uninsured.
- Housing costs, food insecurity, and out-of-pocket healthcare expenses deepen inequality.

Future Direction:
Position senior poverty reduction as a renewed provincial and federal priority, advocating for: strengthened OAS/GIS/CPP indexed to actual cost of living; elimination of home-support fees for low-income seniors; implementation of provincial extended-health benefit covering dental, vision, hearing, and mobility needs; instituting gender-responsive housing strategies addressing the crisis facing single senior women.

Theme 4: Housing Security, Climate Risk, and Ageing in Place

Housing emerged as a core determinant of health and dignity, with affordability, accessibility, and safety shaping nearly every aspect of ageing.

Conference-wide observations included:

- Older adults being displaced from long-time communities due to rising rents.
- Lack of accessible units in both urban and rural regions.
- Growth in first-time homelessness among those aged 55+.
- Climate events (heat, wildfire smoke, flooding) disproportionately impacting seniors living in inadequate housing.

Future Direction:
Champion a provincial approach to housing-as-healthcare, calling for: investments in affordable, accessible, climate-resilient housing for seniors; co-housing and innovative community-living models; housing stabilization programs integrated with health, transportation, and social services; and standards ensuring cooling, filtration, and emergency preparedness in all senior housing.

Theme 5: Health Equity, Rural Realities, and Community-Governed Models

Across the province, access to healthcare remains deeply unequal. Presentations from rural and remote regions illustrated:

- Higher rates of unattached seniors (no family doctor).
- Lower home-support hours and fewer long-term care beds.
- ER closures and long-distance travel for basic services.
- Transportation gaps that undermine the right to “reasonable access” under the Canada Health Act.

Communities are already building solutions: rural shuttle systems, volunteer driver programs, community-governed health hubs (or community health centres), and integrated networks linking housing, transport, and care.

Future Direction:
Promote the development of community-governed Rural Care Hubs in the shape of community health centres and other team-based primary care models aligned with community needs and cultural values. Advocate for a provincial standard defining rural “reasonable access” to care.

Theme 6: Transportation, Mobility Justice, and Connection

A major theme across both days was the recognition that mobility is the foundation of independence, participation, and health.

The absence of transportation:

- Limits access to food, social participation, and healthcare.
- Contributes to isolation, depression, and cognitive decline.
- Disproportionately affects rural, low-income, disabled, and immigrant seniors.
- Creates a cascade of service inequities such as reduced access to legal processes, voting, in person information sources, and civic engagement.

Models highlighted included:

- On-demand rural shuttles
- Expanded HandyDART services
- Travel-training programs
- Community bus pilots
- Transport funding through the AIM Grant

Future Direction:
Advance a provincial mobility-justice strategy linking transportation, climate action, and health equity. Strengthen cross-sector integration and support the expansion of community-led, culturally safe transportation programs.

Theme 7: Seniors Centres as Critical Social Infrastructure

Throughout the conference, seniors centres emerged as essential hubs of:

- Social connection
- Health promotion
- Emergency response
- Food security
- Housing navigation
- Assistance with forms to access programs and income benefits
- Digital inclusion
- Community advocacy

Northern models - involving regional coordination across multiple centres - demonstrated how collaborative governance increases reach, reduces duplication, and amplifies local leadership.

Future Direction:
Recognize seniors centres as core community infrastructure, advocating for: stable, long-term operational funding; integration with health, municipal planning, and emergency management; support for volunteer and workforce development; and digital and climate-resilience upgrades.

Theme 8: Elders as Leaders: Wisdom, Climate Action, and Intergenerational Solidarity

A striking thread across both days was a redefinition of ageing: from decline to elderhood. Presenters emphasized the roles older adults can play as:

- Climate advocates
- Mentors and culture bearers
- Community connectors
- Navigators of complex systems
- Sources of intergenerational guidance

Examples such as the Swiss Senior Women for Climate case and the global Elders collective showed that older adults are critical actors in rights-based climate movements.

Future Direction:
Develop programs and partnerships that centre elder leadership across climate adaptation, environmental justice, intergenerational learning, and community resilience.

Theme 9: From Fragmentation to Integration - Towards a Path Forward

The clearest message from both days was that the systems shaping older adults' lives - housing, health, transportation, income, culture, emergency response - cannot be improved in isolation. Inequality is cumulative and intersectional. Solutions must be integrated, coordinated, and rooted in community and lived experience.

Future Direction:
Advocate for a provincial framework for Integrated Seniors Strategy, including: alignment of ministries (Health, Housing, Social Development, Transportation, Indigenous Relations); shared data systems; community-engaged governance; rights-based performance standards; and collaboration with Indigenous, immigrant, disability and rural communities. Such a framework would enable BC to respond to demographic change not piecemeal, but systemically.

Overarching Conclusion for Part 7

Across the conference, participants articulated a shared vision: to build a BC where older adults are valued, connected, supported, and able to age with dignity in the communities they call home. Achieving that future requires shifting from viewing ageing as a sector, to understanding it as a whole-of-society responsibility grounded in human rights, social justice, and community-led innovation.

CONCLUSION: TOWARD A RIGHTS-BASED, AGE-INCLUSIVE BRITISH COLUMBIA

The COSCO BC 75th Anniversary Conference offered a clear and declarative message: ageing is not a problem to be managed, but a societal achievement that requires coordination, investment, and respect. The challenges older adults face - poverty, housing insecurity, system fragmentation, discrimination, lack of mobility, and unequal access to care - are not inevitable. They are the outcomes of policy choices, social norms, and structural conditions that can be changed.

Across two days, more than a dozen sessions reiterated that inequality - not age - is the driving force behind the hardships experienced by seniors. These inequities are intersectional and compounded: shaped by income, gender, language, ability, geography, Indigeneity, immigration history, climate vulnerability, and access to public systems. The solutions must therefore be equally layered, deliberately coordinated, and centred in human rights.

A Shift from Compassion to Accountability

The conference underscored that compassion for older adults, while essential, is not enough. Canada and BC must move toward binding, measurable commitments that uphold the rights of seniors to autonomy, safety, participation, housing, mobility, and community connection.

This includes:

- Supporting the development of a UN Convention on the Rights of Older Persons, establishing global norms for dignity and equality.
- Embedding ageism audits, human rights analysis, and equity criteria into every government program.
- Improving oversight and procedural protections within protective legislation such as the Adult Guardianship Act.

Rights-based ageing must become the default lens - not the exception.

A Provincial Ageing System Ready for Demographic Change

BC's demographic transformation is already underway. Seniors will soon represent one-quarter of the population, and the systems shaping daily life - housing, transportation, healthcare, income security, municipal planning, and emergency management - must evolve accordingly.

The conference revealed the foundations of a responsive system:

- Stable community funding models that reduce competition and align services with local needs.
- Integrated health and social care structures, particularly community-governed models in rural and remote areas.
- Universal home and community support, reducing pressure on acute care and allowing seniors to age with dignity.
- Transportation systems designed for mobility justice, not car dependency.
- Seniors centres as key infrastructure, linking social participation, food security, recreation, and crisis response.
- Climate-resilient environments with cooling, clean air, and accessible emergency systems.

These investments produce returns across generations, reducing healthcare costs, preventing crises, and strengthening community fabric.

The Centrality of Culture, Language, and Belonging

Throughout the conference, speakers emphasized that inclusion means more than access - it means belonging. Immigrant seniors, Indigenous elders and those living with disabilities face unique forms of marginalization. Language barriers, cultural assumptions, and inaccessible bureaucracy undermine autonomy and well-being.

Building inclusive ageing systems requires:

- Language-inclusive services.
- Cultural humility across sectors.
- Recognition of intergenerational caregiving roles.
- Policies that reflect diverse family structures and migration histories.
- Belonging must be a measurable outcome in an age-friendly society.

Elders as Leaders - Not Afterthoughts

One of the conference's most powerful themes was the reframing of ageing as elderhood - a period characterized by wisdom, purpose, and civic engagement. Elders are climate leaders, mentors, caregivers, volunteers, advocates, and holders of community memory. Their leadership is vital to addressing the "triple planetary crisis," strengthening democracy, and building resilient communities.

Programs must therefore empower elders not only as service users but as co-creators, teachers, and decision-makers.

From Fragmentation to Integration: A Coordinated Future

Above all, the conference illuminated the cost of fragmented systems—and the power of integrated solutions.

- Housing is health.
- Mobility is belonging.
- Income security is autonomy.
- Climate resilience is safety.
- Language access is dignity.
- Community connection is prevention.

When these systems function together, older adults thrive. When they remain siloed, inequities widen.

The path forward is clear: BC must move toward an integrated provincial framework for ageing, aligning ministries, municipalities, Indigenous governments, nonprofits, researchers, and seniors themselves.

COSCO's Role in the Decade Ahead

As COSCO BC marks its 75th year, its role is more urgent and influential than ever. COSCO is uniquely positioned to:

- Convene multisector dialogues.
- Mobilize seniors as community leaders.
- Drive advocacy at provincial and federal levels.
- Shape public understanding of ageing as a rights-based, justice-oriented issue.
- Support the scaling of community innovations showcased during the conference.

The conversations initiated here must now translate into policy change, sustained investment, and collective action.

A Shared Vision

The final message echoed across all sessions:

A society that supports its elders is a society that supports everyone.

Age-friendly communities improve child safety, climate resilience, disability access, economic stability, and social cohesion. The future of ageing is not a niche concern but rather a blueprint for a more equitable, sustainable, and connected province.

BC has the knowledge, tools, and leadership to build that future. The next step is commitment.

APPENDIX A:
PROVINCIAL FUNDING MODEL FOR SENIORS' SERVICES

A1. Background

In 2024-2025, the Province of BC implemented a major shift in how seniors' community services are funded. The previous competitive grant model- characterized by short-term, project-specific funding - was replaced with a multi-year needs-driven funding model administered by United Way BC (UWBC). The Province committed $290 million over five years, directing UWBC to coordinate assessments, consult communities, identify regional priorities, and allocate funding accordingly.

A2. Objectives of the New Model

The funding reform is intended to:

- Reduce duplication of services and improve coordination.
- Stabilize staffing, supporting recruitment and retention.
- Allow multi-year planning, reducing administrative burden on community organizations.
- Promote equitable access across regions, particularly rural and underserved communities.
- Develop a place-based model aligned with shifting demographic and health-system needs.

A3. Observed Strengths

Early assessments suggest the new model has improved:

- Consistency in core programs across regions.
- Integration between volunteer-based, community-based, and municipal programs.
- Data-informed planning through provincial needs assessments.
- Collaboration between transportation programs, seniors' centres, and health/community partners.

A4. Ongoing Challenges

Participants raised several concerns:

- Limited transparency regarding decision-making criteria and allocation formulas.
- Uneven communication between UWBC regional teams and local organizations.
- Risk that smaller or rural groups may be under-represented in priority setting.
- Reporting requirements remain complex for volunteer-run organizations.

A5. Recommendations

- Embed clear equity metrics (poverty, rurality, immigration, disability) into allocation decisions.
- Create a provincial advisory body with representation from rural/remote communities.
- Publish annual public summaries of investments and outcomes.
- Develop capacity-building supports for smaller organizations to engage in the system.

APPENDIX B:
RIGHTS-BASED FRAMEWORKS FOR AGEING

B1. Context

Human rights frameworks are increasingly central to ageing policy worldwide. However, older adults remain poorly protected under existing international instruments (CEDAW, ICCPR, ICESCR, CRPD). Ageism - structural, interpersonal, and internalized - continues to undermine autonomy, safety, and participation.

B2. Core Principles of Rights-Based Ageing

A rights-based approach to ageing incorporates:

- Equality and non-discrimination across age, gender, disability, race, income, geography.
- Autonomy and self-determination, including decision-making about care and living arrangements.
- Dignity and respect in all health, housing, and social services.
- Participation, ensuring older adults shape policies and programs that affect them.
- Accountability, through transparent oversight and enforceable standards.

B3. The UN Convention on the Rights of Older Persons (Proposed)

A dedicated UN convention would:

- Establish explicit protections against age discrimination.
- Define states' obligations for housing, transportation, health access, and social inclusion.
- Provide a benchmark for national legislation and policy reform.
- Encourage evidence-based monitoring and international accountability.

B4. Provincial/Local Rights Tools

BC has emerging mechanisms that align with a rights-based approach:

- BC Human Rights Commissioner's inquiries (e.g., Adult Guardianship Act).
- National Seniors Council's Healthy Ageing Policy Lens (2025), supporting age-friendly program design.
- CCA/ILC Canada Ageism Toolkit, including an Ageism Audit for organizations.
- WHO Ageism Scale (2025) for measuring attitudes and behaviours.

B5. Opportunities for COSCO

- Advocate for federal adoption of the UN Convention.
- Promote the mainstreaming of rights-based tools in municipal planning and health services.
- Support community education campaigns that reframe ageing as a stage of growth, contribution, and leadership.

APPENDIX C:
RURAL HEALTH ACCESS INDICATORS AND CONTEXT

C1. Demographics and Geography

Rural and remote BC is home to:

- Approximately 1 million residents, including high proportions of seniors.
- 850+ unincorporated communities.
- 204 First Nations, many of which face longstanding service gaps.

Population density:

- Metro Vancouver: ~5,750 people/km^2
- BC overall: ~5 people/km^2

These stark differences directly affect service planning, transportation, and healthcare access.

C2. Health Access Disparities

Indicators presented at the conference include:

- 17% of rural seniors lack a family doctor (vs. 13% in urban BC).
- Home support hours are 24% lower for rural residents.
- Long-term care (LTC) availability is 35% lower, with 55% fewer beds per capita.
- Average wait times for LTC placement are nearly double urban averages.
- Rural emergency services: only 35 ERs operate across the province; none meet major trauma-centre standards.

C3. Travel and Mobility Barriers

- Medical travel often requires hundreds of kilometres of driving or ferry use.
- Ferry strikes or cancellations disproportionately affect medication access.
- The Travel Assistance Program (TAPS) requires a physician's signature – an obstacle for people without primary care physicians.
- Nonprofits report rising demand for patient travel assistance, while Hope Air's funding cuts have eliminated accommodation support.

C4. Climate-Related Vulnerabilities

Rural regions experience:

- Greater exposure to wildfire smoke, undermining respiratory and heart health.
- Heat vulnerability, with limited cooling infrastructure.
- Evacuation challenges for frail and low-income seniors.

C5. Promising Practices

- Community-governed Rural Care Hubs (integrating health, social services local leadership).
- Shuttle programs coordinated through Northern Development Initiative Trust, United Way BC, and municipal networks.
- Partnerships with BC Transit supporting flexible and demand-responsive mobility.

C6. Recommendations

- Provincial definition of “reasonable access” to healthcare for rural BC.
- Funding commitments for team-based, community-governed care hubs.
- Investment in climate resilience infrastructure (cooling centres, clean-air shelters).
- Expanded funding for rural mobility programs.

APPENDIX D:
AGE-FRIENDLY AND MOBILITY JUSTICE TOOLS FOR COMMUNITIES

D1. Municipal Planning Tools

Municipalities have several provincially mandated instruments that influence age-friendly environments:

1. **Housing Needs Reports**
   - Required every five years.
   - Identify gaps in seniors' housing, accessible units, and supportive housing.
2. **Official Community Plans (OCPs)**
   - Guide land use, density, transit, and development.
   - Key entry point for embedding age-friendly design.
3. **Accessibility Plans (Accessible BC Act)**
   - Require public feedback mechanisms and accessibility committees.
   - Directly influence built environment and service design.
4. **Municipal Poverty Reduction Strategies**
   - Identify barriers affecting seniors living on fixed incomes.

D2. Transportation and Mobility Tools

1. **HandyDART / Custom Transit**
   - Needs-based door-to-door mobility support.
   - Essential for older adults with disabilities or mobility limitations.
2. **BC Transit's Travel Training Programs**
   - Build seniors' confidence using public transit.
   - Offered in Victoria, Kelowna, Kamloops, and emerging pilot sites.
3. **Health Connections Service**
   - Provides medical travel support in partnership with Interior Health.
4. **Community Shuttles and Volunteer Driver Models**
   - Fill crucial gaps in rural and remote areas.
   - Support both medical and social trips.
5. **Ageing in Motion (AIM) Grant**
   - Funds community-based transportation initiatives.
   - Supports social, recreational, and essential trip coordination.

D3. Age-Friendly Community Principles

Based on WHO and Canadian frameworks:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community supports and health services

D4. Mobility as Climate Resilience

Age-friendly mobility planning intersects with climate policy through:

- Access to cooling centres
- Clean-air shelters during wildfire smoke events
- Pedestrian-first neighbourhood design
- Electrified and emissions-reduced transit fleets

D5. Recommendations

- Integrate seniors' mobility priorities in all municipal planning instruments.
- Expand inter-agency partnerships (e.g., transit + health + community organizations).
- Ensure mobility tools meet the needs of diverse seniors (Indigenous, newcomer, rural).
- Promote co-design and lived-experience participation in all mobility planning.

APPENDIX E:
KEY STATISTICS RELEVANT TO AGEING, EQUITY, AND ACCESS IN BC

This appendix consolidates key quantitative evidence referenced throughout the report. All figures reflect the most recent data cited during the conference (2023–2025) or provincial research.

E1. Demographics and Poverty

- Seniors (65+) in BC: 1.1 million, projected to reach 1.5 million by 2040.
- Senior poverty in BC (2024): 15.5% (≈170,000 older adults).
- Senior poverty in 1996: 2% → a major policy reversal.
- Poverty among seniors living alone: 1 in 3 (≈33%).
- Poverty among single senior women renters: ~50% in core housing need.
- Share of seniors living on < $25,000/year: 28%.
- Share receiving GIS: 30%.

E2. Housing and Affordability

- 1 in 5 senior households rents.
- Half of senior renters spend >30% of income on housing.
- Vacancy rates for affordable senior housing in major BC cities: < 1%.

E3. Rural Health Access

- Seniors in rural/remote BC: ~200,000.
- 17% of rural seniors lack a family doctor (vs 13% urban).
- Home support hours: 24% lower in rural areas.
- Long-term care availability: 35% lower; LTC beds 55% lower per capita.
- Wait times for LTC placement: nearly 300 days (up from 146 days a decade ago).
- Only 35 rural ERs exist; none are trauma centres.

E4. Health System Pressures

- LTC waitlists increased 200% in 10 years: from 2,300 → 7,200+ people.
- Age-based insurance cut-offs: workers 65+ lose LTD, life insurance, and AD&D.
- Dementia prevalence: 5% of people 65+ (not a normal part of ageing).

E5. Climate and Environmental Health

- 2021 Heat Dome deaths: 80% were 65+.
- Wildfire smoke exposure is significantly higher for rural seniors.

E6. Transportation and Mobility

- 20% of older adults rely primarily on public transit.
- Seniors represent 70% of HandyDART ridership.
- AIM Grant: $1M (2024) → $2M (2025).
- Travel Assistance Program (TAPS) requires a doctor's note — inaccessible for those without physicians.

APPENDIX F:
SUMMARY TABLE OF KEY POLICY RECOMMENDATIONS

A policy-oriented summary of core recommendations raised throughout the conference.

POLICY AREA	KEY RECOMMENDATIONS	RATIONALE/OUTCOME
Funding Reform	Increase transparency in United Way model; embed equity metrics; establish provincial advisory committee.	Ensures rural, immigrant, low-income, and culturally diverse seniors receive equitable access.
Human Rights and Ageism	Support the UN Convention on the Rights of Older Persons; implement organizational ageism audits; adopt national Healthy Ageing Lens.	Builds accountability; shifts from charity to rights; reduces systemic ageism.
Health Access	Define “reasonable access” for rural BC; invest in Rural Care Hubs; expand primary care teams.	Addresses ER closures, travel burden, and inequity.
Long-Term Care	Expand Resident/Family Councils; adopt relational care models; improve staffing conditions.	Enhances quality of life, not just quality of care.
Home and Community Care	Establish universal home support; eliminate home-support fees for low-income seniors.	Enables ageing in place; reduces hospital overuse.
Housing	Build affordable and accessible senior housing, especially for single senior women; integrate housing into municipal OCPs.	Addresses fastest-growing group experiencing homelessness.
Mobility and Transportation	Expand AIM Grant; improve rural/remote transit; enhance HandyDART; integrate travel training; support volunteer driver programs.	Mobility = independence, belonging, and health.
Language and Cultural Inclusion	Provide translation, interpretation, culturally safe navigation supports; recognize intergenerational caregiving.	Reduces exclusion of immigrant seniors.
Climate Resilience	Invest in cooling centres, clean-air shelters; integrate seniors into emergency planning.	Protects those most affected by heat and smoke.
Municipal Tools	Leverage Housing Needs Reports, Accessibility Plans, poverty strategies; engage social planners.	Embeds ageing priorities across local systems.

APPENDIX G:
GLOSSARY OF KEY TERMS

Age-Friendly Communities (AFC)

A WHO-endorsed model that promotes environments enabling older adults to live safely, enjoy good health, and participate fully in society.

Ageing in Place

The ability to live in one's home and community safely, independently, and comfortably, regardless of age or ability.

Ageism

Stereotypes, prejudice, and discrimination based on age; includes structural, interpersonal, and internalized ageism.

Community Health Centre (CHC)

A community-governed, team-based primary care model that integrates health and social services.

Elderhood

A framing of ageing as a life stage of wisdom, purpose, contribution, and leadership.

Equity-Deserving Seniors

Older adults facing systemic inequities due to income, gender, geography, immigration status, race, culture, disability, or sexual orientation.

GIS (Guaranteed Income Supplement)

Federal income support for low-income seniors.

HandyDART

Metro Vancouver's accessible, door-to-door transportation service for those who cannot use conventional transit.

Mobility Justice

Framework recognizing that access to transportation is a human right and central to participation, health, and equity.

Rural Care Hub

A community-governed integrated primary care team serving rural/remote areas.

Social Prescribing

A model connecting people to community-based social supports (e.g., seniors centres, programs, volunteers) to improve health and well-being.

APPENDIX H:
COSCO BC ACTION PLAN, 2025 - 2030

A strategic action roadmap informed by conference discussion.

H1. Strengthening Rights-Based Advocacy

- Endorse and champion the UN Convention on the Rights of Older Persons.
- Promote legal, policy, and institutional reforms to reduce ageism.
- Support provincial adoption of healthy-ageing policy lenses.

H2. Advancing Health and Long-Term Care Reform

- Advocate for universal home support across BC.
- Push for LTC quality-of-life standards and staffing reforms.
- Support expansion of Resident and Family Councils in all LTC homes.

H3. Improving Rural and Remote Access

- Advocate for a provincial definition of “reasonable access” in line with the Canada Health Act.
- Support Rural Care Hubs and enhanced primary-care networks.
- Press for publicly funded medical travel and accommodation.

H4. Transportation and Mobility

- Expand community-based and on-demand senior transportation options.
- Promote AIM Grant stability and growth.
- Collaborate with TransLink, BC Transit, and community partners to expand travel training.

H5. Housing and Affordability

- Support provincial and municipal strategies for accessible, affordable senior housing.
- Prioritize single senior women in core housing-need programs.
- Build alliances with housing nonprofits and planners.

H6. Climate and Emergency Preparedness

- Position seniors as leaders in climate adaptation.
- Advocate for cooling centres, clean-air shelters, and resiliency hubs.
- Support cross-generational climate action networks.

H7. Strengthening Community-Based Senior Services

- Work with United Way BC and the Province to ensure transparency in funding allocations.
- Advocate for stable, long-term infrastructure funding for seniors centres.
- Support Indigenous, immigrant, and rural senior-serving organizations.

APPENDIX I:
EXPANDED DATA TABLES

I1. Poverty, Income and Gender Inequity (BC)

INDICATOR	VALUE
Senior poverty rate (2024)	15.5%
Seniors living alone in poverty	33%
Poverty rate, single senior women renters	~50% (core housing need)
Adults 65+ living on < $25,000/yr	28%
Adults 65+ receiving GIS	30%

I2. Rural and Remote Health Access Indicators

INDICATOR	RURAL	URBAN
Lacking a family doctor	17%	13%
Home support hours	-24% vs urban	—
LTC bed availability	-55% vs urban	—
ER wait times	Longer	Shorter
LTC waitlists last decade	+200%	—

I3. Transportation and Mobility Indicators

CATEGORY	STATISTIC
Seniors relying on public transit	20%
Share of HandyDART riders who are 65+	~70%
AIM Grant	$1M (2024) → $2M (2025)
Projected Vancouver hotel cost (FIFA 2026)	~$1,000/night

I4. Climate and Environmental Health

INDICATOR	VALUE
Heat Dome deaths (2021)	619 in BC; 80% 65+
Seniors' climate vulnerability	Highest of all age groups

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Canadian Institutes of Health Research

United Way of British Columbia

BC Government and Service Employee's Union

BC Government Retired Employees Association

International Longshore and Warehouse Union Canada

Community Savings Credit Union

Canadian Union of Public Employees of BC

United Steelworkers District 3 and Steelworkers Organization of Active Retirees (SOAR) 3-14 Chapter

MoveUP

belairdirect

WE Consulting and Benefits

BC Retired Teachers Association

Federation of Post-Secondary Educators

Kwantlen Polytechnic University

Municipal Pension Retirees' Association

College Pension Plan Retirees

Canadian Medication Appropriateness and Deprescribing Network (CaDeN)

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