



Annual Report
2008/09


help



Canadian Red Cross
Croix-Rouge canadienne

Aids to Independent
Living Program

Equipped for independence.



Aids to Independent Living (AIL), a program of the Canadian Red Cross, provides long term health equipment loans, free of charge, to adults with limited incomes who cannot afford them on their own. The equipment is delivered, installed, and maintained by trained technicians. Equipment is also provided on an urgent basis to palliative care patients in Vancouver and Richmond.

Thanks to our partners, Vancouver Coastal Health and Fraser Health Authorities, and with the support of donors, dedicated volunteers and staff, AIL empowers thousands of people each year to live safely and more independently.

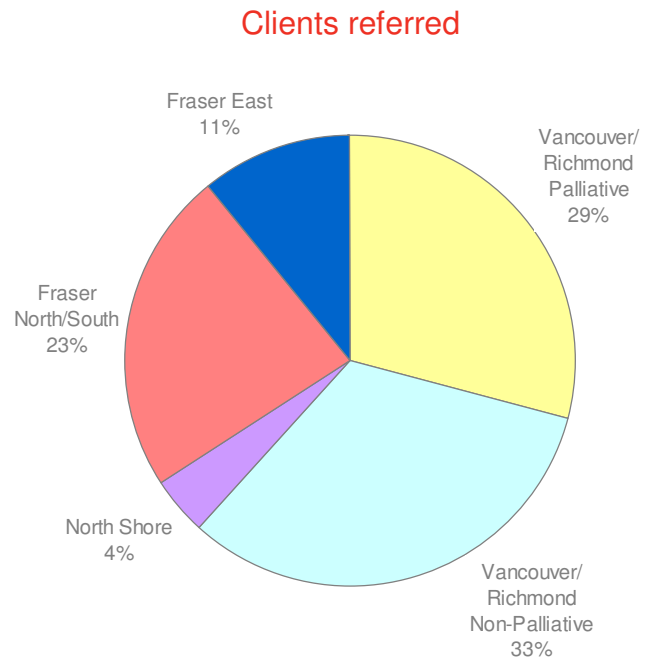
AIL also plays an important role in the diversion of used equipment otherwise destined for the landfill.

2008/2009 YEAR IN REVIEW

- The program supported the independence of more than 4,500 individuals by supplying a range of health equipment.
- Clients in the Lower Mainland area received 7,500 items from the program.
- 700 clients were afforded the choice to remain at home for palliative care.
- Arrangements were made for over 5,000 deliveries and in-home installation, with no charge to clients.
- The wait list was reduced by 40% through the fiscal year. The program remains on track to meet or exceed our target of no more than 500 wait listed items.
- Thoughtful action to streamline scheduling and reduce funds directed towards rentals, courier usage, and delivery costs resulted in:
 - a 56% decrease in courier use from the previous year.
 - over 1,800 wait listed items addressed, up 43% from the previous year.
- Over 450 wall mounted grab bars were installed at no charge to clients.
- Semi-annual follow up with all clients (over 4,500) provided the opportunity for them to report any repairs or modifications needed, request referral to their health unit for further equipment, and return items not being used.
- Approximately 1,500 items of donated medical equipment were diverted from landfills to clients in need. This is in addition to the approximately 10,000 items already included in the program's inventory.
- A total of 55 clients received the opportunity to trial ceiling lifts through the Vancouver Coastal Health Short Term Lift program at no charge. These clients were wait listed for a facility, confirming alternate funding, or trialing the lift to demonstrate the benefits before purchasing their own lift.
- More than 5,200 items previously loaned out to clients were returned to the program's inventory.
- Expenditures associated with administration, facilities, support services and delivery were reduced by 11%.
- Partnerships were formed with international language schools in the Greater Vancouver area. University students attending these schools interned with the Aids to Independent Living program, providing over 2,000 volunteer hours.
- The Aids to Independent Living program advisory committee met three times during the year. The committee consists of representatives and practicing therapists from Vancouver Coastal Health and Fraser Health. The committee provides direction for the program and works collaboratively to resolve any concerns. Thanks is extended to the 2008/2009 members for their time and energy: Deborah Barrett, Jeannine Bianco, Linda Borowski, Robert Davies, Jane Davis, Jan Gauthier, Stanly Ho, Fiona Lewis, Jane Pratt, Dan Sandberg, Katy Short, and Barb Sinclair.

Table 1: Clients served, April 1, 2008 through March 31, 2009

Health region	Clients referred for new or additional item	Total number of clients using service
Vancouver – Palliative	560	2433
Vancouver – Non-palliative	668	
Richmond - Palliative	146	468
Richmond – Non-palliative	112	
Fraser North and South	565	1076
Fraser East	261	297
North Shore	98	265
Total	2410 (up 2% from previous year)	4539 (up 3% from previous year)



The number of palliative clients referred to the program for new or additional equipment continued to decrease this past year, with 9% fewer clients referred than the previous year. The 9% equalled 71 individuals. This decrease was off-set by an increase in referrals for non-palliative clients resulting in an overall growth. Non-palliative referrals from Vancouver Coastal Health increased 4% from the previous year, while non-palliative referrals from Fraser Health increased by 10%. With 826 clients referred, Fraser Health saw the most referrals to the program since its conception.

Clients referred

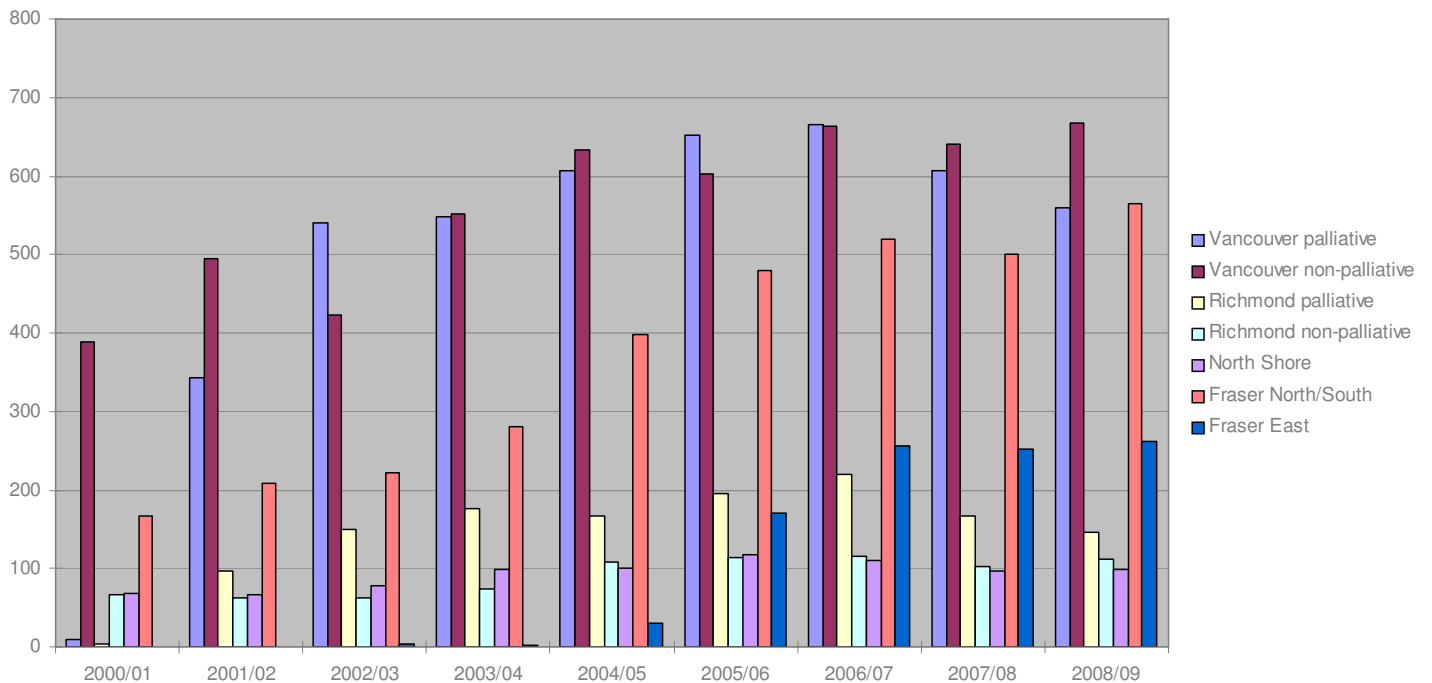


Table 2: New clients referred, April 1, 2008 through March 31, 2009

Health region	Number of new clients 2008/2009	Number of new clients 2007/2008	Change from previous year
Vancouver – Palliative	490	523	-6%
Vancouver – Non-palliative	472	434	9%
Richmond – Palliative	124	147	-16%
Richmond – Non-palliative	78	64	22%
Fraser North and South	406	348	17%
Fraser East	203	212	-4%
North Shore	65	58	12%
Total	1838	1786	3%

“This program is essential. Knowing the program is there makes my job so much easier. I would have so much sadness in my job if I had no resources to offer my clients.”
- community health care professional

Facts About the Health of Older People in B.C. from the B.C. Ministry of Health Services

- One million Canadian seniors received assistance because of a long-term health problem. (1)
- B.C. has the **third largest** population of older people of the Canadian provinces and territories. An estimated 618,000 British Columbians were 65 or older in 2007. (2)
- In 2007, just over 14% of B.C.’s population were 65 or older and this percentage is rising. By 2031 this proportion will be nearly 24%. (3)
- Health status improves as income level rises, and poverty is related to poor health. (4)
- In 2004, only 11% of older people in B.C. had an annual personal income greater than \$40,000. (4)
- In 2004, 42% of older women and 24% of older men in B.C. qualified as low income (less than \$15,000 annually). (4)



(1) Statistics Canada (2003). General Social Survey, Cycle 16: Caring for an Aging Society

(2) Statistics Canada (2007). Table: Population by sex and age group, by province and territory. <http://www40.statcan.ca/101/cst01/demo31a.htm>

(3) BC Stats, BC Ministry of Management Services (2007). Source P.E.O.P.L.E. 32 Population Projections. <http://www.bcstats.gov.bc.ca/DATA/POP/pop/project/bctab5.asp>

(4) Ministry of Health Services (2004). A Profile of Seniors in British Columbia.

Table 3: Requests received (all clients), April 1, 2008 through March 31, 2009

Health unit	Number of requests (items) 2008/2009	Change from previous year
Fraser East – Abbotsford	317	25%
Fraser East – Agassiz/Harrison	20	100%
Fraser East – Chilliwack	167	-46%
Fraser East – Hope	9	125%
Fraser East – Langley	385	187%
Fraser East – Mission	51	-9%
Fraser North – Coquitlam/Tri-Cities	212	-3%
Fraser North – New Westminster	90	7%
Fraser North – Maple Ridge	67	22%
Fraser North – Burnaby	450	-7%
Fraser South – Ladner/Delta	56	133%
Fraser South – Surrey Gateway	353	-7%
Fraser South – Surrey Newton	344	45%
Fraser South – White Rock	105	-3%
North Shore	239	-8%
Richmond (palliative)	894	-3%
Richmond (non-palliative)	416	46%
Vancouver – Pacific Spirit (palliative)	638	-12%
Vancouver – Pacific Spirit (non-palliative)	89	-27%
Vancouver – North (palliative)	324	6%
Vancouver – North (non-palliative)	532	21%
Vancouver – Three Bridges (palliative)	434	-7%
Vancouver – Three Bridges (non-palliative)	335	22%
Vancouver – Ravensong (palliative)	372	14%
Vancouver – Ravensong (non-palliative)	288	-1%
Vancouver – South (palliative)	735	12%
Vancouver – South (non-palliative)	399	-8%
Vancouver – Evergreen (palliative)	392	-16%
Vancouver – Evergreen (non-palliative)	408	4%
<i>Palliative</i>	<i>3789</i>	<i>-2%</i>
<i>Non-palliative</i>	<i>5332</i>	<i>10%</i>
Total	9121	5%

CAREGIVER INJURY PREVENTION

The health equipment provided by the Aids to Independent Living program assists clients in maintaining their independence. AIL services also assist caregivers, both paid and unpaid, to perform their day-to-day tasks efficiently and safely. The February 2009 publication by WorkSafeBC, "Home and Community Care in B.C.," outlines some of the risks involved in providing health care. Every year in British Columbia, over 900 paid home and community care workers sustain injuries requiring WorkSafeBC compensation. In addition, over \$4.8 million in claim costs are paid and over 35,000 days of work are lost. The number one cause of injury is overexertion and/or repetitive movement, cited as a contributing factor in over 40% of injuries.

The equipment offered by the Aids to Independent Living program assists in reducing the risks associated with home health care. Hospital beds raise and lower clients for caregiver assistance. Tub transfer benches extend beyond the edge of the bathtub and help make transfers in and out of the tub safer and easier for those who cannot step into the tub. Commodes can be placed in any room of the house and used to assist a person who has limited mobility. Patient lifts greatly help reduce the possibility of caregiver back injury by supporting the weight of the client for the caregiver. These are a few of the ways in which Aids to Independent Living makes the Lower Mainland a safer and more comfortable place for adults and their caregivers to live.

*"Thank you so much for all the equipment you have loaned us. It has made our care giving so much easier and also improved my mother's health."
– client's family*



FALLS PREVENTION

According to the World Health Organization "Global Report on Falls Prevention in Older Age" (2007), the health care impacts and costs of falls in seniors are increasing significantly all over the world. The average cost of hospitalization for a fall related injury for people 65 years and older range from \$6,646 US in Ireland to \$17,483 US in the United States. This cost world wide is projected to increase to \$240 billion US by the year 2040. In addition to these substantial direct costs, falls incur indirect costs that are critical to families, such as in the loss of productivity of family caregivers.

Falls prevention literature, as stated in the report from the provincial health officer "Prevention of Falls and Injuries Among the Elderly" (2004) indicates that the addition of grab bars to the home, as well as the correct use of walkers, canes, scooters and other devices designed to prevent falls, are all effective means of reducing the incidence and prevalence of falls and fractures. Programs that not only provide seniors with environmental assessments in their homes but also make the necessary repairs or modifications are more successful than programs that simply identify the hazards and leave it up to the client and their family to make the arrangements.

The Aids to Independent Living program provides those exact resources. Trained health care professionals from the communities identify the needs of the client and AIL arranges the delivery, installation and modifications requested.

“When you suffer with a physical ailment your world is very small, but when this equipment is available it makes a great deal of difference.” - client

Dry floatation mattress overlay, 4 sections, \$4,980.00 for general public purchase

- ROHO Group
United States Base
Retail Price List,
May 2008

Table 4: Equipment demand by type, April 1, 2008 through March 31, 2009

Equipment type	Number of requests received 2008/2009	Change from previous year
Wall mounted grab bar	716	0%
***4 wheeled walker with seat	576	31%
Bed assist	537	11%
Mattress overlay or pad	535	7%
Hospital bed (A)	506	1%
Foam cushion	500	0%
Tub transfer bench (B)	465	1%
Manual wheelchair	435	-13%
Raised toilet seat, no arms	397	8%
Bath chair with back	363	11%
Foam mattress	346	0%
***Frame walker	343	-20%
Stationary commode	338	-8%
***Tub grip	259	19%
***Transport wheelchairs	250	22%
Raised toilet seat with arms	231	5%
Toilet safety frame	222	12%
***Overbed table	217	15%
Air cushion (ex. ROHO)	201	-9%

*** indicates 15% or more increase/decrease

(A) Includes fully electric, semi-electric and manual hospital beds.
(B) Includes padded and unpadded tub transfer benches.



4 wheel walker with seat, \$462.00 for general public purchase
- Invacare Suggested Canadian List Price, March 2009

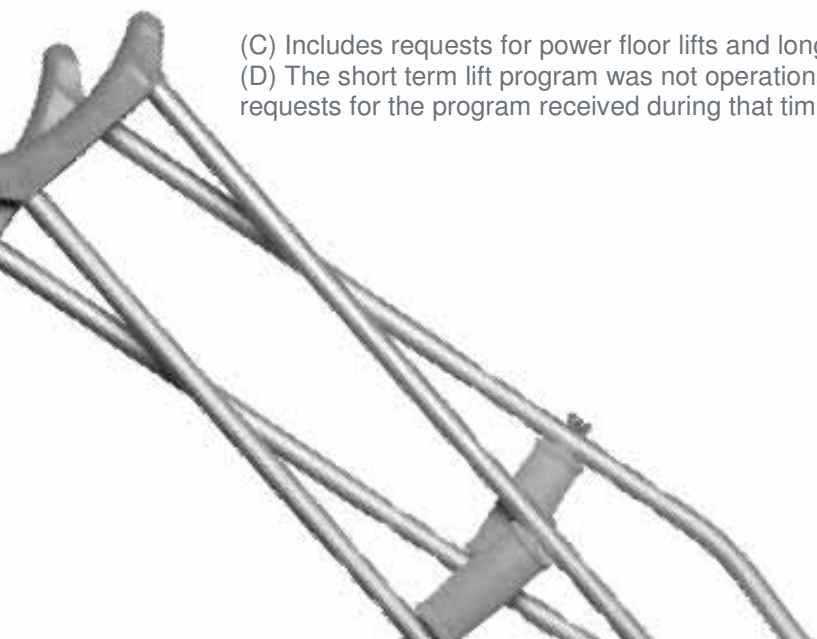
Table 4: Equipment demand by type, April 1, 2008 through March 31, 2009
continued

Equipment type	Number of requests received 2008/2009	Change from previous year
***Bed blocks	187	-17%
Bath chair without back	172	12%
Cane	151	9%
***Wheeled commode	149	17%
***Power patient lift (C)	118	22%
Bathboard	117	-8%
Handipole	113	-13%
***Tilt/recline/geri wheelchair	95	19%
***Urinal	79	21%
Scooter	73	-10%
***Gel/foam combo cushion (ex. Jay 2)	65	20%
***VCH short term lift (D)	59	269%
***Bed pan	47	34%
***Power wheelchair	42	62%
Reacher	39	-3%
***Viscous gel cushion	32	-30%
Transfer belt	28	8%
Power bath lift	22	-8%
***Obus Forme	13	-41%
***Trapeze bar	4	-85%
Hydraulic lift, recliner wheelchair, transfer board, wheelchair tray, amputee board, bed cradle, rehab commode, crutches	Less than 20	

*** indicates 15% or more increase/decrease

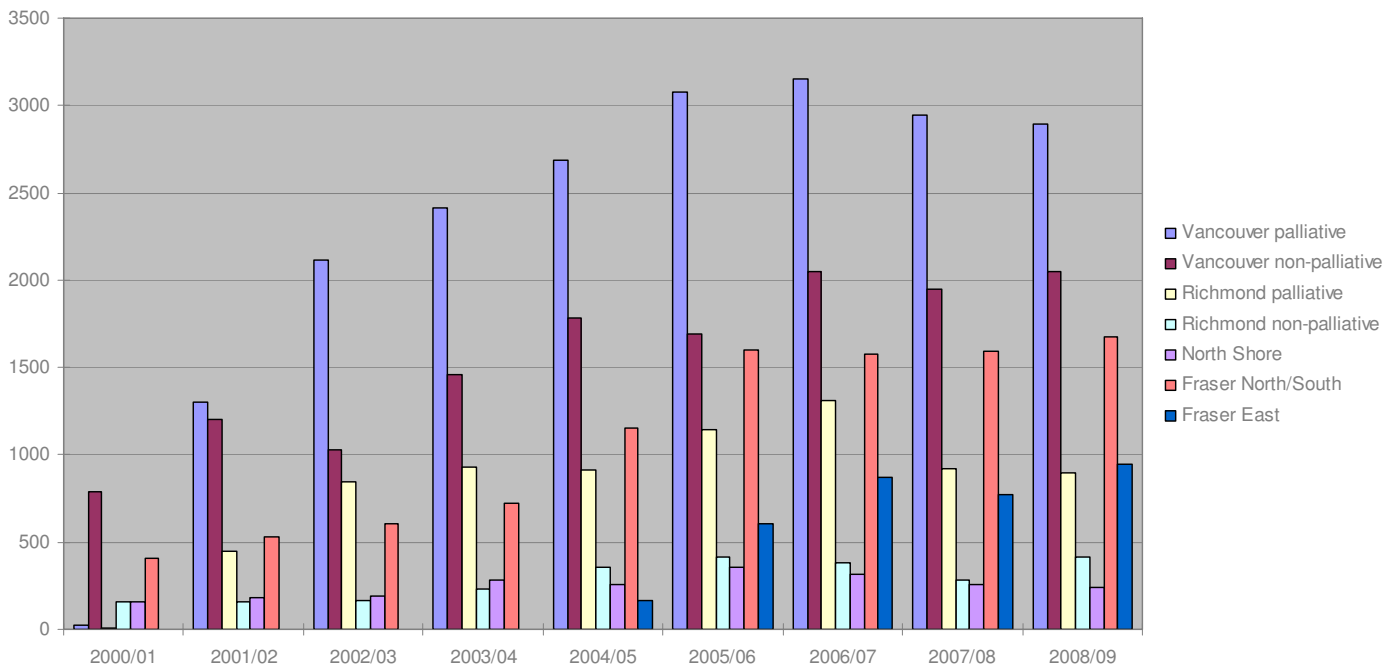
(C) Includes requests for power floor lifts and long term loans of ceiling lifts.

(D) The short term lift program was not operational from April 1, 2007 through February 1, 2008. All requests for the program received during that time were still recorded.



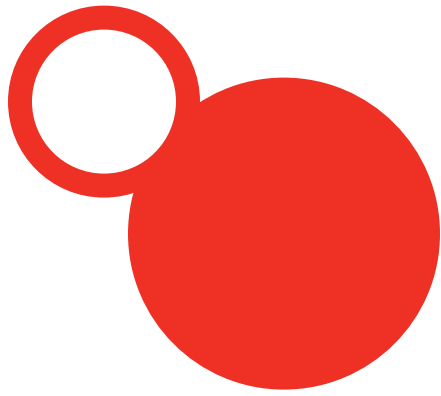
Bath chair without back,
\$63.00 for general public
purchase
- Invacare
Suggested
Canadian List Price,
March 2009

Items requested



TRENDS

- Requests for palliative clients in Richmond decreased, both in terms of the number of clients referred and, to a lesser degree, the number of items requested. However, the average number of items requested per client for 2007/2008 was 5.5 and in 2008/2009 that number grew to 6.1.
- Vancouver palliative clients' average number of items requested also grew despite a 7% decline in clients and a 2% decline in items requested, from 4.9 in 2007/2008 to 5.2 in 2008/2009.
- The number of non-palliative clients and items requested for them increased in all areas except the North Shore.
- Non-palliative clients referred to the program in Vancouver rose 5% and the number of items requested increased by 4%, maintaining the average number of items requested per client at approximately 3.1.
- Items requested for Richmond non-palliative clients increased by 46%, which, when compared to the 9% growth of clients, increased the average number of items from 2.8 in the previous year to 3.7 this past year.
- The demand in Fraser Health Authority also grew. Fraser East health care professionals requested 24% more items than in the previous year, or an average of 3.6 items per non-palliative client (up from 3.0 per client the previous year).
- The 6% increase in requests for clients in Fraser North and South was surpassed by the 13% increase of non-palliative clients referred, lowering the average number of items per client from 3.2 to 3.0.



“Thank you so much for the delivery of the new mattress for my mother. She was so pleased that when I went downstairs to see her she started crying tears of gratitude and joy.”
 – client’s family

Table 5: Items provided by region/population, April 1, 2008 through March 31, 2009

Region/population served	Total number of items provided
Vancouver – Palliative	2661
Vancouver – Non-palliative	1524
Richmond – Palliative	826
Richmond – Non-palliative	300
Fraser North and South	1275
Fraser East	704
North Shore	204
Total	7494 (up 1% from previous year)

Includes loans, exchanges, donations to clients, and rentals

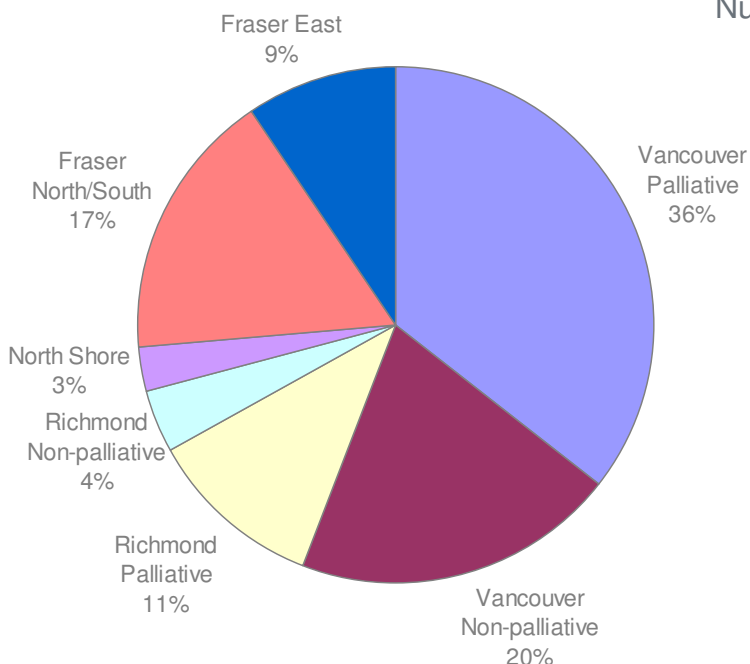
Grab bar installations: **467**

Equipment rented on behalf of palliative clients: **182** items (out of 3487 items provided to palliative clients, or **5%**)

Equipment obtained through the Red Cross short term loan service for palliative clients: **38** items (out of 3487 items provided to palliative clients, or **1%**)

Equipment purchased by the program: **898** items from general budget
1052 items from one time grant for 2008/2009
1113 items from one time grant for 2009/2010

Items provided

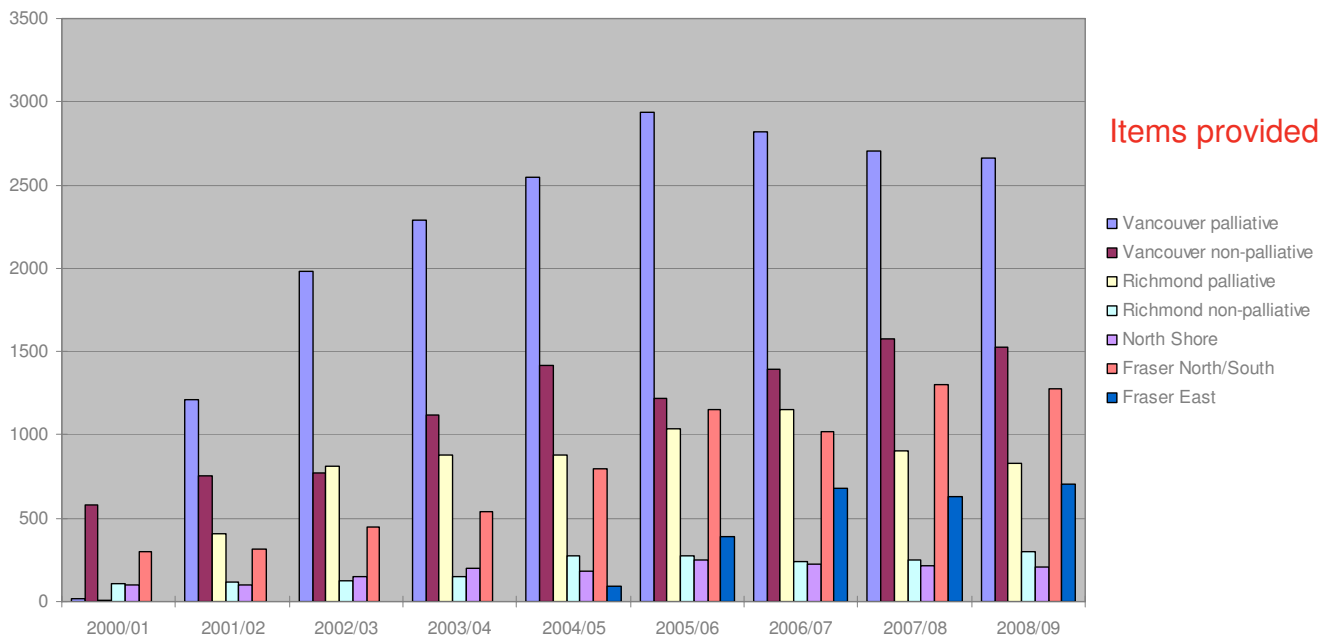


Number of repairs performed on equipment: **5279**

Number of requests withdrawn by therapist or client: **644**
 Number of requests withdrawn as client was deceased: **320**

Number of requests rejected for exceeding financial limit: **59**
 Number of requests rejected as item was not part of the program: **17**

“I am able to go out and enjoy myself. Previously, I was a prisoner in my own home.” - client



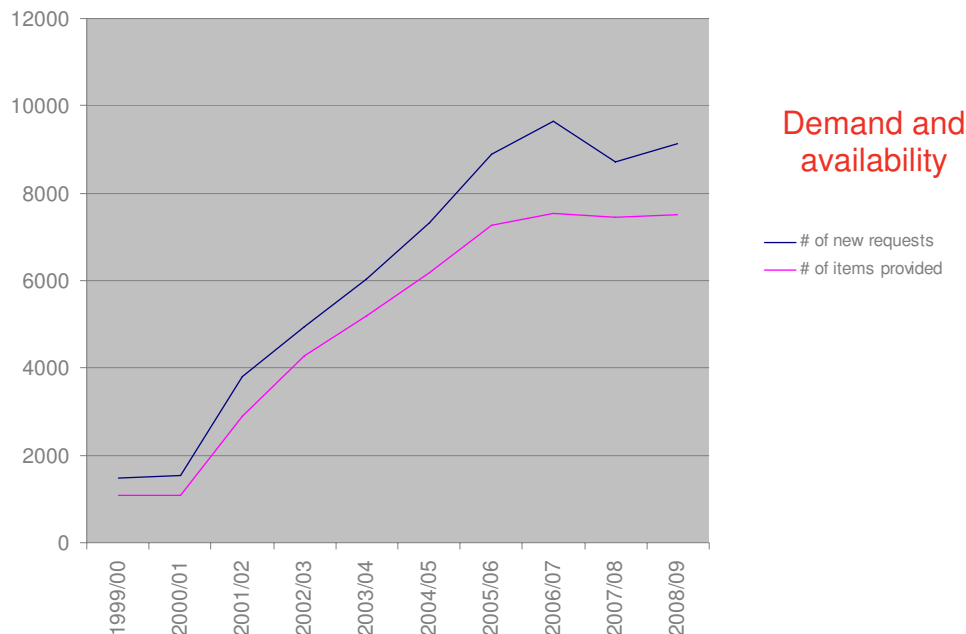
Number of items in stock as of April 1, 2009: **4670**
 Number of items out on loan as of April 1, 2009: **8116**
 Number of funded staff positions at year end: **10.95 FTE**

Equipment provided from AIL stock: **6,680** items having a replacement value of **\$2,303,736**

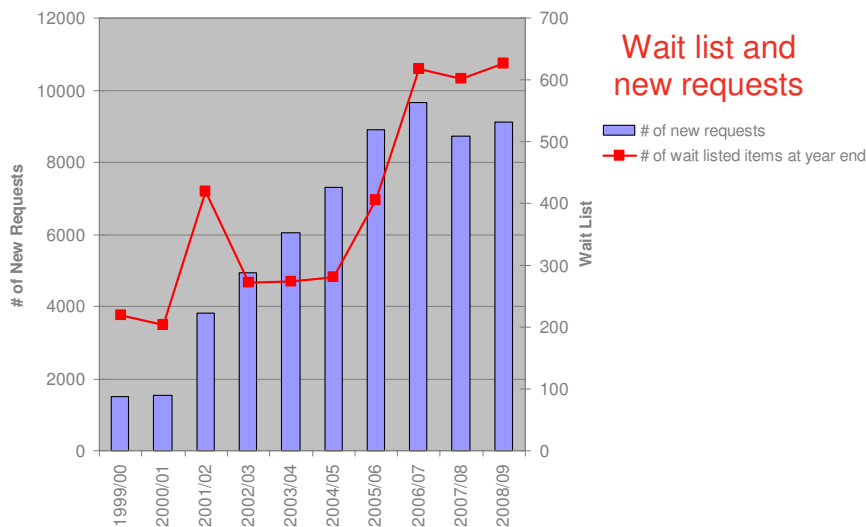
Equipment donated to the program: **1470** items with a replacement value of **\$228,930**

The number of items provided to clients by the program has remained consistent over the past three years, with an average of 7,540 items distributed per year. Although the number of requests has fluctuated, the number of items provided has remained the same. This is attributed to the inability to fund increased delivery staff.

Since 1999 the program has been able to meet, on average, 82% of yearly requests. In 2006/2007 this number dropped to 78% (from 82% the previous year), reflecting the effects of the highest number of items requested in the program's history. The fiscal year of 2007/2008 saw a sharp decrease in number of requests, with the same number of items provided, resulting in 87% of requests being met. This past year the number of requests began to increase again, bringing the number of requests met back to the average, 82%.



From April 1, 2008 through March 31, 2009 Canadian Red Cross HELP provided over 130,000 pieces of health and mobility equipment to over 68,000 people in British Columbia alone.



Number of requests placed on waiting list: **1840**

Number of requests on waiting list at year end: **627**

Number of requests withdrawn from waiting list: **474**

Number of requests on waiting list receiving item: **925**

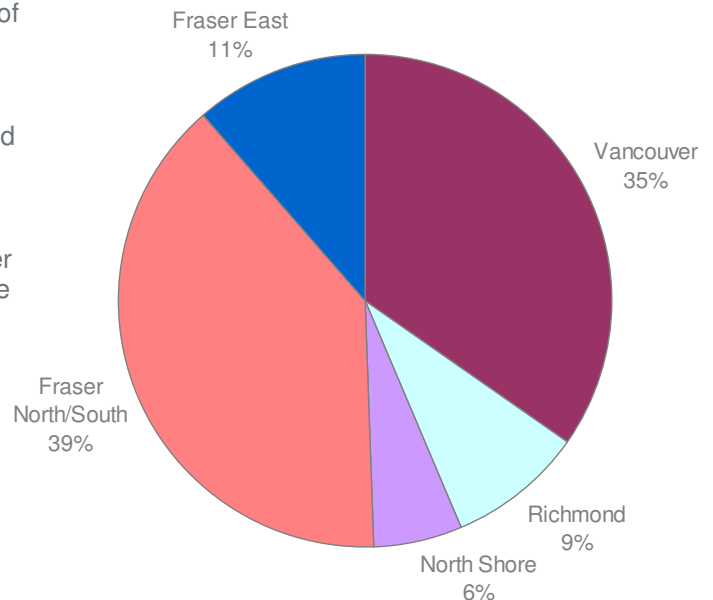
At the start of the year the annual budget had limited funds for the purchase of new equipment. As a result, the wait list increased to over 1,000 items, due mainly to the wait listing of wall mounted grab bars, bath chairs and bed assists.

With the assistance of one-time funding from Vancouver Coastal Health, and the dedication and hard work of staff and volunteers, the wait list was reduced by 40% at year end.

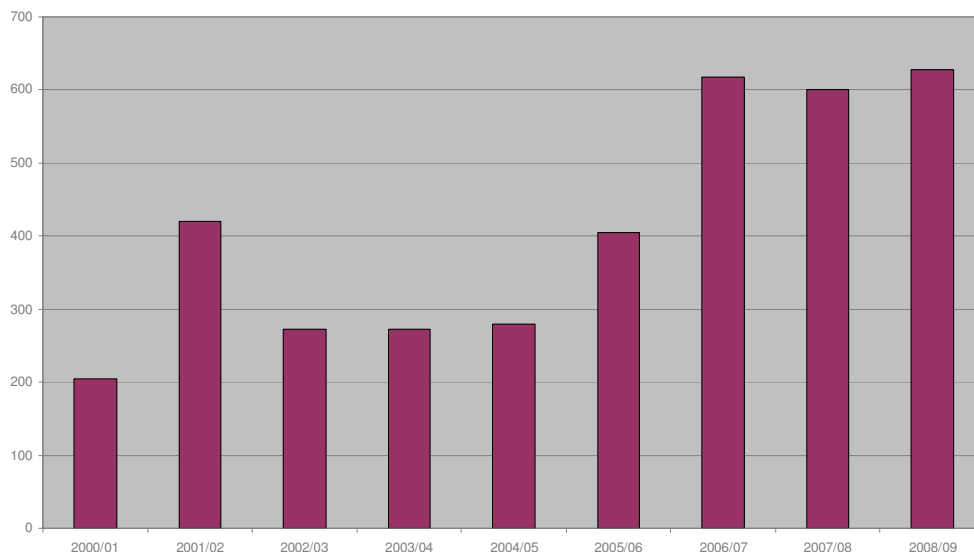
The remaining number of wait listed items is comparable to the previous two years, for a three year average of 615. Over a quarter of the wait listed items are 4 wheel walkers, 9% are bathing aids, and 10% are beds and related products. Wheelchairs and scooters comprise 45% of the wait list, of which one third is power mobility items and two thirds are manually operated.

In the 1999/2000 fiscal year 15% of all requests were wait listed. This number has decreased significantly, and in 2008/2009 only 7% of requests were required to be wait listed.

Wait list at year end



Wait listed items



*“Thank you so much for supplying my mom with countless equipment over the years. You have made her life comfortable and safe.”
– client’s family*



Did you know that National Societies of the International Red Cross Red Crescent Movement offer health equipment programs all over the world, including America, Australia, Bahamas, Britain, Hong Kong, and Trinidad and Tobago?

“Thank you for your consideration and kindness in making available my new scooter which I would never have been able to buy on my pension cheque. There was no Medicare in 1941, but after being diagnosed with polio at the age of 17 I was able to get treatment for six months in the hospital through the Red Cross. It is for these reasons I continue to be grateful to the Red Cross for their assistance in my life, both as a young man and now as a senior citizen.” - client

Report prepared and submitted by:
Katy Short
Associate Manager, Aids to Independent Living
Lower Mainland Region, Canadian Red Cross
June 25, 2009



Canadian Red Cross

CELEBRATING 100 YEARS | 1909-2009



The Canadian Red Cross Society is a non-profit, humanitarian organization that has been operating in Canada for the past one hundred years.

The Canadian Red Cross Society is a member of the International Red Cross and Red Crescent Movement, which includes the International Committee of the Red Cross, 187 National Red Cross and Red Crescent Societies, and the International Federation of Red Cross and Red Crescent Societies.

Our mission is to improve the lives of vulnerable people by mobilizing the power of humanity in Canada and around the world.

Our vision for the Canadian Red Cross is to be the leading humanitarian organization through which people voluntarily demonstrate their caring for others in need.

The Red Cross fundamental principles are:

- Humanity
- Impartiality
- Neutrality
- Independence
- Voluntary Service
- Unity
- Universality

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