

References:

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Community Trends In Hamilton-Wentworth

- Ethnic Diversity in Hamilton-Wentworth July 2000
- Demographic Profile of Hamilton-Wentworth February 2000
- Homelessness in Hamilton-Wentworth January 2000
- Poverty Profile in Hamilton-Wentworth April 1999

Information Sheet Senior Trends in Hamilton-Wentworth

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An Aging Population

As the baby boom generation enters its senior years (65+), Canadian communities will experience a dramatic increase in the proportion of older adults. In fact, according to projections based on 1996 Statistics Canada census data, the 65+ population will grow by 57% between 1996 and 2011. At the same time, many Canadians are living well into their 80's and 90's, thereby compounding population growth with a higher average life expectancy.

The population trends presented in this document provide a basis for understanding the needs and issues facing seniors now and in the future. This data is intended to draw attention to the need for long-term health and social service planning for seniors in Hamilton.

In terms of geography, reference will be made to the municipalities which made up the Region of Hamilton-Wentworth (prior to amalgamation). Although these boundaries are no longer

defined within the New City of Hamilton, the demographics of these areas are important to our understanding of the issues facing seniors across the city. Therefore, in this document the old municipalities will be referred to as the 'communities' of Hamilton.

Table 1 : Population Projections for Older Adults in Hamilton-Wentworth By 5-Year Age Breaks

Age Group	1996	2001	2011	2021
65 to 69	20,630	19,320	22,770	32,700
70 to 74	19,245	18,580	17,905	27,015
75 to 79	12,600	16,285	15,310	18,460
80 to 84	8,460	9,675	12,725	12,680
85 +	6,335	7,825	12,575	13,190

Population Trends

Statistics Canada data shows that there were 62,275 seniors in Hamilton in 1996. In terms of population distribution, approximately 75% of individuals 65 years of age and older lived in the former city of Hamilton.

Table 1 and Chart 1 show the actual population counts by age,

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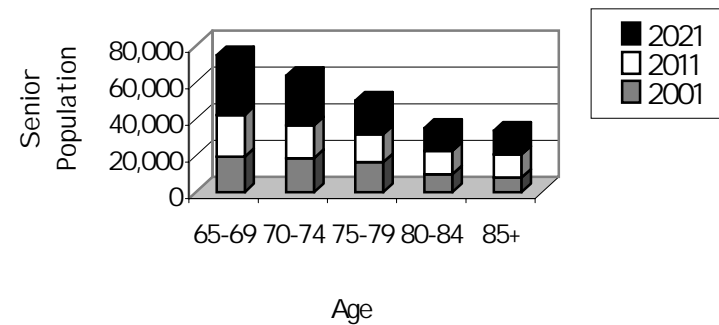
and include population projections for specified age groups for the years 2001, 2011, and 2021. This data shows that while the rate of population increase

However, the actual number of individuals differs greatly between genders. Because of a higher life expectancy, women comprise a relatively large share of the older

population on the other hand is projected to increase from 1,675 in 1996 to 3,350 in 2021.

The larger population of elder females within Hamilton is important to note since it is this population that is most vulnerable to a number of social pressures that will be addressed in other sections of this report.

Chart 1 : Senior Population in Hamilton-Wentworth, 2001, 2011 & 2021 Projections



Population Distribution

Although population counts provide a good general profile of the senior population in Hamilton-Wentworth, a more important descriptor to consider is the distribution of seniors across the city and how this distribution might shift over time.

Table 2 shows the distribution of seniors in Hamilton-Wentworth prior to amalgamation.

Table 2 : Distribution of Seniors (65+) by Municipality - 1996 actual and 2009 projections

	1996	2009	Percent Increase
Hamilton	48,810	57,224	17%
Dundas	3,925	4,484	14%
Ancaster	2,825	4,282	52%
Flamborough	3,260	5,677	74%
Stoney Creek	6,235	9,218	48%
Glanbrook	1,235	1,890	53%
Region Total	66,275	82,775	25%

varies according to age, there is a consistent increase in all ages over the period 1996-2011, and on through 2021.

It is especially important to note that the 85+ age group will experience the greatest increase for both the male and female population. Between 1996 and 2021, Hamilton will see an increase of 108% within this age bracket. This is significant since the risk of injury, illness, disease and dependency all increase the need for services in these later years.

Gender Polarity

Comparatively, the increase in the female and male populations is quite similar.

Table 3 : CCAC Clients in Hamilton-Wentworth by Service Type, 1998*

TYPE OF SERVICES	HAMILTON-WENTWORTH
Any CCAC services	5940
Homemaking	3490
Nursing	2480
Nutrition	210
Occupational Therapy	820
Physiotherapy	730
Social Work	250
Speech-Language Pathology	100
Average # of service Types per CCAC client	640

Source: Hamilton-Wentworth Community Care Access Centre, Community Profile, Fall 1999.

*based on active clients on March 8, 1998 and 1996 Census population data not adjusted for the sex and age distribution

Overall, senior immigrants are a very unique population with unique needs. They face many barriers, with language and communication skills being one of the most prominent issues.

Most immigrant seniors have been living in Hamilton for a long period of time with 95% arriving and settling before 1981. Despite the age of their citizenship, senior immigrants represent 36% of the population that do not speak an official Canadian language. This language barrier prevents seniors from becoming aware of social programs available to them, while at the same time isolating them within the community.

Poverty is also an issue facing elder immigrants, especially those that have migrated to Hamilton recently (between 1990-1996). 34% of recent immigrants versus 24% of immigrants arriving before 1986 on through 1990 were classified as poor. Decline in income is most prominent among elderly women immigrants; a trend that parallels their Canadian-born counterparts. A longer life span and little income means that this population must tightly control and stretch their funds if they are to continue living adequately.



Since the emphasis on elder care is now based predominately on community and familial efforts (as opposed to institutional services) it is important for social services to understand the dynamics that influence caregiver competency, availability and commitment. There are three main factors affecting the quantity of elder care: family status (unattached, family unit, children), employment status, and financial status.

Statistics Canada reports that in 1996, 58,045 hours of elder care per week were provided by unattached individuals. 56% of these hours were provided by individuals that were not employed.

Caregivers that were economic family members provided fewer hours of informal care, contributing 47,910 hours of elder care per week. 68.4% of these hours were provided by unemployed family members.

Poverty also affects elder care hours. Statistically, in 1996 poor individuals and families were more likely not to provide elder care.

Overall, families that provided both elder care and childcare

(for children under 12) contributed the least number of hours with an average of only 450 elder care hours weekly. This represents only 1% of total hours of informal care performed in 1996.

Formal Care Services

Formal care is an excellent way to meet the often complicated service needs of seniors. However, since it is not covered by a comprehensive national insurance program, and is not readily available upon request, formal care has become somewhat of a luxury for both elders and their families

Nevertheless, some formal care services are used frequently throughout Hamilton-Wentworth. Referring to Table 3, it can be seen that Homemaking and Nursing services were the most common branches of formal care received by seniors in 1998.



Health and Safety

The majority of seniors in Hamilton-Wentworth have reported living in good health, without any injuries or health problems that may interfere with daily activities. During 1996-1997, data was collected in the Ontario Health Survey which showed that 89% of older adults (65+) in Hamilton-Wentworth reported no mobility problems. However, accounting for disabilities is often difficult because many with activity limitations do not consider themselves to be disabled.

The incidence of poverty and the chance of injury in the home are likely to increase if the elder has some form of disability. In 1996, 40% of disabled male, and 54% of disabled female homeowners were classified as poor. It should be noted that women with activity limitations experienced a greater poverty rate, especially older senior women (75+) which represented 24% the disabled female population in 1996.

Senior Hospitalization Due to Injury

In 1997, the senior population had the highest rate of hospitalization due to injury (and subsequently the highest mortality rate) as compared to all other age brackets in Hamilton-Wentworth. In fact falls by seniors (64+) was found to be one of the major causes of injury, death and disability in Hamilton-Wentworth.

Ethnicity

Statistically, older immigrants are less likely to speak English, less likely to be married, have fewer years of education and have lower income than their younger counterparts.

Although smaller municipalities are no longer defined within the new city of Hamilton, the numbers describe important shifts in the distribution of seniors.

As mentioned earlier, in 1996 almost 75% of seniors resided in the original city of Hamilton. However, by 2009 (due to a slower increase in the seniors population) this will shift to 69%. Flamborough on the other hand, which has one of the smallest senior populations, will experience a 74% increase in its senior population; the highest of all the former municipalities.

It is interesting to note these respective shifts. Those involved in service planning must be aware that communities that house a large (or small) population of seniors today may experience a vigorous demographic transformation in the future.

Therefore, community services must be both prepared and flexible if they are to accommodate these shifts over time.

Income and Poverty Among Seniors

Within urban areas, certain populations are particularly vulnerable to living in poverty. In 1996, the regional poverty rate in Hamilton-Wentworth was 21.9%. 20% (or 15,490 individuals) of this

population represented seniors age 65 years old and over. The following describes three principle groups of seniors that are most subject to high poverty rates within Hamilton-Wentworth:

I Elderly Females

Women, regardless of age are more likely than men to be poor. As was true for the whole of Canada, regional poverty among elders in 1996 was highly polarized according to gender with 24% of poor individuals age 65-74 being female and only 17% male.

II Independent Seniors

Seniors living independently from family members were also at an increased chance of living in poverty. This was most noticeable when for female seniors. Their poverty rate increased to 50% in 1996. Elder males on the other hand experienced only a slightly higher poverty rate of 18% at or below the low-income cut-off mark.

III Older Seniors

Census data showed an increase in poverty rates among older senior residents (75 years +) with the poverty rate increasing to 32%. Once again, the poverty rate was higher for females, with 40% classified as poor

compared to only 20% of males; a poverty rate twice as high!

Income Sources

There are three main sources of income for old age individuals and families:

- ◆ Earned money (ie. from employment)
- ◆ OAS (Old Age Security) & GIS (Guaranteed Income Supplement)
- ◆ Other retirement savings & investment plans (ie. CPP/QPP)

According to Statistics Canada for Hamilton-Wentworth (1996), 34,325 unattached older individuals (aged 65-74) received OAS/GIS payments, 32,375 received CPP payments and 20,245 had another type of retirement income.

Those individuals that relied on OAS/GIS payments were more likely to be living in poverty with 20.6% classified as poor. This is compared to 18.7% of individuals receiving money from CPP payments, and only 10% of seniors with other forms of retirement income.

When you look at older seniors, age 75 years and over, the same trends can be seen; seniors receiving OAS/GIS payments are more likely to be poor, followed by those with CPP payments and finally

by seniors that have another source of retirement income. However, the poverty rates for this older age group are significantly higher.

Yearly Income

Chart 2 represents the income of seniors in 1996 irrespective of income source. As we can see from the trend line, those individuals that lived alone had an income that was distributed into the middle portion of the annual pay bracket. For seniors that were a part of a family, yearly income was tended towards the higher income categories. In 1996, nearly 50% of senior families generated an income greater than \$40,000 while only 3.3% of unattached seniors received more than \$40,000.

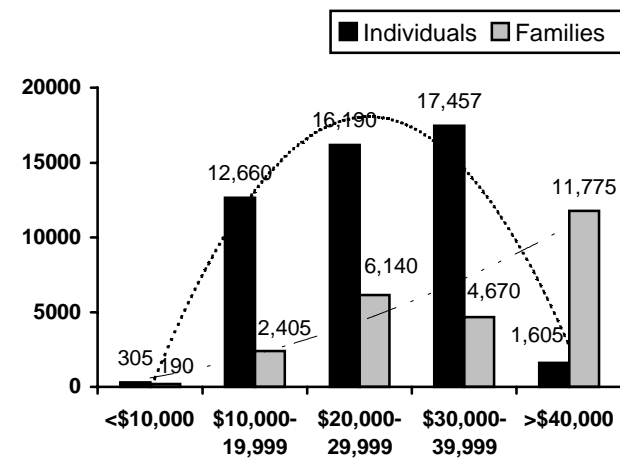
Poverty remains one of the most prominent issues facing seniors today. With the majority of this population relying on government transfers as the primary source of income, the high costs of living place great strain on the quality of the senior's life. This is especially true for seniors who live independently. Seniors living alone experience greater financial stress when paying bills as their income is often inadequate.

Housing

Subsidized Senior housing is in high demand and this demand will only increase with the aging population. In 1999, the Housing Authority Office in Hamilton-Wentworth had 15 seniors' buildings providing a total of 2,682 rental units. For seniors living in poverty, rent is calculated using a Rent-Geared-to-Income (RGI) system in which 30% of the tenant's gross income plus a flat fee for utilities is charged each month.

Chart 3 illustrates the number of subsidized housing units currently assigned to seniors within Hamilton-Wentworth.

Chart 2: Income Distribution for the Population 65+ in Hamilton-Wentworth, 1996



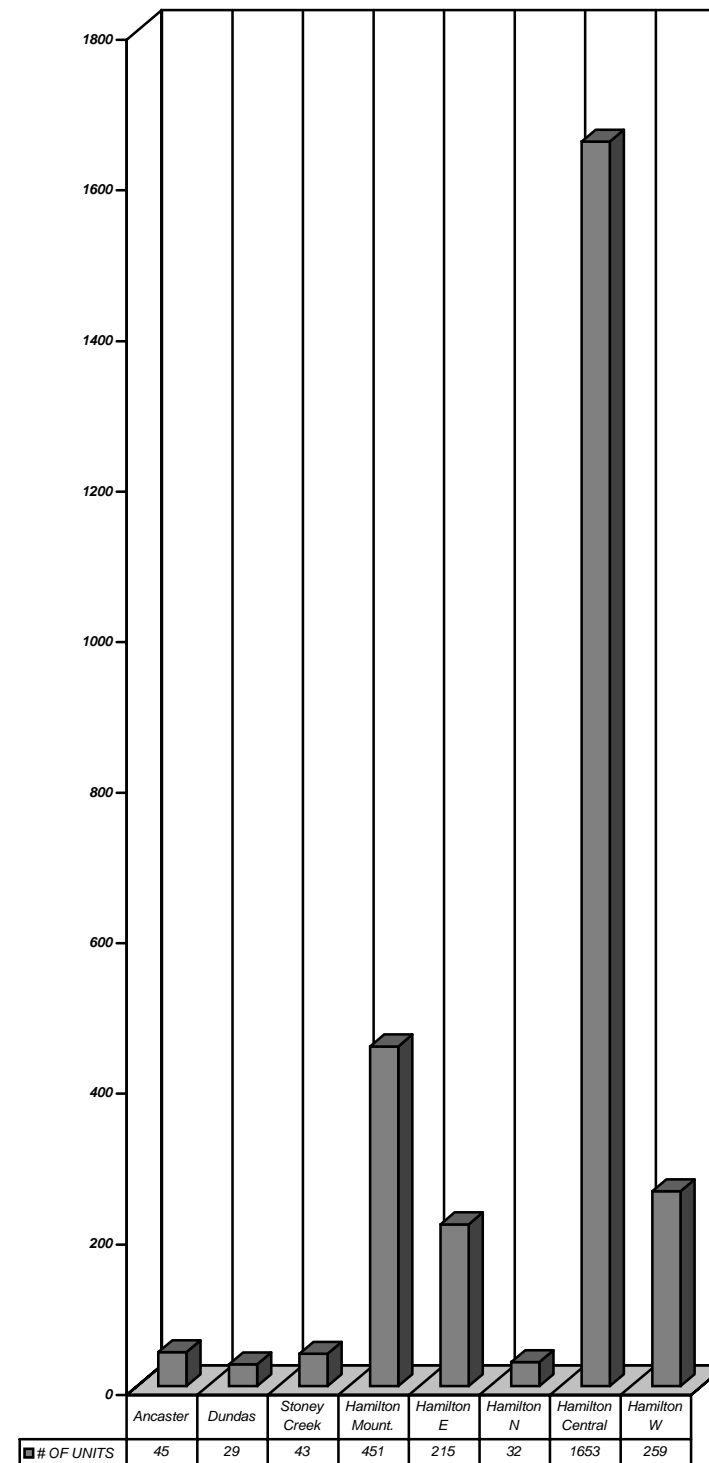
It is important to recognize the distribution of these units across the region for two reasons. Firstly, the location of a housing unit affects availability. The majority of units, which are located in downtown Hamilton, can usually be accessed within 2-6 months after application. It is made. However, in other communities such as Dundas, the waiting list is much longer, often spanning years.

Secondly, the original city of Hamilton has by far the most senior housing units, accounting for 96% of all senior's units in Hamilton-Wentworth, a huge disproportion when compared to the other communities. This imbalance will be further emphasized in the future when we consider that Hamilton will experience one of the slowest rates of increase in the senior population while communities such as Glanbrook, which are estimated to experience a far greater increase in seniors, offer only a fraction of the available housing.

Housing Options

Seniors may have specialized needs which prevent independent living. To accommodate the needs of senior citizens, federal and provincial governments have developed subsidized and supportive housing units. There are 41 such buildings housing 4,057 residents (65+) in Hamilton-Wentworth.

Chart 3: Number of Seniors Units per Housing Authority Building in Hamilton-Wentworth, 1999



There are 28 second-level lodging homes and retirement homes in Hamilton-Wentworth. Only 8 of these buildings (for a total of 219 beds) were subsidized by the government. 20 out of the 28 homes are private and offer 1298 beds to the older adult population.

Alternatively, Chronic Care Hospitals and Long-Term Care facilities are available to those suffering from debilitating, long-term illnesses and/or disease. There are 6 chronic care hospitals in Hamilton-Wentworth that accommodate 491 residents, and 18 long-term care facilities that can accommodate 2,498.

Planning for the Future

The availability of adequate housing for seniors should be of major concern to those involved in community development, especially in areas that will experience large shifts in the number of residing seniors. Communities must be prepared to support this aging population. This includes assessing and making available appropriate and affordable housing facilities, retirement homes, and special health care residencies for seniors. This would accommodate the needs of individuals requiring long-term care placements who would otherwise have to leave their communities to receive these essential service.



Care for Seniors

Informal care provided by family and friends accounts for at least 80% of all elder care with women acting as the principle contributors.