ACKNOWLEDGEMENTS

Thank you to the United Way of Burlington and Greater Hamilton for commissioning reports on social trends in our community. Recent reports funded by the United Way, such as *Incomes and Poverty, Community Profiles reports* and *Hamilton's Social Landscape* report have touched on some issues facing seniors, and showed the need for a more in depth understanding of this population. A special thanks to Angela Dawe, the United Way’s Director Community Investment, Development & Agency Relations for her valuable feedback on this report.

The Hamilton Council on Aging played a valuable role in helping shape this report, and the comments on drafts of this report by the Council’s President Margaret Denton were much appreciated.

We would also like to acknowledge members of the Community Data Consortium in Hamilton, especially the City of Hamilton, for their support in making in-depth census data available locally.

 *(This version of the document was corrected in January 2013.)*
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1.0 INTRODUCTION

Seniors in Hamilton are a large and growing population, with a wide variety of skills, needs, and lived experiences. This report focuses principally on seniors who may be more vulnerable due to a variety of factors such as gender, income, living arrangements, ethno-racial status, housing types, and health.

The United Way of Burlington and Greater Hamilton requested that the Social Planning and Research Council of Hamilton prepare a report on Hamilton seniors to give the United Way and the community a picture of how Hamilton’s seniors are faring. The collaboration on this report included the Hamilton Council on Aging, who helped guide and improve this report.

Seniors and older adults: definitions

The most common definition of a senior is a person who has reached age 65 or older. While this definition is related to the once standard retirement age, as will be examined in this report many seniors continue working well into their 70s. Many advocacy organizations now use the term “older adults” over seniors and may include in their membership persons age 50 or 55 and older. Where possible this report examines data for the population aged 55 and older in Hamilton, with age breakdowns within this older adult population. When the term “seniors” is used in this report, it refers exclusively to the population aged 65 and over.

Data notes

This report is primarily based on data from the long form of the 2006 Census\(^1\). While the data is now five years old, it is still the most comprehensive data source for this population in Hamilton. No other data source matches the level of detail available in the census nor do any other data sources permit the neighbourhood level mapping that is provided in this report.

The most basic goal of a census is to count all persons, regardless of where they live. That is the primary function of the short form of the census, which is distributed in all types of places where people live, including private homes (called dwellings by the census), and many types of collective dwellings (such as supportive housing, long-term care, prisons, and shelters). In collective dwellings where residents cannot complete the form themselves, administrative records are used to complete the basic demographic information about each person (gender, age, marital status, language spoken) that is mandated on the census short form.

The long form of the census includes many detailed questions that either cannot be answered by or do not apply to persons who live in institutions or other collective dwellings. For this reason, long form census questionnaires are only sent to private households and never to collective dwellings.

This distinction is important to understand for any data relating to seniors. Seniors are more likely to be living in collective dwellings than other age groups, so greater proportions of seniors are “missing” in data that only include persons living in private dwellings, while for other age groups this data would include almost the entire population. This means that only the census data on ages, population growth and marital status in this report are numbers and proportions that include the entire senior population in Hamilton.

\(^1\) The 2011 Census has replaced the mandatory long form of the census with a voluntary National Household Survey. This significant change is a major concern due to the expected decrease in data quality.
regardless of whether they live in a private or collective dwelling (75,400 seniors in 2006). All other census data (living arrangements, immigration status, language, housing, etc.) only include the population of Hamilton seniors living in private dwellings (70,250 seniors in 2006).

**Poverty line**

One of the dimensions of seniors vulnerability examined in this report is poverty. There is no single definition of poverty and poverty is not just about economic vulnerability, it is also related to social exclusion. However, the data in this report uses one of the most commonly used poverty lines in Canada, Statistics Canada’s Low Income Cut Off (LICO) (before tax). In Hamilton, the 2010 before tax LICO for a person living alone was $22,637, and for a couple it was $28,182. For more information about how the LICO is calculated, please refer to the SPRC’s Incomes and Poverty in Hamilton Report available at www.sprc.hamilton.on.ca.
2.0 POPULATION GROWTH AND DISTRIBUTION

Even before the large wave of baby boomers reaches their senior years, Hamilton has started to see increases to its senior population recently. Between 1996 and 2006, Hamilton had an additional 9,125 seniors. Seniors are almost 15% of Hamilton’s population, which is only lower than Hamilton’s neighbour Burlington among the set of comparable cities (Chart 1) and higher than the Ontario and Canadian averages.

Chart 1. Seniors (age 65 and over)

Two thirds of the city’s seniors live in the old city of Hamilton, with over 50,000 residents over age 65 in 2006. Stoney Creek had just over 8,000 seniors, and Ancaster, Dundas and Flamborough had just under 5,000 seniors each. Glanbrook had almost 3,000 seniors.

The map on page 4 shows the distribution of seniors across the city’s neighbourhoods. The areas with higher than average proportions of seniors are mainly in areas surrounding the main part of Hamilton’s lower city (such as Dundas, the mountain and East Hamilton east of the Red Hill Valley). But while most parts of the lower city have near average rates of senior concentrations, the number of seniors in many lower city neighbourhoods (represented by the size of the circles), is still quite large, especially in neighbourhoods surrounding downtown Hamilton (due to the higher densities within these neighbourhoods).
Seniors
City of Hamilton by Planning Units (Neighbourhoods)

Data Source:
2006 Census of Canada, Statistics Canada

Map produced by the Community Mapping Service of the Social Planning and Research Council of Hamilton
For more information, please contact: 905-522-1148 ext. 310
www.sprc.hamilton.on.ca

A Profile of Vulnerable Seniors in Hamilton
Social Planning and Research Council of Hamilton - September 2011
Within the next two decades, the number of seniors living in Hamilton is expected to nearly double, which will significantly reconfigure Hamilton’s demographics. In the next five years it is the youngest seniors who will be increasing in number most rapidly, with a large increase also expected among seniors aged 90 years and over (Chart 2). After this massive increase in the senior population in the next twenty years, starting in 2030, a decrease in the senior population will begin, starting with the 65-69 year old group.

**Chart 2.** Population growth of seniors, City of Hamilton, Ontario Ministry of Finance Projections, 2010
3.0 AGE DISTRIBUTION

As seen in Chart 1, Hamilton has a larger proportion of seniors in its population than Ontario. The age profile of seniors shows that Hamilton’s seniors are also slightly older than Ontario seniors (Chart 3). While 28% of Hamilton seniors are young seniors (age 65 to 69), 30% of Ontario seniors are in this category. Conversely, 25% of Hamilton’s seniors are aged 80 or older, compared to 23% for Ontario. Among Hamilton’s and Ontario’s seniors, the greatest gender gap is between men and women 85 years and over. Only 9% of the Hamilton and Ontario senior male population age 85 and over are men, compared to women age 85 and over who make up 14% of the senior female population in both places. This is due to the longer life expectancy of women compared to men.

Chart 3. Population of senior men and women, City of Hamilton and Ontario, 2006 Census

The age profile is different among the city’s six former municipalities, now called Communities (Chart 4). The former municipalities of Flamborough, Glanbrook, Hamilton, and Stoney Creek have seniors populations that skew towards the younger age groups. Ancaster and Dundas have older senior populations. One of the main factors underlying these differences are the housing types and supportive housing options available for seniors in each community. A community like Dundas which has one of the largest nursing homes in Ontario, St. Joseph’s Villa attracts many older seniors to live in that area of Hamilton. Areas such as Glanbrook which has very few senior specific housing options will see older seniors leave Glanbrook if they can no longer live in their homes.

Another factor is the health of the seniors in each community. The former municipality of Hamilton has many senior-specific housing options, but in that part of the city the senior population is still younger than some other areas of the city. The Hamilton Spectator’s Code Red series showed that the average age of death was much lower in many neighbourhoods within this community. Poverty is a major determinant of health, and as will be shown in later chapters, the Community of Hamilton has much higher poverty rates than the rest of the city, which can lead to poorer health. This may help to explain in part why the Community of Hamilton doesn’t have as high a proportion of seniors reaching age 85 as compared to other wealthier parts of the city.
Chart 4. Seniors and older adults, Communities within the City of Hamilton, 2006 Census

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Ancaster</th>
<th>Dundas</th>
<th>Flamborough</th>
<th>Glanbrook</th>
<th>Hamilton</th>
<th>Stoney Creek</th>
</tr>
</thead>
<tbody>
<tr>
<td>55 to 59 years</td>
<td>2,335</td>
<td>1,760</td>
<td>2,560</td>
<td>1,090</td>
<td>19,795</td>
<td>4,275</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>1,665</td>
<td>1,395</td>
<td>2,085</td>
<td>995</td>
<td>14,995</td>
<td>3,135</td>
</tr>
<tr>
<td>65 to 69 years</td>
<td>1,230</td>
<td>1,050</td>
<td>1,405</td>
<td>840</td>
<td>12,835</td>
<td>2,435</td>
</tr>
<tr>
<td>70 to 74 years</td>
<td>960</td>
<td>990</td>
<td>1,200</td>
<td>820</td>
<td>11,915</td>
<td>1,975</td>
</tr>
<tr>
<td>75 to 79 years</td>
<td>955</td>
<td>965</td>
<td>910</td>
<td>590</td>
<td>11,170</td>
<td>1,645</td>
</tr>
<tr>
<td>80 to 84 years</td>
<td>795</td>
<td>840</td>
<td>590</td>
<td>370</td>
<td>8,660</td>
<td>1,350</td>
</tr>
<tr>
<td>85 years and over</td>
<td>715</td>
<td>725</td>
<td>365</td>
<td>155</td>
<td>6,015</td>
<td>1,005</td>
</tr>
<tr>
<td>Total Seniors (65 years and over)</td>
<td>4,655</td>
<td>4,570</td>
<td>4,490</td>
<td>2,775</td>
<td>50,595</td>
<td>8,410</td>
</tr>
</tbody>
</table>
4.0 MARITAL STATUS AND LIVING ARRANGEMENTS

Due to their age, seniors have differences in marital status as compared to the general population (Chart 5). More Hamilton seniors are legally married (58%) than the overall Hamilton population over age 15 (50%). The second most common marital status among the senior population is widowed with 30% of seniors in this category. There is almost four times the percentage of widowed seniors compared to the percentage of widowed from the general population. This is a significant group because many of the widowed seniors are living alone and may also be dependent on other family members and/or social support services. Over one third of the general population has never been married while 4% of Hamilton seniors have never been married.

Chart 5. Seniors and older adults, Communities within the City of Hamilton, 2006 Census

The number of seniors who live in collective dwellings such as long-term care facilities (or other residences where significant assistance is provided to residents) increases substantially with age (Chart 6). While approximately 750 Hamilton seniors between ages 65 and 74 live in collective dwellings, just under 2,500 seniors aged 85 and older do so. As a percentage of the entire senior population this represents 2% of young seniors, climbing to 30% of the 85 years and above age group who live in collective dwellings. There is a large gender gap in the collective dwelling population, with more than twice as many senior women living in collective dwellings as senior men.
Among seniors who live in private dwellings, more seniors live alone than the overall general population in Hamilton. 29% of Hamilton seniors and 10% of the overall general population live on their own (Chart 7). Although the majority of seniors live with relatives (most often their spouses), there are more people among the general population who live with relatives. 65% of Hamilton seniors and 85% of the overall general population live with relatives. A very small portion of Hamilton seniors live with non-relatives: 1% of Hamilton seniors and 2% of the overall general population. While this is a small number of seniors (approximately 810), many are among the city’s most vulnerable. Service providers have indicated that a common situation in this group is seniors who have no family support and live in rooms rented by a live-in landlord. Because they are not self-contained units as in a traditional a rooming house, they are considered “roommates” and are not afforded any protection under the Landlord and Tenant Act.

Chart 6. Seniors living in collective dwellings, City of Hamilton, 2006 Census

Chart 7. Living arrangement of seniors and overall population, City of Hamilton, 2006 Census
As Chart 8 illustrates, the likelihood of living alone increases substantially with age. While 21% of Hamilton seniors aged 65 to 74 live alone, this rises to almost half of seniors aged 85 and older (among those still living independently, i.e. not in collective dwellings like nursing homes). There is a large gender gap with women about twice as likely as men to be living alone in all age groups.

Chart 8.  Seniors living alone as a proportion of seniors living in private dwellings, by sex and age groups, City of Hamilton, 2006 Census

Seniors living alone generally have less access to support if they face illness or disability compared to seniors living with a spouse, with family or in institutional care\(^2\). Hamilton’s rate of seniors living alone (29%) is in the mid-range of comparable cities, but both above the Ontario and Canadian rates (Chart 9). The number of seniors living alone in Hamilton has grown by over 1,000 persons since 1996, but this is a slower growth rate than the overall senior population growth.
The distribution of seniors living alone in Hamilton by neighbourhood (map on page 12) shows a very different picture than the distribution of the overall senior population in Hamilton (map on page 4). A large number of seniors living alone clearly live in and around the downtown core. The East mountain north of the Lincoln Alexander Expressway could be considered another concentrated node of seniors living alone. While there are many neighbourhoods in Hamilton’s suburban neighbourhoods with very high rates of seniors living alone, the actual number of seniors this represents is very small. Downtown Hamilton has such a large proportion of the city’s seniors living alone because housing is more affordable and appropriate for single seniors. Downtown Hamilton and surrounding neighbourhoods have many apartments buildings, a housing type preferred by many seniors due to elevators and no stairs within units (unlike typical homes in suburban neighbourhoods). Downtown Hamilton also has much better transit service than suburban neighbourhoods, which is preferred by single seniors, since their more limited income means that they may not be able to afford a car, compared to their counterparts who are still living with a spouse.
5.0 IMMIGRATION, CULTURAL AND LINGUISTIC DIVERSITY

Almost half of Hamilton seniors were born abroad and immigrated to Canada at different time periods (Chart 10). Among Hamilton adults aged 55 to 64, 39% was born outside Canada. Seniors aged 65 to 74 have the largest proportion of immigrants (48%). 45% of seniors aged 75 and over were born outside of Canada.

**Chart 10.** Immigration status of older adults, City of Hamilton, 2006 Census

Among Hamilton seniors not born in Canada, the time period that they arrived in Canada is related to their age (Chart 11). These trends reflect that many immigrants came to Canada as young adults. More than 7 in 10 immigrant seniors in Hamilton aged 75 and over immigrated before 1961, compared to 42% of 65 to 74 year olds and 35% of 55 to 64 year olds. The economic and social outcomes of immigrants from the 1950s, 1960s and 1970s have generally been even better than the same aged Canadian born counterparts. On the other hand, the evidence is that more recent newcomers to Canada are not being included in the same way in the mainstream of Canada’s economy and society than previous cohorts of immigrants\(^3\).

While recent immigrants a relatively small group within Hamilton’s senior immigrants, they are still over 1,400 people aged 65 and over who immigrated after 1991. These seniors would face extra challenges with regards to issues such as proficiency in English and being eligible for fewer income benefits (discussed in section 7.2). The federal government recently announced that family class immigration will be reduced, so there may be many fewer older recent immigrants coming to Hamilton in the next few years.


Chart 11. Period of immigration, older adults who immigrated to Canada, City of Hamilton, 2006 Census

The composition of Hamilton’s senior immigrant population is a reflection of global immigration patterns and Canadian immigration policies gave preferential access to European immigrants for much of the 20th century. The majority of Hamilton’s immigrant senior population was born in Europe, although in decreasing proportions among the younger age groups (Chart 12). Immigration from Asia to Canada is a more recent phenomenon. A smaller proportion of seniors were born in Asian countries, ranging from 6% in the 75 and older age group to 14% among adults aged 55 to 64.

Chart 12. Region of birth of immigrant older adults, City of Hamilton, 2006 Census

Reflecting in part the immigration patterns seen above, fewer seniors identify as visible minorities than does the overall population. However, ethno-cultural diversity is increasing within the senior population. 9% of Hamilton adults aged 55 to 64 years come from racialized backgrounds, compared to 8% of seniors aged 65 to 74 and 4% of seniors aged 75 and older (Chart 13).
Although many seniors speak other languages in their homes, the majority of Hamilton seniors speak English (Chart 14). English as a language spoken at home is slightly more common among Hamilton seniors (79%) than among Ontario seniors (77%). But the proportion of non-official languages spoken at home in Hamilton is larger among seniors (19%) than the general population (13%). Italian is the second most frequent language spoken at home among Hamilton seniors. More seniors mainly speak Italian at home in Hamilton (7%) than in Ontario (4%).
There are some Hamilton seniors and Ontario seniors who do not speak English at all. In Hamilton among the general population, 2% of citizens do not speak any English (Chart 15). Among seniors in both Hamilton and Ontario the amount more than doubles, with 5% of Hamilton seniors and 6% of Ontario seniors reporting not speaking any English. In Hamilton, this is a total of approximately 3,600 seniors, of which 2 in 3 are women. The poverty rate among seniors who don't speak English is higher than the general population of seniors in Hamilton (26% vs. 17%).

Chart 15. Persons who don’t speak English, City of Hamilton and Ontario, 2006 Census
6.0 EDUCATION AND LABOUR FORCE PARTICPATION

One of the major social changes between the pre-war and post-war generations has been the value and accessibility of education. Before the baby boomer era, post-secondary education was much less common. Among older Hamilton seniors, there are much lower rates of education past high school than in younger seniors and older adults (Chart 16). Half of the oldest seniors in Hamilton (aged 75 and above) have not completed high school, compared to just over a quarter of persons aged 55 to 64. Conversely, 20% of Hamilton's older adults aged 55-64 have a university education, compared to 9% of seniors aged 75 and over.

Chart 16. Education level of seniors, City of Hamilton, 2006 Census

Although the traditional age of retirement is 65, many seniors continue to work past this age. In Hamilton, 17% of seniors aged 65-74 work, split almost evenly between full-time and part time workers (Chart 17). Only 4% of Hamilton's seniors aged 75 and over are working.

Chart 17. Young seniors (aged 65-74) in labour force, City of Hamilton, 2006 Census
Chart 18 shows seniors aged 65 to 74 who did or did not work in 2005, by the level of education they have attained. The difference between the number of working seniors and nonworking seniors shrinks with increasing education. Among seniors in the 65-74 age group with a university certificate or degree, 36% were employed in 2005, 22% of this age group with college education were employed, 19% of seniors with trades training were employed, 16% of seniors with high school education were employed, and 11% of seniors with no certificate were employed. Because the rate of working seniors increases with education but the number of seniors with higher education gets smaller, this results in the number of working seniors being almost even among each educational category with each major category having between 900-1,775 seniors aged 65-74 working in 2005.

**Chart 18. Number of workers aged 65-74 by level of education, City of Hamilton, 2006 Census**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Worked in 2005</th>
<th>Did not work in 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>University certificate or degree</td>
<td>1,220</td>
<td>2,195</td>
</tr>
<tr>
<td>University certificate or diploma below bachelor level</td>
<td>350</td>
<td>800</td>
</tr>
<tr>
<td>College, CEGEP or other non-university certificate or diploma</td>
<td>900</td>
<td>3,275</td>
</tr>
<tr>
<td>Apprenticeship or trades certificate or diploma</td>
<td>950</td>
<td>4,185</td>
</tr>
<tr>
<td>High school certificate or equivalent</td>
<td>1,170</td>
<td>6,055</td>
</tr>
<tr>
<td>No certificate, diploma or degree</td>
<td>1,775</td>
<td>13,970</td>
</tr>
</tbody>
</table>

The motivations for continuing to work beyond age 65 may also vary depending on the education level. Since education is highly correlated to income, it would be expected that most seniors with high school or less education are continuing to work past age 65 because they cannot afford to retire. Even though many could afford to retire, working seniors with a university education may continue to work perhaps because they enjoy the work and/or their sense of identity is related to their occupation and they chose to continue that part of their life.

**6.1 Seniors Providing Unpaid Child Care**

While most older adults retire from the paid labour market around age 65, many continue to be active participants in the unpaid labour market. There are significant numbers of Hamilton seniors and older adults who provide unpaid child care beyond occasional babysitting. In total, 6,660 seniors in Hamilton provided at least five hours of unpaid childcare per week in 2006, with an additional 9,045 adults between 55-64 who did the same (Chart 19). Within this group, there were more than 3,000 Hamiltonians aged 55 and older who provided more than 30 hours of unpaid childcare per week, the equivalent of a full-time job. Data to further understand the characteristics of the seniors providing unpaid childcare were not available at the time of publication of this report, but conversations with service providers indicate that many of these seniors would be from newcomer communities.
Chart 19. Older adults providing unpaid childcare, by age and number of hours per week, City of Hamilton, 2006 Census

Women are more likely than men to be providing unpaid childcare, in all age groups including among seniors. The gender gap illustrated in Chart 20 shows that older women are about twice as likely as older men to be providing unpaid childcare.

Chart 20. Older adults (aged 55 and over) providing unpaid childcare, by gender and number of hours per week, City of Hamilton, 2006 Census

The value of all this unpaid childcare provided by seniors’ is enormous to Hamilton’s economy. If these hours were paid a minimum wage (currently $10.25), the value of older adults’ childcare services would be over $140 million dollars per year (Chart 21). If the children being cared for by seniors were instead cared for in licensed childcare centres, Hamilton families would have to spend over $72 million per year to gain the equivalent hours of childcare (using an average rate of $40 per day). These figures exclude the hours that older adults spend doing casual babysitting (persons spending five or fewer hours per week providing unpaid childcare). If only seniors unpaid labour is examined (excluding older adults aged 55 to 64), the value at minimum wage would be just under $60 million per year and the equivalent value in childcare spaces would be just over $30 million per year.
Chart 21. Annual economic value of older adults unpaid childcare (aged 55 and over), City of Hamilton

Calculations based on hours of unpaid childcare from the 2006 Census.

The map of seniors (over age 65) providing more than five hours per week of childcare (page 21) shows that the most of the neighbourhoods with the higher proportions of seniors providing this service for the children in their lives are in the suburbs. While the proportion of seniors providing unpaid childcare is lower in the lower city, there are still large number of seniors in some lower city neighbourhoods providing this service especially in the downtown area and in East Hamilton between the Red Hill valley and Stoney Creek.
7.0 INCOMES AND POVERTY

7.1 Seniors’ Incomes

Hamilton seniors’ income levels are similar to Ontario seniors’ income levels (Chart 22). The most common income bracket for seniors is $15,000 to $19,999, with 20% of Hamilton seniors and 19% of Ontario seniors in this category. There is however a larger proportion of seniors who earn a higher income in Ontario than in Hamilton. Not surprisingly Hamilton seniors’ income levels differ from the city’s overall general population. The general population has more people both at the bottom and top ends of the income brackets, while seniors’ incomes are more concentrated.

Chart 22. Individual income of seniors, City of Hamilton and Ontario, 2006 Census

The income distribution in Chart 23 shows that there are fewer low income senior men and more middle income senior men in Hamilton than in Ontario. This would likely be due to the relative prosperity of Hamilton during the height of the post-war economy until the 1980s and 1990s, an economy that employed many of Hamilton's male labour force and provided those workers with pensions that are enough to lift them out of poverty, as compared to the average Ontario male senior. In the very highest incomes however, Ontario senior men are more represented than Hamilton senior men. For example, 14% of Ontario senior men earned $60,000 or more in 2005, compared to 10% of Hamilton senior men.
Chart 23. Individual Income among senior men, City of Hamilton and Ontario, 2006 Census

Chart 24 shows that the profile of Hamilton and Ontario senior women is more similar than that of their male counterparts. There are also many more senior women in lower income brackets than men. 56% of Hamilton senior women (and 57% of Ontario senior women) earn less than $20,000 per year, compared to 25% of Hamilton senior men (and 29% of Ontario senior men).

Chart 24. Individual Income among senior women, City of Hamilton and Ontario, 2006 Census

More than double the amount of Hamilton senior men earn $60,000 annually than Hamilton senior women, with only 4% of senior women earning this income level compared to 10% of Hamilton senior men (Chart 25). In contrast, senior women are much more likely to earn less than $15,000 per year.
The largest portion of seniors’ income is retirement pensions and annuities (from insurance or RRSPs for example) (Chart 26) and this represents a larger share of seniors’ income in the Hamilton CMA\(^4\) than in Ontario (36%) The public pension system, the Canadian Pension Plan, also accounts for a larger share of seniors’ income in the Hamilton CMA than Ontario.

Another way to better understand seniors’ sources of income is by examining how many seniors receive different sources of income. Chart 27 examines this data by gender, and shows that more of Hamilton’s senior men than women receive CPP, income from pensions and annuities (most often from RRSPs) and employment income.

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\(^4\) The Hamilton Census Metropolitan Area (CMA) includes Hamilton, Burlington and Grimsby.
7.2 Income security programs for seniors

Seniors across Canada rely on three main forms of income security: Old Age Security Pensions, Guaranteed Income Supplements and the Canadian Pension Plan. The details and qualifications for the programs are discussed below.

7.2.1. Old Age Security Pension

Seniors must apply to receive the Old Age Security Pension. This pension is available to nearly all seniors regardless of their previous employment history. In order to qualify for at least a partial OAS pension, seniors must be over the age of 65, and be Canadian citizens or permanent residents. Payments are made on a monthly basis and a senior can receive it even if she or he is still employed. The amount of money calculated for the applicant is determined by how long the senior has lived in Canada. Seniors must have Canadian citizen status for a minimum of ten years in order to meet eligibility requirements. In order to receive the partial amount of the pension, the applicant needs to have lived in Canada for a minimum of ten years. In order to receive the maximum amount, the applicant must have lived in Canada for 40 years or more. This means that many immigrant seniors may not qualify for a full OAS pension. For example, a senior who moved to Canada in 1980 at the age of 35 would be eligible for 75% of the maximum amount at the age of 65 in 2010, as they have only been in Canada for 30 years of the 40 years that is required for a full OAS pension.

Chart 27. Proportion seniors who receive different types of income and mean incomes for each source, by gender, City of Hamilton, 2006 Census

With Old Age Security pensions and Guaranteed Income Supplement

With Canada/Quebec Pension Plan benefits

With other government income

With employment income

With retirement pensions, superannuation and annuities

Senior Men

Senior Women
7.2.2 Guaranteed Income Supplement

The Guaranteed Income Supplement is an income support program designed for low-income seniors. The income amount is added to the Old Age Security pension for individuals who qualify. To meet eligibility requirements, seniors must be over the age of 65 and must have a low income. When calculating eligibility for this program, Old Age Security pension does not count as an income source. Income and marital status are the two factors that largely determine an applicant’s eligibility.

In the 2011 federal election, senior poverty was an important election issue, with all the major parties vowing varying degrees of improvements to the GIS benefit rates. The budget passed in June 2011 did increase the GIS rates by $600 per year for seniors. Table 1, provides the maximum benefits available to seniors under the GIS and OAS programs. Even with the recent increases to GIS rates, the total income of seniors who rely solely on OAS and GIS falls well below the poverty line (see Chapter 1 for details on poverty line used in this report).

Even for seniors who have additional income though the CPP or a private pension for example, the "clawback" of GIS, means that for every dollar of additional income, their GIS benefit is reduced by 50 cents and their taxes go up by 25 cents. If the senior’s annual income (excluding OAS pension) exceeds $16,176, then the senior does not qualify for the Guaranteed Income Supplement at all.

Table 1. Maximum benefit rates for a single seniors: OAS and GIS (2011)

<table>
<thead>
<tr>
<th>Type of Benefit</th>
<th>Maximum Benefit (Monthly)</th>
<th>Maximum Benefit (Annually)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Age Security</td>
<td>$533.70</td>
<td>$6,404.40</td>
</tr>
<tr>
<td>Guaranteed Income Supplement</td>
<td>$723.65</td>
<td>$8,683.80</td>
</tr>
<tr>
<td>Total Maximum Income (Annual) for Both:</td>
<td>$15,088.20</td>
<td></td>
</tr>
</tbody>
</table>

7.2.3 Canadian Pension Plan (CPP)

By contributing to the Canadian Pension Plan (CPP) through regular employment, seniors become eligible for this program after retirement. The amount contributed to the CPP is based on the length of time and amount of earnings which determines the seniors’ eligibility and monthly payment amount from the CPP. The more an applicant earns and contributes to the CPP, the higher the benefit the applicant will receive, up to the maximum benefit rates. Table 2 shows that the average CPP payment is only $6,149 per year, and the maximum CPP retirement pension a senior can receive is $11,520. (Disability pensions are slightly higher.) Because CPP benefits are so low and even combined with OAS and GIS, keep many seniors living on incomes below the poverty line, many groups have been advocating for changes to the CPP. For example, the Canadian Labour Congress among others is calling for an improved CPP system with gradual changes that would eventually see the doubling of CPP benefit rates.

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Table 2. Canada Pension Plan Payment Rates, single person (2011)\(^7\)

<table>
<thead>
<tr>
<th>Type of benefit</th>
<th>Average Monthly Benefit</th>
<th>Maximum Monthly Benefit</th>
<th>Average Annual Benefit</th>
<th>Maximum Annual Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement pension</td>
<td>$512.38</td>
<td>$960</td>
<td>$6,148.56</td>
<td>$11,520</td>
</tr>
</tbody>
</table>

7.3 Seniors and Poverty

Since the 1960s there has been a steady decline in the proportion of Canadian seniors who live in poverty due to the introduction and maturation of income security programs, specifically the Old Age Security, Guaranteed Income Supplement and the Canada Pension Plan. Another element that has improved poverty rates among seniors in Canada has been the increasing participation of women in the labour force over the last decades, which has given them greater access to the CPP in their retirement years. In fact, seniors are the only group in Canada that have seen any significant improvement in their poverty rates. This shows how changes to improve the income security system are an important policy instrument for any poverty reduction strategy.

One of the main findings from the SPRC’s most recent *Incomes and Poverty* report was that the senior poverty rate decreased between the 2001 and 2006 census (from 24% to 17%). There was also a corresponding decrease of 4,000 fewer seniors living in poverty in Hamilton. While the census is a high quality, detailed source of data, it can only give snapshots of situations every five years. To examine a year over year trend in incomes and poverty rates and to understand what trends have occurred since the last census, data from Statistics Canada’s Survey of Labour and Income Dynamics (SLID) can be used to deepen the analysis.

Before examining the SLID data on the following graphs, it is important to note the limitations of this dataset. While SLID data are available much more frequently than a census, SLID data are much less reliable than the census at the city level, mainly because it is a limited survey (conducted by phone) and not an exhaustive count like a census. For the Hamilton Census Metropolitan Area (which includes Burlington and Grimsby), approximately 1,000 households are included in the SLID, compared to close to 40,000 households in the City of Hamilton who filled out the long form census in 2006 from which poverty rates are derived. The small size of the SLID for the Hamilton CMA means there is a great deal of variability in year over year data, especially for subgroups such as seniors. The variability is most likely due to sampling error, and so the data is not a true representation of the exact poverty level in any given year. To reduce the variability of the data and to show the overall historical trend, a three-year moving average function was applied to the data in Charts 28 and 29. Due to these limitations, SLID data should only be used to understand the general trend in income and poverty rates. For specific poverty rates the census is a more reliable data source.

While the Hamilton CMA has seen similar improvements in the senior poverty rate as Ontario in the last decades, the rate of poverty in the Hamilton CMA has consistently had a higher poverty rate than Ontario (Chart 28). However, in the last decade the gap between Hamilton and Ontario seniors’ poverty

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rate seems to have been increasing. Although Ontario senior poverty rate continue to decline, Hamilton’s senior poverty has not had any significant change in the last 10 years.

**Chart 28.** Percentage of seniors living below the poverty level, Hamilton CMA, 1976-2008, Survey of Labour and Income Dynamics (Statistics Canada)

[Chart showing percentage of seniors living below the poverty level in Ontario and Hamilton CMA (3 year moving average) from 1976 to 2008]

In contrast to the improvement in the senior poverty rate in the last decades, the number of seniors in the Hamilton CMA living in poverty has not declined to the same extent (Chart 29). From 1976 to 1999, there was a general downward trend from close to 25,000 seniors living in poverty down to just over 15,000. Between 1999 and 2002 there was a substantial increase in the number of seniors living in poverty, followed by slight decline until about 2006. (This is the decline that was analyzed in the SPRC’s most recent *Incomes and Poverty in Hamilton* report.) But since the last census, the number of seniors living in poverty has stagnated, and perhaps increased slightly. This is due in part to the increasing size of the senior population.

If the trend in Chart 28 of stagnation of senior poverty rates in Hamilton continues, the number of seniors living in poverty will be increasing steadily in the next two decades as the population ages and the senior population increases.

**Chart 29.** Number of seniors living on incomes below the poverty line (3 year moving average), Hamilton CMA, 1976-2008, Survey of Labour and Income Dynamics (Statistics Canada)

[Chart showing number of seniors living on incomes below the poverty line in thousands from 1976 to 2008]
Another finding of the SPRC’s most recent Incomes and Poverty report was that the senior poverty rate was slightly lower than the poverty rate for the general Hamilton population (17% vs. 18%). But when different groups within the senior population are examined, it is evident that some seniors have much higher poverty rates.

Chart 30 shows that the gender gap between senior women and men is substantial, with 22% of senior women living in poverty, compared to 10% of senior men. The gender gap of 12 percentage points among seniors is much higher than the gender gap in the general Hamilton population (4 percentage point difference between male and female poverty rates). In fact, of all the groups analyzed in the SPRC’s most recent Women and Poverty in Hamilton report, seniors has the largest gender gap in poverty rates. Chart 30 also shows that senior women in Hamilton have a much higher poverty rate than the average for Ontario senior women (22% vs. 15%). The rate among senior men was almost the same for Hamilton (10%) and Ontario (8%).

Other senior groups with high poverty rates are older seniors, unattached individuals, Aboriginals, visible minorities and newcomer immigrants (arriving after 1991). Immigrants who arrived to Canada before 1991 and living in Hamilton have a slightly lower poverty rate than the average Hamilton senior (16% vs. 17%).

Chart 30. Senior poverty rates, by selected groups, City of Hamilton and Ontario, 2006 Census

Poverty rates also vary by age and by communities of residence within the city. Older seniors generally have much higher poverty rates than younger seniors (Chart 31). The exceptions are that in some areas of the city, senior men’s poverty rates decrease with age. This may be a reflection that the older cohort of male seniors would have retired in the 1990s, and may not have been impacted by that decade’s recession in their later working years as much as the workers just 10 years younger than them.
The poverty rates also vary dramatically among the city’s communities (Chart 31). The highest poverty rates for all ages and genders are in the old city of Hamilton. Dundas and Stoney Creek also have many seniors living in poverty.
The map on page 32 illustrates the distribution of senior poverty in Hamilton’s lower city. Most neighbourhoods in Hamilton’s lower city have higher than average poverty rates, with especially high rates north of Main between Highway 403 and Gage Avenue. In addition, there are many neighbourhoods in Dundas and the Mountain with high rates of senior poverty, but the numbers of seniors this represents is smaller than in many of the lower city neighbourhoods.
A Profile of Vulnerable Seniors in Hamilton
Social Planning and Research Council of Hamilton - September 2011

Seniors Living in Poverty
City of Hamilton
by Planning Units (Neighbourhoods)

Data Source:
2006 Census of Canada, Statistics Canada
8.0 HOUSING

8.1 Housing characteristics of seniors in Hamilton

In both Hamilton and Ontario, there are relatively few senior families and unattached seniors living in homes that require repairs (Chart 32). Slightly higher proportions of both senior families and unattached seniors rent their homes in Hamilton than in Ontario. Among single seniors who are renting, the rate of poverty climbs to 57% in Hamilton, compared to an average poverty rate of 44% for single seniors in Ontario. Hamilton senior families who are renting have a lower poverty rate than the provincial average (15% vs. 17%). Within the two categories of vulnerable owners, again single seniors, especially Hamilton singles, have more challenges than senior families.

Chart 32. Proportion of seniors by selected housing characteristics and family status, City of Hamilton and Ontario, 2006 Census

Within the most vulnerable group, single seniors, Chart 33 shows the actual number of seniors who are in each housing category. Over 5,000 single seniors in Hamilton are renters living in poverty, and a further 3,775 are single owners living in poverty.
As seniors age, they are less likely to live in ground-oriented housing (such as semi- or fully-detached homes, row houses of townhouses) and more likely to live in apartment buildings (Chart 34).

**8.2 Independent Living Communities**

Many seniors chose to live in housing that is more suited to their needs and that can offer more social opportunities with their peers and services to help with their activities of daily living. There are approximately 30 different private seniors' residences for older adults across Hamilton. The cost of living in these buildings is much higher than regular housing, and takes up a large portion of many seniors' limited incomes. Part of the increased cost is due to having meals served and some limited health care on site. A survey of the prices of seniors' residences Table 3 shows that the cost of living in these communities is very high compared to seniors' median income.
Table 3. Sample of monthly prices for retirement residences in Hamilton, compared to seniors median incomes

| Monthly price | 
| --- | --- |
| Lowest price units | $1,850 - $2,620 |
| Highest price units | $2,304 - $3,995 |
| Median monthly income for seniors in Hamilton (2006 Census) | 
| Women | $1,545 |
| Men | $2,437 |

8.3 Long-Term Care Facilities

For seniors (and other adults) who need more services than they can receive at home, long term care (also known as nursing homes) is another housing option. According to the Ontario Ministry of Health and Long-Term Care there are three different types of organizations predominately providing long-term care: homes which are operated by private corporations; homes for seniors owned by municipalities; and charitable homes owned by non-profit corporations, such as faith, community and ethnic or cultural groups.

Long-term care fees are arranged according to whether or not it is “Preferred Accommodation” or “Basic or Standard Accommodation.” All long-term care homes offer 24-hour supervision and nursing care. The Ministry of Health and Long-Term provides funding for the homes and the resident makes co-payments for this type of accommodation. Costs depend on whether the resident is staying for a long or short term. Long-term care is an indefinite period of time; short stay is a maximum of 90 days. Short stay respite services provides a caregiver with a break or the resident may be in need of more supportive care for some reason, usually after spending time in the hospital.

Seniors are able to choose the top three homes in which they would like to live and the Community Care Access Centres (CCAC) (regional agencies funded by the Ministry of Health and Long-term Care) co-ordinate the application process. If the facility can adequately meet the needs of the senior, their name is added to the waiting list which the CCAC manages. The CCAC contacts the applicant when a bed is available.

Accommodation co-payment rates are set by the Ministry of Health and Long-Term Care (Table 4). “The province pays for care and related programs and services, approximately two-thirds of the total cost and the resident makes a contribution to room and board type services through a co-payment, approximately one-third of the total cost” (Ontario Long-Term Care Association, 2011). “The 65/35 percentage division of funding is based on an average estimated co-payment rate. Homes receive a combined total of $147.77 per day for each resident). With rate reduction eligibilities, the daily basic rate paid by an individual resident can range from $34.63 to $53.23. This does not include preferred accommodation” (Ontario Long-Term Care Association, 2011).
### Table 4. Rates for long-term care, Ontario, 2011

<table>
<thead>
<tr>
<th>TYPE OF ACCOMMODATION</th>
<th>CO-PAYMENT DAILY AMOUNT</th>
<th>CO-PAYMENT MONTHLY AMOUNT (35% of Total Costs)</th>
<th>GOVERNMENT CONTRIBUTIONS (65% of Total Costs)</th>
<th>TOTAL COST OF LONG TERM CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LONG-STAY PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic or standard accommodation</td>
<td>Various styles (Depending on when the home was constructed or renovated)</td>
<td>$53.23</td>
<td>$1,619</td>
<td>$3,006</td>
</tr>
<tr>
<td>Preferred accommodation</td>
<td>Semi-private room</td>
<td>$61.23 (Basic plus a maximum of $8.00)</td>
<td>$1,862</td>
<td>$3,458</td>
</tr>
<tr>
<td>Preferred accommodation</td>
<td>Private room</td>
<td>$71.23 (Basic plus a maximum of $18.00)</td>
<td>$2,167</td>
<td>$4,023</td>
</tr>
<tr>
<td><strong>SHORT-STAY PROGRAM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$34.63 per day</td>
<td>$1,053</td>
<td>$1,956</td>
</tr>
</tbody>
</table>

Additional subsidies available for low income seniors who need to live in a long-term care facility.

If a senior is unable to make co-payments, the provincial government provides subsidies to those in need. Subsidies are only available for basic accommodation.

CCAC coordinators provide new residents with rate reduction information prior to their admission. If a resident wishes to apply for a rate reduction while already living in a LTC home, they may ask the facility’s staff for information on the application process.
The rate reduction is calculated by dividing the applicant’s annual net income by 12. The comfort allowance and dependent deduction are subtracted from this amount (Ministry of Health and Long-Term Care, 2011). The comfort allowance allows seniors to keep a maximum of $130 per month of their income for items such as “hair care, clothing, transportation, hearing aids, books, gifts, foot care, dental care and drugs” (Ontario Long-Term Care Association, 2011). For senior residents who have their spouse or a child financially dependent on them, the dependent deduction permits them to retain more of their income for their financial dependents, while still receiving a subsidy for their own long-term care co-payment.
9.0 HEALTH

9.1 Overall health

Seniors have lower rates of perceiving their health to be excellent or very good as compared to the general population (Chart 35). Hamilton seniors, though, perceive their health to be better than the average for seniors across Ontario. Forty seven percent (47%) of seniors in Hamilton perceived their health to be very good or excellent compared to 38% for Ontario seniors.

**Chart 35.** Excellent or very good self-reported health of seniors and overall population, City of Hamilton and Ontario, Canadian Community Health Survey, 2007

Seniors also report lower rates of excellent or very good perceived mental health as compared to the general population (Chart 37). Hamilton seniors, though, have better self-perceptions of their mental health than Ontario seniors. In Hamilton 68% of seniors reported their mental health status as very good or excellent, with 63% of Ontario seniors reporting positive mental health. Hamilton seniors positive perceptions regarding mental health was less than what the general population in Hamilton reported, with 73% of the total population (12 and over) perceiving their mental health as good or excellent.
While fewer seniors report positive mental health than the overall population, self-reported life stress as “quite a lot” is much lower among seniors than among the general population (Chart 37). In both Hamilton and Ontario 22% of the overall population (15 and over) perceive their life as stressful. Seniors in Hamilton perceive their life to be less stressful than the rest of the population and other seniors across Ontario, with 9% of Hamiltonian seniors perceiving their life as quite stressful, compared with 11% of Ontario seniors.

9.2 Chronic conditions

In Hamilton 20% of the general population is currently living with arthritis, compared to 16% of Ontarians. The rates of seniors living with arthritis in Ontario and Hamilton are similar, with 46% of
Ontario seniors living with arthritis compared to 45% of Hamilton seniors (Chart 38). In both Ontario and Hamilton more senior women suffer from arthritis than men.

**Chart 38.** Self-reported seniors’ chronic health problems, City of Hamilton and Ontario, Canadian Community Health Survey (2007)

Among the general population, 5% of Hamiltonians and 6% of Ontarians report suffering from diabetes. Among Hamilton’s seniors, 12% report having diabetes, compared to 17% of Ontario seniors. The rates are higher among men than women.

The overall population in Hamilton experience high rates of high blood pressure, with 20% of the population reporting the disease, compared to 16% of the general population in Ontario. Seniors report high blood pressure at higher rates than the rest of the population, with 51% of Hamilton seniors self-reporting the condition and 43% of Ontario seniors. In both Hamilton and Ontario, more senior women report high blood pressure than senior men.

The rate of persons reporting pain or discomfort that prevents activities is slightly higher among Hamilton’s seniors than in the general population (Chart 39). The rate of pain among seniors in Hamilton is lower than among Ontario seniors (15% vs. 21%). Sixty three percent (63%) of seniors in Hamilton state they sometimes or often have activity limitations, compared to 41% of Hamilton’s general population. The activity limitation rate is higher among Hamilton’s seniors than for seniors in Ontario (63% vs. 57%).
Chart 39. Severe and moderate pain and pain that presents activity limitations of seniors and overall population, City of Hamilton, Canadian Community Health Survey (2007)

9.3 Diet and Exercise

Seniors in Hamilton report that they eat five or more servings of fruits and vegetables per day than do seniors in Ontario (50% vs. 42%) (Chart 40). Yet seniors in Hamilton are more likely to report themselves as overweight or obese as compared to Ontario seniors (60% vs. 53%). Seniors in Hamilton and Ontario report similar rates of moderate physical exercise. A further analysis shows that seniors in Hamilton report a more nutritious diet than does the general Hamilton population (50% vs. 43%), but less moderate exercise (41% vs. 51%) and that more Hamilton seniors consider themselves to be overweight or obese than the general Hamilton population (60% vs. 56%). A breakdown by gender shows that Hamilton's senior women report eating a healthier diet and less likely to be overweight or obese than seniors men, but that senior women get less exercise.

Chart 40. Seniors' diet and exercise, City of Hamilton and Ontario, Canadian Community Health Survey (2007)
9.4 Health Care System Usage

The Institute for Clinical Evaluative Studies recently published *Aging in Ontario: An ICES Chartbook of Health Services Use by Older Adults - Local Health Integration Network Report: Hamilton Niagara Haldimand Brant*. This report presents data about seniors' use of emergency rooms, hospitals, and waiting list times for long term care and home care. The data is presented by sub-LHIN areas, which for Hamilton are: Ancaster, Dundas, Flamborough, Glanbrook, Hamilton Urban Core (known more commonly as Hamilton's lower city), Hamilton Outer Core (same as Hamilton mountain) and Stoney Creek.

9.5 Emergency room visits

The rates of emergency visits by seniors are highest in Hamilton's lower city and Stoney Creek (Chart 3.1b). The poverty section of this report showed that seniors living in the Community of Hamilton and Stoney Creek have the highest rates of poverty. The Hamilton Code Red series showed that rates of emergency department use are highest in neighbourhoods with high poverty rates.

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8 Available at: [http://www.ices.on.ca/file/LHIN%20Report%20HNHB%20Feb11.pdf](http://www.ices.on.ca/file/LHIN%20Report%20HNHB%20Feb11.pdf)
Within the City of Hamilton, the Community of Dundas has the highest rate of falls by seniors requiring a trip to the emergency room (Chart 3.3b). Since the incidence of falls increase with age, the high rate in Dundas may be due to a larger proportion of older seniors in Dundas, due in part to one of Ontario's largest nursing homes, St. Joseph’s Villa being located there. The other area with above average rate of falls is Hamilton's lower city. While Chart 2 earlier in this report showed that the community of Hamilton has the lowest proportion of older seniors among the city's six former municipalities, the high rate of poverty in this area would make seniors also at a higher risk of falls.

### 3.3b Rates of emergency department visits by seniors for fall-related injuries, in Hamilton Niagara Haldimand Brant and by Local Health Integration Network sub-unit, 2008/09

[Chart showing rates of emergency department visits by seniors for fall-related injuries by Local Health Integration Network sub-unit in Hamilton Niagara Haldimand Brant.]

### 9.6 Hospital and long-term care

While the province has adopted "Aging at Home" as a primary strategy to reduce the need for institutional care, there are many times that seniors need to be hospitalized for illnesses. Once a patient has progressed enough to no longer require hospital care, the patient with their family and caregivers make decisions about discharge options. These include going back home, with or without home care, or moving to a long-term care facility or other supportive housing. The shortfalls in funding across the health care system means that there are waiting lists for many support services for seniors, and sometimes seniors stay in hospital longer than necessary because of these waiting lists. When this occurs, the patient is designated to be “Alternate Level of Care” (ALC). This designation helps health system administrators track the cost associated with keeping patients in hospitals longer than...
necessary. Chart 4.1b shows that across the Hamilton Niagara Haldimand Brant LHIN, over 30% of the days that seniors are hospitalized are days that seniors are designated ALC.

Of the nine communities that have above average ALC days as a percentage of all seniors' inpatient days, three are in Hamilton (Dundas, and Hamilton's lower city and mountain). The HNHB LHIN has the 2nd highest rates of ALC days among Ontario’s 14 LHINs. Across Ontario, the percentage of ALC days has been increasing by more than 10% each year since 2005. The main reason for the increase in ALC beds has been the increasing size of the senior population and not enough new nursing homes to accommodate their needs. This has meant a steady decrease in the number of beds available per 100,000 seniors in Ontario from close to 1,000 in 2002 to just over 800 in 2009.

![Chart 4.1b Percentage of inpatient days accounted for by Alternate Level of Care among seniors, in Hamilton Niagara Haldimand Brant and by Local Health Integration Network sub-unit, 2008/09](image)

There is an increasing trend in wait times for accessing long term care facilities across the HNHB LHIN (Chart 5.3a). In 2004/5 there was median wait time of approximately 10 days for a senior to leave hospital and access long-term care, by 2008/9 this had risen to close to 100 days. The wait time to access long term care from living at home or with family is even higher, at approximately 5 months. The waiting list system does incorporate a priority ranking, so that seniors in crisis and urgent situations access long-term care more quickly.
The median wait times by location show that seniors in the suburban areas of the city generally wait longer for placement into long-term care than those in the more urban parts of the city. This may be due in part to more seniors in Hamilton's urban areas having a higher priority due to the additional challenges they face (more seniors living alone and/or living in poverty).
9.7 Home care

The changes in wait times for home care have not been increasing as dramatically as the wait time for long term care. The average wait across the HNHB LHIN for long stay home care had increased to approximately ten days in 2008/9 compared to eight days in 2005/6 (Chart 6.1a). As with long-term care, a priority system exists, which means more urgent cases may have a much shorter wait, but this also means that non-urgent cases may wait much longer.
Most of the areas in Hamilton have longer wait times for long stay home care than the LHIN average (Chart 6.1b), with the highest in Flambrorough (14 days), followed by Dundas (12 days) and the lower city and mountain (about 11 days). The wait for short term home care in most parts of Hamilton is at a bit lower than the LHIN average of just under 8 days.
9.8 Care for seniors by family

Family members and other friends or family are important resources in helping with activities of daily living for many seniors in Hamilton. Chart 41 shows the trends in unpaid care for seniors by age group. The 55-64 year old group shows the highest rate of informal care giving for seniors. In most age groups, unpaid care for seniors is more common in Hamilton than Ontario. Among all age groups, except the youth age group, there are about two women caregivers for every male caregiver. The value of this unpaid labour if it was paid at the current minimum wage ($10.25) would be over $255 million for Hamilton alone.
Chart 41. Proportion of population providing 10 hours or more per week of unpaid care for seniors, by age group, City of Hamilton and Ontario, 2006 Census
10.0 COMMUNITY RESOURCES

Community resources for seniors are vital for allowing seniors to cope with health or social issues while continuing to live independently. The United Way of Burlington and Greater Hamilton has been a leader in funding many agencies supporting seniors and offering programs such as meals on wheels, friendly visiting, vision loss counseling, recreational activities and training in independent living skills, among others. In 2010, more than 12,000 seniors and Burlington were served by programs funded by the United Way.

Recent research by Joseph Tindale at the University of Guelph and Margaret Denton at McMaster University and their colleagues has shown that only 40% of Hamilton seniors can name community support services that they can turn to for assistance in different situations. Their findings indicated that knowledge of community support services is lower among seniors with lower incomes, older seniors, seniors without social support, and among seniors who don't belong to a club or voluntary organization.

It is beyond the scope of this report to provide a comprehensive list of services and programs, so this list is points to existing inventories of community resources for seniors in Hamilton:

1) Older Adult Programs and Services Database

Available online at: http://www.rgpc.ca/oapsd/

This online database provides information on services in Hamilton pertaining to seniors needs. The categories include: Abuse and Crisis Intervention, Caregiver Supports, Community Health, Driving and Transportation, End of Life Care, Financial, Help to Live at Home, Housing Options, Legal, Recreation and Leisure, Safety, Specialized Services for Seniors and Veterans Services.

This website is part of the Inform Hamilton database and is maintained by Community Information Hamilton and funded in part by the United Way of Burlington and Greater Hamilton and the City of Hamilton.

2) 211 Ontario

211 is a three-digit phone number and website that provides information and referral to community and social services in Ontario. Trained Information and Referral Specialists help callers and guide them through understanding what services might best suit their needs. The service also exists as a website, where users can search for seniors to see all services available for this age group.

Available online at: http://www.211ontario.ca

Data on community services in Hamilton available from 211 Ontario comes from Inform Hamilton and is maintained by Community Information Hamilton and funded in part by the United Way of Burlington and Greater Hamilton and the City of Hamilton.

3) Tackling Poverty Among Seniors in Hamilton


This is a guide to income supplements and benefits available to seniors from the Governments of Canada, Ontario and the City of Hamilton, including income support and subsidies for seniors. Information is provided on drug benefit programs, assistive device programs, special support programs such as medical assistance, supplies, hospital beds, dental services, medical travel, vision correction, funeral, burials and cremations, property tax rebates, transportation subsidies and housing support. The booklet outlines details regarding eligibility, application processes, required documentation, frequently asked questions, and a list of contacts for further information.

This guide was compiled by the Hamilton Council on Aging with financial support from the United Way of Burlington and Greater Hamilton and the Hamilton Community Foundation.

4) “When I am 64: A Hamilton Guide to Benefits and Services”

This is a resource guide pamphlet to help seniors identify and access the variety of services available to them in the Hamilton area. This guide provides information on Food Services and Food Banks; Housing and in-home supports; Transportation; Income Security; Mental Health Services; Health and Medical Care; Isolation and Social networks for seniors; Dental Care, Aboriginal and Elders Information; Advocacy and Legal Assistance; Immigration services for seniors and Help for newcomers; a list of diabetes affiliated pharmacies and information for veterans.

This pamphlet was a collaboration of the Hamilton and Seniors Against Poverty committee and was published by Chris Charlton, MP for Hamilton Mountain. It is available by calling the office of Chris Charlton at 905-574-3331 or online at [www.sprc.hamilton.on.ca](http://www.sprc.hamilton.on.ca).
11.0 SENIORS' VULNERABILITY: DISCUSSION

The findings of this report and along with a selected review of other relevant research points to a number of important themes that affect seniors’ vulnerability.

11.1 Isolation

Several factors contribute to the isolation of seniors. A major challenge is the built form of cities and the decline of public space. For example the shift away from the more traditional indoor shopping malls, toward big box developments. In Hamilton, the recent conversions of Centre Mall and the Mountain Plaza Mall has removed the traditional food courts which were favored by seniors as a social gathering space.

Another issue that increases seniors' isolation is the built form of cities. Since services are often concentrated in ‘power centers’, seniors who can no longer drive may not have easy access to them. This lack of population density in suburban areas means the area may not be easily served by public transit. Some seniors may also have increased feelings of exclusion because they may identify owning a car with their definition of what it means to be independent.

On a more individual level, isolation can lead to a decrease in activity level, which also contributes to the deterioration of physical health. Specific protective factors for dementia include: aerobic exercise; an active social life; and intellectual activity, which are all compromised when a senior is isolated. Isolation can also further contribute to mental health challenges and depression, which then further increases the likelihood that a senior will become less active, further compromising their overall physical health.

Poverty is another factor which contributes to isolation, and those who live alone often have higher rates of poverty. Poverty contributes in significant ways to exclusion and social isolation for example due to the lack of disposable income to spend on social activities or transportation.

11.2 Senior women

A common theme that emerges in research on seniors is the greater vulnerability of senior women in almost all domains. Female seniors are more likely to live longer and therefore are over represented among the most eldest groups of seniors, increasing the frailty of this group. Senior women have higher risk of dementia. More senior women are less likely to speak English than senior males. Female seniors have higher rates of poverty than their male counterparts. Women are more limited in their ability to save for the later years of their life, as women are more likely to have lower incomes prior to retirement and are more likely to work part-time or drop out of the labour force for extended periods of time to provide care for others. All of these factors make senior women more vulnerable in general than senior men.

In addition, female seniors are twice as likely as male seniors to provide informal care giving. They may provide care giving for their spouses, other seniors, their children and grandchildren. One criticism of an Aging in Place strategy is that the movement toward aging at home could mean an increased burden on women of all ages, because women are more likely to be informal caregivers to other senior and their grandchildren and women also compromise the largely low paid, immigrant workforce of personal support workers (McDonald et al. 2008).
11.3 Equity and inclusion of all seniors

11.3.1 Immigrant, Newcomer, Aboriginal and Racialized Seniors

Hamilton's senior population is becoming increasingly culturally diverse. There are many calls for seniors' services to be more culturally appropriate and tailored to meet the specific ethno-racial/cultural needs of seniors. Several concerns are raised such as: dietary restrictions and the need for culturally appropriate food to be provided in retirement communities or long-term care facilities, or recognizing specific and individual religious or cultural practices. Research has found that seniors are more comfortable in cultural specific areas, for example, living in settings where staff can speak their mother tongue or shared religious beliefs are present. At this time however, there are no facilities directed specifically to the Muslim, Hindu or Sikh community, nor the African Canadian community. There is one senior facility in Hamilton for Aboriginal seniors, however there is a wait list and the amount of services provided to seniors is low due to a lack of resources.

Visible minority and recent immigrant seniors have higher rates of poverty. This group has been more likely to experience discrimination in the labour force, which could have inhibited the amount of earnings accumulated over the years, affecting their savings for the later years of their life. The recent immigrant senior population also faces eligibility restrictions for income supplement benefits such as Old Age Security, which requires a minimum of ten years in Canada to be eligible for some assistance, and 40 years of residency to acquire the full amount, further limiting their income as seniors. There may also be language barriers and a lack of culturally specific materials used in sharing information, leading to a lower level of knowledge or understanding of existing services that may be accessed. Although no data has been released yet, there is anecdotal evidence that immigrant seniors are more likely to care for younger generations, therefore many of these seniors may be unable to participate in seniors recreational or health and wellness related programs.

11.3.2 LGBTQ Seniors

Many more seniors are open about their sexual identity than in the past, yet the inclusion of Lesbian, Gay, Bisexual, Trans and Queer (LGBTQ) seniors into the mainstream senior population needs to be further achieved, as surveys show that heterosexual older persons are less accepting of members of this community than their younger counterparts. Seniors from the LGBTQ community may face discrimination and isolation as they age. Another concern related to the LGBTQ community is that as a person ages, they will deal with more health care providers, and so LGBTQ who are more likely to be discriminated against, will encounter this discrimination more often.

Retirement and long term care settings lack the training and knowledge needed for the specific care of members of the LGBTQ community and may also demonstrate homophobic attitudes in working with these clients, and therefore denying them access to the full care they deserve. This community may also experience barriers in sharing of company/private sector pensions with their spouse or partner.

11.4 Housing

Housing for seniors is somewhat of a maze. Many different names are used for the various types of homes designed for senior populations; there is not a clear definition and there are many areas of overlap in the terminology used. Senior housing terms include: lodging homes; nursing homes; retirement homes; long-term care facilities; residential care facilities, seniors’ apartments; assisted living facilities; and supportive housing.

Many of these facilities are privately owned, and the increasing size of the senior population is considered as an opportunity by the private sector to further increase their presence in the senior
housing sector. Carstairs and Keon (2009) note that the “private sector is marketing a range of luxury accommodations to seniors” which are often not available without a high price tag. “Some operators of these facilitates have been looking for a frailer group of elderly residents to market their services” (Carstairs and Keon, 2009).

Regulations in the seniors housing sector have improved, but a patchwork of regulations still exists, as there is a presence of provincial, and municipal government legislation, but not a uniform regulatory body. Recently there has been a call from seniors' organizations for more accountability in the senior housing sector. Another important element is that a large amount of funding for seniors housing is allocated toward long-term care facilities. Lum, Ruff & Williams (2005) investigated health and housing outcomes for older adults living in supportive and social housing and found that:

“almost all the older adults in the study met the criteria for placement in a long-term care facility yet with minimal supports like housekeeping, grocery shopping and for some, supports for personal care, they were able to continue to live in the community. Further, for those living in housing with onsite support, the use of costly emergency services was reduced, leading the authors to conclude that community supports for aging in place are not an ‘add on’ to an already overburdened health care system but rather a cost effective alternative to acute and intuitional care” (cited in McDonald and Janes, 2007, p. 38-39).

It has also been widely reported that there is a stigma associated with long-term care. McDonald et al. (2008) found that a false dichotomy exists among seniors, between aging at home and aging in an institution. Aging at home is viewed as good or positive, and aging in an institution is seen as bad or negative. Some prefer the term ‘aging in the place of their choice’ instead of aging in place or aging at home in order to lessen the existence of this dichotomy between the two places or any stigma associated with supportive housing.

11.5 Poverty is hazardous to seniors' health

More and more research indicates that inequality and social exclusion are more important factors in determining health than individual behaviors such as smoking and exercise. The cumulative effect of social determinants of health, such as poverty, means that if a senior has struggled on a low income for much of their lives their health will have suffered as well for many years. This means that seniors are more at risk of negative health outcomes due to health inequity than other age groups. The Parliamentary Research Branch explains:

"Increasingly, the health of older Canadians depends not only on formal provision of medical care, but also on factors experienced over a lifetime. Factors in their social and physical environment such as housing, nutrition, occupation, and social and environmental circumstances will have influenced their health by the time they reach their sixties and will continue to influence it as they age further." (Chenier, 2002)

11.6 Difficulty navigating the system

There are hundreds of services and programs available for Hamilton seniors in various sectors, such as healthcare, income supports, and housing. In addition there are thousands of regulations that govern many of these programs and services, making the system enormously complex. McDonald, Janes & Cleghorn (2008) found in their study of Aging in Place, that the majority of senior participants identified having “difficulties negotiating the system”, the participants noted that “even professionals found it difficult to navigate available information and referral resources” (p.47). Caregivers who are highly
educated or have insider knowledge also identified having difficulty accessing information about services

A lack of knowledge about residential options can often mean that seniors will be placed in long term care facilities before they need to be. Seniors may often be unaware of the supportive services available to them, which could prolong the amount of time they can remain in their home.

In a report about Alzheimer’s and Dementia, Rising Tide, The Alzheimer’s Society of Canada (2010) put forth a recommendation to assign a system navigator or case management worker to each person who is newly diagnosed with dementia. This system manager would assist in overcoming the barriers many seniors face in regards to navigating the complex web of services present in our modern health and social services systems. This system is now in place in Hamilton through the Alzheimer Society of Hamilton and Halton and is called “First Link”.

There are also challenges for many seniors getting information or using services due to lack of familiarity with telephone prompts, interact banking and accessing online information.

11.7 Age friendly cities

The WHO’s Age Friendly Cities program is a strategy promoted by the Hamilton Council on Aging (HCoA) to help all older adults, including vulnerable seniors. An age-friendly city establishes policies, programs, services and infrastructure that support the physical and social environment to enable people of all ages to live in safety, good health and well-being, and to continue to participate in society in meaningful ways (WHO 2007). In the HCoA report, Hamilton: A City for ALL Ages (2010), there were 92 recommendations to move Hamilton forward to becoming a more age-friendly city. These recommendations addressed the eight domains of an age-friendly city, including:

1) Outdoor spaces and buildings
2) Transportation,
3) Housing
4) Respect and social inclusion
5) Social participation
6) Civic participation and employment
7) Communication and information
8) Community supports and services

In this study, the Hamilton Council on Aging conducted 15 focus groups with 130 older adults across 15 city wards. Older adults spoke about the barriers they faced: about the lack of respect and exclusion by public services and businesses in Hamilton; about the lack of information about programs and services that are provided to meet their needs; about the difficulties they faced getting around the built environment and travelling wherever they want to go in the community conveniently and safely. A copy of this study is available at: http://www.coahamilton.ca/pdf/Hamilton,%20A%20City%20for%20ALL%20Ages.pdf

To build on this work the Hamilton Council on Aging with the Social Planning and Research Council of Hamilton and the United Way of Burlington and Greater Hamilton are helping to launch a collaborative that will include the City of Hamilton’s Seniors’ Advisory committee and other partners. This collaborative will focus on setting priorities and actions so that Hamilton can attain the “Age Friendly City” status. Nineteen communities across Ontario have initiated a process to become more age friendly, including Ottawa, Toronto and London.
12.0 REFERENCES


