

A Profile of Vulnerable Seniors in the Ottawa Region

June 2017



**United Way
Centraide**
Ottawa

Acknowledgements

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Finally, United Way Ottawa would like to acknowledge with sincere appreciation the work of Heather MacKinnon, a human rights lawyer generously seconded to us from the Department of Justice Canada, for developing and authoring this report.

^a United Way Ottawa's Successful Aging Strategic Council (SASC) provides leadership, direction and support related to seniors and aging through the development of resources, partnerships, alliances and projects within and across sectors. Members of the SASC include key community stakeholders, such as: the City of Ottawa, Council on Aging of Ottawa, Ottawa Community Support Coalition, Ottawa Senior Pride Network and the Regional Geriatric Program of Eastern Ontario.

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Message from the President

There are now more seniors living in Ottawa than there are children and youth, and the trend line is clear: our senior population is expected to more than double by the year 2031. So what does this mean for our city? Our social infrastructure? Our physical spaces?

What does this mean for organizations like United Way Ottawa and others?

These questions gave impetus to this report. United Way Ottawa makes a promise to its donors and its community: to put its resources where they are needed most and will have the greatest impact. When it comes to our growing and changing senior population, we want to ensure we have the best tools necessary to fulfill this promise.

The first three sections of this report draw together numerous sources of primary and secondary research to gather insight into the more common or obvious factors that can impact a senior's vulnerability. What we learned through this review is that while most seniors in Ottawa are doing well, a significant portion in some neighbourhoods could be considered "vulnerable," often in multiple ways.

For example, some seniors live on a low income. Others are doing well financially, but will experience greater vulnerability due to cognitive decline or an acquired disability. Some have lost a partner and live alone, while others are primary caregivers^b to ailing partners or adult children with disabilities, effectively shouldering responsibility for two at a time when they also need increasing levels of support. Seniors can also find themselves isolated due to any number of variables, including physical location, limited language skills, restricted mobility or lack of access to appropriate cultural and social supports.

Our Analysis: What Do We Know, and Where Are the Gaps?

Our review of the available research revealed that any one of these common factors alone can contribute to a senior's vulnerability. But should all of these be weighted equally? Furthermore, what might be the impact of two of these factors in combination? What about three or more? Existing research does not provide answers.

We believe these gaps in information are impeding our community's ability to make targeted and impactful decisions, particularly when it comes to seniors who are most in need.

The research also suggests that the common predictors of vulnerability appear to cross the boundaries of different systems of care: some factors of vulnerability clearly fall under the purview of our health care system; others are within the realm of social assistance programs or community outreach. While several tools exist to assess a

^b In this report, the term "caregiver" is used to describe a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury or a chronic life-limiting illness.

senior's level of risk or need within a specific system, such as health care, there is no single tool that those working within these various systems can use to prioritize and address the highest needs. As Dr. Samir Sinha, the Provincial Lead for Ontario's Seniors Strategy, wrote in his 2013 report, *Living Longer, Living Well*, " ... we know that there exists a minority [of older Ontarians] who particularly struggle with multiple complex and often inter-related health and social care issues."^{1 (p1)} Further, it is this small portion of the overall senior population that has the greatest impact on public resources. Dr. Sinha concluded that if this state of affairs is left unaddressed, it could have dire consequences for our public system.

The question that remains then, is this: Should we be considering a more comprehensive approach for evaluating vulnerability, one that aligns health, social and community care perspectives? Our analysis of existing research leads us to believe that this has become an imperative that will only continue to grow.

Finally, as we reviewed the research available, it became apparent that while we may know where seniors live today—which has allowed us to address issues and create services at the neighbourhood level—we do not yet have a solid understanding of how seniors move around between neighbourhoods as they age. Furthermore, we also wonder if we have sufficient means to model future trends for those who have yet to enter their senior years. For example, one common assumption is that many seniors leave rural and suburban homes for downtown living as they get older, but more recent data appears to dispute this. So we must ask ourselves: Are today's seniors making different decisions than they may have made in the past and, if so, why? What about those individuals who will enter their senior years within the next decade or two?

If lack of timely access to appropriate programs and supports increases the vulnerability for seniors, it will be necessary to have an understanding of where seniors live (and will be living) if we wish to prepare and invest wisely.

Recommendations: A Call for Greater Coherence in our Community Planning

Looking at our analysis of the existing data and research, the reader will note that we have as many new questions as we have answers; however, if we have taken anything away, it is that no one part of the system can address all of the issues. To adequately prepare for the role that vulnerability will play for a rapidly aging population, we will need all players—government, funders and service delivery partners—to act within a common framework to support community planning.

It is in this spirit that United Way Ottawa respectfully submits the following recommendations for consideration by our community partners:

- **Invest in more research to understand and develop supports for vulnerable seniors.** As much research and data as we have, there are gaps in our understanding. For example, we need more research on why seniors have been

moving to or staying in the suburbs in increasing numbers, and whether this pattern is likely to continue. We also need more research to better understand the range of challenges experienced by seniors who are part of the LGBTQ+ community (including lesbian, gay, bisexual, transgender, two-spirit and queer); are Indigenous; are newcomers, or have disabilities.

- **Create a comprehensive way of identifying those most in need of our attention and resources.** For the purposes of this report, we have called this a “vulnerability index.” This is a tool that will explore the relationship between risks and outcomes for seniors, one that integrates health, social and community perspectives.
- **Program for the future using a common framework.** It follows that if we have a shared perspective on the factors that increase vulnerability in seniors, it becomes imperative that we examine whether we have the right supports in the right places to address those issues. We need to ensure we are prepared to meet emerging needs. For example, front-line staff who serve seniors require the training and support to respond to the unique needs of increasingly diverse groups of seniors. United Way Ottawa posits that mutually reinforcing investment against a common framework will ensure we are more prepared to meet the evolving needs of our growing senior population in the future.
- **Work together to better understand and build an integrated response to address the challenges faced by caregivers in our region.** Caregivers have long been an important part of the way a community cares for its seniors. But given our aging population, the number of caregivers are surging too. When those caregivers are seniors themselves, it creates a challenge of size and scope we have not seen. At various points within our systems, we are beginning to look at the emerging issue of caregiving, but as no comprehensive approach exists as of yet, we believe this offers our community a relatively unique opportunity to build an integrated response, ensuring caregivers, particularly senior caregivers, are well supported in their important role. An integrated response would bring together mental health and other health care providers within our public institutions and our community.

It is United Way Ottawa’s sincerest hope that this report will serve as a platform upon which we can work to increase our focus on supporting our city’s most vulnerable seniors.

We are a community and, as a community, we hold the solutions.



Michael Allen
President and CEO, United Way Ottawa

Introduction

Ottawa's senior population is expected to increase dramatically over the next 14 years, in line with a trend that is evident in many parts of the world. Nearly every community across North America is, or should be, looking at its aging population and wondering what impact this demographic shift will have on its infrastructure, finances and ability to deliver service. In this context, it is important to remember that some seniors will impact our collective systems more dramatically than others.



This report is intended to raise awareness of some key challenges facing vulnerable seniors in Ottawa now, and where new pressures will arise in the near future. Up-to-date information is essential to ensure that funds are targeted where they are needed most and will have the greatest impact.

In terms of methodology, this report draws on relevant statistics, select primary sources and secondary literature to provide a snapshot of how vulnerable groups of seniors in Ottawa are doing. It builds upon recent work by our community partners, such as the Council on Aging of Ottawa's *Seniors Housing Bundle*², as well as the Council's report outlining a framework to measure the age-friendliness of Ottawa³. Further, it

pinpoints where vulnerable seniors are living, using maps and census data from the Ottawa Neighbourhood Study. Wherever possible, the data presented focuses on seniors in Ottawa but, in some cases, provincial or national data is provided.

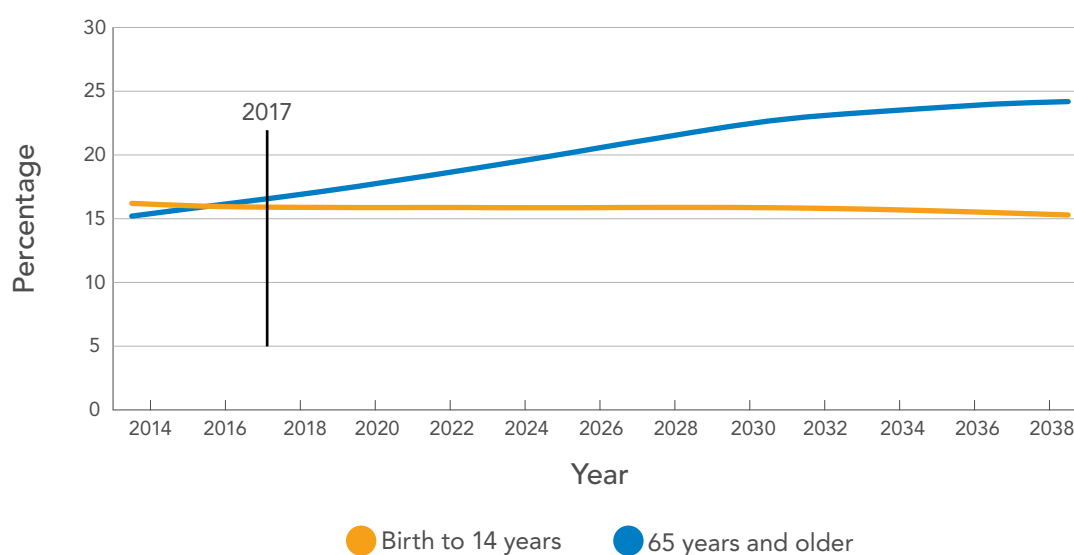
This report was not intended to comprehensively address the myriad of factors that may put a senior at risk of poor outcomes. Rather, it highlights some of the cross-sectoral factors, like low income, that are most commonly associated with an increase in vulnerability. In our review of the data and literature, it was clear that several dimensions of vulnerability, particularly those that are health-related, have been well articulated and studied. Similarly, the social determinants of health are evidently well understood. What seems to be missing is a clear definition of vulnerability at the population level that would allow the community to plan appropriately across sectors.

As the population ages and the need for resources grows, community partners and all levels of government will need to work collaboratively and in more mutually reinforcing ways if we hope to meet the increasing demands of a growing senior population. While United Way Ottawa intends to use the information in this report to guide our future investments and partnership initiatives, we hope that this report will also serve as a tool for policy-makers to adapt programs and services to meet emerging needs so that all seniors in Ottawa receive the support they require.

1.0 A Socio-demographic Overview of Ottawa

The demographic profiles of both Ontario and Ottawa are changing rapidly; 2016 was the first time the census indicated that the percentage of people in Ontario aged 65 and over was greater than the percentage under the age of 15.⁴

FIGURE 1: Current and Projected Distribution of Ontario Residents Aged 14 Years and Younger and 65 Years and Older, 2013 to 2038



Source: Statistics Canada (2014). Projected population by projection scenario, age and sex, at July 1, Canada, provinces and territories, annual (persons).

In Ottawa in 2016, seniors^c comprised 15.4% of the population⁵. As the baby boomer cohort ages, the percentage of individuals in this age group is projected to more than double between 2011 and 2031.⁶ Estimates indicate that the number of seniors in Ottawa will grow from 116,585 in 2011 to approximately 250,000 by 2031.⁷ This dramatic increase will have a number of implications for our city. Since the projected increase in the percentage of seniors is not evenly distributed across our region,⁸ this demographic shift will be more pronounced in some neighbourhoods than in others.

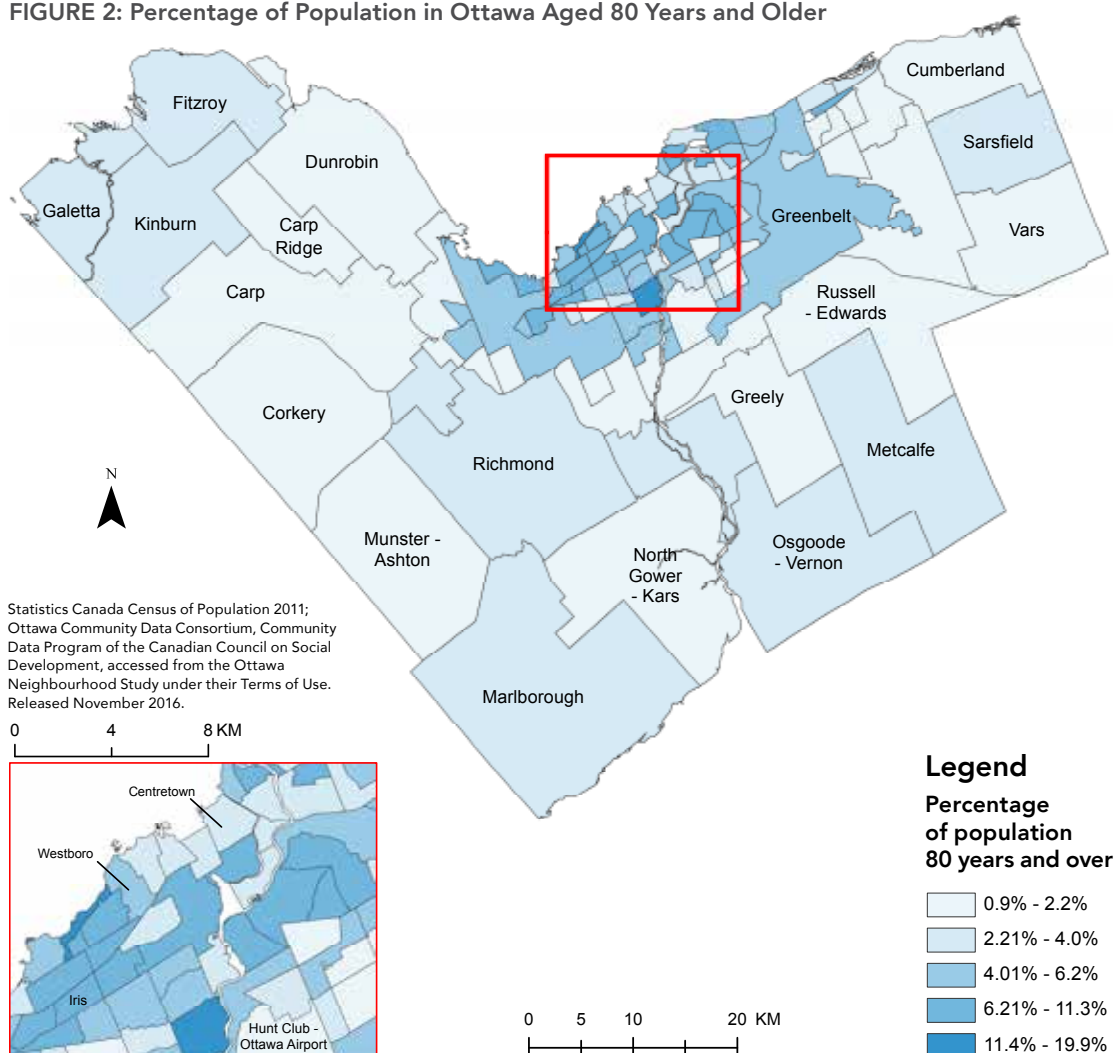
^c In this report, the term "seniors" is used to describe individuals aged 65 years or older.

1.1 Older Seniors

As seniors get older, they are more likely to experience a decline in health, which can include having one or more disabilities.⁹ They are also more likely to become socially isolated.¹⁰ As a result, neighbourhoods with a higher proportion of older seniors can expect to face increasing demands for services, as these residents will likely require additional supports to assist with daily living, such as meal preparation, personal care or transportation.

Data from the Ottawa Neighbourhood Study indicates that the percentage of seniors who are 80 years of age or older varies widely across the region (Figure 2 shows the percentage of this age group by neighbourhood). In general, older seniors are more likely to live in urban or suburban neighbourhoods, rather than rural ones. For example, 19.9% of seniors aged 80 years and older live in Hunt Club South Industrial, while only 1.6% live in Dunrobin.⁸

FIGURE 2: Percentage of Population in Ottawa Aged 80 Years and Older



Source: Statistics Canada 2011 Census of Population. Accessed from the Ottawa Neighbourhood Study under its terms of use.

In Ottawa in 2011, there were 11,215 seniors aged 90 years and older,¹¹ but this cohort will likely continue to grow. On a national scale, the fastest-growing age group in Canada from 2011 to 2016 was centenarians.⁴ In 2015, there were an estimated 8,100 centenarians across the country, but this number is expected to grow to 12,600 by 2031.¹² Accordingly, the demand for more services to support older seniors will likely continue to increase, as higher life expectancies for both men and women mean that not only is the number of seniors growing, but so is the number of years an individual will live as a senior.¹²

1.2 Knowledge of Official Languages

According to the 2011 census, the majority of seniors (62.8%) in Ottawa are able to conduct a conversation in English only, while 2.7% are able to converse only in French and 4.7% have no knowledge of either official language.¹³ While this relatively low figure of 4.7% is encouraging, the percentage of seniors who are unable to communicate in either official language rose dramatically among those in that age group who arrived in Canada from 2006 to 2011 (see section on newcomer seniors).

1.3 Living in Urban, Suburban or Rural Areas

In Ottawa, seniors are more likely to live in urban or suburban areas than in rural areas. Given the projected increase in the number of seniors by 2031, there has been speculation about the possibility of a large-scale migration of baby boomers moving to central areas of the city upon retirement; however, research does not support this assumption. Patterson et al.¹⁴ studied the moving behaviour of seniors in the six largest census metropolitan areas, including Ottawa, and found that seniors were more likely to move to suburban areas^d than urban ones. These researchers compared Canadian census data from 1991, 1996, 2001 and 2006 and found that the willingness of seniors to move to urban areas has decreased progressively over time.

What is less clear is why this change in the behaviour of seniors has occurred. Researchers hypothesized that the pattern could be due to the increasing cost of housing in urban areas. However, their data did not support this rationale, as Edmonton had the highest decrease in seniors moving to the urban core even though housing costs in that area were lower and decreasing relative to suburban areas. Patterson also noted that high proportions of seniors typically move to apartments, and that there had been an increase in the number of these types of dwellings in the suburbs. However, researchers were uncertain whether this was one reason why seniors were moving to the suburbs, or whether these types of dwellings were being built in these areas due to an increasing demand.

^d Since the Canadian census does not precisely capture where seniors resided before they moved to the suburbs, it is not clear whether they simply moved within the same suburb during the census period or whether they moved there from another part of the city.

The number of seniors is also expected to grow substantially in rural areas of the city. In 2011, seniors made up 12.3% of the total population in rural areas of Ottawa,¹³ but projections indicate this group will grow faster than the general senior population, with an estimated growth rate of 183% between 2011 and 2031.¹⁵ This projected increase appears to be due to an expectation that existing residents will age in place in their communities, rather than seniors moving into these regions for the first time.

The increasing number of seniors expected in both the suburban and rural areas of our community has important implications for infrastructure planning and service delivery. As one example, the lack of accessible and affordable transportation is already an important issue for this group, but it will likely become a more crucial one given the projected increase in seniors living outside the urban core.

2.0 Factors that Contribute to Vulnerability

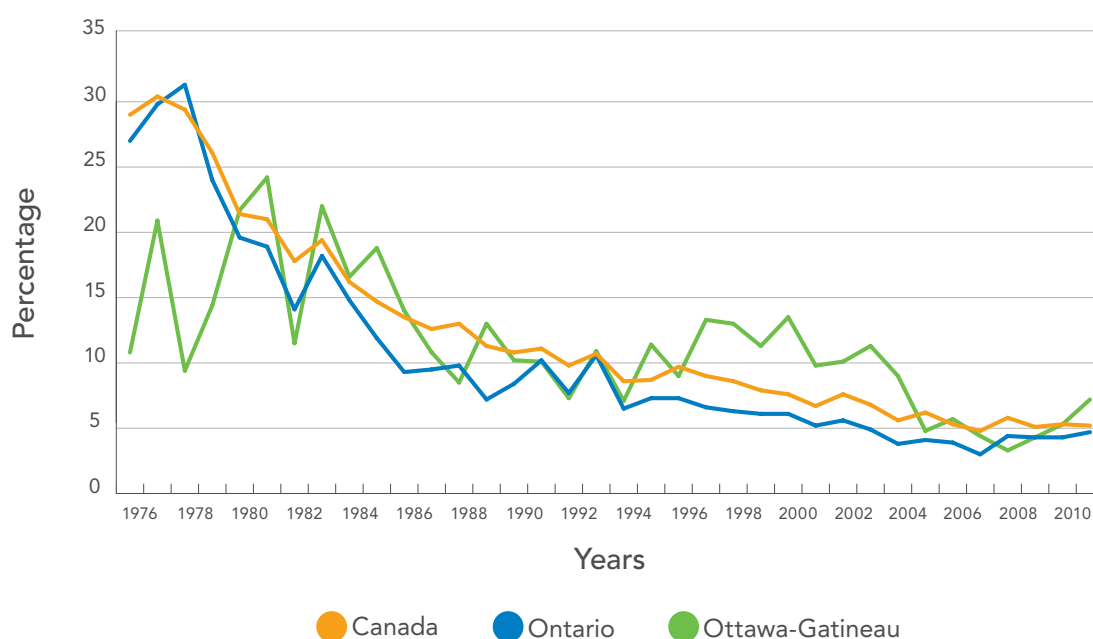
“Vulnerability” has been defined in many different ways depending in part on whether a health care, social services or other lens is used to assess the needs of an individual. The lack of a common definition is one of the difficulties associated with identifying which seniors require additional assistance, and what type of multi-dimensional supports will be most effective for them. In this report, the term “vulnerable seniors” is used to describe individuals who face additional barriers, on one or more dimensions, to fully participating and aging well in their communities. While seniors face many challenges as they age, section 2 of this report highlights some of the cross-sectoral factors, like low income and living alone, that are most commonly associated with an increase in vulnerability and, in turn, a heightened risk of poor outcomes for this population.

2.1 Low Income

One of the most significant factors contributing to the vulnerability of seniors is low income. Researchers have repeatedly identified income as one of the most important determinants of overall health and well-being.¹⁶ Individuals with low income may not have enough money for nutritious food, or for their rent or mortgage payments, or they may live in homes that need significant repairs. Generally, seniors do not experience a dramatic decrease in income when they reach age 65, so those who are living on a low income have often been struggling with economic insecurity for years.¹⁷

Over the last four decades, there has been a steep decline in the prevalence of low-income seniors across Canada.¹² The low-income level of seniors in Ottawa-Gatineau has generally followed the same trend over this time period (Figure 3 shows the percentage of seniors falling below the after-tax low-income cut-off [LICO]^e in Canada, Ontario and Ottawa-Gatineau).^f The significant reduction in the proportion of low-income seniors is largely due to the effectiveness of Canada's retirement income system.¹²

FIGURE 3: Percentage of Population Aged 65 Years and Older With Income Below the After-Tax Low-Income Cut-Off (Canada, Ontario and Ottawa-Gatineau, 1976-2011)



Source: Statistics Canada (2011). Survey of Labour and Income Dynamics. Modified table 202-0802: Persons in low income after tax (annual; 1992 base).

In 2011, 6.1% of seniors in Ottawa were living below the LICO.⁸ However, this seemingly low percentage does not provide the full picture of the economic vulnerability of seniors in Ottawa. This figure does not reflect: the disproportionate rate of poverty among certain groups of seniors; the overrepresentation of low-income seniors in certain neighbourhoods; and the continued vulnerability of seniors whose incomes fall above the cut-off, but are still very limited.

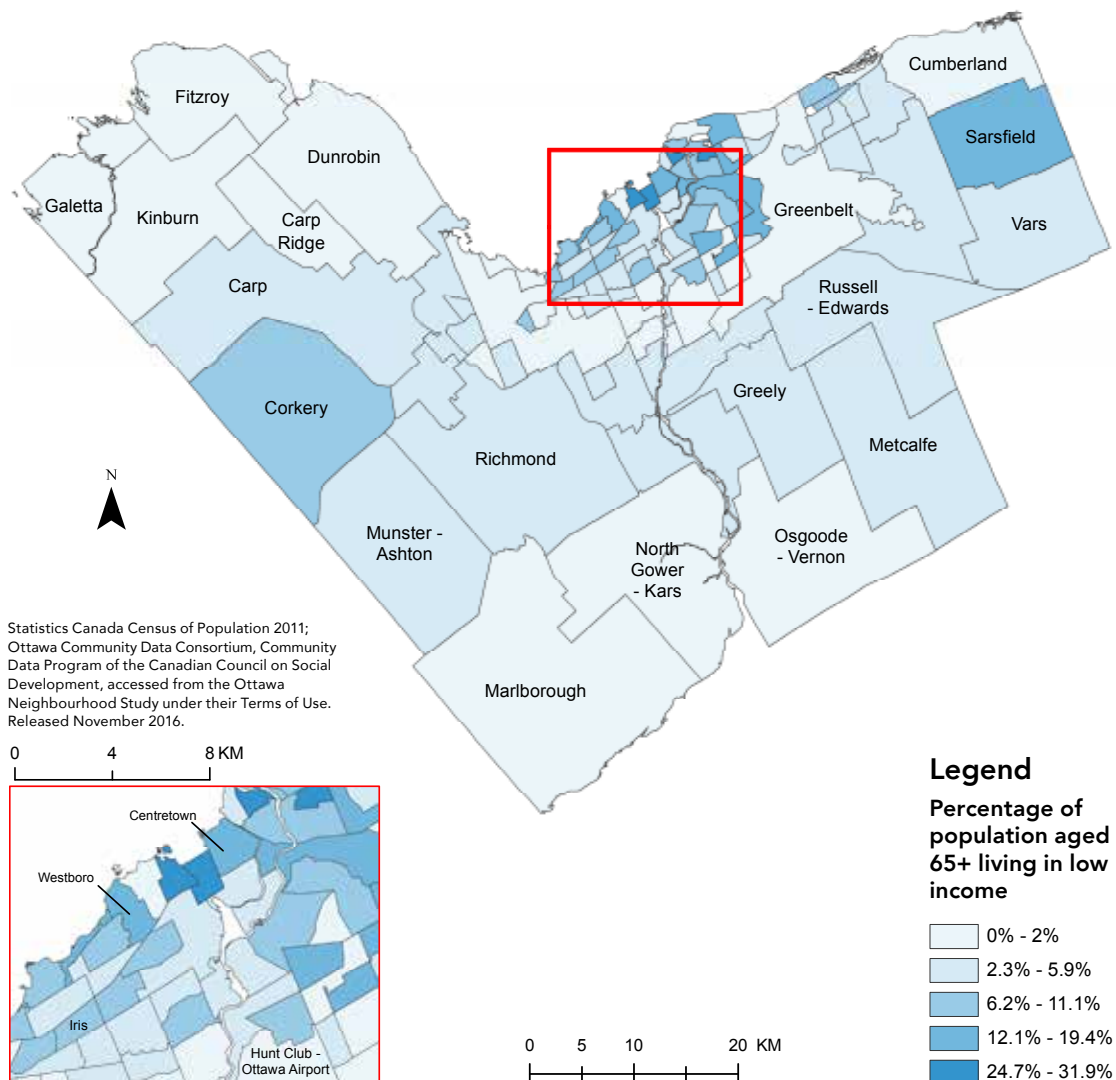
^e The LICO is Statistics Canada's most widely recognized measure of low income. This threshold represents income levels at which families would be expected to spend 20% more of their income on food, shelter and clothing than would the average family.

^f After-tax LICOs (1992 base) were determined from an analysis of the 1992 Survey of Family Expenditures data. These limits were selected because families with incomes below these limits usually spent 63.6% or more of their income on food, shelter and clothing. LICOs were differentiated by community, size of residence and family size.

Certain vulnerable groups of seniors are much more likely to live in poverty, including: the unattached, senior women, newcomer seniors and Indigenous seniors.¹⁸ Additional challenges faced by seniors in these groups increase the risk that they will experience poorer health outcomes and social isolation (the circumstances of these groups are considered in more detail in subsequent sections).

Low-income seniors are also overrepresented in certain areas of Ottawa.⁸ In some neighbourhoods like West Centretown, for example, more than 30% of seniors are struggling to make ends meet. Figure 4 shows the percentage of low-income seniors by neighbourhood.

FIGURE 4: Percentage of Low-Income Residents in Ottawa Aged 65 Years and Older



Source: Statistics Canada 2011 Census of Population. Accessed from the Ottawa Neighbourhood Study under its terms of use.

The percentage of seniors living below the LICO also fails to capture seniors who are living on limited incomes, but whose annual income falls above the cut-off. In Ottawa, 17.8% of seniors had after-tax income ranging from \$20,000 to \$29,999 in 2011,¹⁹ a range that includes seniors who fall below the LICO, and those with incomes that are modest but above the cut-off. Some seniors with modest incomes may also be vulnerable. This is particularly true for those with incomes only slightly above the threshold, as they may be only one unexpected expense away from falling into poverty.¹⁷

The main sources of income for seniors below the LICO are Old Age Security (OAS) and the Guaranteed Income Supplement (GIS), which provides additional money to OAS recipients who have little or no other income.

The OAS is a monthly benefit provided to individuals aged 65 years and older who have lived in Canada for at least 40 years after the age of 18. Seniors who are not eligible for a full OAS pension may receive a partial pension if they have lived in Canada for at least 10 years since the age of 18.²⁰ Single seniors with the lowest incomes now receive additional benefits in the form of a higher GIS top-up, which the federal government introduced in 2016. According to estimates from Employment and Social Development Canada,¹⁸ this measure will lift approximately 13,000 seniors out of poverty across the country. While these increases are a step in the right direction, this group of seniors remains vulnerable, as their level of income continues to be quite low.

2.2 Living Arrangements

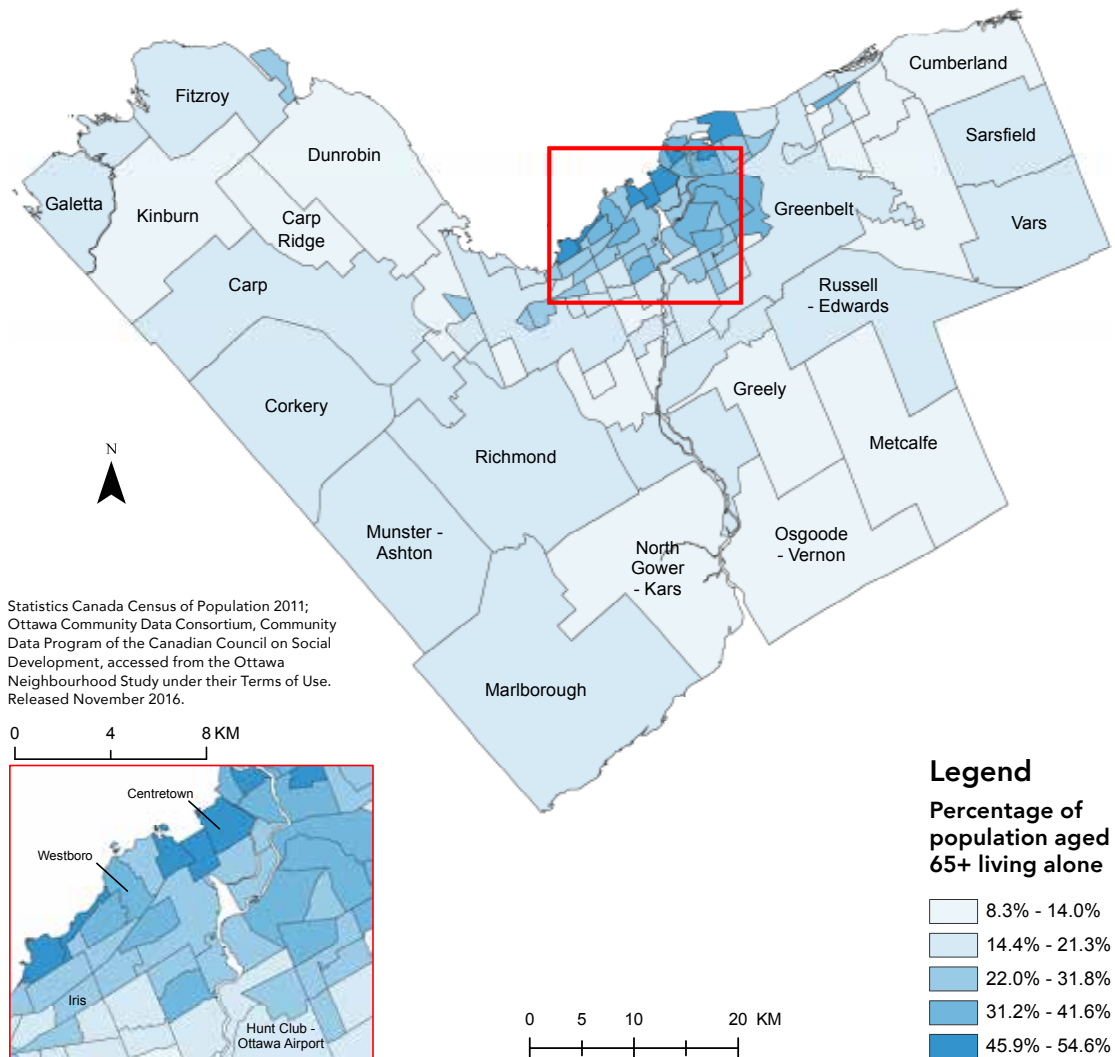
Living Alone

In Ottawa, 25.8% of seniors live alone,¹³ but the proportion of seniors living alone varies widely by neighbourhood (Figure 5). For example, according to data from the Ottawa Neighbourhood Study, 52.8% of the seniors in Centretown live alone compared with 14% of the seniors living in Barrhaven.⁸ Seniors living in rural areas in our city are less likely to live alone compared with the overall senior population.



In Ottawa,
25.8%
of seniors live alone

FIGURE 5: Percentage of Population in Ottawa Aged 65 Years and Older Living Alone



Source: Statistics Canada 2011 Census of Population. Accessed from the Ottawa Neighbourhood Study under its terms of use.

It is important to note that not all seniors who live alone are vulnerable. Some seniors live alone by choice and they may remain active and independent. However, living alone does increase seniors' vulnerability,¹² particularly if they do not have family members to rely on if they need assistance as they get older. Seniors living on their own are also more at risk of becoming socially isolated.²¹

Homelessness

A recent report from the Alliance to End Homelessness Ottawa highlights the growing problem of homelessness among older adults in Ottawa.⁹ Between 2015 and 2016, the number of older adults (aged 60 years and older) sleeping in Ottawa shelters increased, as did the length of time they stayed in a shelter. The data on older women was particularly noteworthy: between 2015 and 2016, the number of women over age 60 using shelters rose from 77 to 101 individuals, an increase of 31.2%. Women in this age group also stayed in a shelter for longer periods of time, as they were unable to find viable alternatives. The Alliance to End Homelessness Ottawa concluded that, "... more needs to be done to address the housing precarity of our aging population, and to address the needs of older women, specifically."^{22 (p5)}

2.3 Geography

In its *Report on the Social Isolation of Seniors, 2013-2014*, the National Seniors Council indicated that seniors living in both rural and urban settings are vulnerable to "social isolation," which the report defined as "a low quantity and quality of contact with others."^{h,10(p1)} But the risk factors for isolation differ depending on the setting. For seniors in rural areas, social isolation is more likely to result from lack of access to affordable transportation, lack of supports in their communities, and limited or no connection to the Internet. Seniors in urban areas are more likely to become socially isolated due to unsafe neighbourhoods, higher costs of living and less connection to their neighbours.

These different challenges faced by residents in urban and rural areas should be taken into account when designing and implementing programs intended to promote the social integration of seniors.ⁱ Similarly, given the anticipated increase in the number of seniors living in the suburbs, more information is needed on what factors may increase their likelihood of becoming socially isolated so that programs and services can be targeted accordingly.^j

⁹ Note that this United Way Ottawa report does not specifically consider the complex issue of the housing needs of vulnerable older adults in our community, as the issue has been recently addressed in detail in the Council on Aging of Ottawa's *Seniors Housing Bundle*. In addition, the Ottawa Senior Pride Network (in collaboration with Ipsos Reid) outlined some of the challenges and opportunities for addressing the housing needs of LGBT seniors in Ottawa in their 2015 report, *Ottawa Senior Pride Network Housing Survey*.

^h Social isolation was also distinguished from loneliness, which is characterized as the subjective perception of "a lack of interaction or contact with others."^{10(p1)}

ⁱ In 2016, Employment and Social Development Canada's New Horizons for Seniors Program approved funding for programs across Canada with the objective of reducing the social isolation of seniors.

^j For example, in *No Place to Grow Old: How Canadian Suburbs Can Become Age-Friendly*, Glenn Miller urged municipalities to refocus planning efforts to address the effects of car-dependent communities that can result in the isolation of less mobile seniors.

2.4 Caregiving

In 2012, an estimated 3.3 million Ontario residents provided support to a family member, friend or neighbour.²³ Almost one-third of caregivers reported providing care for people with problems associated with aging. However, the actual proportion may be higher, as another reported reason for providing care was for “other health problems,” which included conditions related to aging.²³

Stress associated with providing care for aging family members has increased significantly in recent years. This is particularly true for caregivers who have been providing care over a long period so their family members could remain in their own homes; in Ontario, the percentage of long-term caregivers who reported being distressed or unable to continue providing care doubled from 15.6% in 2009–2010 to 33.3% in 2013–2014.²⁴

Seniors who are providing care to other family members may be particularly vulnerable, as they often have health issues of their own to manage at the same time.²⁵ At a national level, the 2012 report *Portrait of Caregivers* by Maire Sinha²⁶ showed that while seniors are the least common group of caregivers, they are also the most likely to spend the highest number of hours providing care. The report suggests this may be partly explained by the fact that senior caregivers are more likely to provide assistance to spouses. Caregivers providing assistance to a spouse, or an adult child with a chronic illness or disability, spend the most time providing care and are more likely to be the primary caregiver. The additional time that seniors tend to spend providing care is particularly noteworthy, as the inability of caregivers to cope with their responsibilities increases with the number of hours of care provided, as does the impact on the caregiver’s health.²⁷

Dementia^k is one of the diseases that is particularly challenging for caregivers. According to the Alzheimer Society of Ontario, caregivers of family members with dementia provide 75% more care than other caregivers and report nearly 20% higher levels of stress.²⁸ Not surprisingly, the demands on caregivers tend to increase as the disease progresses. These findings have important implications for the future, as the number of people living with dementia in Canada is projected to almost double by 2031.²⁹

In light of the dramatic shift in the demographic profile of Ontario, the number of seniors who require care, and the complexity of their health care needs, will likely continue to rise.²⁴ Caregivers will play an increasingly essential role and failure to address their needs will have significant implications for vulnerable seniors. Ensuring that caregivers have the support they require to continue providing assistance will be a vital component of our community’s response to the growing needs of our senior population.

^k In addition to individuals diagnosed with Alzheimer’s disease, the number of people who are affected by dementia as a result of a stroke or Parkinson’s disease is increasing significantly.²⁵

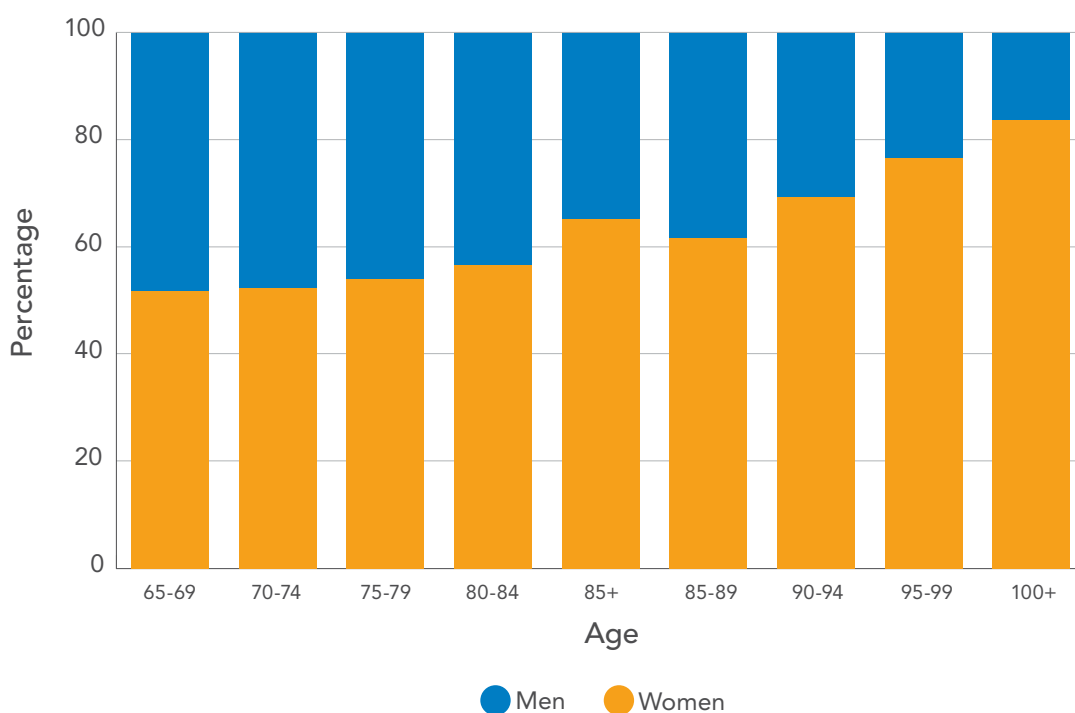
3.0 Vulnerable Groups of Seniors

3.1 Women

Senior women are more likely to be vulnerable than men for reasons ranging from their longer life expectancy to their typical pattern of wage earnings. These vulnerabilities may be compounded for those who are also members of disadvantaged groups, such as Indigenous women or women who have recently relocated to Canada (some of the challenges faced by these groups are addressed later in the report).

While women have a longer life expectancy than men, this difference only becomes readily apparent once seniors reach a higher age range (Figure 6 shows the 2016 distribution of the population aged 65 years and older by age and sex). In 2015, the number of women in Canada aged 65 to 74 years only slightly outnumbered men in this age group.¹² The gap starts to widen at age 75, however, as the differences in mortality and life expectancy become increasingly evident; on July 1, 2015, 922,000 of the 1.5 million people in Canada aged 80 years and older were women.¹² Accordingly, there are more women living past the age of 80, when health typically becomes more fragile and individuals need more support to continue living independently.

Figure 6: Distribution of population aged 65 and over, by age group and sex, in Canada



Statistics Canada. 2017. Canada [Country] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released May 3, 2017.

Senior women are also more likely to have significantly lower income levels than senior men. Women typically experience more interruptions in their paid employment over the course of their working lives, as they tend to take more time off to provide care to family members. As a result, they have fewer opportunities to contribute to a pension or accumulate other savings for retirement. Today's cohort of senior women is likely to be particularly affected by low levels of retirement savings, as many of them worked primarily in the home.

Senior women who are not living in an economic family^l are most vulnerable to economic insecurity. Over the last two decades across Canada, the prevalence of those living on a low income increased the most for this group of seniors, rising from 9.3% in 1995 to 28.2% in 2015.¹² This increase is particularly noteworthy because senior women are more likely to live alone than senior men, especially at older ages. The proportion of women living alone increased significantly: from 24% of those aged 65 to 69 years, to 40.2% of those aged 80 to 84 years, due in part to men's lower life expectancy.¹²

The financial impact of being out of the paid workforce for long periods will be less of an issue for senior women in the future due to the dramatic increase in women's labour force participation over the past several decades. Despite this significant shift, however, women are still more likely than men to work part-time or to interrupt their participation in paid employment to provide care for family members. To some extent, the impact of these caregiving responsibilities has been taken into account in the Canada Pension Plan (CPP); the CPP contains specific measures to ensure that parents, primarily mothers, will not be penalized with lower pension benefits when they retire if they took time off from the paid workforce to care for young children earlier in their careers. However, these measures will not compensate for long-term underemployment due to family responsibilities. Women also continue to be less likely to have access to private pensions, registered retirement savings plans (RRSPs) or other savings due to lower earnings or interruptions in their employment history.

3.2 Seniors with Disabilities

The 2012 Canadian Survey on Disability was intended to capture individuals who "... not only have difficulty or impairment due to a long-term condition or health problem, but also experience a limitation on their daily activities."³⁰ Not surprisingly, the survey revealed that the prevalence of individuals who reported having a disability increased with age.^m Thirty-three percent of seniors aged 65 years and older reported having some type of disability, but this figure rose to 43% for individuals who were 75 years of

^l Statistics Canada uses the term "economic family" to refer to two or more individuals living in the same household who are related to each other by blood or marriage, or by a common-law, adoptive or foster relationship. Individuals who live alone or with non-relatives are not considered to be living in an economic family.¹²

^m The only exception to this finding was with respect to mental health-related disabilities, which decreased from ages 65 to 74. Arim (2015) indicated that this result should be interpreted with caution because seniors who are institutionalized were excluded from this survey.⁹

age or older.⁹ In particular, the prevalence of sensory disabilities (seeing and hearing) and physical disabilities (pain-related, flexibility, dexterity and mobility) were most likely to increase with age.⁹ Half of all seniors with disabilities indicated they began experiencing limitations on their activities prior to reaching age 65.

One of the leading causes of disability among seniors is dementia, a disease that is more likely than cancer, cardiovascular disease or strokeⁿ to cause disability later in life.²⁹ Recently, a panel of population health experts convened by the Alzheimer Society of Canada defined dementia as “progressive impairments in memory and other cognitive functions ... at the severe end of a spectrum of cognitive disorders.”^{29(p13)} The panel used data from the *Canadian Study on Health and Aging* to estimate that there were 564,000 people in Canada in 2016 living with dementia. This number is expected to rise to 937,000 by 2031, and more than 65% of those individuals will be women.²⁹ In addition to anticipated increases in the number of individuals with dementia, the Public Health Agency of Canada (PHAC) reported that the number of Canadians diagnosed with other neurological disorders like Parkinson’s disease will increase significantly by 2031 as well, as a result of our aging population.³¹ PHAC also projected that, by 2031, more Canadians living with a neurological condition will experience severe disability.

One of the main challenges for seniors with disabilities is economic insecurity, particularly for those whose disabilities affected them during their working lives. Since individuals with disabilities are more likely to be underemployed or unemployed for periods during their working lives, they are less likely to be able to accumulate savings for retirement. While individuals with disabilities are more likely to have lower incomes than individuals without disabilities generally, this gap is not as significant for seniors.⁹ This finding is due in part to those seniors who developed a disability later in life, so it did not impact on their ability to save for retirement.⁹ In addition, most seniors rely on government benefits like OAS, which are not dependent on employment history. Accordingly, lower wages or periods of unemployment during the working lives of individuals with disabilities will not affect the amount of these government benefits they receive.

Even though the gap in income levels may not be as wide as it is at earlier ages, seniors with disabilities are still more likely to live on a low income than seniors without disabilities. In 2011, 80% of seniors with disabilities reported receiving only non-employment income, while 11% reported having no income.⁹ One of the main factors contributing to their economic insecurity is the high percentage of unattached seniors in this group.³²

Given the anticipated rise in the number of seniors, and the associated increase in the number of individuals who will acquire more severe disabilities, ensuring that our community can provide them with the supports they need will become increasingly essential as Ottawa’s population ages.

ⁿ Note, however, that some individuals develop dementia as a result of a stroke, as mentioned earlier.

3.3 Diversity among Seniors

Increasingly, seniors in Ottawa come from many different backgrounds. This raises implications for policy-makers and service providers, both in terms of the type of services needed and the training required to ensure that all services are provided in an inclusive and culturally appropriate manner.

LGBTQ+ Seniors



To understand some of the challenges faced by LGBTQ+ seniors today, it is important to consider the historical context in which they grew up. Most of today's LGBTQ+ seniors reached adulthood when homosexuality was still a criminal offence in Canada and still classified as a mental disorder by the American Psychiatric Association.³³ It was not until 1996 that protection against discrimination based on sexual orientation was included in the *Canadian Human Rights Act* (see Appendix for a table of landmark events that have had a particular impact on these groups). Many seniors who grew

up in this environment remain fearful of disclosing their sexual orientation or gender identity.³³ As a result, estimates of the number of LGBTQ+ seniors are likely conservative and it is difficult to obtain an accurate picture of the unique needs of these groups.

In spite of these challenges, the 2015 *Ottawa Senior Pride Network Housing Survey* provides some useful information about LGBTQ+ seniors in our city. The report estimates that 5% of seniors aged 65 years and older in the Ottawa area are part of this population, although the authors recognize that this is likely a conservative estimate. Older adults who identify as LGBT (aged 55 years and older) are three times more likely to live in central Ottawa neighbourhoods than other individuals in this age group. However, approximately one in five older LGBT adults live just outside the city or in a rural area.³³

Ottawa LGBT seniors are four times more likely than other Ottawa seniors to indicate they are single or have never married, and 67% do not have children.³³ This data suggests that LGBT seniors may have less access than other Ottawa seniors to support from family members as they age. The survey results tend to support this assumption, as only 10% of Ottawa's LGBT seniors indicated that family members would be able to care for them in their own homes if they needed this type of assistance. This potential lack of family support is of particular concern because less than half of the LGBT seniors surveyed felt that staff would accept them if they moved into a retirement home or long-term care facility.

³³ United Way Ottawa generally uses the acronym LGBTQ+. However, this section of the report is based solely on the data collected by the Ottawa Senior Pride Network survey. Because that survey uses the term LGBT and only gathered data on the four mentioned groups, the same acronym is used in presenting the data in this section of the report.

While there are many gaps in the available information about LGBTQ+ seniors, there is clearly a pressing need to ensure that programs and services in Ottawa are inclusive and welcoming of individuals in these groups.

Indigenous Seniors

The Indigenous^p population in Canada is relatively young compared with the non-Indigenous population.³⁴ In Ottawa, only 0.45% of seniors identified as Indigenous in 2011, but this population is expected to grow by 415% between 2011 and 2031.¹⁵ Even with this dramatic increase, Indigenous people will still constitute a very small proportion of seniors in Ottawa.³⁵ Despite their small number, this group of seniors is particularly vulnerable, as many of them continue to be affected by the lasting legacy of residential schools and the widespread placement of Indigenous children in the child welfare system during the 1960s.

While there are gaps in the data on Indigenous seniors in Canada, some areas of vulnerability have been clearly documented. Researchers have found that First Nations, Métis and Inuit seniors suffer from poorer health overall than their non-Indigenous counterparts. They have higher rates of chronic diseases and other conditions.³⁶ For example, a recent report from the Standing Senate Committee on Social Affairs, Science and Technology indicated the First Nations population has a 34% higher rate of dementia with an age of onset approximately 10 years younger than the rest of the population.³⁷

Part of the generally poorer health outcomes for this population can be attributed to the greater prevalence of low income among Indigenous seniors.³⁸ In 2011, 23% of Indigenous seniors living in population centres^q across Canada were living on a low income compared with 13% of non-Indigenous seniors.³⁴

Due in part to the impact the residential school experience has had on whole communities, Indigenous seniors also tend to be more socially isolated. Some Indigenous families are less able to provide care for seniors as they continue to struggle with their own challenges.³⁶

The Health Council of Canada also reported that Indigenous seniors have significant mistrust for mainstream institutions as a result of their historic experiences and the continuing discrimination they face in Canadian society.³⁶ The resulting reluctance of Indigenous seniors to seek assistance from health care providers, or to access other services, creates particular challenges for our community in ensuring they receive the culturally appropriate help they need as they age.

^p In this report, the term “Indigenous” is used to refer to individuals who identify as First Nations, Inuit or Métis.

^q Statistics Canada defines a population centre as “an area with a population of at least 1,000 persons and no fewer than 400 persons per square kilometre.”^{34(p1)}

Newcomer Seniors

For the purposes of this report, the term “newcomer seniors” refers to seniors who arrived in Canada in 2006 or later. In general, the proportion of newcomers who are 65 or older is small. For example, in 2011, only 3.3% of recent arrivals to Canada were over the age of 65.³⁹

One of the main risk factors for newcomer seniors is their low levels of income.¹⁷ This group is likely to be heavily dependent on the income of their families, as their eligibility for government benefits is significantly restricted. Seniors who have been in Canada less than 10 years are generally not eligible for OAS benefits. Even after living here for more than 10 years, any benefits they receive under this program are prorated, so they can obtain only partial payments. Access to provincial assistance is also limited, as sponsorship agreements generally prevent immigrant seniors from collecting social assistance for a number of years after they arrive in Canada. The lack of access to government benefits is particularly problematic for individuals whose families are struggling to make ends meet.

Seniors who are recent newcomers to Canada may also face language barriers. The overall proportion of seniors in Ottawa who do not have knowledge of either official language is relatively low but, not surprisingly, this percentage increases substantially among seniors who have recently immigrated to Canada. At a national level, 54.7% of senior women and 43.8% of senior men who immigrated to Canada between 2006 and 2011 were unable to conduct a conversation in either official language.¹²

Financial dependence on family members and lack of language proficiency increase the likelihood that seniors who are newcomers to Canada will become socially isolated. Accordingly, making services available to seniors in many different languages is an important step in ensuring that all seniors can stay connected to their community.¹⁰



4.0 Recommendations

In many ways, this report may raise as many questions as it answers, but it clearly demonstrates that our community needs to have the right information, tools and skills to more effectively meet the requirements of our growing senior population.

In summary,

- Ottawa's senior population is expected to more than double by 2031.
- The majority of seniors in our community are doing well, but some groups—such as senior women, LGBTQ+ seniors, Indigenous seniors, newcomer seniors and seniors with disabilities—are more vulnerable to poor outcomes.
- As the senior population increases, so too will the needs of this group and the associated demands on our health and social systems.
- Our current support systems are not adequate to meet anticipated demands.
- As we move forward, we recognize that our community needs to work together to plan for the future, and the only way to do this is by collaborating across different sectors.

As a next step, United Way Ottawa will engage community partners in considering four recommendations: addressing gaps in information, creating a seniors' vulnerability index, using a common framework to meet emerging needs and building community capacity to support caregivers.

4.1 Research

Addressing Gaps in Information

To address the challenges facing seniors in our community, we need more information about their needs, particularly those who are living in suburban and rural areas. For example, more research is needed to understand the reasons why seniors are increasingly moving to or staying in the suburbs and whether this pattern is likely to continue. This type of information is essential to ensuring that we are collectively prepared to address the needs of seniors by delivering the right programs and services in the right neighbourhoods.

More research is also needed to identify the challenges experienced by seniors who are LGBTQ+, Indigenous or newcomers, or those who have disabilities. While there are recent reports on specific issues relating to some of these groups, it remains difficult to obtain a complete picture of their current challenges. Obtaining this valuable information would help to ensure that policy-makers and service providers are aware of the unique needs of these vulnerable groups so they can design and deliver

programs that respond to them effectively. Working with organizations that have established trust within these communities will be an important component of any future research in this area.

Creating a Vulnerability Index

Research reveals a clear link between the challenging circumstances some Ottawa seniors face (e.g., living on low income, providing full-time care for a sick spouse) and their level of health and well-being.

But one of the challenges of directing resources to individuals who need them the most is identifying who and where they are. A vulnerability index would integrate the broader health, social and economic factors affecting seniors and would highlight the relative level of vulnerability of seniors in each neighbourhood. If decision-makers plan to implement city-wide services or to focus interventions at a neighbourhood level, this information could be mapped to identify neighbourhoods where seniors have the greatest need.

In developing a tool that would measure the vulnerability of seniors on a variety of criteria, we can build upon existing screening tools that are specifically designed to assess the health care needs of seniors.^r The Council on Aging of Ottawa has also developed an evaluation framework to measure the age-friendliness of Ottawa, including both the social and physical environments in which seniors live.³ While we may draw upon the work of other communities to develop such a tool,^s an Ottawa-based seniors' vulnerability index would be foundational to the design and delivery of effective and coordinated investment in local programs.

An index assessing the vulnerability of seniors would help ensure that local investments and services are targeted at those who require them the most and where they will have the greatest impact—a core promise of United Way Ottawa. Armed with more information on which seniors are most at risk, community programs will be able to focus more on proactively preventing negative results, such as social isolation, rather than having to respond reactively to problems after they have arisen. Ensuring that programs and services are targeted effectively at the right seniors will be increasingly critical as the number of seniors continues to grow—and the available resources continue to shrink.

^r For example, the Clinical Frailty Scale is a nine-point scale developed by Kenneth Rockwood's team at Dalhousie University's Geriatric Medicine Research that is used to measure frailty in elderly patients. The Method for Assigning Priority Levels (MAPLE) is a tool used by health care professionals to prioritize clients' needs for the purposes of allocating resources for home care. In addition, the Changes in Health, End-stage Disease, Signs and Symptoms (CHESS) Scale measures the risk of adverse health outcomes in patients.

^s For example, the Senior Vulnerability and Density Index proposed by the Kirwan Institute in *Meeting the Challenges of an Aging Population with Success* (<http://kirwaninstitute.osu.edu/wp-content/uploads/2015/03/ki-tcf-senior-study.pdf>). Also, the index proposed by Donneth Crooks in *Development and Testing of the Elderly Social Vulnerability Index (ESVI): A Composite Indicator to Measure Social Vulnerability in the Jamaican Elderly Population* (<http://digitalcommons.fiu.edu/cgi/viewcontent.cgi?article=1239&context=etd>).

4.2 Using a Common Framework to Meet Emerging Needs

Every level of government is considering the changing demographics of the Canadian population and the implications of a dramatic growth in the number of seniors. Coincidental to the burgeoning numbers, the increasing diversity among the seniors in our community has significance for program design and service delivery for this population. For example, programs should be assessed to ensure they are culturally appropriate for Indigenous seniors and those who are newcomers to Canada. In addition, in order to address language barriers, both the City of Ottawa and the Government of Ontario already have guides outlining services for seniors that are available in many different languages. Given the high proportion of newcomer seniors who do not understand either official language, however, programs aimed at seniors should include access to interpretation services whenever possible.

If we are unprepared to meet this growing population and the increasing diversity it will bring, we risk increasing factors that contribute to seniors' vulnerability (e.g. social isolation). The development of a common framework that addresses these needs is our best opportunity to ensure we have the right services and supports in the right places. Further, all these services and supports must work together in mutually supportive ways, and that requires better coordination among funders and service providers. A common framework, developed together, would help our community better support those most in need of our assistance.

4.3 Building Community Capacity to Support Caregivers

Caregivers are an essential part of our healthcare system. But their unique contribution to the well-being of vulnerable seniors will become increasingly crucial with the dramatic increase expected in the number of seniors with disabilities, particularly those with neurological disorders that will require heightened hours of care.

A number of stakeholders have recognized the importance of addressing the impact of caregiving responsibilities on the health and well-being of caregivers.^t For example, Ontario's Ministry of Health and Long-Term Care (Ministry) is currently exploring options to better support caregivers at home and in the community over the longer term. As part of this process, the Ministry is offering funding from 2017 to 2019 to expand caregiver training and education programs in the province.

Ensuring that caregivers in Ottawa receive the assistance they require will be an important part of any strategy to support vulnerable seniors in our community. We recommend that community partners work together to better understand the challenges faced by caregivers and work to offer comprehensive and integrated supports, such as: education, personal support, respite and planning assistance to ensure that the important role that caregivers play is well supported moving forward.

^t See for example Janet Jull's report (prepared on behalf of the Canadian Association of Occupational Therapists) *Seniors caring for seniors: examining the literature on injuries and contributing factors affecting the health and well-being of older adult caregivers* and the Health Council of Canada's report *Seniors in need, caregivers in distress: what are the home care priorities for seniors in Canada?*

United Way Ottawa's Commitment Moving Forward

That our population is aging is an inescapable fact.

What it will mean to our community and our collective resources has a lot to do with how we prepare today for the inevitable changes outlined in this report. As noted earlier, the motivation for United Way Ottawa to produce this report is directly connected to the promise of our organization: to ensure our donors' dollars go where they are needed most and will have the greatest impact – today, and as our community evolves. To live by this promise, and thereby positively and sustainably change the lives of our community's most vulnerable, United Way Ottawa consistently applies five strategies to all its work. These strategies are applied in the same way when addressing the growing needs of our senior population:

Convening – No one organization, funder or level of government will achieve better outcomes for vulnerable seniors on its own.

United Way Ottawa will:

- Invite our partners around the Successful Aging Strategic Council, and in the community broadly, to work together to establish the common definitions and coordinated responses needed to better support vulnerable seniors in Ottawa and the surrounding region.
- Make the case for and encourage other funders to align their resources to those seniors most in need of our collective support.

Fundraising combined with Impactful Investing – Our donors and funding partners enable us to pursue important community goals and, in turn, we are dedicated to keeping them informed of progress and where they continue to help us push forward.

United Way Ottawa will:

- Align our donors' investments around the work required to better support vulnerable seniors – community framework building, research, effective program and service delivery, and the creation of evaluation tools.
- Continue to provide donors with the opportunity to support the many vital services and programs our partners deliver to vulnerable seniors and their caregivers.
- Present the case for government and other funders to support the development of new community tools, like a vulnerability index for seniors, and a collective local strategy that supports caregivers.

Advocacy – Government partners have acknowledged the solutions required to more effectively meet the needs of an aging population rest in a more collaborative, coherent community response. Further, while the Province of Ontario acknowledges that “one overarching plan that provides a framework for addressing the needs of vulnerable seniors”^u is needed, at present, no such focus exists.

United Way Ottawa will:

- Work with local partners to establish one voice to advocate on behalf of vulnerable seniors in our community.
- Ask the Province of Ontario to include a focus on vulnerability in their next update to Ontario’s Action Plan for Seniors.
- Collaborate with partners to be a model for other communities around the province, and in particular, our surrounding region.

Research – Lastly, as we highlighted in this report, there are several significant gaps in our knowledge and understanding of seniors and the factors that contribute to their vulnerability. If we seek to make the right investments to reduce or mitigate vulnerability, particularly as the senior population grows, as a community we require these gaps in information to be filled.

United Way Ottawa will:

- Pursue the development of common indicators and measures to reduce vulnerability, and use this data to deepen our investment in what we know to be impactful for seniors in our community.
- Engage our local institutions of higher learning, for example, in developing the tools we need to understand better and measure the effectiveness of our interventions.

It is with these tried and true strategies that United Way Ottawa will work with partners to create better outcomes for Ottawa’s vulnerable seniors – today and tomorrow.

This is our promise to our community.

^u See The Ontario Seniors’ Secretariat report *Independence, Activity and Good Health: Ontario’s Action Plan for Seniors*. 2013.

Appendix: A Lifetime of Systemic Discrimination

Year	Landmark Event	Age in 2017		
		85	75	65
		Age at Time of Event		
1969	Canada decriminalizes homosexuality.	37	27	17
1973	American Psychiatric Association removes homosexuality from the <i>Diagnostic and Statistical Manual of Mental Disorders</i> .	41	31	21
1995	Supreme Court of Canada decides that sexual orientation is protected under the <i>Canadian Charter of Rights and Freedoms</i> , even though it is not specifically listed in the equality rights section of the Charter. This decision makes it possible to overturn discriminatory laws.	63	53	43
1996	"Sexual orientation" is added to the <i>Canadian Human Rights Act</i> , which applies to goods, services, commercial premises or residential accommodation and employment under federal jurisdiction.	64	54	44
2002	Applying the Charter, the Ontario Superior Court of Justice rules that same-sex partners can marry in that province.	70	60	50
2016	Legislation is proposed (Bill C-16) to add "gender identity" and "gender expression" to the <i>Canadian Human Rights Act</i> and to the hate propaganda provisions in the <i>Criminal Code</i> to expand protection for trans and gender diverse individuals.	84	74	64

Source: From *Aging Out: Moving towards queer and trans* competent care for seniors* published by QMunity: BC's Queer Resource Centre.⁴⁰ Modified to focus on legislation and jurisprudence in Ontario and to add recent developments. Trans-gender (trans) "is an umbrella term that describes a wide range of people whose gender identity and/or expression differs from conventional expectations based on their assigned sex at birth."^{40(p1)} The asterisk (trans*) "is intended to actively include non-binary and/or non-static gender identities such as genderqueer and genderfluid."^{40(p1)}

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