

Aging Actively In Burlington



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United Way
of Burlington
& Greater Hamilton

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1. Project Background

This report is the result of a request from the United Way of Burlington and Greater Hamilton to have a better understanding concerning one of their investment priorities: *“Creating supportive neighbourhoods that enable seniors to maintain their independence and dignity.”* The United Way, through its community consultations, believes that the growing and changing seniors’ population of the City of Burlington is having difficulty meeting their basic needs and participating actively in society.

The project goal is to produce a report that will identify community opportunities and challenges to address the basic needs and well-being of seniors and to promote social inclusion and civic engagement.

Project Objectives:

1. To assess those issues and challenges previously identified and that influence the basic needs of seniors and their social and civic engagement throughout the City of Burlington.
2. To review the changing demographics of Burlington’s senior population as it affects the satisfaction of basic needs and their social and civic engagement.
3. To map clusters of seniors within the City and identify their location.
4. To map the community assets located adjacent to clusters of seniors to assess accessibility to social, community and recreational supports.
5. To outline important gaps in meeting those issues and challenges previously identified in the above objectives that influence the satisfaction of the well being of seniors and their social inclusion and civic engagement throughout the community.
6. To determine emerging social issues or concerns that affect the well being and quality of life of seniors in Burlington, particularly low income seniors.

2. Introduction

The World Health Organization describes “aging actively” as living with security, enjoying good health and full participation in society.¹ The idea of elder-friendly communities incorporates elements such as addressing basic needs, physical and mental well-being, the need for safety and security, justice, social support, dignity, opportunities for independence and meaningful participation.^{2 3 4} The Hamilton Niagara Haldimand Brant

¹ World Health Organization (WHO). *Global Age-Friendly Cities Project*. Public Health Agency of Canada http://www.phac-aspc.gc.ca/seniors-aines/pubs/age_friendly/index.htm

² Ibid

(HNHB) Local Health Integration Network (LHIN)⁵ lists the “functional supports for Healthy Aging” as access, caregiver support, wellness, basic needs and the right care in the right place. Health Canada states a new vision for healthy aging as one that

- Values and supports the contributions of older people;
- Celebrates diversity, refutes ageism and reduces inequities; and
- Provides age-friendly environments and opportunities for older Canadians to make healthy choices, which will enhance their independence and quality of life.”⁶

Functional supports for healthy aging	Details
Access	Information and navigation Diverse competence Transportation User friendly Volunteers
Caregiver support	Support Wellness Respite
Wellness	Social engagement Health promotion
Basic needs	Food shelter Safety and security
Right care, right place	Client flow Care for frail elderly Community supports Care for persons dying

Themes in these conceptual frameworks on “healthy aging” include the importance of ensuring seniors basic needs; income, food, shelter, transportation/mobility, health care... are met. Opportunities to contribute in a meaningful way and build and maintain social networks through which they experience social supports are other important themes.

The essence of healthy aging is the interconnectedness of the determining factors. For example, without adequate income, access to social supports through recreation and leisure programs become less obtainable. In addition, some aspects of community assets related to supporting seniors in community are informal. For example, a senior may access a

home care support which enables them to maintain independent living in their own home, but the home care provider provides a significant and needed social contact for the senior. Other community connections are derived from even less formal sources, such as neighbours who check up on their elder neighbours. These assets are difficult to map and require a different format for investigation regarding their impact. Those categories of assets which are more formal related to basic needs and social connections are provided within each relevant section.

³ Feldman, P., Oberlink, M., Simantov, E., Gursen, M. (2004). *A Tale of Two Older Americas: Community Opportunities and Challenges*. AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older. Centre for Home Care Policy and Research, Visiting Nurse Service of New York.

⁴ *A Guide For The Development Of A Comprehensive System Of Support To Promote Active Aging*. Public Health Agency of Canada http://www.phac-aspc.gc.ca/seniors-aines/pubs/paho/paho_toc_e.htm

⁵ Hamilton Niagara Haldimand Brant Local Health Integration Network (June 2008). *Summary Report – Implementing the Aging at Home Strategy*

⁶ Edwards, P and Mawani, A. (2006). *Healthy Aging In Canada: A New Vision, A Vital Investment, From Evidence To Action. A Background Paper Prepared For The Federal, Provincial And Territorial Committee Of Officials (Seniors)*. Public Health Agency of Canada.

The City of Burlington has the highest number and percentage of seniors among the local municipalities in Halton Region – over 46% of Halton’s seniors live in Burlington. We also know that the senior population is increasing, with an increase of 44% between 1996 and 2006. That means that seniors make up 15% of the population. The segment of the senior population

The City of Burlington has the highest number and percentage of seniors among the local municipalities in the region – over 46% of the region’s seniors live in Burlington.

important to watch are those aged 80+, a segment of the seniors’ population that doubled between 1996 and 2006 and is predicted to continue to grow. Figure 1 shows the changing shift in the percentage of seniors in the older age categories between 1996 and 2006. Figure 2 shows the gender breakout within the seniors age groups, clearly indicating that women live longer, as they make up 69% of the 85 and older age group.

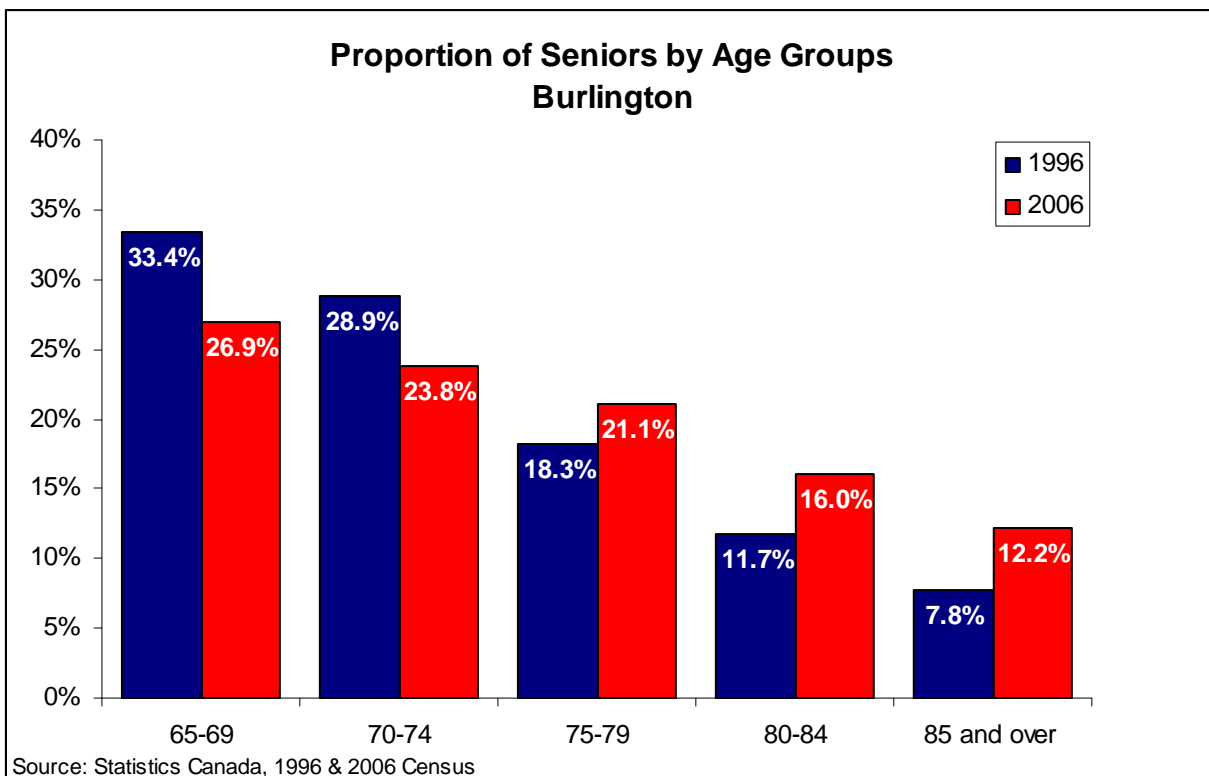


Figure 1 - Proportion of Seniors by Age Groups, Burlington

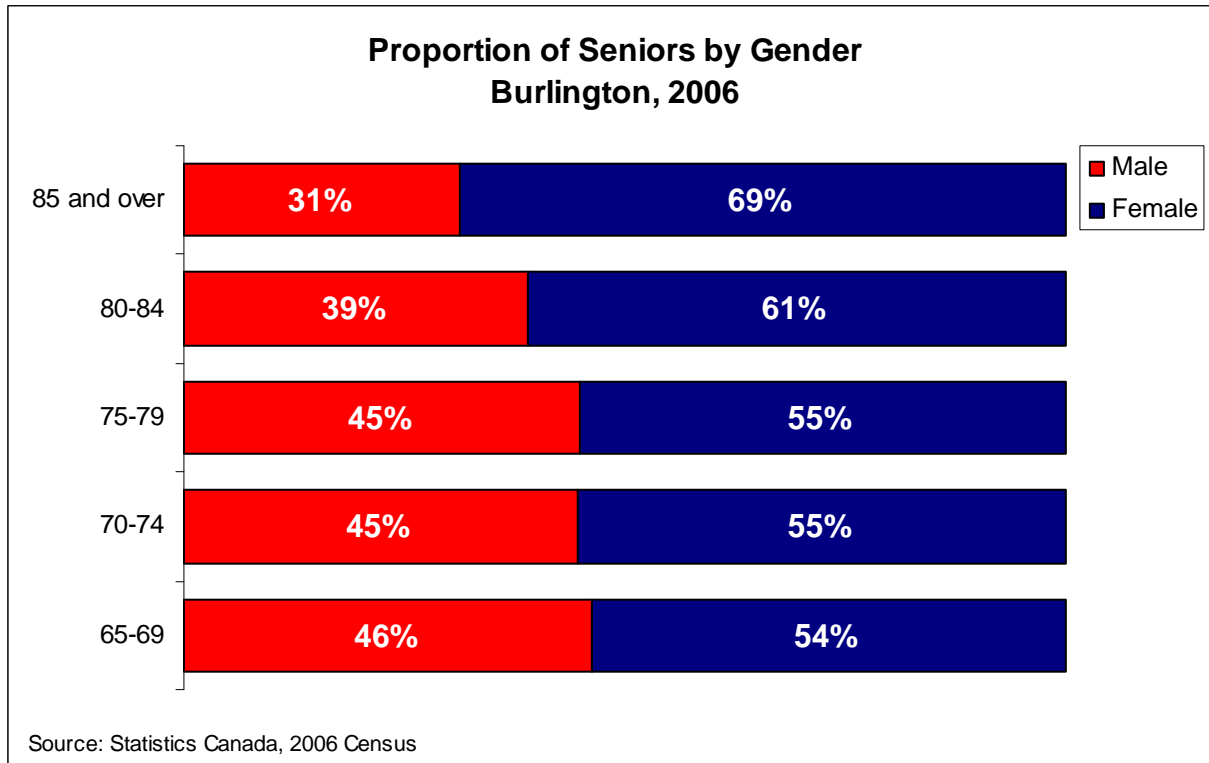


Figure 2 - Proportion of Seniors by Gender, Burlington 2006

A review of the maps show that the majority of Burlington's senior population are concentrated in the neighbourhoods below the QEW. A dissemination area with a population of approximately 500 is the smallest standard geographic unit for which most Census data is available.

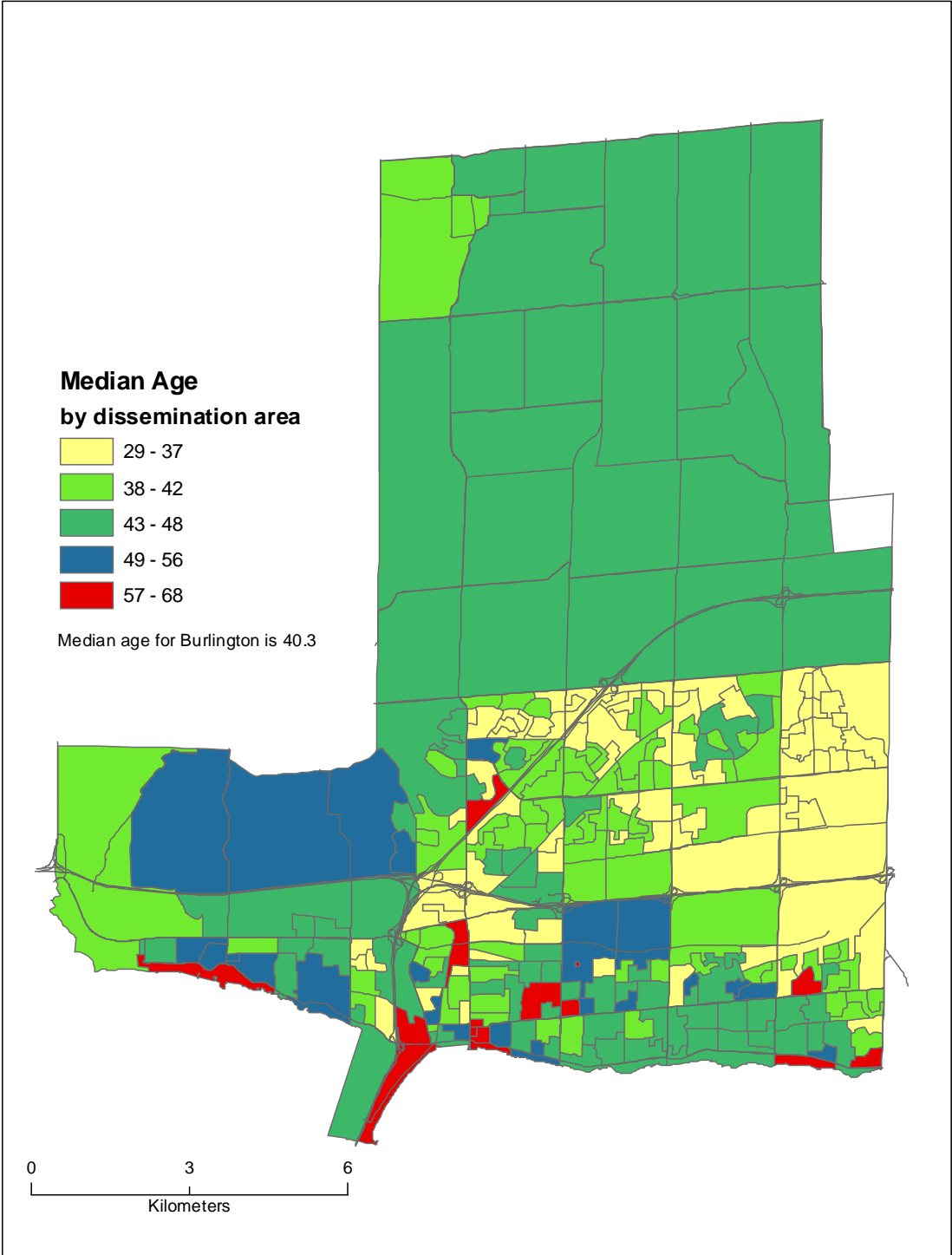
- Map A provides the median age of the population of Burlington. The median age is the age at which half of the population is above (older) and the other half is below (younger). It shows that many of the older areas in Burlington are located in south Burlington. In particular, they are located in the downtown area to Guelph Line, in Aldershot and in south-east Burlington. There is one concentration north of the QEW along Brant Street, north of the 407.
- Map B shows the distribution of seniors across the City of Burlington, which again shows that south Burlington has the highest number of seniors, although there are some higher concentrations along Brant Street north of the QEW and in Aldershot.
- Maps C through G, each show a 5 year cohort of seniors and their distribution across the City. They all show similar patterns across the various age groupings. In the "old" old groupings (80-84, 85+), the concentrations are in the Burlington downtown area or in the south-east part of Burlington, bounded by Burloak Drive, New Street and Appleby Line.

Seniors are living longer. The majority of this segment of the seniors' population are women who are at more significant risk for isolation because of factors such as low income, mobility, and social supports.

This report identifies current challenges for the growing seniors population in Burlington, through an examination of demographics and document analysis, which includes local reports when available. Along with challenges and issues the report identifies categories of formal assets that facilitate basic needs and community engagement, and maps many of those assets relative to the clusters where seniors can be found in the community. The report wraps up with recommendations on areas that require further action and/or attention to further paint the picture of supporting healthy aging for seniors in the City of Burlington.

The research is clear that those who live with disadvantage such as low income are more likely to experience poor health and premature death.

Median Age of Population, Burlington, 2006

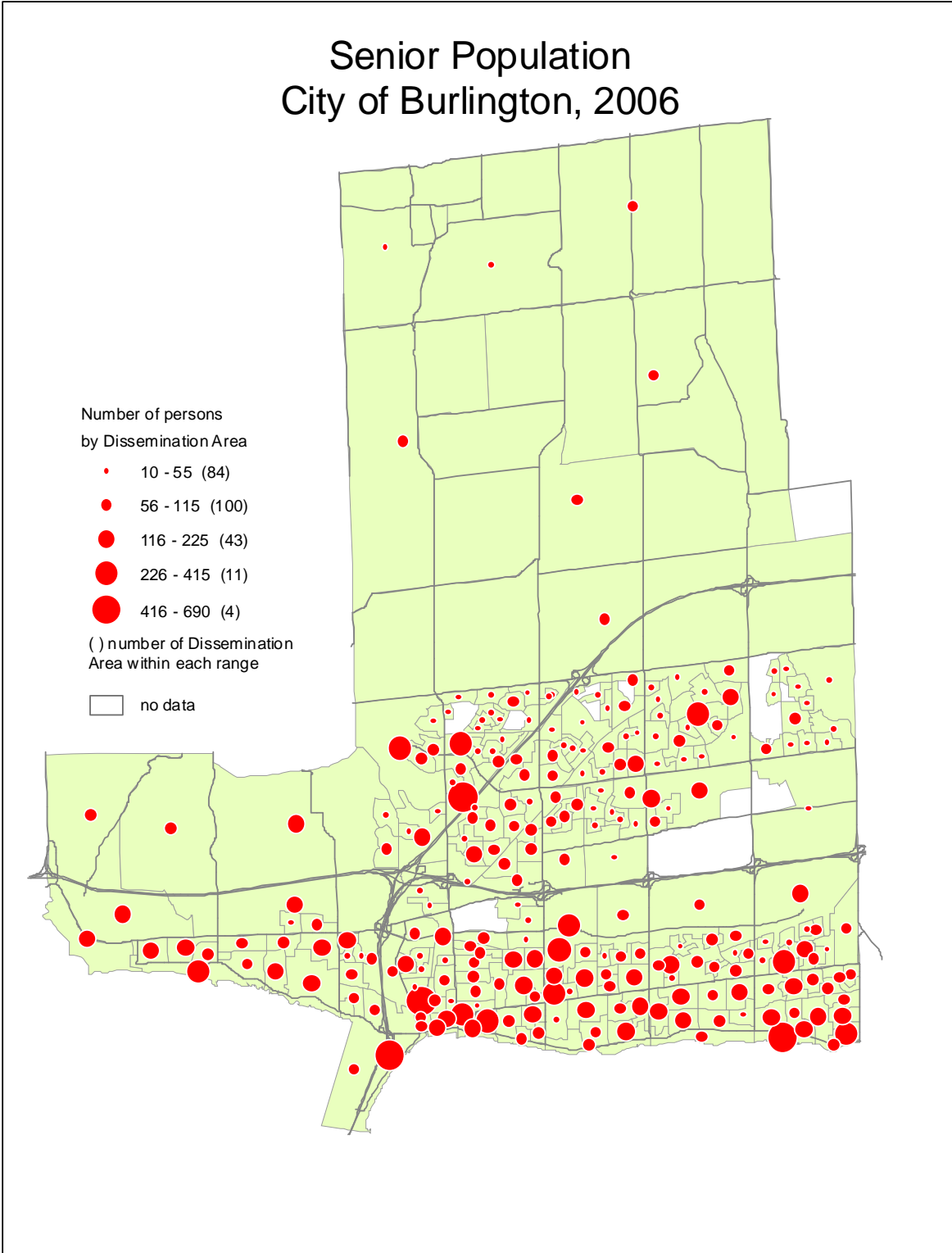


Source: Statistics Canada, 2006 Census

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Map A – Median Age of Population, Burlington 2006

Senior Population City of Burlington, 2006

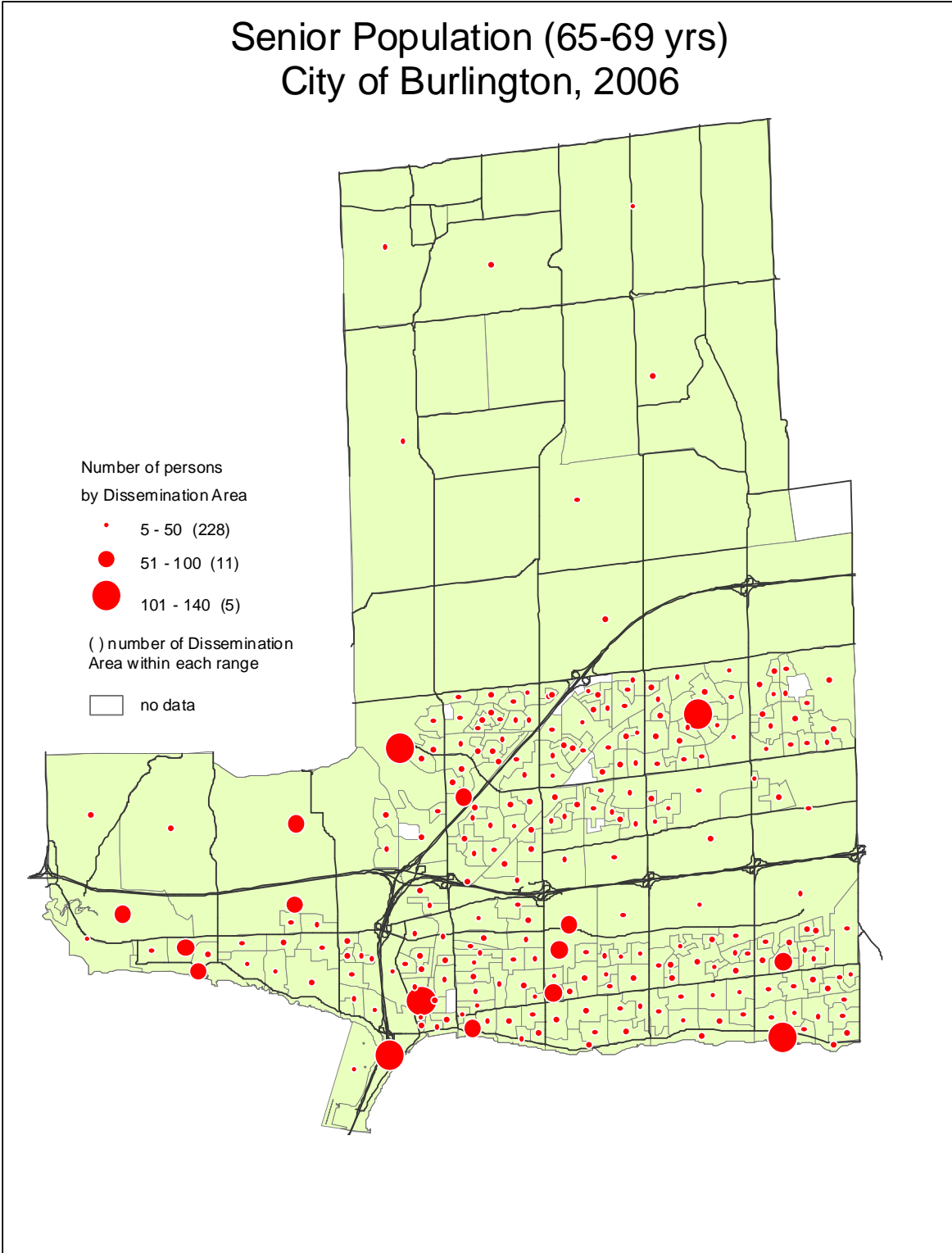


Source: Statistics Canada, 2006 Census

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Map B - Senior Population, City of Burlington, 2006

Senior Population (65-69 yrs) City of Burlington, 2006

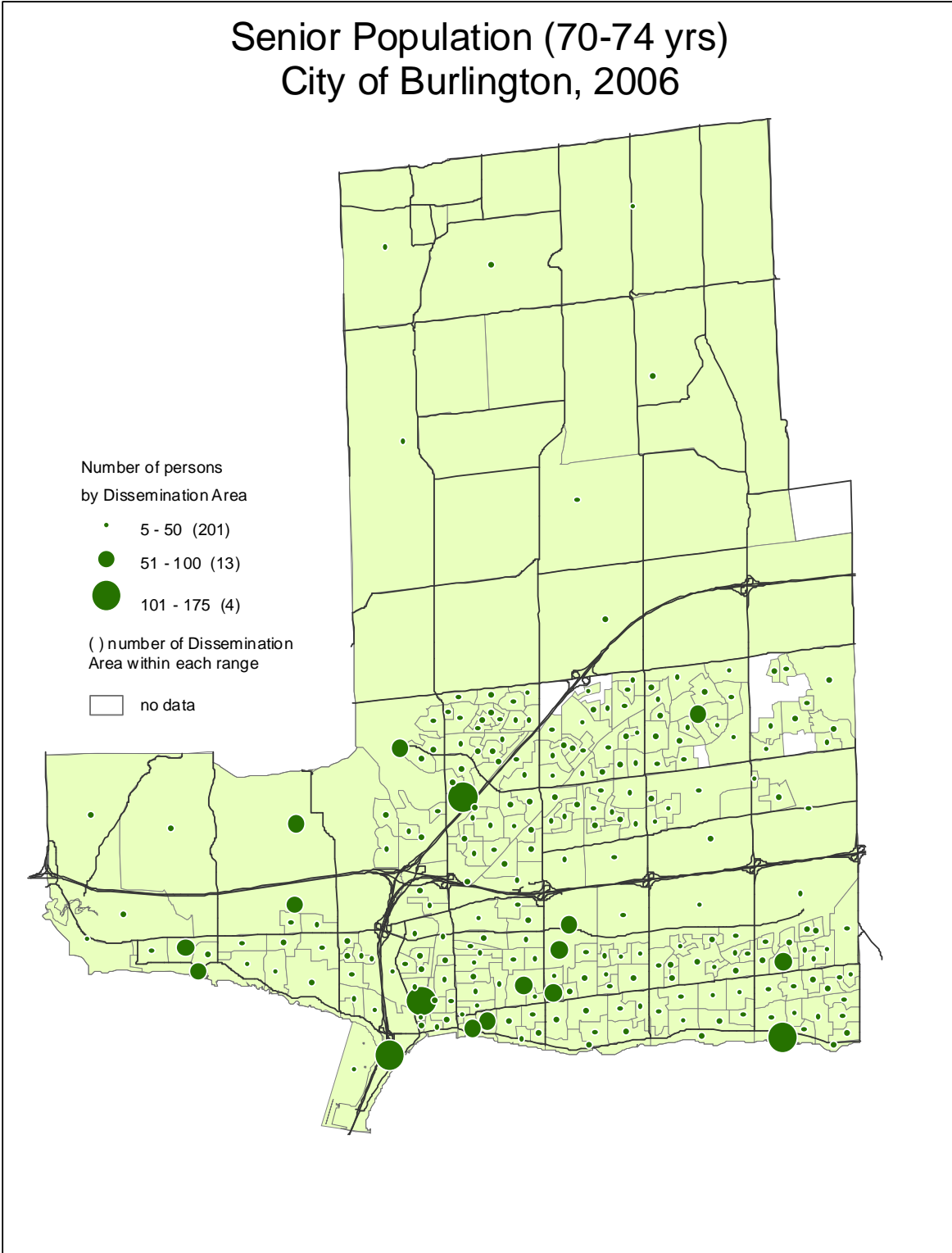


Source: Statistics Canada, 2006 Census

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Map C - Senior Population (65-69 yrs)

Senior Population (70-74 yrs) City of Burlington, 2006

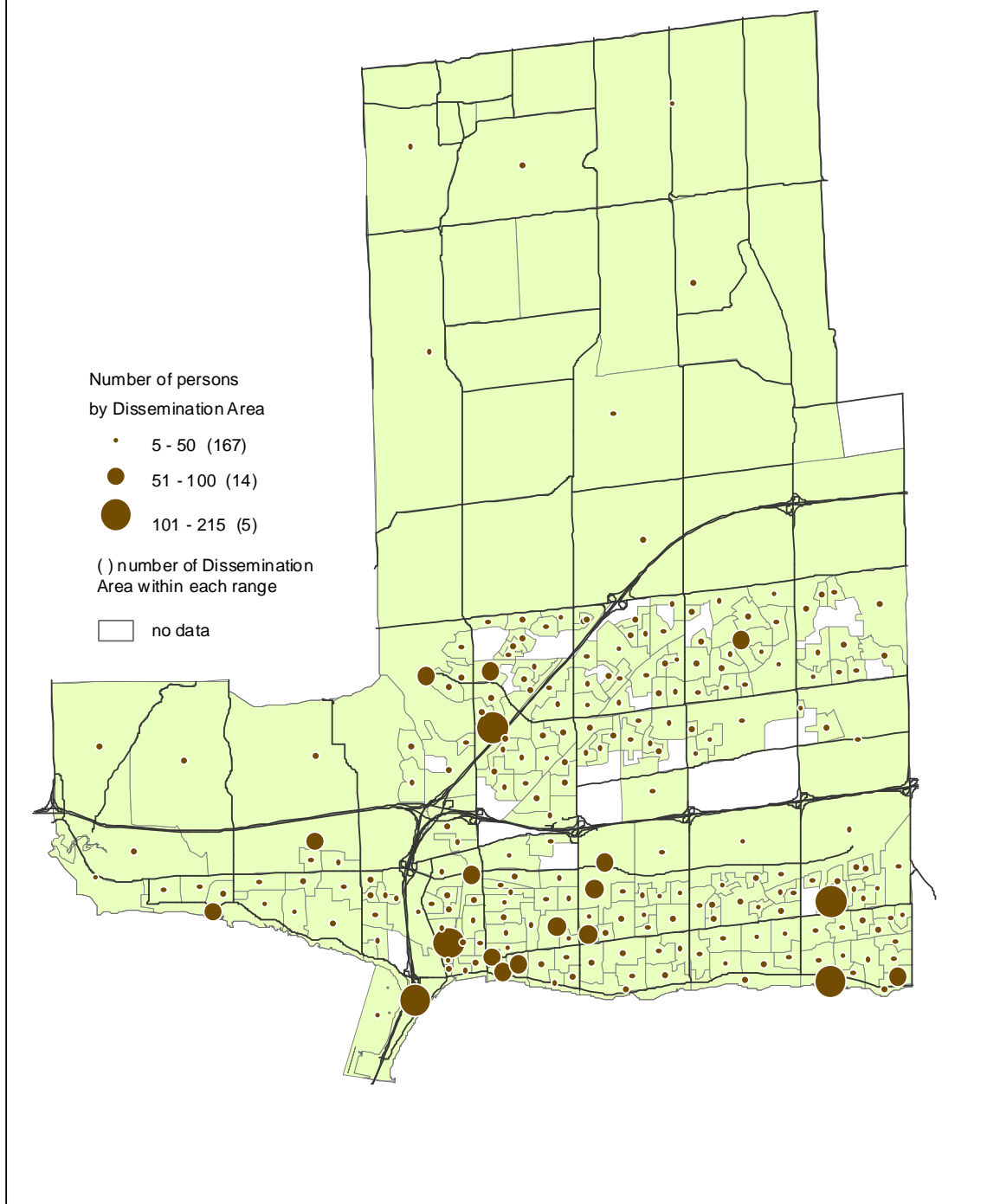


Source: Statistics Canada, 2006 Census

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Map D - Senior Population (70-74 yrs)

Senior Population (75-79 yrs) City of Burlington, 2006

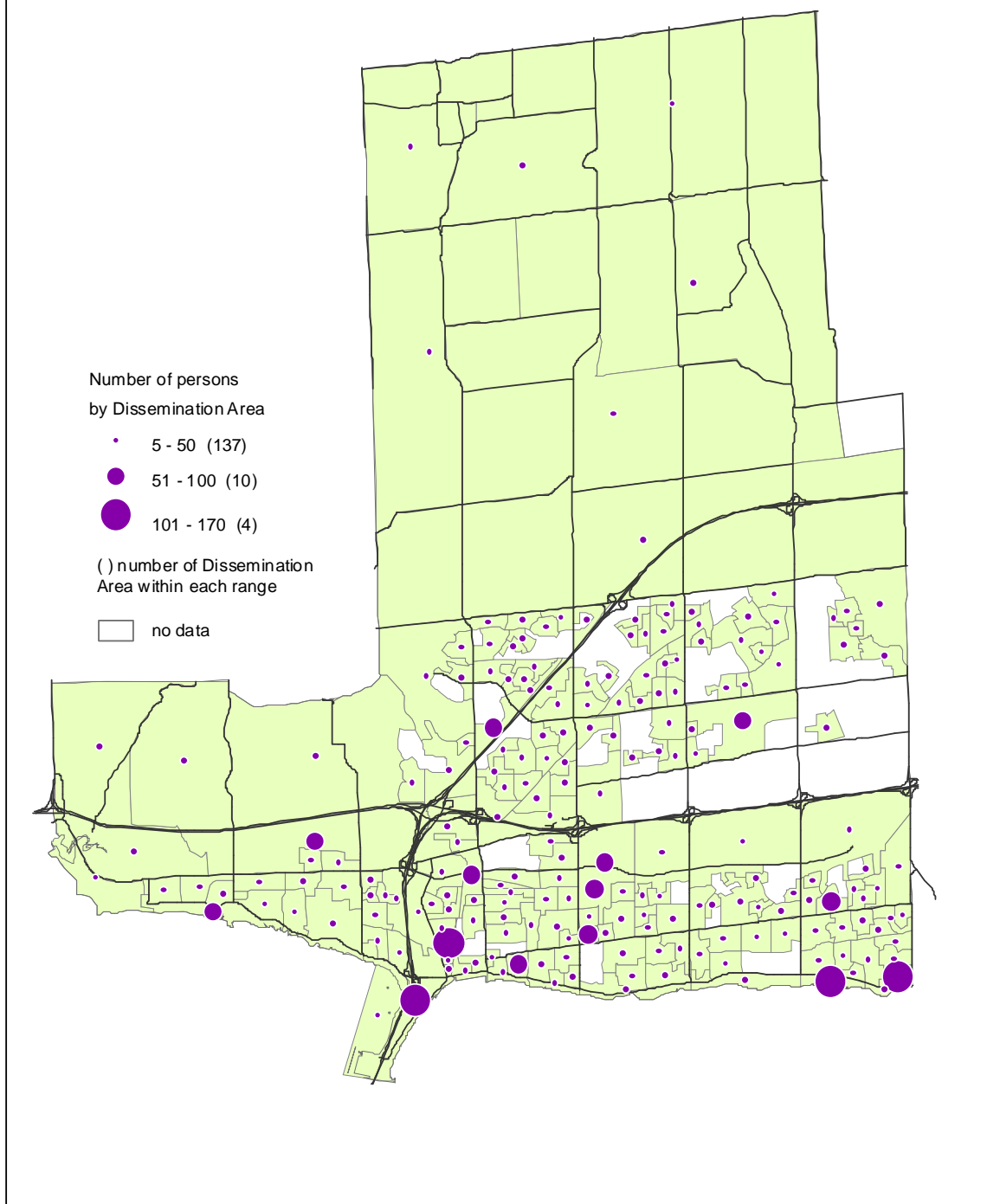


Source: Statistics Canada, 2006 Census

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Map E - Senior Population (75-79 yrs)

Senior Population (80-84 yrs) City of Burlington, 2006

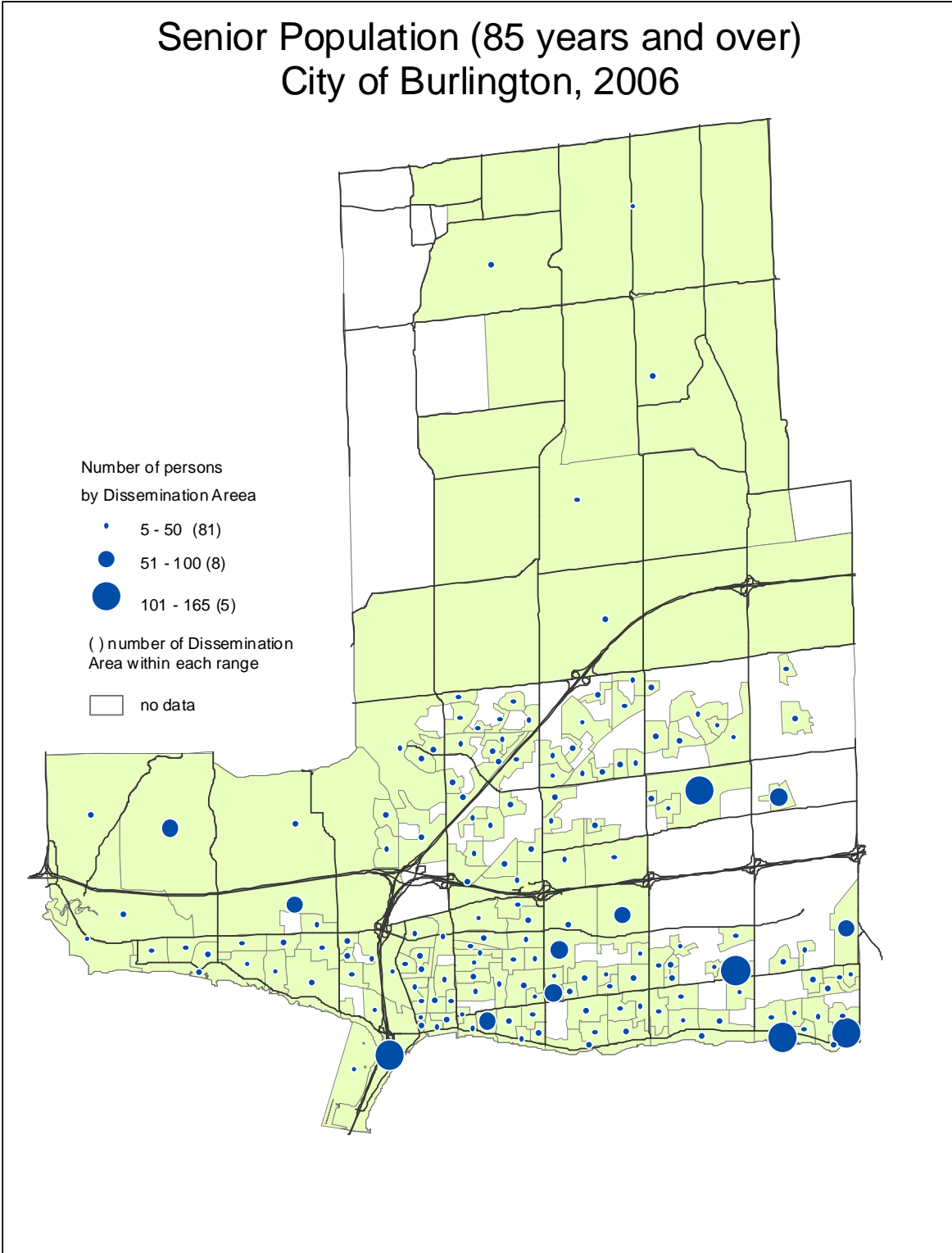


Source: Statistics Canada, 2006 Census

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Map F - Senior Population (80-84 yrs)

Senior Population (85 years and over) City of Burlington, 2006



Source: Statistics Canada, 2006 Census

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Map G - Senior Population (85 years and over)

3. Meeting Basic Needs

Drawing from the literature on seniors' quality of life and the social determinants of health, basic needs include those factors such as: income, housing, food, transportation, safety, and health care.

“At the individual level, well-being is associated with quality of life and influenced by factors such as family relationships, health, friends and community, and work.... Since an individual's situation can change over time, there is also a life-course aspect to well-being. Choices (for example, to attend university) and significant life events (such as a job loss) can alter the course of an individual's life, and thus, his or her well-being. Having access to resources helps individuals cope with major changes, or transitions, that may occur at various times in their lives.”⁷

Available local assets related to meeting basic needs
Food banks
Fresh Food Box
Grocery Stores
Grocery delivery services
Meals on Wheels
Pharmacies
Community gardens
Subsidized housing
Subsidies for recreation programs
Social programs focused on isolated seniors
Home care services
Home repair services
Literacy programs
Multicultural programs/settlement services/interpretive services
Primary care services and physicians
Health promotion programs/public health
Regional oral health services
Local transit and handy van
Banks

The key issues found in a national research study on impacts on seniors' quality of life include: access to information, health care, housing, income, safety, security, social contacts, social networks and transportation. The factors are interrelated, with one influencing another.⁸ Some breakdown has been provided below

3.1 Income

Income is often cited as the number one determinant of health as well as a significant factor in social exclusion.⁹ The experience of low income is well known to have effects on the quality of life and health of individuals, families and communities.^{10,11,12} The research is clear that those who live

⁷ *Indicators Of Well-Being In Canada*. Human Resource and Social Development Canada http://www4.hrsdc.gc.ca/content.jsp?lang=en&contentid=aboutus#header_1. Retrieved July 21, 2008

⁸ Bryant, T., Brown, I, Cogen, T., Dallaire, C., Laforest, S., McGowan, P., Raphael, D., Richard, L., Thompson, L., Young, J. (2004). *What Do Canadian Seniors Say Supports Their Quality Of Life? Findings From A National Participatory Study*. Canadian Journal of Public Health. Jul-Aug; 905(4):299-303

⁹ Edwards, P., Mawani, A (2006). *Healthy Aging in Canada: A New Vision, A Vital Investment. From Evidence to Action*. Public Health Agency of Canada

¹⁰ Canadian Council on Social Development (CCSD) (2000). *Urban Poverty in Canada Statistical Profile: Canada*. www.ccsd.ca/pubs/2000/up/b1-1.htm [accessed 1/26/2005].

with disadvantages such as low income are more likely to experience poor health and premature death.¹³

Over half (54%) of Halton's low income seniors live in Burlington. Over 10% of the seniors in Burlington are low income. A report from Canadian Municipalities indicates that for individuals to be able to participate in the community, sustain good health, form a stable base, and access adequate food and shelter, it is important to have an adequate income. An individual's poor access to community resources and low participation in community is because of their low income, which often results in isolation from the community.¹⁴ For example; if cost is a barrier to transportation it may prevent participation within community life, recreational activities, and access to technology and information.

Over half (54%) of Halton's low income seniors live in Burlington. Over 10% of the seniors in Burlington are low income.

The 2005 median total income for the population (15 yrs and over) is \$34,400. The median income for Burlington seniors is \$28,400 (about 83% of that of the population). About 11% of the seniors in Halton Region are low income. Map H shows low income seniors by location throughout the City. The map indicates that many of the low income seniors are located in south Burlington (south of the QEW). One in six (17%) of the seniors not in economic families (mostly living alone) is low income (LICO after tax). The majority (89%) of the living alone low income seniors are female.

Halton Region is a reasonably affluent community, so living with low income within that community can mean that poverty is "invisible" or over looked. As reported in a 2002 study on seniors in Burlington, while there may be some stereotypes about seniors as being wealthy, it was reported that the guaranteed income supplement for seniors is inadequate.

"Just because you are a senior, they can't assume you are wealthy. Appearances are not always what they seem. For example a senior might appear well dressed, but go to the charity shops for clothing." (p. 9)¹⁵

3.2 Living Arrangement

The living arrangement of seniors has not changed significantly – about two-thirds live with family persons (spouse, common-law partners and/or children) and one in four lives alone. Older seniors more likely live alone, with about half of the seniors (85 yrs and over) living by themselves. Map I provides the data on the seniors living alone in Burlington, following the pattern of where most seniors live.

¹¹ National Council on Welfare (NCW) (2001-02). *The Cost Of Poverty*. National Council of Welfare, 9th floor, 112 Kent Street, Ottawa, ON, K1A 0J9.

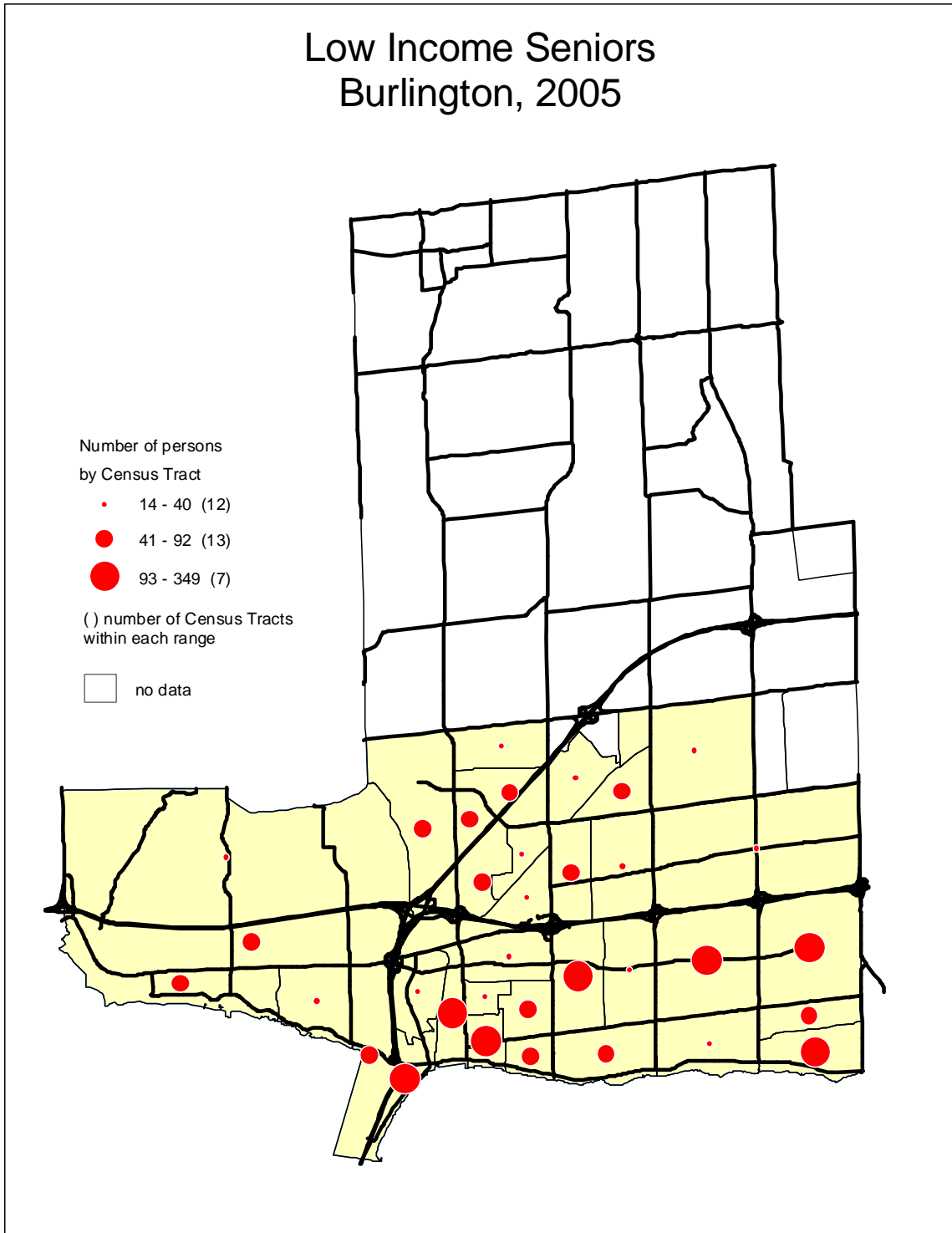
¹² Williamson, D. L. & Reutter, L. (1999). *Defining And Measuring Poverty: Implications For The Health Of Canadians*. Health Promotion International, 14, 4, 355-364.

¹³ World Health Organization (2003). *Social Determinants Of Health, The Solid Facts, Second Edition*. Richard Wilkinson and Michael Marmot (EDs). www.euro.who.int/documents.e81384.pdf

¹⁴ Arundel, C. (2003). *Falling Behind: Our Growing Income Gap*. Hemson Consulting Ltd. and Federation of Canadian Municipalities.

¹⁵ Halton Social Planning Council (2002). *Growing Old In Burlington: A Report On Seniors Trends And Issues*. Prepared for the United Way of Burlington, Hamilton-Wentworth.

Low Income Seniors Burlington, 2005

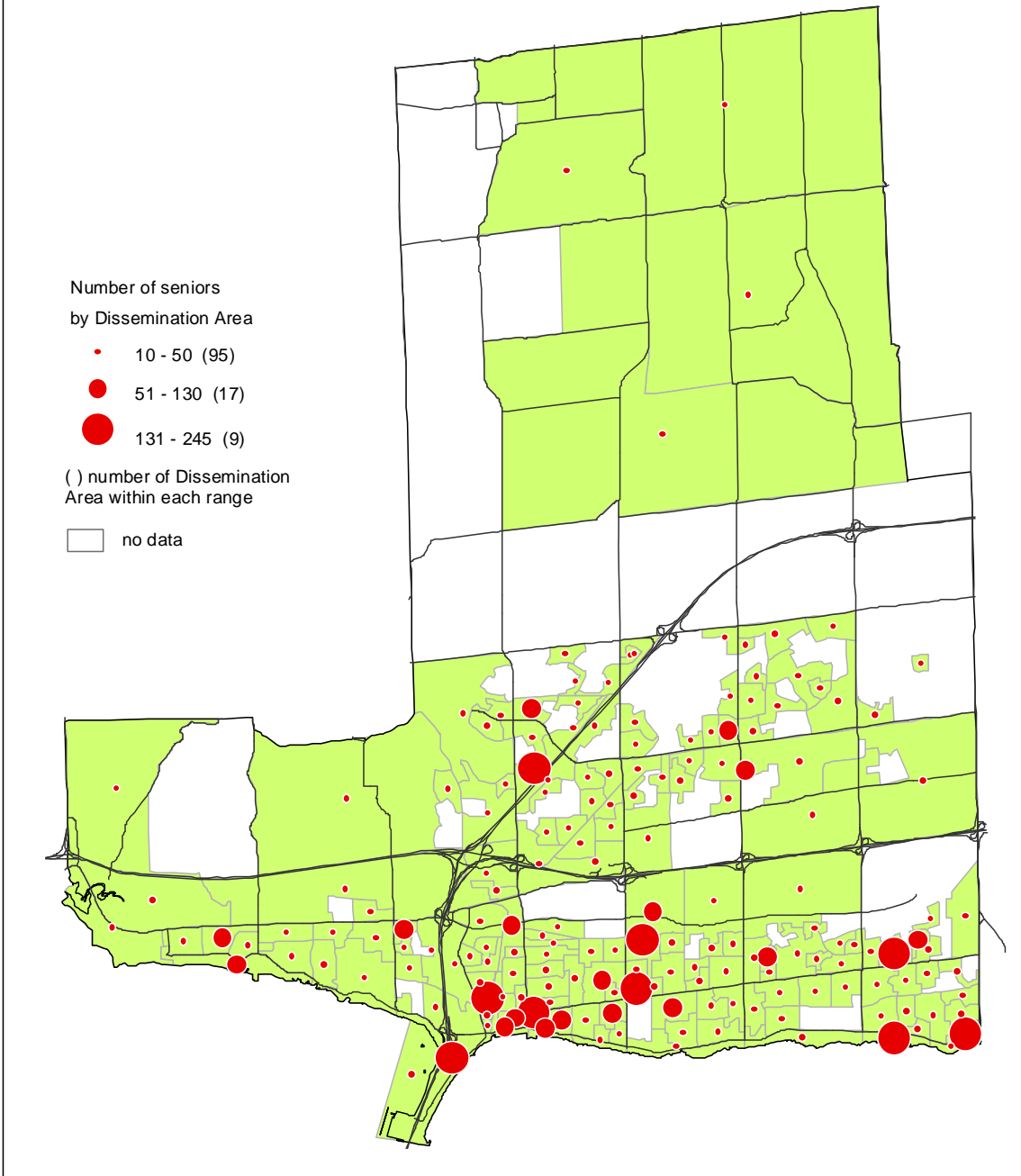


Source: Statistics Canada, 2006 Census

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Map H - Low Income Seniors, Burlington, 2005

Living alone seniors Burlington, 2006



Source: Statistics Canada, 2006 Census

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Map I - Seniors Living Alone, Burlington, 2006

3.3 Housing

The proportion of Burlington senior homeownership is slightly less than the total population; about 77% of the seniors are home owners. The younger seniors (74 years and under) have a higher homeownership rate (82%) than the total population with about one in five of the older seniors (75 years and over) being renters.

Figure 2 shows senior households by the type of dwellings they live in. About half of all seniors live in single and semi-detached houses as compared to the city average of 58%. Over one-third (36%) of the seniors live in apartment buildings, with the majority in apartments with 5 or more storeys.

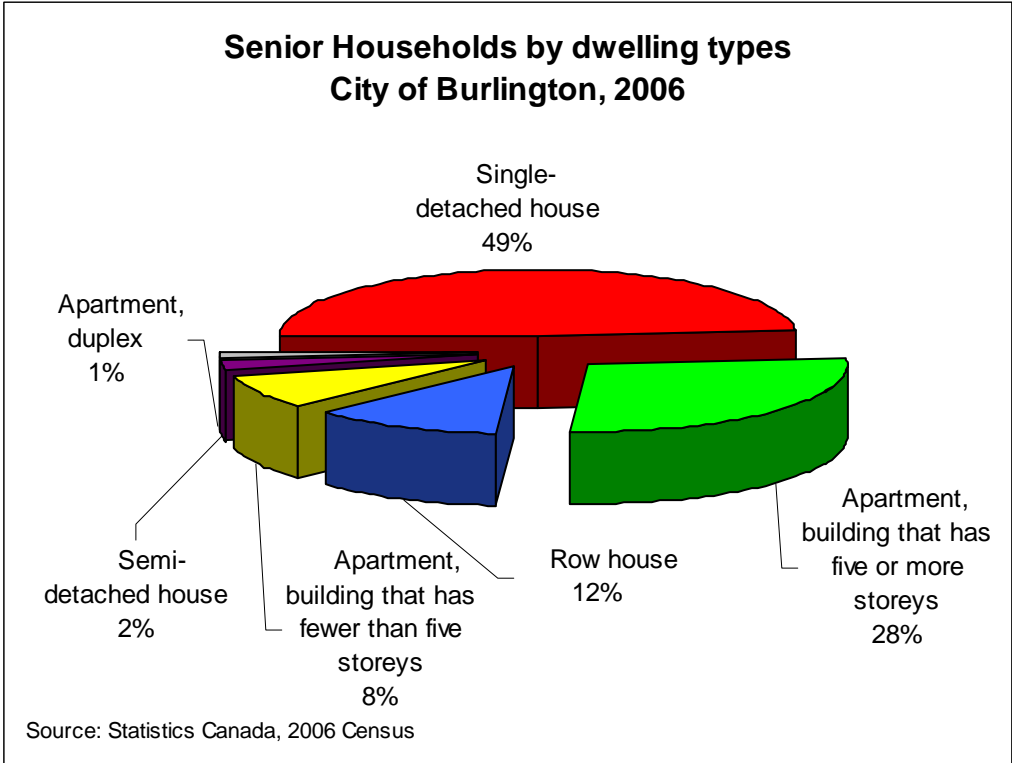


Figure 3 - Senior Households by Dwelling Types, 2006

Although housing represents an important basic need in the form of shelter, it is connected with physical health, mental health and quality of life in general.

The Halton Elderly Service Advisory Committee (ESAC) reports that 4 out of 10 senior households and 7 out of 10 seniors living alone spend over 30% of income on housing. Senior women generally spend more than 30%, because as reported above their income is generally lower. ESAC’s research indicates that the majority of seniors want to be able to remain in their communities as they age.¹⁶As a result it is suggested that housing policy needs to be coordinated with other sectors that impact the determinants of health.¹⁷

¹⁶ Halton Region’s Elderly Service Advisory Committee (2007). *The Quality of Life for Seniors in Halton – Today and Tomorrow, A Guide for Future Planning.*

Affordable and safe housing is often cited as an key element in ensuring that seniors may age in place.¹⁸

Providing a continuum of housing options is seen by many as necessary to ensure a supportive community.^{19 20} Three 'types' of senior applicable housing is typically described. One type is social housing, which is rented accommodation with financial assistance. In January 2007, there were 1,791 eligible households on the Halton Access to Affordable Housing (HATCH) waiting list (which is an increase over 2005 statistics), of which 426 are seniors and another 197 older adults aged 60-64.

Supportive housing is appropriate for those seniors who direct their own care but this type of housing accommodates for special needs. There are 7 sites across the region, with a waiting list.

Long term care/nursing homes (facilities with 24-hour/day care) and retirement homes may be privately owned or a non-profit. Map J shows the location of retirement homes and long term care/nursing homes in Burlington. The Regional long-term care facility in Burlington is Creek Way, which has a 6 to 9 month waiting list for a semi-private bed and a 9 month to 1 year wait list for other beds. There is some indication that the number of beds will not match the future demands, based on population projections for seniors. In addition, planning will also want to pay attention on the need to accommodate the increasing diversity within the senior population.²¹

¹⁷ Jones, A. (2007). *The Role of Supportive Housing for Low Income Seniors in Ontario*. Canadian Policy Research Network Report.

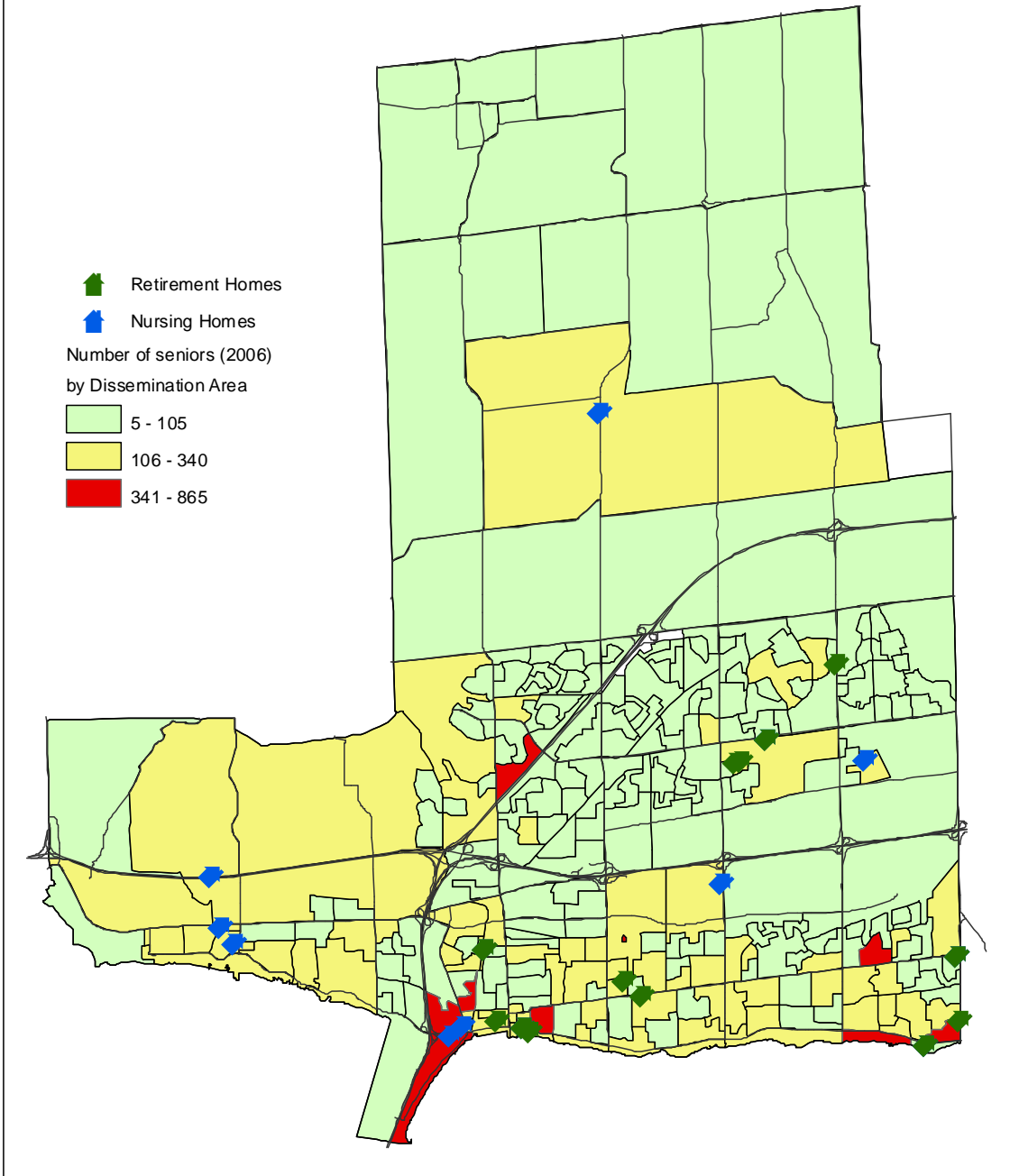
¹⁸ Canadian Institute for Health Information. (2006). *Improving the Health of Canadians: An Introduction to Health in Urban Places*. A Canadian Population Health Initiative.

¹⁹ Jones, A. (2007).

²⁰ Canadian Mortgage and Housing Corporation (2008). *Community Indicators For An Aging Population*, Research Highlight. Socio-economic series 08-014.

²¹ Halton Region's Elderly Service Advisory Committee (2007). *The Quality of Life for Seniors in Halton – Today and Tomorrow, A Guide for Future Planning*.

Location of Retirement and Nursing Homes, Burlington



Source: Statistics Canada; Halton Community Services Database

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Map J - Location of Retirement and Nursing Homes, Burlington

3.4 Food Security and Nutrition

The Ontario Association of Ontario Food Banks is raising concern about the impact of the rising cost of living and the associated increased price of food. They note that those living with fixed incomes, such as seniors, are having to make difficult choices between food and shelter, for example. Healthier food is most often more expensive than that of less nutritional value, often resulting in low quality food choices for those with fixed budgets.²² Although the research on seniors and nutritional risk is limited, research on screening for nutritional risk in a 2003 study found that 68.7% of the seniors screened were at risk and 44.4% were at high risk. Some of the factors precipitating nutritional risk included: weight change, restricted eating, low fruit and vegetable intake, difficulty chewing, cooking, getting to and doing shopping, and poor appetite.²³

3.5 Transportation

“Seniors that can no longer drive may find themselves isolated and unable to obtain necessities and access services.”²⁴ The Elderly Services Advisory Committee recommends that assistance be provided to help seniors make the transition from being a driver to using public transit and public transit alternatives (handy-van).

Transportation is a critical link to community engagement and is associated with independence.

“Whether it’s buying groceries, participation in local elections, visiting friends or obtaining medical care, the ability to get around is essential. A Statistics Canada study shows seniors with a car or access to public transportation, are more likely to leave home than those without.”²⁵

Transportation is a critical link to community engagement and is associated with independence.^{26 27}

Those seniors with diminished access to transportation are those who live in rural areas, women and those with low incomes. According to ESAC, 30% of seniors 65+ do not drive and 12% require help getting to appointments. The cost and frequency of public transit have been listed as potential barriers to participation.²⁸

²² Ontario Association of Food Banks (2008). *A Gathering Storm. The price of Food, Gasoline and Energy and Changing Economic Conditions in Ontario.*

²³ Keller, H., McKenzie, J. (2003). *Nutritional Risk in Vulnerable Community-Living Seniors.* Canadian Journal of Dietetic Practice and Research. Vol. 64(4)

²⁴ Report SS-60-07 *Halton Seniors and Public Transit*, Elder Services Advisory Committee

²⁵ Halton Region’s Elderly Service Advisory Committee (2007). P. 44

²⁶ Canadian Institute for Health Information. (2006). *Improving the Health of Canadians: An Introduction to Health in Urban Places.* A Canadian Population Health Initiative.

²⁷ Canadian Mortgage and Housing Corporation (2008). *Community Indicators For An Aging Population*, Research Highlight. Socio-economic series 08-014.

²⁸ Halton Social Planning Council (2002). *Growing Old in Burlington.* Prepared for the United Way of Burlington, Hamilton-Wentworth

3.6 Security and Safety

There are several issues that arise related to safety and security for seniors. One issue, without significant data, is elder abuse. ESAC reports that although seniors in Canada are less likely to be victims of violent crimes by strangers, they are at higher risk of violence from family members, with national statistics showing an increase between 1998 and 2003. As a result of the projected increase in the senior's population, it is believed that the elder abuse will increase as well. Elder abuse includes: physical abuse, psychological abuse, financial abuse and neglect.²⁹ Key informants in a 2002 study note that elder abuse is a real, but hidden issue.³⁰

Although already mentioned above, the local transportation system is also often noted for issues of security and safety as well as the physical accessibility of buildings in terms of the built environment.³¹

There is not a universal definition for the term “built environment” particularly as it relates to seniors. A look at the literature does reveal that it includes issues such as safety and the “walkability” of a community, so that seniors can safely access both public spaces and community resources. The connection specifically for those with a disability has been drawn between the built environment and health.

Another issue is the “built environment”. Although there is not a universal definition for this term, as it relates to seniors and safety it includes the “walkability” of a community, so that seniors can safely access both public spaces and community resources.

A less supportive environment potentially contributes to ill health (decreased physical activity) and isolation.³² Local examples of issues with the built environment include barriers to mobility and access including shopping,³³ parking or perceived hazards (particularly in winter) when accessing public spaces,³⁴ lighting, and broken sidewalks.³⁵

In Halton, 51% of injury-related visits to emergency departments made by seniors are due to falls. The external built environment and fear of falling are two factors named as contributors to seniors at risk of falls.³⁶

²⁹ Halton Region's Elderly Service Advisory Committee (2007).

³⁰ Halton Social Planning Council (2002). *Growing Old in Burlington*. Prepared for the United Way of Burlington, Hamilton-Wentworth

³¹ Canadian Mortgage and Housing Corporation (2008). *Community Indicators For An Aging Population, Research Highlight*. Socio-economic series 08-014.

³² Tucs, E. and Dempster, B. (2007). *Linking Health And The Built Environment: An Annotated Bibliography Of Canadian And Other Related Literature*. For the Ontario Healthy Communities Coalition. www.healthycommunities.on.ca

³³ Community Development Halton (2005). *Inclusive Cities, Canada-Burlington, Community Voices, Perspectives And Priorities*.

³⁴ Gamble, K. and Shanghavi, P. (2008). *Community Assessment*. Burlington Seniors' Centre.

³⁵ Halton Region's Elderly Service Advisory Committee (2007).

³⁶ Hamilton Niagara Haldimand Brant LHIN. *Year 2 Aging At Home Call For Service Plan Information*.

A sense of safety in one's own community is another important factor in security. This sense is associated with the concept of social capital, which is described below in the section on social engagement.

3.7 Primary Health Care and Mental Health

The Region of Halton and the City of Burlington continue to be designated as underserved by family physicians. There are also very few local family physicians that have geriatric training.³⁷

There is very little information on local seniors and mental health issues, and is noted as overlooked

There is very little information on local seniors and mental health issues, and is noted as overlooked. Conditions such as depression are experienced by seniors following significant life changes, loss of significant others and increased physical fragility. Some reports indicate that

one in six visits to family physicians by seniors is due to depression. Dementia is experienced by 9% of Canadian seniors and as the Halton elderly population increases, dementia will increase.³⁸

3.8 Dental and Vision Care

There is recent research that points to the connection between poor dental health and poor physical health. In Halton, 13% of seniors have not been seen a dentist in a year. Just less than half of seniors reported having seen a vision specialist within the past year. ESAC reports that both dental and vision care is influenced by the level of insurance and benefit coverage available to seniors.

3.9 Home Care and Home Supports

Thirty percent of Halton seniors need help with daily activities and this is predicted to increase with the aging population. One quarter of those aged 45-54 are currently informal caregivers for seniors, according to statistics provided by ESAC. Affordable adequate home care services and home help (e.g. home maintenance supports) have been noted as critical for those seniors who are struggling with chronic disease and/or disability and wanting to live independently in their homes.^{39 40}

The Aging at Home initiative being rolled out across the province by each Local Health Integration Network (LHIN) is in year one. Each LHIN Directional Plan for the Aging at Home Strategy was based on a community engagement process and connected to the Integrated Health Service Plan of the LHIN. The objectives defined in the Hamilton Niagara Haldimand Brant (HNHB) LHIN Directional Plan (which includes the City of Burlington) for Year One are as follows:

³⁷ Halton Region's Elderly Service Advisory Committee (2007). *The Quality Of Life For Seniors In Halton – Today And Tomorrow, A Guide For Future Planning*.

³⁸ ESAC (2007).

³⁹ Halton Social Planning Council (2002). *Growing Old In Burlington: A Report On Seniors Trends And Issues*. Prepared for the United Way of Burlington, Hamilton-Wentworth.

⁴⁰ Community Services Consulting (2007). *Aging in Place: An Neighbourhood Strategy For the City of Edmonton Community Services*.

Promote *equity of access* to services and supports for seniors across the LHIN that enhance healthy aging in the home:

- *Navigation*: Develop strategies to assist seniors, their families and caregivers secure supports for healthy aging in the home
- *Caregivers*: Increase range and scope of supports to caregivers to sustain their health, well-being and ability to support loved ones
- *Supports in the home*: Increase the range and scope of supports in the home to enhance choices for healthy aging in the home.⁴¹

Year One of Aging at Home in the HNHB LHIN funding process resulted in just over 30 proposals being funded. Proposals needed to demonstrate collaboration, and each group of funding needs to address the priority areas and at the same time a number of proposals need to be deemed innovative.

There are four first year Aging at Home Initiatives through the HNHB LHIN that are not limited to, but will impact Burlington. One project is specific to dementia and another to aphasia. Two others focus on frail seniors and coordinated care.⁴²

It is interesting to note that there were no Burlington specific initiatives, as in other communities. Some questions we might ask are whether there are Burlington specific solutions for senior's verses regional health planning approaches. What is the organizational capacity required to coordinate, plan for and implement innovations for seniors' initiatives? What are the best approaches to move Burlington forward?

Neighbourhood satisfaction and capacity to age in place can be impacted by proximity of amenities and necessary services.^{43 44} Maps K through M provide the general locations of amenities such as pharmacies, banks and grocery stores. Map K and L shows that the dispersion of pharmacies banking services are quite uniform across most of Burlington and close to areas of higher senior populations. Map M shows the location of grocery stores and Map N shows grocery stores in relation to female seniors over aged 85, one of Burlington's' most vulnerable senior groups. Maps M and N indicate that there are some areas with a grocery store within close proximity to areas where seniors live. However, the concentration of seniors in the downtown, those in the Aldershot area, as well as some other smaller pockets do not have easy access to food shopping. Burlington Transit does provide a charter for seniors to go grocery shopping every second Wednesday.

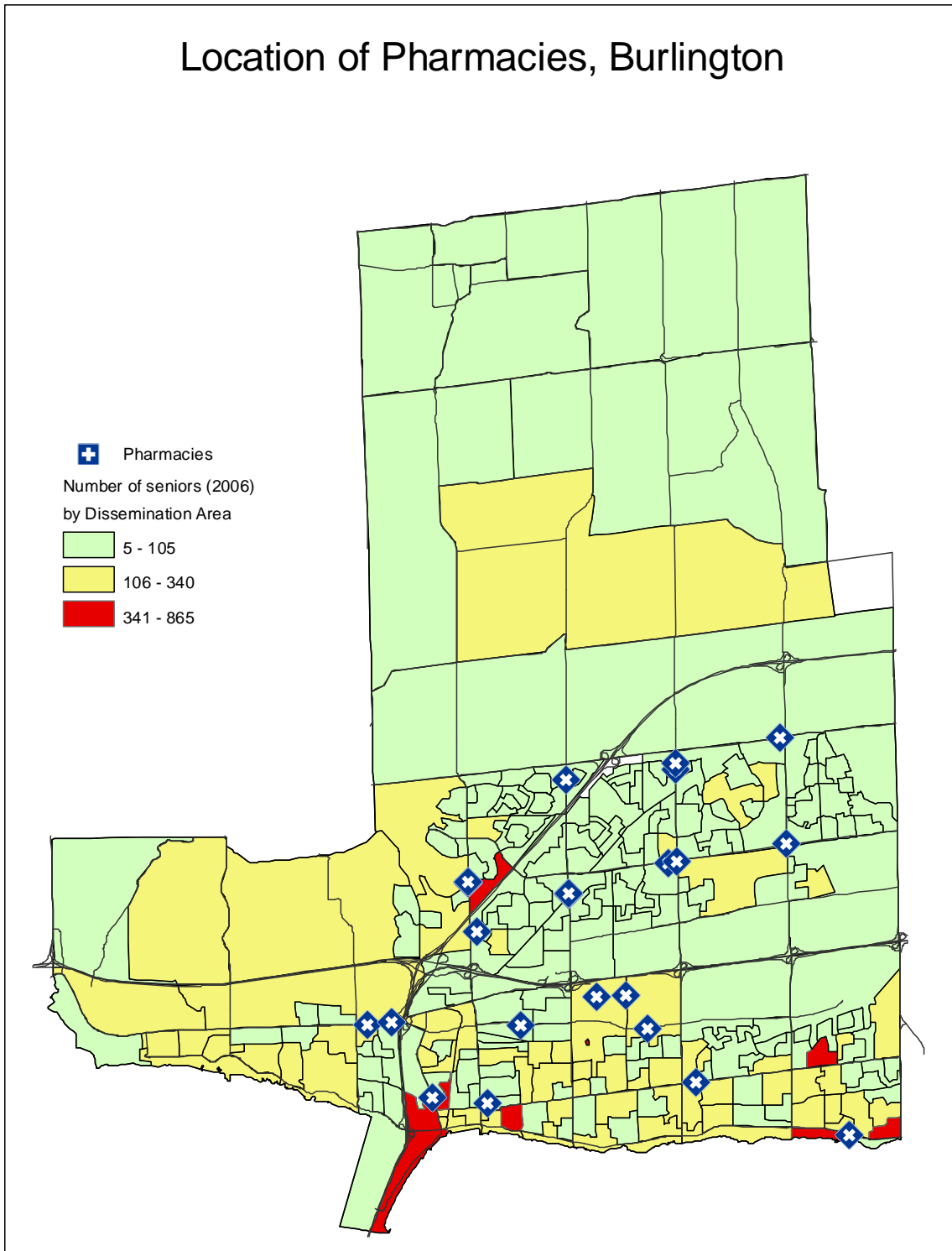
⁴¹ HNHB LHIN – *Aging at Home Directional Plan* – October 31, 2007

⁴² New aging at home strategy initiatives for seniors in HNHB LHIN, June 19, 2008

⁴³ Zimmer, Z and Chappell, N. (1997). *Rural-Urban Differences In Seniors' Neighbourhood Preferences*. In Leon Pastalan (Ed.) *Shelter And Service Issues For An Aging Population: International Perspectives*. New York: Hawthorn Press

⁴⁴ Canadian Mortgage and Housing Corporation (2008). *Community Indicators for an aging Population, Research Highlight*. Socio-economic series 08-014.

Location of Pharmacies, Burlington

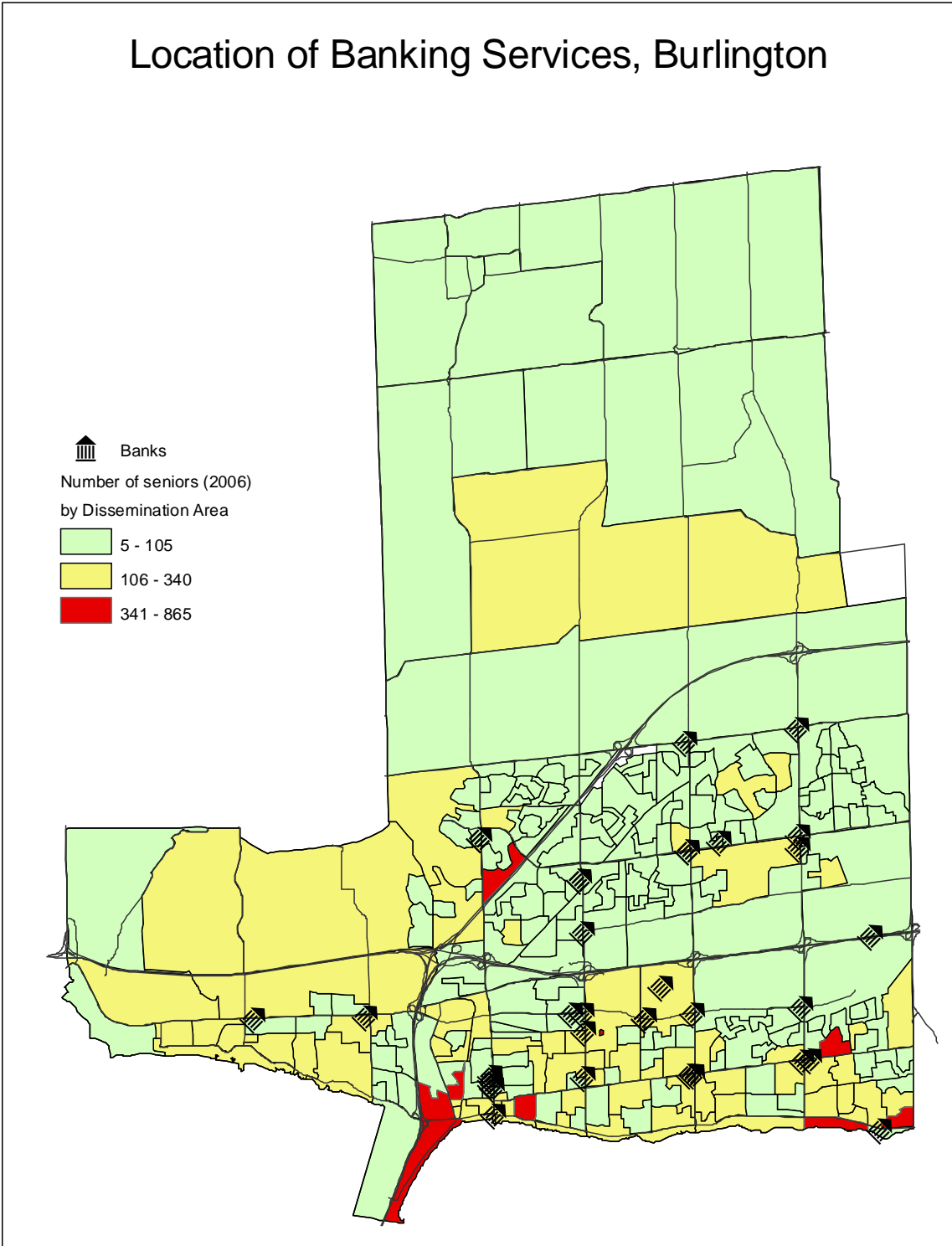


Source: Statistics Canada, Yellow pages

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Map K - Senior Population and Location of Pharmacies

Location of Banking Services, Burlington

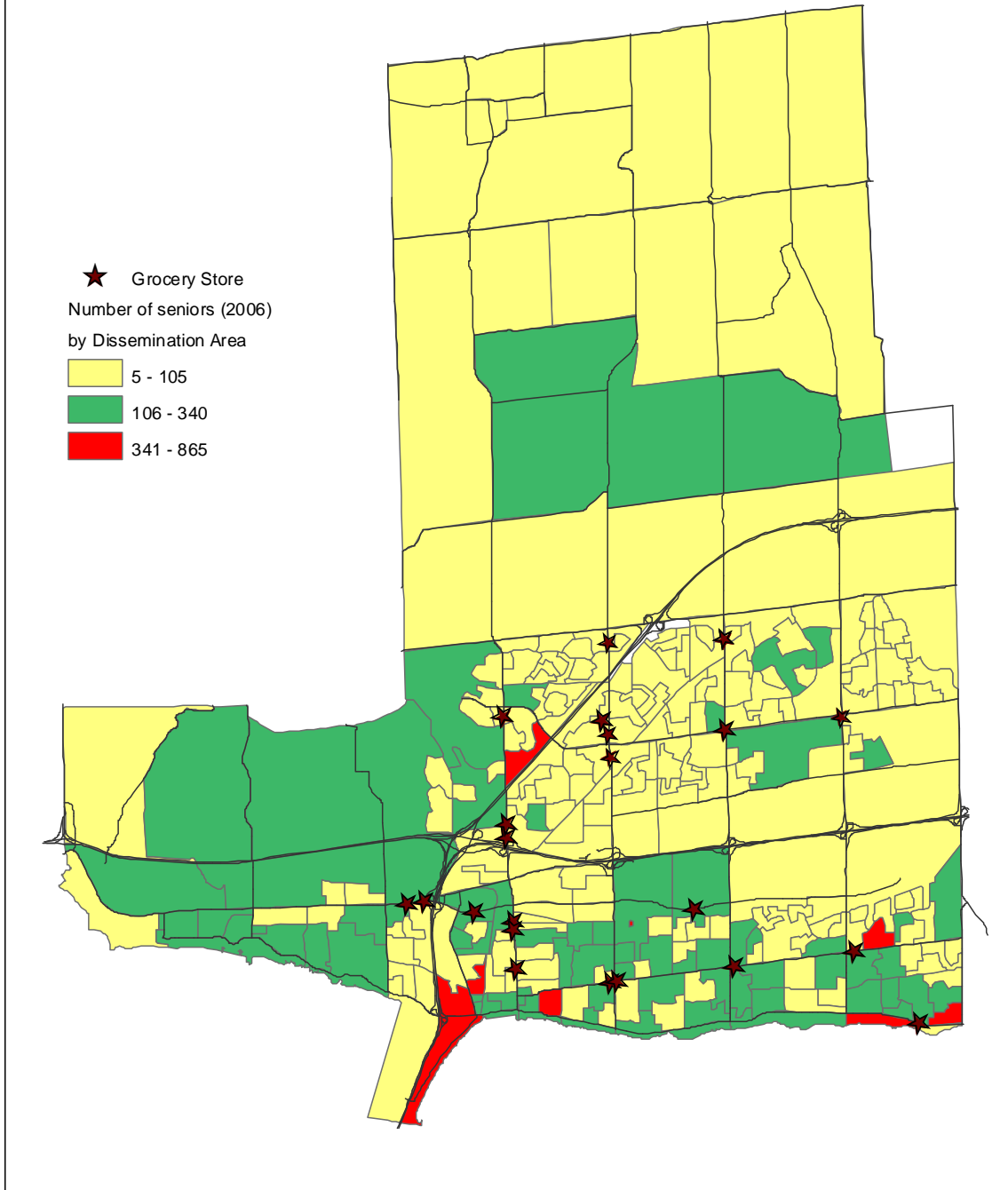


Source: Statistics Canada, Yellow pages

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Map L – Senior Population and Location of Banking Services, Burlington

Location of Grocery stores, Burlington

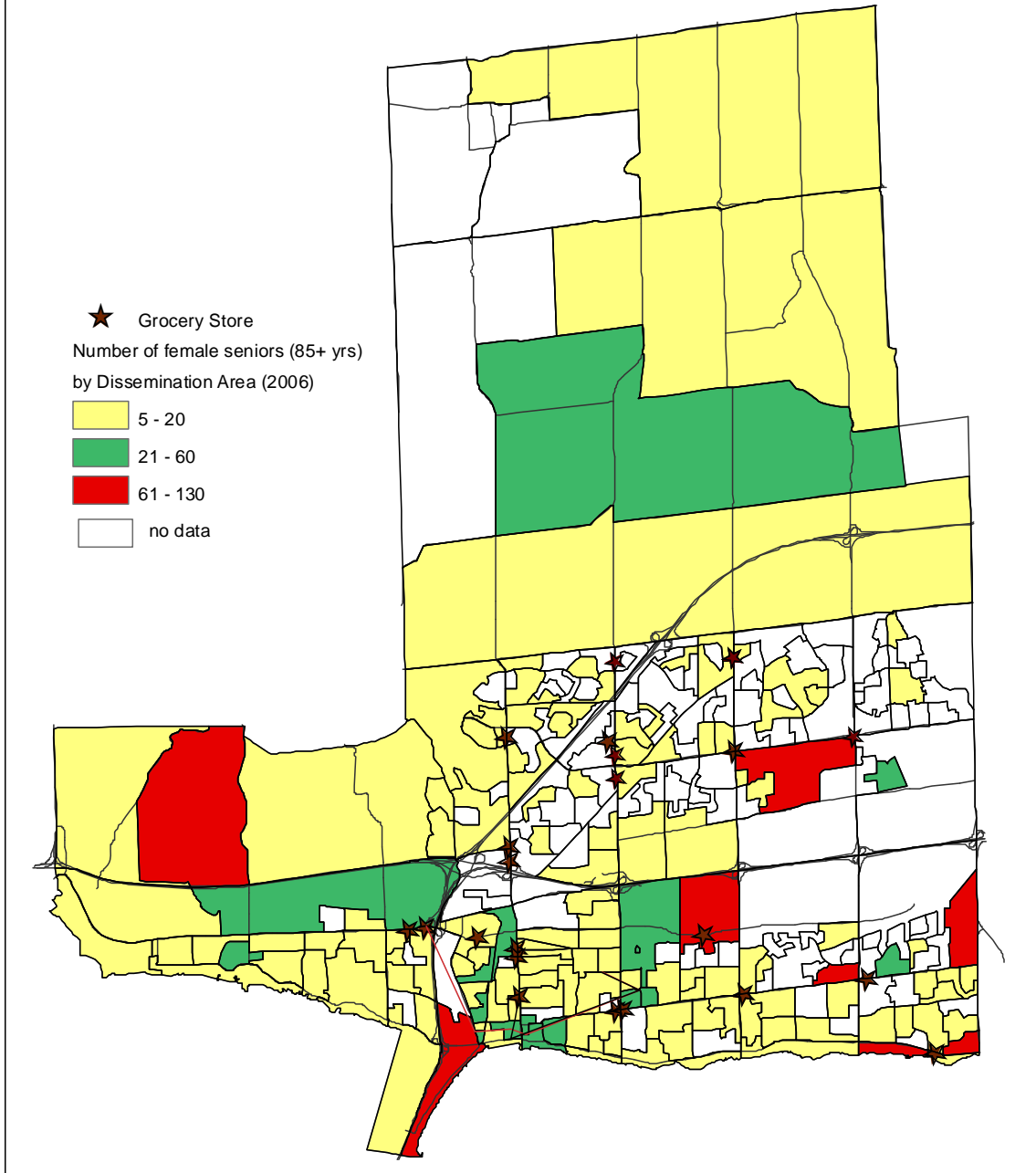


Source: Statistics Canada, Yellow pages

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Map M - Senior Population and Location of Grocery Stores, Burlington

Female Senior Population (85 yrs+) and Location of Grocery stores Burlington



Source: Statistics Canada, Yellow pages

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Map N - Female Senior Population (85 yrs+) and Location of Grocery stores, Burlington

4. Social Connectedness

Connecting with community, developing and maintaining meaningful and supportive relationships can include a variety of elements; many of these may be tied to the idea of social capital.

Social capital can be thought of in terms of the “features of social life – networks, norms, and trust – that enable participants to act together more effectively to pursue shared objectives.”⁴⁵

“Access to social capital enables older citizens to maintain productive, independent, and fulfilling lives.” (p.395)⁴⁶

Social capital can be developed in a variety of contexts, such as the regional or municipal levels. There is however, a re-emergence of research on “neighbourhood” as a space or context for the development of social connection and/or social capital. Research points to a positive correlation between social connectedness and positive physical and mental health.⁴⁷ There is also research that points to improved health at the neighbourhood level being influenced by income, physical characteristics such as walkability, housing, as well as the social characteristics such as neighbour’s willingness to intervene when there is a problem and the number of those in the neighbourhood involved as volunteers.⁴⁸

Seniors’ neighbourhood satisfaction and their capacity to age in place is influenced by many of the factors that have already been identified in this report:

- Basic needs such as banks, pharmacies, medical care and transit options

As well as those elements that are discussed in the section that follows:

- Life enrichment such as libraries and opportunities to contribute, and
- Social interaction, contact with friends and neighbours⁴⁹

Map O shows two examples of Burlington’s public assets (libraries and places of worship) where social interaction and enrichment can take place.

⁴⁵ Putnam, R. (1995). *Tuning In, Tuning Out: The Strange Disappearance Of Social Capital In America*, Political Science and Politics. p. 664-683

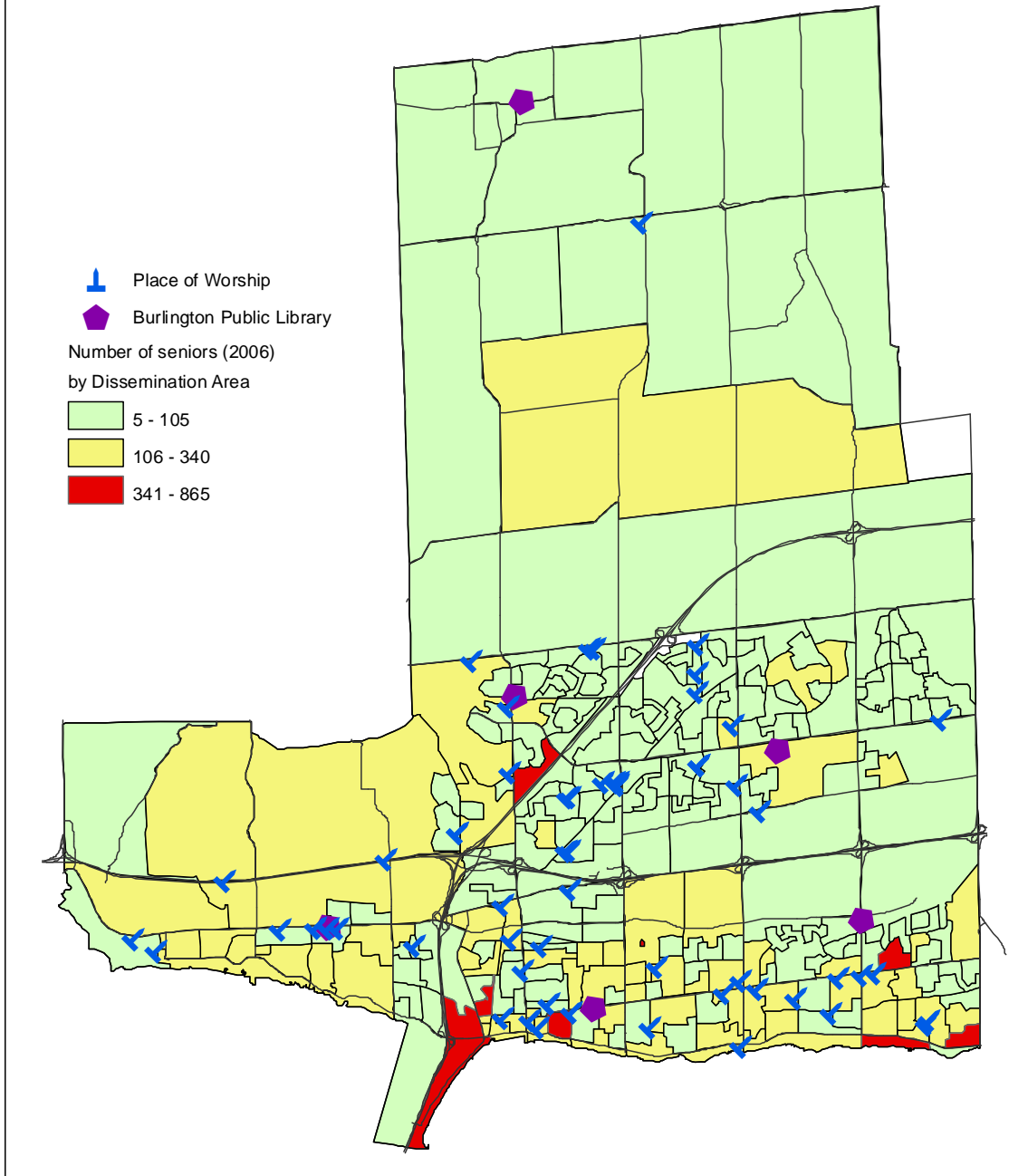
⁴⁶ Cannuscola, C., Blook, J., Kawachi, I. (2003). *Social Capital and Successful Aging: The Role of Seniors Housing*. *Annals of Internal Medicine*, 139: 395-399

⁴⁷ Edwards, P., Mawani, A (2006). *Healthy Aging in Canada: A New Vision, A Vital Investment. From Evidence to Action. A Background paper for the Federal, provincial and Territorial Committee of Officials (Seniors)*. Public Health Agency of Canada.

⁴⁸ Canadian Institute for Health Information. (2006). *Improving the Health of Canadians: An Introduction to Health in Urban Places*. A Canadian Population Health Initiative.

⁴⁹ Zimmer, Z and Chappell, N. (1997). *Rural-Urban Differences In Seniors’ Neighbourhood Preferences*. In Leon Pastalan (Ed.) *Shelter And Service Issues For An Aging Population: International Perspectives*. New York: Hawthorn Press

Location of Selected Assets Burlington



Source: Statistics Canada, Yellow pages

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Map O - Senior Population and Location of Selected Assets, Burlington

The closer the location of the amenities to a seniors' neighbourhood, the more often they get used and the greater the satisfaction with neighbourhood living and overall well-being.⁵⁰ Neighbourhood as an important place in which to age must be considered more fully.

“...human contact and aging are healthy features of life; and the more seniors are engaged and visible in their neighbourhood, the more likely they will receive help before a problem escalates to a crisis. Engagement not only prevents social isolation, it creates opportunities for seniors to seek help or for others to observe changes in the senior’s ability to manage.”⁵¹

For the purposes of this report, social connectedness has been divided into two sections: i) civic connections that engage related to social change and ii) social engagement (social support).

4.1 Civic Engagement

Civic engagement refers to those activities that an individual might be involved with that result in change through their contribution in community.

Available Local Asset related to civic engagement
Volunteer opportunities
Governance opportunities (committees, opportunities to effect policy)
Social action groups

A 2006 national report on volunteering and giving shows that 11.8 million Canadians aged 15+ volunteered their time with charities and non-profit organizations, with the top 25% of volunteers contributing 77% of the volunteer hours. When comparing average number of hours given, seniors (those aged 65+) gave the most.⁵² Other data shows that those aged 65+ are more likely to volunteer for religious reasons (50%) or because their friends volunteer (34%).⁵³

The top three reasons that Canadians list as reasons for volunteering are: making a contribution to community, using their skills and experience and feeling affected by a cause.⁵⁴ It is easy to see how involvement through volunteering would allow seniors to contribute in a meaningful way or to be productive as they effect change.

In the same study, seniors also report the following barriers to volunteering:

- Poor health (58%);
- Have already made a volunteer contribution (43%);
- Gave money instead (45%);
- No extra time (39%);
- Not interested (28%);
- No one asked them to (27%);

⁵⁰ ibid

⁵¹ Community Services Consulting (2007). *Aging In Place: An Neighbourhood Strategy For The City Of Edmonton Community Services.*

⁵² Hall, M, Lasby, D., Tyron, C. (2006). *Caring Canadians, Involved Canadians: Highlights From The Canadian Survey Of Giving, Volunteering And Participating.*

⁵³ Lasby, D. (2004). *The Volunteer Spirit In Canada: Motivation And Barriers.* Canadian Centre for Philanthropy Canada

⁵⁴ Hall, M, Lasby, D., Tyron, C. (2006). *Caring Canadians, Involved Canadians: Highlights From The Canadian Survey Of Giving, Volunteering And Participating.*

- The associated costs (17%)⁵⁵

Recent research is now correlating volunteering and positive health benefits such as decreased incidents of heart disease, diabetes and cardiovascular disease.⁵⁶ Other benefits include the development of social networks, increased self-esteem and confidence, skills development, feeling needed and valued.⁵⁷

Comprehensive local data on seniors as volunteers in Burlington is not available. Anecdotally we know that there are seniors involved as volunteers in a large variety of organizations in a myriad of capacities. Examples include the large number of volunteers involved at the Burlington Seniors' Centre and within committees at both the municipal and regional levels.⁵⁸

4.2 Social Engagement

Statistics Canada, reporting on findings from the Canadian Community Health Survey, found that there was a relationship between sense of belonging in community with general and mental health. Some variations on the data show the relationship as stronger with age and lower with lower income.⁵⁹ Halton data from the survey reveals that 50% of seniors have a strong sense of community belonging. In addition most Halton seniors report a high level of social support. This declines with increasing age, with 8% reporting no close relatives and 14% with no close friends, which puts this group of seniors at risk for isolation.

Available Local Asset Related To Social Engagement
Transportation
Municipal Recreation programs and services
Neighbourhood associations
Faith Groups
Multicultural groups
Friendly visiting programs
Arts/Hobby groups
Sporting associations/clubs
Program for isolated seniors
Support groups
Adult day programs
Work/employment opportunities
Caregiver support groups
Malls
Intergenerational programming
Community spaces

⁵⁵ ibid

⁵⁶ Edwards, P., Mawani, A (2006). *Healthy Aging In Canada: A New Vision, A Vital Investment. From Evidence To Action. A Background Paper For The Federal, Provincial And Territorial Committee Of Officials (Seniors)*. Public Health Agency of Canada.

⁵⁷ Halton Region's Elderly Service Advisory Committee (2007). *The Quality Of Life For Seniors In Halton – Today And Tomorrow, A Guide For Future Planning*.

⁵⁸ Community Development Halton (2005). *Inclusive Cities, Canada-Burlington, Community Voices, Perspectives And Priorities*.

⁵⁹ Statistics Canada. *Community Belonging: Self-Perceived Health: Early CCHS Findings*. January to June 2005. www.statcan.ca

As we age the number of people in our social networks decline.

...seniors tend to have condensed social networks, which are characterised by increased emotional closeness but also increased vulnerability, as there are fewer people on whom to rely and the risk of loss is greater.” (p. 16)⁶⁰

Diversity

About 6% of the residents in Burlington speak neither English nor French at home on a regular basis. Over 7% of seniors speak a non-official language at home – (top non-official home languages are: Italian, Punjabi, German and Chinese). Between 2001 and 2006, the visible minority population in Burlington has increased by 40%; the visible minority seniors have almost doubled (89%). About six in every ten (58%) visible minority seniors are Chinese and South Asians.

Reflecting the growing diversity, the Halton Region strategic plan for seniors includes:

“support a culture that promotes the changing diversity of our population.”

“Language and isolation are identified as the main issues for immigrant elders. Several key informants comment on the difficulties that immigrant elders have in communicating, even with their own families, when they are not able to speak English. Physical isolation, when seniors are left alone at home during the daytime, is also raised as an issue.”⁶¹

Seniors social connections can be made through a variety of contexts:

- Non-traditional health and social services such as recreational programming,
- Work settings
- Intergenerational programming
- Care giving roles and the social networks developed through those roles

Barriers to social connections might include:

- Care giving roles and the time that it takes
- Transportation issues
- Income
- Role loss through the loss of a spouse and living alone
- Language barriers

There is little analysis on the impact of increasing diversity on seniors in local municipalities like Burlington.

Mobility and Living Arrangements

The changes associated with the loss of a spouse includes potential for decreased mobility and income, as well as increased housing and home maintenance issues and possibly loneliness, which are factors as mentioned earlier that put one at risk of isolation.⁶²

⁶⁰ Edwards, P., Mawani, A (2006). *Healthy Aging In Canada: A New Vision, A Vital Investment. From Evidence To Action. A Background Paper For The Federal, Provincial And Territorial Committee Of Officials (Seniors)*. Public Health Agency of Canada.

⁶¹ Halton Social Planning Council (2002). *Growing Old in Burlington*. Prepared for the United Way of Burlington, Hamilton-Wentworth. p. 17

⁶² Community Development Halton. (2006). *A Social Profile Of Burlington*.

The proportion of married seniors (61%) is higher than the total population (56%) – the proportion of widowed seniors is almost five times higher (28% vs. 6%) than the general population

The living arrangement of seniors has not changed significantly with about two-thirds living with family persons (spouse, common-law partners and/or children) and one in four living alone.

Older seniors are more likely to live alone with about half of the seniors (85 yrs and over) living by themselves. Between 1996 and 2001, about 45% of the residents changed residences in Burlington. Seniors are less mobile, only one-quarter (25%) of them moved to a different address; they age in place.

Non-traditional health services, such as recreation services, can be important facilitators of the establishment of the broader determinants of health for seniors,^{63 64} including social supports and opportunities for social networking.

Work

Social connections can be made through work. About 25% of Burlington seniors reported employment income for 2005. Younger seniors are still active in the work force; about one in four seniors (74 years and under) worked in 2005, half worked mostly part time and half worked mostly full time. A higher proportion (30%) of male younger seniors was in the work force than female seniors (20%). Less than 6% of the older seniors (75 years and over) worked in 2005, most of them worked part time.

The trend in seniors working beyond the traditional age of 65 is a source of social networks. However, to maintain even a part-time work routine a senior needs to find themselves in adequate health.

Intergenerational Connections

Other seniors are caregivers for children and/or their spouses, which can be a rewarding social role and opportunity for contribution but with the potential for stress.⁶⁵ In the Census, data was collected on unpaid work, which does not include volunteer work for a non-profit organization, a religious organization, or a charity group. According to the 2006 Census, about one in four younger Burlington seniors (74 years and under) spent time looking after children (most likely in their role as grandparent), with most of them spending less than 5 hours per week.

Related forms of social contacts are those that can be made through intergenerational programming. A Halton Social Planning Council (now Community Development Halton) project

⁶³ Mannell, R. (1999). *Older Adults, Leisure and Wellness*. Journal of Leisurability. Vol 26(2).

⁶⁴ Kleiber, D.A. and Maynard, S.S. (2005). *Using Leisure Services To Build Social Capital In Later Life: Classical Traditions, Contemporary Realities, And Emerging Possibilities*. Journal of Leisure Research, Vol. 37.

⁶⁵ Brink, S. (2004). *Elder Care: The Nexus For Family, Work And Health Policy*. Caledon Institute of Social Policy.

report notes that benefits of intergenerational programming develops positive attitudes towards aging in youth and the seniors the opportunity “to become involved in their communities...received support to remain independent and active”.⁶⁶ Other benefits for seniors include increased self-esteem and well-being.⁶⁷

5. Suggestions for Action

Host a Seniors' Roundtable and engage stakeholders, such as seniors, funders, service providers, senior organizations, faith communities, the Burlington Seniors' Advisory Committee and Inclusivity Committee and Halton Region's Elder Seniors Advisory Committee and others to look at Burlington's organizational capacity to coordinate, plan and work together to implement the creation of supportive environment(s) for seniors in Burlington.

Considering that “A community is not truly great until it is great for everyone”, the Roundtable would discuss the following issues and other related topics as appropriate:

- Continue conversations already started with seniors in Burlington about the importance of place, neighbourhood, and location of basic services and amenities, and opportunities for civic and social engagement as it relates to active and healthy aging
- Investigate the role of intergenerational opportunities related to satisfying and healthy aging in one's own community
- Further assess available supports and gaps in supports in relation to seniors that are a risk of isolation. Discuss the possibility of policy changes to support this growing segment of the seniors' population
- Discuss with seniors and transportation experts about the best approach to support their transition from driving to the use of public transportation as a measure to maintain independence and active living
- Investigate housing through the eyes of seniors and the importance of a range of housing options (including affordable housing). Discuss how housing is connected to neighbourhoods, the built environment, the coordination of health and social services, social and recreational opportunities and city planning
- Assess the impact of informal supports to aging at home that have a positive impact in Burlington for seniors feeling supported for healthy aging

⁶⁶ Colarusso Kelly, L. *Halton Intergenerational Project, March 1994 To March 1997*. For Halton Social Planning Council and Volunteer Centre.

⁶⁷ Colarusso Kelly, L. *Halton Intergenerational Project Final Report, March 1994 To March 1997*. For Halton Social Planning Council and Volunteer Centre

- Continue to work towards collaborative efforts in service delivery between service providers, funders, agencies, and faith communities
- Create education and awareness for seniors and the broader community on the opportunities for engagement for seniors that exist in Burlington

6. Fast Facts – Burlington Seniors

Age and Gender

- Between 1996 and 2006, the number of seniors has increased by 44% to 25,425 persons representing 15% of the total population - **one in seven of Burlington's residents is a senior**
- Burlington has the highest number and percentage of seniors among the local municipalities in Halton – **over 46% of Halton Region's seniors live in Burlington**
- The number of seniors over 80 years of age has doubled in size – **seniors are living longer**
- The ratio between female and male seniors (80 yrs and over) is about 2:1 – **female seniors outlive their male counterparts**

Marital Status

- The proportion of married seniors (61%) is higher than the total population (56%) – **the proportion of widowed seniors is almost five times higher (28% vs. 6%) than the general population**
- Less than 2% of the seniors is in common-law relationship

Living Arrangement

- The living arrangement of seniors has not changed significantly – **about two-thirds live with family persons (spouse, common-law partners, children) and one in four lives alone**
- Older seniors are more likely to live alone – **about half of the seniors (85 yrs and over) live by themselves**

Housing tenure and dwelling

- The proportion of senior homeownership is slightly less than the total population – **about 77% of the seniors are home owners**
- The younger seniors (74 years and under) have a higher homeownership rate (82%) than the total population – **about one in five of the older seniors (75 years and over) are renters**
- About half of all seniors live in single and semi-detached houses as compared to the city average of 58% - **over one-third (36%) of the seniors live in apartment buildings, the majority in apartments with 5 or more storeys**

Mobility

- Between 1996 and 2001, about 45% of the residents changed residences in Burlington – **Seniors are less mobile, only one-quarter (25%) of them moved to a different address – they age in place**

Education attainment

- Although there is a higher proportion of seniors (27%) with no certificate, diploma or degree as compared to the total population (16%) – **About 11% of the seniors possess an apprenticeship, trade certificate or diploma as compared to 7% for the total population**
- About one in six of the seniors has a university diploma, certificate or degree.

Labour force

- Younger seniors are still active in the work force – **about one in four seniors (74 years and under) worked in 2005, half worked mostly part time and half worked mostly full time**
- A higher proportion (30%) of male younger seniors was in the work force than female seniors (20%)
- Less than 6% of the older seniors (75 years and over) worked in 2005, most of them worked part time

Unpaid work

- Unpaid work does not include volunteer work for a nonprofit organization, a religious organization, charity group etc. **About one in four younger seniors (74 years and under) spent time looking after children (most likely grandchildren or great grandchildren) without pay – most of them spent less than 5 hours per week**

Language spoken regularly at home

- About 6% of the residents in Burlington speaks neither English nor French at home on a regular basis – **Over 7% of the seniors speaks a non-official language at home – (top non-official home languages are: Italian, Punjabi, German and Chinese)**

Visible Minority

- Between 2001 and 2006, the visible minority population in Burlington has increased by 40% - **the visible minority seniors have almost doubled (89%)** from 560 to 1,060
- **About six in ten (58%) visible minority seniors are Chinese and South Asians**

Income and earnings

- About 25% of the seniors reported employment income for 2005, the median employment income was \$2,225 (half of the seniors with employment income earned below and half earned above \$2,225)
- The 2005 median total income for population (15 yrs and over) is \$34,400 – **The median income for seniors is \$28,400 (about 83% of that of the population)**
- About 9.3% of the seniors in Halton Region are low income – **Over half (54%) of Halton's low income seniors live in Burlington**
- **Over 10% of the seniors in Burlington are low income (2,578)**
- **One in six (17% or 1,095) of the seniors not in economic families (mostly living alone) is low income (LICO after tax). The majority (89% or 975) of the living alone low income seniors are females.**

References

A Guide For The Development Of A Comprehensive System Of Support To Promote Active Aging. Public Health Agency of Canada http://www.phac-aspc.gc.ca/seniors-aines/pubs/paho/paho_toc_e.htm

Arundel, C. (2003). *Falling Behind: Our Growing Income Gap.* Hemson Consulting Ltd. and Federation of Canadian Municipalities.

Brink, S. (2004). *Elder Care: The Nexus For Family, Work And Health Policy.* Caledon Institute of Social Policy.

Bryant, T., Brown, I, Cogen, T., Dallaire, C., Laforest, S., McGowan, P., Raphael, D., Richard, L., Thompson, L., Young, J. (2004). *What Do Canadian Seniors Say Supports Their Quality Of Life? Findings From A National Participatory Study.* Canadian Journal of Public Health. Jul-Aug; 905(4):299-303

Canadian Council on Social Development (CCSD) (2000). *Urban Poverty in Canada Statistical Profile: Canada.* www.ccsd.ca/pubs/2000/up/b1-1.htm [accessed 1/26/2005].

Canadian Institute for Health Information. (2006). *Improving the Health of Canadians: An Introduction to Health in Urban Places.* A Canadian Population Health Initiative.

Canadian Mortgage and Housing Corporation (2008). *Community Indicators For An Aging Population,* Research Highlight. Socio-economic series 08-014.

Cannuscola, C., Blook, J., Kawachi, I. (2003). *Social Capital and Successful Aging: The Role of Seniors Housing.* Annuals of Internal Medicine, 139: 395-399

Colarusso Kelly, L. *Halton Intergenerational Project, March 1994 To March 1997.* For Halton Social Planning Council and Volunteer Centre.

Colarusso Kelly, L. *Halton Intergenerational Project Final Report, March 1994 To March 1997.* For Halton Social Planning Council and Volunteer Centre

Community Development Halton (2005). *Inclusive Cities, Canada-Burlington, Community Voices, Perspectives And Priorities.*

Community Development Halton. (2006). *A Social Profile Of Burlington.*

Community Services Consulting (2007). *Aging in Place: An Neighbourhood Strategy For the City of Edmonton Community Services.*

Edwards, P and Mawani, A. (2006). *Healthy Aging In Canada: A New Vision, A Vital Investment, From Evidence To Action. A Background Paper Prepared For The Federal, Provincial And Territorial Committee Of Officials (Seniors).* Public Health Agency of Canada.

Feldman, P., Oberlink, M., Simantov, E., Gursen, M. (2004). *A Tale of Two Older Americas: Community Opportunities and Challenges.* AdvantAge Initiative 2003 National Survey of Adults

Aged 65 and Older. Centre for Home Care Policy and Research, Visiting Nurse Service of New York.

Gamble, K. and Shanghavi, P. (2008). *Community Assessment*. Burlington Seniors' Centre.

Hall, M, Lasby, D., Tyron, C. (2006). *Caring Canadians, Involved Canadians: Highlights From The Canadian Survey Of Giving, Volunteering And Participating*.

Halton Region's Elderly Service Advisory Committee (2007). *The Quality of Life for Seniors in Halton – Today and Tomorrow, A Guide for Future Planning*.

Halton Elder Services Advisory (2007). Committee Report SS-60-07 *Halton Seniors and Public Transit*

Halton Social Planning Council (2002). *Growing Old In Burlington: A Report On Seniors Trends And Issues*. Prepared for the United Way of Burlington, Hamilton-Wentworth.

Hamilton Niagara Haldimand Brant Local Health Integration Network (June 2008). *Summary Report – Implementing the Aging at Home Strategy*

Hamilton Niagara Haldimand Brant LHIN. *Year 2 Aging At Home Call For Service Plan Information*.

Human Resource and Social Development Canada *Indicators Of Well-Being In Canada*. http://www4.hrsdc.gc.ca/content.jsp?lang=en&contentid=aboutus#header_1. Retrieved July 21, 2008

Jones, A. (2007). *The Role of Supportive Housing for Low Income Seniors in Ontario*. Canadian Policy Research Network Report.

Keller, H., McKenzie, J. (2003). *Nutritional Risk in Vulnerable Community-Living Seniors*. Canadian Journal of Dietetic Practice and Research. Vol. 64(4)

Kleiber, D.A. and Maynard, S.S. (2005). *Using Leisure Services To Build Social Capital In Later Life: Classical Traditions, Contemporary Realities, And Emerging Possibilities*. Journal of Leisure Research, Vol. 37.

Lasby, D. (2004). *The Volunteer Spirit In Canada: Motivation And Barriers*. Canadian Centre for Philanthropy Canada

Mannell, R. (1999). *Older Adults, Leisure and Wellness*. Journal of Leisurability. Vol 26(2).

National Council on Welfare (NCW) (2001-02). *The Cost Of Poverty*. National Council of Welfare, 9th floor, 112 Kent Street, Ottawa, ON, K1A 0J9.

Ontario Association of Food Banks (2008). *A Gathering Storm. The price of Food, Gasoline and Energy and Changing Economic Conditions in Ontario*.

Putnam, R. (1995). *Tuning In, Tuning Out: The Strange Disappearance Of Social Capital In America*, Political Science and Politics. p. 664-683

Statistics Canada. *Community Belonging: Self-Perceived Health: Early CCHS Findings*. January to June 2005. www.statcan.ca

Tucs, E. and Dempster, B. (2007). *Linking Health And The Built Environment: An Annotated Bibliography Of Canadian And Other Related Literature*. For the Ontario Healthy Communities Coalition. www.healthycommunities.on.ca

Williamson, D. L. & Reutter, L. (1999). *Defining And Measuring Poverty: Implications For The Health Of Canadians*. *Health Promotion International*, 14, 4, 355-364

World Health Organization (WHO). *Global Age-Friendly Cities Project*. Public Health Agency of Canada http://www.phac-aspc.gc.ca/seniors-aines/pubs/age_friendly/index.htm

World Health Organization (2003). *Social Determinants Of Health, The Solid Facts, Second Edition*. Richard Wilkinson and Michael Marmot (EDs). www.euro.who.int/documents.e81384.pdf

Zimmer, Z and Chappell, N. (1997). *Rural-Urban Differences In Seniors' Neighbourhood Preferences*. In Leon Pastalan (Ed.) *Shelter And Service Issues For An Aging Population: International Perspectives*. New York: Hawthorn Press