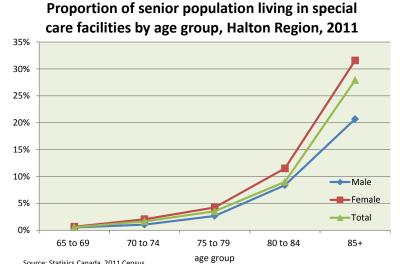


## **Seniors in Special Care Facilities**

In Canada, in 2011, more than 350,000 seniors aged 65 and over lived in special care facilities such as nursing homes<sup>1</sup>, chronic care and long-term care hospitals<sup>2</sup> and residences for seniors. They represent over 7% of the total senior population. The proportion of seniors in special care facilities increases as they age.

In general, most seniors prefer to live in their private dwellings. However, as discussed in a CMHC report<sup>3</sup> on housing transitions for seniors, there are a number of factors that influence seniors to move from private dwellings to special care facilities. Some of the factors include: health status, availability of care at home, income, social support, supply of beds in special care facilities, education, marital status, living arrangement, policies and programs in the seniors' province of residence.

In Halton, about 6% of all seniors (4,000+ individuals) lived in one of these collective dwellings.4 Over 85% of those residents were from Burlington and Oakville. The majority of seniors lived in one of two major types of special care facilities. Over half (58%) lived in nursing homes, chronic care and long-term care hospitals. Another 40% lived in residences for senior citizens that provide support services (such as meals, housekeeping, medication supervision, assistance in bathing) and supervision for elderly residents who are independent in most activities of daily living.5



The proportion of seniors living in special care facilities increases significantly past the age of 75. For the 80 to 84 age group, one in 12 (8.4%) seniors lived in collective dwellings. For those aged 85 and over, the percentage increases to 20%. There is also a gender difference. Older women (85 years and over) are 1.5 times likely to live in special care facilities than their male counterparts. The gender differential also occurs in residences for senior citizens. Over 70% of the residents were women. Over 80% of the senior women lived alone compared to 77% for senior men.

Source: Statisics Canada, 2011 Census

collective dwellings are classified by the types and levels of services offered, rather than by their names or official status from a business perspective. 5 Statistics Canada, Living Arrangement of Seniors, Families, households and marital status, Structural type of dwelling and collectives, 2011 Census of Population, Catalogue No. 98-312-x2011003

Community Lens is prepared by Community Development Halton to disseminate and interpret important community data as it becomes available. For more information please contact us at data@cdhalton.ca or 905-632-1975

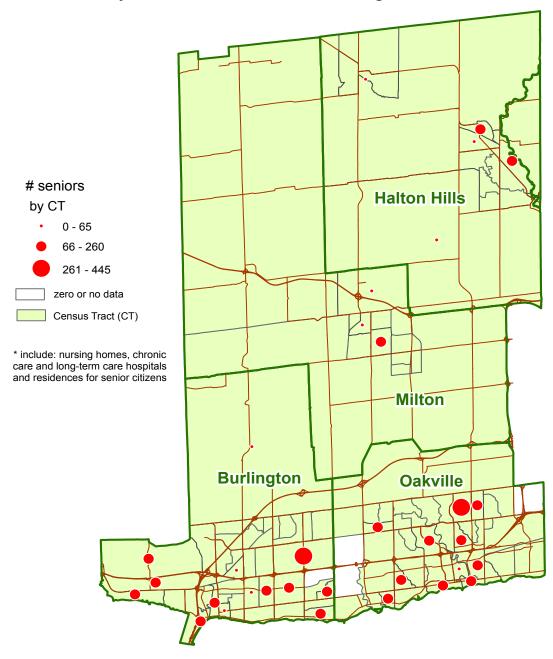
<sup>1</sup> Long term care facilities, which provide a range of health care services going from periodic assistance to regular nursing care, for elderly residents 2 Provides continuous medical, nursing and professional health care supervision for long-term patients who are dependent in all activities of daily living and unable to perform most or all personal care tasks.

<sup>3</sup> Canada Mortgage and Housing Corporation, Environmental Scan on Canadian Seniors' Transitions to Special Care Facilities, Socio-economic Series, 13-005, October, 2013

<sup>4</sup> Note from Statistics Canada regarding seniors living in collectives – at the time of census enumeration, it can be difficult to differentiate between types of collective dwellings which focus primarily on seniors, such as nursing homes, residences for senior citizens or chronic and long-term care hospitals. It is also important to note that in the Census of Population, some

The map shows the number of seniors living in special care facilities by Census Tract.<sup>6</sup> The symbols (red circles) do not indicate the number or location of special care facilities as there can be one or few special care facilities in each Census Tract.

## Seniors living in special care facilities\* by Census Tract, Halton Region, 2011



Source: Statistics Canada, 2011 Census

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6 A Census Tract (CT) is a relatively permanent area with a population range of 2,500 to 8,000 and the greatest possible social and economic homogeneity.



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