



# OLDER ADULTS

## Equity & Inclusion Lens Snapshot



# OLDER ADULTS

By 2031, more than one in five residents in Ottawa will be over the age of 65, as more of us will be entering the later years of our lives. Many older adults today remain physically fit, active, and overcome countless challenges such as illness, disabilities, safety, discrimination, and poverty.

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This booklet is one of 11 Snapshots that serve as background information to aid in implementing the Equity and Inclusion Lens. To access them in an electronic version, visit the City of Ottawa Internal Site ([Ozone](#)) or the [Equity and Inclusion Lens webpage](#). Or the City for All Women Initiative (CAWI) [Equity and Inclusion webpage](#).



**A City For Everyone**  
**Une ville pour tous**

# 1. Who We Are

**By 2031, more than one in five residents in Ottawa will be over 65.** Many of us today remain physically fit, and capable of overcoming countless challenges in our daily lives; however while we embody the strength from our life experiences, we may also be vulnerable to physical and mental illness, poverty, discrimination, and safety issues.

**We consider ourselves to be older adults of varying ages.** We all age differently and ideas of what constitutes old age are dynamic.

The City of Ottawa uses the term “older adult” to refer to a stage of life rather than a specific age-based category of people (though this would certainly include individuals in their fifties and up). On the other hand, the term “senior” is used when exclusively referring to people 65 years of age or over. The federal government also defines us as seniors when we reach 65 years of age and beyond.

This snapshot uses the term “older adult” unless specifically referring to people 65 years of age or older, who are referred to as “seniors”.

**We experience our older adult years differently** and we have specific needs depending on our diverse backgrounds. People of the same age can show dramatic differences in their physical and mental health, level of independence, income, and interests. We are far from a homogeneous group. We are complex and possess multiple identities.

## INTERSECTIONALITY: COMPLEX, OVERLAPPING IDENTITIES

Each of us could identify with more than one group. It is this intersection, or crossover of identities of who we are that affects how we experience the city. This is called intersectionality. People’s lives are multi-dimensional and complex. Lived realities are shaped by different factors and social dynamics operating together.

For more info access the [Equity and Inclusion Lens Handbook](#) and [Advancing Equity and Inclusion: A Guide For Municipalities](#).

# 2. Overview of Older Adults in Ottawa

Seniors (persons aged 65 and over) currently make up 13.2 percent of the city’s population (Statistics Canada 2011b). By 2031 this group will represent over 20 percent of the population (Hemson Consulting Ltd. 2010). Seniors are also the fastest growing segment of the population.

The majority of seniors currently live in the central areas of Ottawa, but over the next 20 years the suburban and rural areas will experience more rapid aging than Ottawa’s urban areas. There are large senior populations in Bay, College, and Rideau-Rockcliffe wards though in Gloucester, Cumberland, and Barrhaven the senior population is growing quickly.

About one in five seniors living in Ottawa is francophone. Approximately 30 percent of seniors were born in another country and over eight percent are racialized (Statistics Canada 2011b). Older adults who are recent immigrants are more likely to live on low income.

While many older adults experience a vibrant, healthy and physically active life, almost twenty percent of the older population experience activity limitations- with 17 percent of older adults using a cane, walker, or wheelchair (Statistics Canada 2006).

The median income of Ottawa older adults is higher than provincial and national averages and older adults in Ottawa are generally financially secure. Ottawa older adults draw a larger percentage of their income from private pensions than those who live in other parts of the province or country. Seventy percent own their own homes (Statistics Canada 2006). However, seven percent of Ottawa's older adults live on a low income (Statistics Canada 2011a). <sup>1</sup> This number will continue to increase as cuts to pensions and costs of living continue to rise.

Older women are more than twice as likely to live on low income than older men. A number of older adults are employed and this number (13 percent) is increasing (Statistics Canada 2011a). Older men are more likely than older women to be in work.

Many older adults live with family members such as a spouse, children, or other relatives. Approximately 25 percent live alone (Statistics Canada 2011a). However, 34 percent of older women live alone compared to 15.5 percent of older men.

### 3. Contributions we make

As older adults we are contributors to our communities.  
As such, we deserve to be respected and included.

We are the keepers of our families' and our communities' histories and we care deeply about the welfare of younger generations.

We are more likely to be providing help to others than receiving it. According to one study seniors "gave more hours on average than any other age cohort, with an average of 218 hours annually compared to 15 to 24 year olds who volunteered an average of 138 hours annually" (Statistics Canada 2007).

The role we play as caregivers and supporters for our families, volunteers, and community leaders, taxpayers and caretakers of our community is invaluable. Many of us help others with domestic work, home maintenance, outdoor work, and childcare.

We are among the most active volunteers in the community and significant donors to charitable organizations, providing 31 percent of donations.

— (National Seniors Council 2010)

<sup>1</sup> Statistics Canada's Low Income Measure After Tax (LIM-AT).

We possess a great variety of skills, knowledge and experience. We also have the time to contribute to our communities in a volunteering capacity. We are among the most active volunteers in the community and significant donors to charitable organizations, providing 31 percent of donations (National Seniors Council 2010).

Age-friendly environments and communities benefit all age groups, not just us, as they make more inclusive and cohesive societies.

As seniors, we have the duty to act as Stewards of Future Generations: elders working individually and together, to help make the world a better place for all who come after.

— Roland Lecomte

## 4. Barriers and Inequities

Older adults face substantial barriers and inequalities. These are often interlinked with the intersections of other forms of identities (see “equity groups” above).

### AGEISM

Aboriginal culture and various traditional cultures around the world place significant value on their elders. However, in Western culture, status increases from youth to middle age but declines as we approach retirement age and beyond. There is a belief that we are celibate and frail when, in actuality, many of us have sexualities that are active and enjoy physically fit lives.

**INTERNALIZED AGEISM** is often one of the main barriers for older adults, as we begin to believe we can no longer do things simply by virtue of being older. Older adults may come to believe stereotypes – for example, that our memory automatically deteriorates as we age, that our body is in continual decline, and that we will be depressed and bored after leaving the workforce (Novak 2005) – but these are not always true. Given these false but prevalent beliefs, service planners and providers may need to be proactive in empowering older adults.

#### **Ageism is discrimination on the basis of age that:**

- » Makes assumptions about an individual’s capacity;
- » Removes an individual’s decision-making processes;
- » Ignores an older person’s known wishes; and,
- » Treats the older adult as a child.

(Special Senate Committee on Aging 2009).

## **RACISM, HOMOPHOBIA AND OTHER FORMS OF DISCRIMINATION**

Many of us face deep and entrenched prejudice based on our racial, sexual, and gender identity. Even as society becomes more accepting in some areas (e.g., through legal changes) many prejudices remain tangible in our communities. Some of us can even experience discrimination based on our language, especially for those of us who speak English as a second language (e.g. Francophones and newcomers).

## **PLANNING AND PROVISION OF CARE**

Our needs for care change over time – as we reach different stages of aging and experience various physical and mental illnesses. Appropriate care that allows a smooth transition between these stages is important for older adults. However, health and social service systems and different levels of government are not sufficiently coordinated to make this possible. This makes it difficult for caring professionals and family members to pull together the right combination of services at the right time. Unfortunately, some older adults fall through the cracks (Special Senate Committee on Aging 2009). Appropriate care also means culturally sensitive care that respects and celebrates our diversity.

Many of us prefer **“aging in place”** by continuing to live in the comfort of our own home while receiving appropriate care. For others, a long-term care facility is a better option. However, many of us have difficulty accessing care in the place of our choice. For example, older adults who have a physical or mental illness may not need to stay in a hospital or a long-term care facility but may not have the specific supports in place to continue living at home (e.g. preparing meals, having a bath or taking medication).

## **LIVING TOGETHER, LIVING ALONE**

According to [Statistics Canada](#) (2014), the share of older adults (65 years of age and older) in Canada who lived with their spouse or partner increased between 1981 and 2011. The overall share of those in other living arrangements decreased. The proportion of older adults who were divorced or separated rose from 4 percent to 12 percent over the same period.

In 2011, 92 percent of all older adults 65 years of age and older lived in private households and 8 percent lived in collective dwellings. At least half of those living in collectives were 85 years of age or older. The proportion of those living in collectives declined between 1981 and 2011, especially among older adults.

A significant portion of older adults lived alone in 2011, with 35 percent of women and 17 percent of men 65 years of age and older living in private households. In 1981, a similar portion of women lived alone (36 percent) and slightly fewer men did so (14 percent). The remainder of those in private households, lived with others, mostly relatives (16 percent of women and 7 percent of men). These types of arrangements declined over the period, as 23 percent of senior women and 11 percent of senior men lived with others in 1981.

A marked service gap often results in older adults receiving care in inappropriate settings. For example, patients awaiting Alternative Level of Care (ALC) are often placed in acute-care hospital beds rather than long-term care homes. This does not match the older adults' health-care needs, or their choice of residence. It can also lead to other negative consequences such as an excess of patients in emergency rooms, cancelled surgeries, or compromised management of trauma patients. It also increases the wait times for hospital beds for other residents in the city (Ottawa ALC Strategic Committee 2006).

## INCOME

Canada's income security system has resulted in the lowest incidence of low income among all developed countries (Special Senate Committee on Aging 2009). In Ottawa, fewer seniors subsist on lower incomes compared to the general population (11.9 percent vs. 15.2 percent before tax) (Social Planning Council of Ottawa 2010).

The [OECD](#) (2013) reported in 2013 that poverty rates among Canadian older adults are rising (2 percent from 2007 and 2010). Although they remain among the lowest in developed countries, trends such as increasing housing debt and dependence on private pensions could lead to future problems. Canadians over 65 rely on accumulated capital, including private pensions, for 42 percent of their incomes.

Private pensions in Canada tend to be concentrated among workers with higher earnings. "Middle earners" are most vulnerable to a large drop in their standard of living in retirement because they receive a smaller proportion of their working income than lower earners once they retire. They also have fewer means to make up the shortfall than higher earners (OECD 2013).

Legal regulations may compound our risk of living in poverty. For example, immigrant older adults may not yet qualify for a Guaranteed Income Supplement (GIS) (Special Senate Committee on Aging 2009). Senior women often find themselves living in poverty because women often spend less time in the paid labour force due to childrearing and family responsibilities. They also tend to work lower paying jobs than men. As a result, women contribute less to the Canada Pension Plan (CPP) and the Quebec Pension Plan (QPP) (which are earnings-based) and receive less when they claim it.

The next generation of older adults will be different. The approximate 250,000 baby boomers who currently live in Ottawa grew up in a different social and economic climate and bring a different set of life experiences that will affect their needs, preferences, and attitudes about aging. — [Older Adult Plan 2012-2014](#) (City of Ottawa 2012).

## ACCESS TO INFORMATION

Some of us who prefer human contact, or who are not yet accustomed to new technologies, do not find the Internet or the automated attendant systems comfortable to use. Many older adults living in rural areas may not have access to high-speed Internet. This limits our access to information including about the City of Ottawa and its services.

Older adults may require assistance to advocate to have their needs met. For example, some older adults are not comfortable with touch-tone telephone or triaged phone systems. Newcomer older adults may not speak English or French, and may need services and information in their own language. For those with visual and hearing loss, information available to the general public may not be accessible to them.

In addition, certain age-related changes, like visual perception, can affect older adults' ability to read and comprehend print materials (City of Ottawa 2012).

## MOBILITY AND ACCESSIBILITY

Whether associated with the normal aging process or not, almost twenty percent of the older population experiences activity limitations. Data shows that 17 percent of older adults use a cane, walker or wheelchair (Statistics Canada 2006). For those of us with mobility issues, accessibility is critical in our enjoyment of community life (City of Ottawa 2012).

For us to remain connected to the community and to access recreational opportunities, it is important to be physically mobile. Many facilities are not accessible to those of us with physical disabilities. For example, stairs may be the only way to get into the building or to the upper floors. Physical mobility aids (e.g., motorized scooters, wheelchairs and walkers) are often very expensive and this prohibits some of us from obtaining them. Public transportation can facilitate mobility by lowering ramps, allowing enough time to get on the bus, and encouraging passengers to give up seats for older adults.

According to the [World Health Organization](#) (2007, 5), “**Active aging** is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups.”

Pedestrian safety is also a concern. For example, walking along busy streets without sidewalks can be dangerous. Skateboarders and cyclists on sidewalks can startle and injure us. In other cases, the length of time given to cross the road at a crosswalk may not be sufficient for those with limited mobility, and busy and large intersections are intimidating. Winter is a significant cause of isolation for older adults, especially when roads and sidewalks are temporarily unusable due to snow and ice accumulation (City of Ottawa 2012).

Other barriers to physical access that can discourage older adults from leaving their homes are heavy doors, inaccessible washrooms, and insufficient seating areas. All these represent significant barriers to participation in community life.

When something is accessible, this means it is easy to get to and can be used by everyone. This includes people who use assistive devices such as walkers and wheelchairs. It could also include people who have visual or hearing impairments. An example of an accessible intersection would be one with sloped curbs to allow wheelchairs to travel without difficulties. It could also include a cross walk with an audible signal. This way someone with a visual impairment will know when it is safe to cross the street. – [Public Health Agency of Canada](#) (2010).

## TRANSPORTATION

Transportation is related to the health of older adults. Older adults who lack access to appropriate transportation find it difficult to stay connected with their communities or access medical services, recreational programs, and social activities. This leads to isolation, and affects their physical and emotional wellbeing. Since many of us live on a fixed income and some cannot afford a car, public transportation is a vital component of our active participation in the community.

Public transportation is often very crowded and cooperative seating may not be available. Bus routes are not always accessible for older adults living in rural areas, as stops may be located far from our homes and the buses do not run very often. Not all older adults qualify for Para Transpo service (a public transportation alternative for customers who are unable to take conventional transit) (City of Ottawa 2012). When caretakers need to reach older adults in rural communities a lack of public transportation can impede our efforts as well.

A senior's independence, physical, emotional and social health as well as the ability to remain engaged in the outside world is dependent on one or another mode of transportation.

– Ottawa Seniors Transportation Committee – cited in [Special Senate Committee on Aging](#) (2009)

## ISOLATION

Many factors may contribute to older adults spending long periods of time alone. If we experience reduced mobility, have low income, or lack transportation options, we are less likely to leave our home. Many of us live in different cities –or even countries– than our children and this limits our ability to connect. Because women tend to live longer than men, they are more likely to live alone in their senior years after loved ones have passed away.

Reduced access to services contributes to the experience of isolation. For example, social and recreational programs may not be designed to include older adults with physical or mental health issues.

Aboriginal older adults or immigrant older adults may not be able to participate in recreational activities in their language or if the activities are not culturally inclusive. Racialized older adults living in a residence may experience racism from neighbours or staff members.

Male, female and LGBTQ older adults may find themselves uncomfortable or isolated in social activities if gender difference is not taken into account. Same-sex senior couples are often prohibited from sharing a room in a long-term care facility due to heterosexist policies. For more information on this topic see the powerful film [Gen Silent](#) (Maddux 2009).

Those of us who do not have a supportive network of friends or live on low income have more difficulty connecting to, and accessing, appropriate health and community services (City of Ottawa 2012).

Those of us who are Francophone and newcomers are not always able to access public services in the language of our choice. As we move to suburban and rural areas because of the rising cost of living, we find the lack of services in these areas a challenge.

Research shows that those who remain actively engaged in life and socially connected are happier, physically and mentally healthier, and better able to cope with life's transitions common in older age.

– [Older Adult Plan 2012-2014](#) (City of Ottawa 2012, 24)

## HOUSING

Adequate housing is essential to the safety and well-being of older adults. The majority of older adults prefer to age in place- in their familiar neighbourhood (City of Ottawa 2012). For many, this is feasible without additional supports (Special Senate Committee on Aging 2009). About one quarter of older adults need help with one or more activities of daily living (housework, snow clearing, meal preparation, etc.) and care for our health conditions. Unfortunately, many of us must manage alone, if we do not have the resources to access appropriate support.

Providing access to resources to enable older adults to continue to live in their home can promote their independence (e.g. affordable housing, home care, or dwellings designed to meet older adults' needs). Homeowners who live on low incomes may have difficulties paying the rising utility and maintenance costs or undertaking necessary renovations (The Council on Aging of Ottawa 2008b).

Affordable and high-quality retirement homes and long-term care facilities can promote health and reduce the isolation of older adults who require specialized care in their day-to-day living. Private retirement residences are often costly and very few affordable units are available (The Council on Aging of Ottawa 2008a).

Older adults living in rural areas who want to age in their communities might not find appropriate housing options (including assisted living arrangements). LGBTQ older adults may not feel welcome within the long-term care environment. Older adults who use emergency shelters on a regular basis have complex service needs (City of Ottawa 2012).

## ABUSE OF OLDER ADULTS

Older adults who require assistance in their day-to-day lives are at risk of elder abuse. Elder abuse can take many forms: physical, emotional, sexual, financial, or neglect of the individual being cared for. It does not only occur in the home. It can also happen in institutional or community settings. Those with physical or mental health issues are most at risk of experiencing elder abuse and women are likely to experience the greatest physical harm. Abuse is most commonly perpetrated by family members or professional caregivers and most victims of elder abuse are isolated from friends, neighbours, and other people they trust (Wohl and Purdy 2008, Special Senate Committee on Aging 2009).

Many seniors cannot afford upscale private “adult lifestyle” or retirement homes. Seniors’ housing developments should not focus on “the gold in the grey” only.

— National Advisory Council on Aging (cited in [Special Senate Committee on Aging 2009](#), 46)

## 5. *We Envision: An Older Adult-friendly city*

- » Discrimination on the basis of age does not exist.
- » A range of flexible and appropriately paid work opportunities for older people is promoted. Training in post-retirement is provided for older workers.
- » Advocacy and support services are available to older adults when we need it.
- » We have access to services that are people-centred, accessible, affordable, equitable, and appropriate to our individual needs and abilities.
- » Services are culturally sensitive and available in languages other than English and French to respond to the needs of a diverse older population.
- » We are not only recipients of services, but we contribute to the planning, research, and development of the services and policies.
- » Delivery of services is coordinated and administratively accessible.
- » Information is presented in an accessible manner in a variety of languages and media.
- » Consistent outreach exists to include people at risk of social isolation. Awareness is raised about elder abuse and services to deal with abuse are in place and readily accessible.
- » Health and social services for the different stages of aging are available, along with respite care for caregivers.
- » Vulnerable older adults are supported and protected.
- » A broad range of opportunities for active living is provided along with supports that are responsive to the diverse needs of older adults.
- » Affordable and accessible recreation services are appropriate for the different stages of aging are available.
- » Sufficient and affordable housing options are available to meet our needs at different stages.
- » Public transportation is safe, secure, affordable, and accessible in urban and rural areas.
- » Outdoor spaces are clean, safe, and accessible to older adults and include adequate crosswalks and well-maintained sidewalks.

(World Health Organization 2007)

### WHAT CAN ALLIES DO?

- ✓ **Learn** about the contributions that older adults have made and are currently making.
- ✓ **Learn** about the nature of ageism and other forms of discrimination in our society.
- ✓ **Get familiar** with the phenomenon of internalized ageism experienced some older adults.
- ✓ **Be aware** of my own attitudes, stereotypes, and generalizations about older adults.
- ✓ **Object** to behaviors or statements that reinforce a distorted view of older adults.
- ✓ **Avoid** paternalistic language and behaviors in dealing with older adults.
- ✓ **Be** well-informed about the diversity of older adults in our community.
- ✓ **Advocate** for the rights of older adults to receive appropriate services and policies.
- ✓ **Involve** older adults in the development and planning of services and policies.
- ✓ **And, if I am an older adult**, I will know that my knowledge and experience enriches the city.

## 6. Council Mandates and Legislation

In October 2012, the City of Ottawa adopted the Older Adult Plan (OAP), an action plan containing concrete actions to enhance municipal infrastructure, policies, and services for older adults across 8 age-friendly domains. A Seniors Roundtable of community members was created to provide feedback to City staff on the implementation of the actions contained in the Older Adult Plan.

## 7. What's Happening in Ottawa

In 2011, the City of Ottawa became a member of the World Health Organization's Global Network of Age Friendly Cities and Communities, following a joint application from the Council on Aging and the City of Ottawa. The City of Ottawa maintains an [Older Adult Portal](#), which provides information on City programs and services of interest to older adults.

As part of the Older Adult Plan, the City continues working towards:

- » Improving the accessibility of buildings and outdoor spaces;
- » Enhancing access to supports for vulnerable (on low income and/or socially isolated) older adults;
- » Adjusting programs and services based on demographic realities and stated interests;
- » Improving pedestrian safety at intersections and on sidewalks;
- » Encouraging health promotion and active aging activities;
- » Developing effective communication strategies and initiatives;
- » Improving access and use of public transit; and,
- » Enhancing staff training and promoting awareness about older adult concerns.

For more information you can see the following services:

- » [Ottawa Police Service Elder Abuse Section](#) – investigates all allegations of elder abuse. The section works closely with front-line workers to educate them and to raise public awareness of elder abuse and support for older adults.
- » [The Council on Aging of Ottawa \(COA\)](#) – a bilingual, volunteer-based organization dedicated to enhancing the quality of life for all older adults in Ottawa. Works with, and for, older adults to voice issues and concerns to all levels of government and the general public to enhance their quality of life through sound public policy and program decisions. Leads the Age Friendly Ottawa, a community-based initiative which aims to make Ottawa an age-friendly city. Released the Age-Friendly Ottawa Community Framework in 2012.
- » United Way/Centraide Ottawa's Affordable Supportive Housing Framework– works with partners to create an affordable supportive housing program for older adults living on low to modest incomes in Ottawa, so as to enable older adults to remain in their homes for as long as possible.

- » [The Ottawa Community Support Coalition \(OCSC\)](#) – consists of 20 local organizations mandated to provide home-based community support services to older adults and adults with physical disabilities.
- » [La Fédération des aînés et des retraités francophones de l'Ontario](#) – is a non-profit organization dedicated to advocacy for Francophone seniors living in Ontario. Main topics include: health and long-term care, obligatory retirement at 65 years, the prevention of senior abuse, social-housing, justice, and access to services in French.
- » [Regional Geriatric Program of Eastern Ontario](#) - is a coordinated network that includes a broad range of specialized geriatric services, from hospital to home. Through clinical services, teaching, evaluation, research and advocacy they are committed to the health and independence of seniors in the Champlain region. Hosted by the Ottawa Hospital, the RGP is a partnership of hospitals and community agencies.
- » [Champlain Elder Abuse Response Coalition](#) – Part of Elder Abuse Ontario, a provincial, charitable, non-profit organization focused on supporting the implementation of The Ontario Strategy to Combat Elder Abuse and has been doing so since 2002. The framework of the Strategy focuses on service coordination, building local capacity of front-line workers, caregivers, and community networks, by providing public education and training of professionals/service providers and families of seniors, to raise awareness around elder abuse issues.

The Older Adult Plan presents a coordinated approach to addressing the specific and evolving needs of older residents of Ottawa. The plan introduces a long-term vision of a community that values, empowers, and supports older persons and their quality of life.

– (City of Ottawa, 2012, 4)

## 8. Relevant Practices in Other Cities

[Advancing Equity and Inclusion: A Guide for Municipalities](#) presents a flexible approach to equity and inclusion and is adaptable to the diverse structures, contexts, and experiences of municipalities from across Canada. Flip through the different sections of this guide or visit [City for All Women Initiative \(CAWI\)](#) to find examples from municipalities across Canada.

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## 10. Acknowledgments

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The original Equity and Inclusion Lens Guide and Snapshots were developed from 2008-2010 by an Equity and Inclusion Reference Group and working groups focusing on each of the 11 equity seeking groups profiled in the Snapshots.

City staff and community leaders contributed their knowledge and insights in the creation of this Snapshot.

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