



AGING IN THE CITY OF HAMILTON

A Summary Report on the Age-Friendliness of
Hamilton Using the CLSA Data

**A Summary of “Aging in the City of Hamilton: An
Assessment and Report on the Age-Friendliness of
the City of Hamilton Using the CLSA Data”**

authored by Dr. Daniel Baxter, Aganeta Enns,
Dr. Margaret Denton and Dr. Elizabeth Kristjansson
for the Age-Friendly Team, University of Ottawa

The Summary Report was Prepared by the
Hamilton Council on Aging



Original tables and references may be found in the full report.

The Full and Summary Reports may be accessed at:

- www.coahamilton.ca
- www.hamilton.ca/agefriendly

Table of Contents

Hamilton is Becoming an Age Friendly City	2
Description of the Canadian Longitudinal Study on Aging.....	3
Assessment of Indicators of Age-Friendliness	4
Dimension 1: Outdoor Spaces and Safety.....	4
The Good News	5
The Bad News	5
Dimension 2: Transportation.....	6
Public Transportation	7
The Good News	7
The Bad News	8
Dimension 3: Housing.....	9
The Good News	10
The Bad News	10
Dimension 4: Community Support	12
The Good News	12
The Bad News	12
Dimension 5: Social Participation.....	13
The Good News	13
The Bad News	14
Dimension 6: Social Inclusion, Respect, and Civic Participation.....	16
The Good News	16
The Bad News	16
The Well-Being of Older Canadian Adults.....	17
The Good News	18
The Bad News	18
Concluding Comments.....	20

Hamilton is becoming an Age Friendly City

The City of Hamilton and key community partners, the Hamilton Council on Aging and the City of Hamilton’s Seniors Advisory Committee, are working towards making Hamilton an age-friendly city. An age-friendly city works to create both physical and social environments that enable safety, security, health and well-being, especially with respect to older individuals.

In 2014 the City of Hamilton endorsed **Hamilton’s Plan for an Age-Friendly City**. The Plan has guided municipal decision-makers, staff, and community stakeholders in addressing the needs and priorities of older adults in Hamilton through 2014 to 2019. Becoming age-friendly is a process so that in 2019 we are working to develop Hamilton’s Plan for an Age-Friendly City 2, that will guide our work from 2020 to 2025. This report will help to guide the development of our Plan 2.

Both the World Health Organization (WHO) and the Public Health Agency of Canada recommend that communities identify and monitor local indicators in order to track their progress towards desired outcomes. A project lead by Dr. Elizabeth Kristjansson and co-investigators from eight Canadian Cities including Dr. Margaret Denton in Hamilton received funding to investigate age-friendly indicators using the Canadian Longitudinal Study on Aging through a CIHR CLSA Catalyst Grant. Research findings are reported in **A Tale of Eight Cities: General Report on the Age-Friendliness of Eight Major Canadian Cities**. The cities include Victoria, Calgary, Winnipeg, Hamilton, Ottawa, Montreal, Sherbrook and Halifax.

The authors also produced a research report for each of the eight Canadian cities including, **Aging in the City of Hamilton: An Assessment and Report on the Age-Friendliness of Hamilton Using the CLSA Data**. The research reports were authored by Dr. Daniel Baxter, Aganeta Enns, and Dr. Elizabeth Kristjansson, for the Age-Friendly Team, University of Ottawa.

This report, “**Aging in the City of Hamilton: A Summary Report on the Age-Friendliness of the City of Hamilton Using the CLSA Data**” is a summary of the research report and was prepared by the Hamilton Council on Aging with infographics on select indicators. Detailed analysis and references may be obtained in the “Aging in the City of Hamilton” report. **Thank you to the City of Hamilton, Age Friendly Hamilton for funding the development of this report.**

The World Health Age Friendly Cities Guide (WHO AFCG) guide identifies several major areas on which cities should focus in order to become friendlier toward older populations (and indeed, everyone). These areas are: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services. To achieve the project objectives, we used baseline data from the Canadian Longitudinal Study of Aging to select indicators within this dataset that either literally measure or otherwise closely approximate aspects of each of the areas identified in the WHO AFCG guide.

This report is meant for descriptive purposes. Its purpose is to identify areas of strengths, weaknesses, and where there is potential for improvements with respect to age-friendly parameters in order to help guide where efforts by the City of Hamilton and community partners could be pointed for best effect in increasing the age-friendliness of Canadian cities.

The report will be divided into the areas of focus identified in the WHO AFC guide. For each we will briefly describe the indicators used and provide highlights of the “good” and “bad” news based on the findings in the research report. Select infographics will highlight interesting findings. Then, we will discuss the overall well-being of older Canadian adults based on several indicators. This will be followed by a discussion of the study limitations, general conclusions and the way forward.

Description of the Canadian Longitudinal Study on Aging

The Canadian Longitudinal Study on Aging (CLSA) is a Canada-wide study of over 50,000 male and female participants who will be followed over a 20 year period. The present report draws from the first cycle of CLSA data collected between 2012 and 2015. Participants of the CLSA were between 45 and 85 years of age at the time of entry to the study. Informed consent was obtained by all participants.

The total sample size for Hamilton was $n=2,394$. The information presented herein is generalizable to the residents of the City of Hamilton at the time of data collection. However, it may not necessarily be as generalizable to residents who live (d) in more rural or fringe area.

In terms of the demographic characteristics of the sample, 48.1% were male and 51.9% were female. With respect to age group, 24.9% were 45-54, 33.3% were 55-64, 24.5% were 65-74, and 17.3% were 75 years of age and older.

Assessment of Indicators of Age-Friendliness

Dimension 1: Outdoor Spaces and Safety

Safe, clean and walkable outdoor spaces are an important resource for older adults. Having the ability to go on frequent walks throughout the week of suitable distance (approximately a mile or 1600 meters) helps to keep older adults healthy. Having access to clean, safe, pleasant walking environments is also important for older adults. The World Health Organization describes several aspects of outdoor walking and safety that can affect older adults, such as: the city is kept clean (including noise and scent pollution), access to safe and regulated green spaces, pedestrian-friendly walkways, clean outdoor seating at regular intervals, smooth and level pavements that are maintained, regulated and have pedestrian priority, as well as roadways that are safe from slipping and have regular structures meant to assist crossing over busy roads. Pedestrian-friendly walkways for older adults are an important facet of age-friendly cities, as a report by the Public Health Agency of Canada shows that falls are a large contributor to injury, especially hip fractures, among older adults.

We examined several aspects of the physical environment that were present in the CLSA data in order to analyse how well Hamilton can match the needs of older adults in an age-friendly way. Using geographic information, we looked at how much park space (green space) and water space (blue space) is available in each city. With respect to green space, the data showed that Hamilton has 41.7 m² per capita, which is under the WHO and international research recommended ideal value of 50 m² per capita, but well above the minimum recommended standard of 9m² per capita of urban green space. While there are not agreed upon standards for the measurement of blue space alone, as such space tends to get lumped into overall “green” space in urban areas, we examined this separately, as data has shown that ‘blue’ space can have a somewhat differential impact than green space. We will use the same standard for blue space as we used for green space. . With respect to blue space (water), the data showed that Hamilton has 59.2 m² per capita, more blue space than the recommended 50m² per capita.

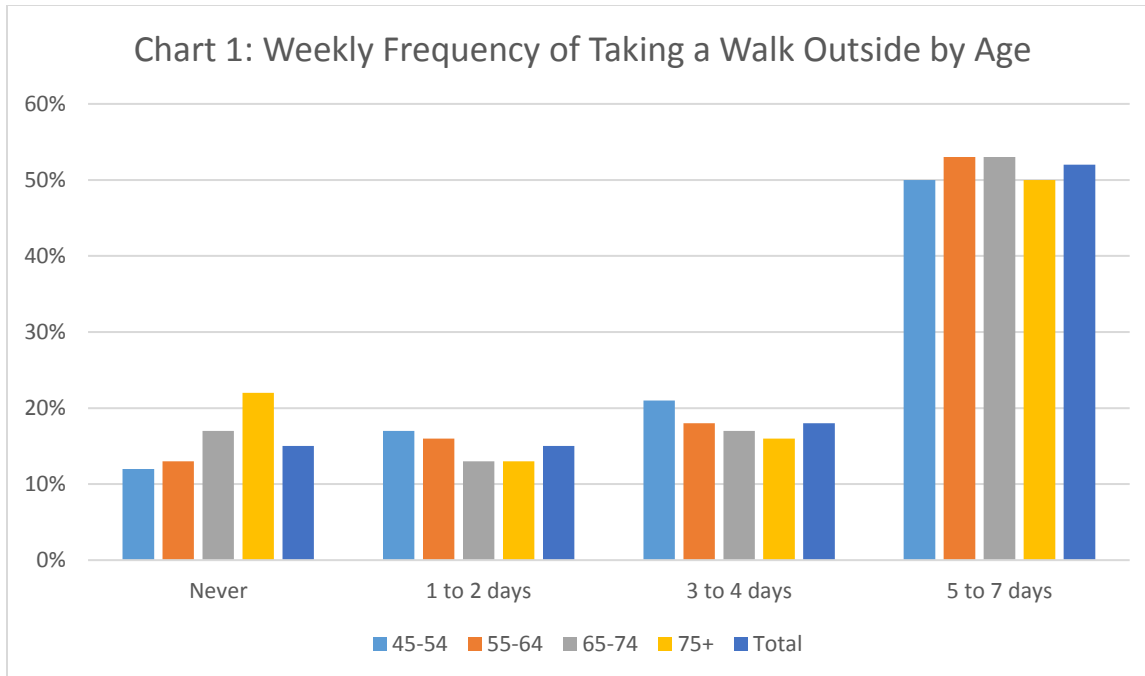
Next, we examined how older Canadians perceive their local environments (e.g., how clean people think their neighbourhood is; how safe they believe it to be, etc.); how frequently Hamilton Residents took a walk; and the number of falls that occurred amongst participants as a result of standing or walking, one year prior to the survey.

The Good News

- The large majority (96.2%) of respondents felt that their local environment was kept clean, while a small minority felt that vandalism and graffiti were big problems (6.7%) or that their local environment was not safe to walk in after dark (8.9%). In fact, Hamilton had the lowest proportion of respondents that felt their local environment was unsafe after dark of all eight cities in this project.
- The majority of respondents reported taking a walk outside 5 to 7 times a week (51.6%). With a further 18.1% reporting walking 3 to 4 days a week, this means that 69.7% of the Hamilton sample reported that they took a walk outside from 3 to 7 days a week.
- Hamilton had the lowest proportion of falls that occurred outside the home as a result of standing or walking of all eight cities examined in this project.

The Bad News

- Women were twice as likely as men to report not feeling safe in their local environment after dark.
- 30.3% of overall respondents reported taking a walk on fewer than 2 days (1-2 or never) a week.
- The frequency of not walking at all outside on a weekly basis increased markedly with age (nearly doubled by age 75+).



Dimension 2: Transportation

Transportation is an important aspect of life. Having personal transportation can be a significant boost to a person’s quality of life and leads to higher social participation for older adults. While there are many alternate forms of transportation to driving, such as walking, cycling, taking a taxi, and sharing rides in a motor vehicle, a major aspect of this dimension is the availability and viability of public transportation. Public transportation should be (according to the WHO AFCG): affordable, accessible, reliable and frequent, have an adequate range of travel destinations. It should use age-friendly vehicles that are accessible to those with mobility limitations and which clearly denote the vehicle number and destination, be safe and comfortable, have priority seating, have easily accessible information, and have accessible and sheltered transport stations and stops.

Using the CLSA data, we were able to examine a number of features regarding transportation use among the CLSA participants. We examined the proportion of people who still had a valid driver’s license as well as driving frequency for those that had a valid license. Moreover, we examined the most common form of transportation used by participants in the last year at the time of measurement, both for drivers and for non-drivers. Similarly, we also examined the proportions of participants that had used various forms of transportation in the past month at the time of measurement, again for both drivers and non-drivers. Furthermore, we

examined the number of people that reported that lack of transportation, of any kind, was a barrier to participate in more social, recreational activities for drivers and non-drivers.

Public Transportation

Affordable, accessible public transportation represents an area where municipalities can exert a rather large influence on the well-being of older adults through the provision of a means to travel and gain access to a wide range of services and activities that are all a part of being an age-friendly city. After examining rates of usage of public transportation for various subpopulations of the relevant CLSA sample, we then examined the number of bus stops as well as the bus stop density per square kilometer. Hamilton has 3,347 non-unique bus stops within the city's census metropolitan area geographical limits (highest value: 48,841; lowest value: 1,487). With respect to bus stop density, which is the number of bus stops per square kilometer, the data shows that Hamilton has a bus stop density of 2.3 bus stops per km² (highest value: 9.4; lowest value: 0.3).

Next, we examined various factors that prevented the use of public transportation for those individuals who did not report using public transportation at all in the past month at the time of measurement.

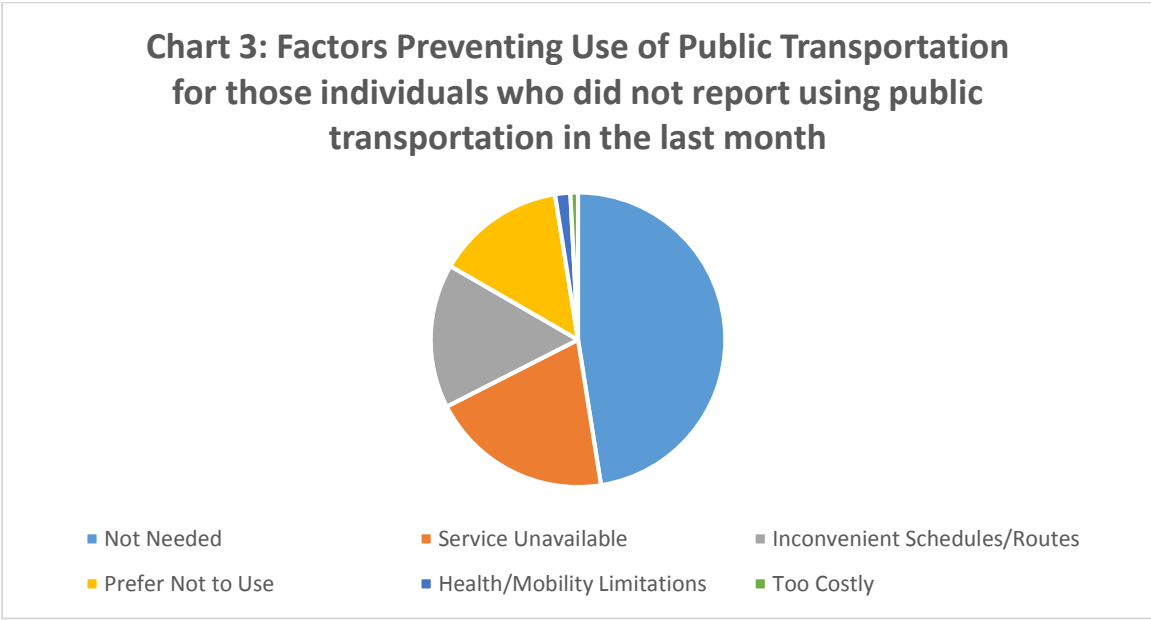
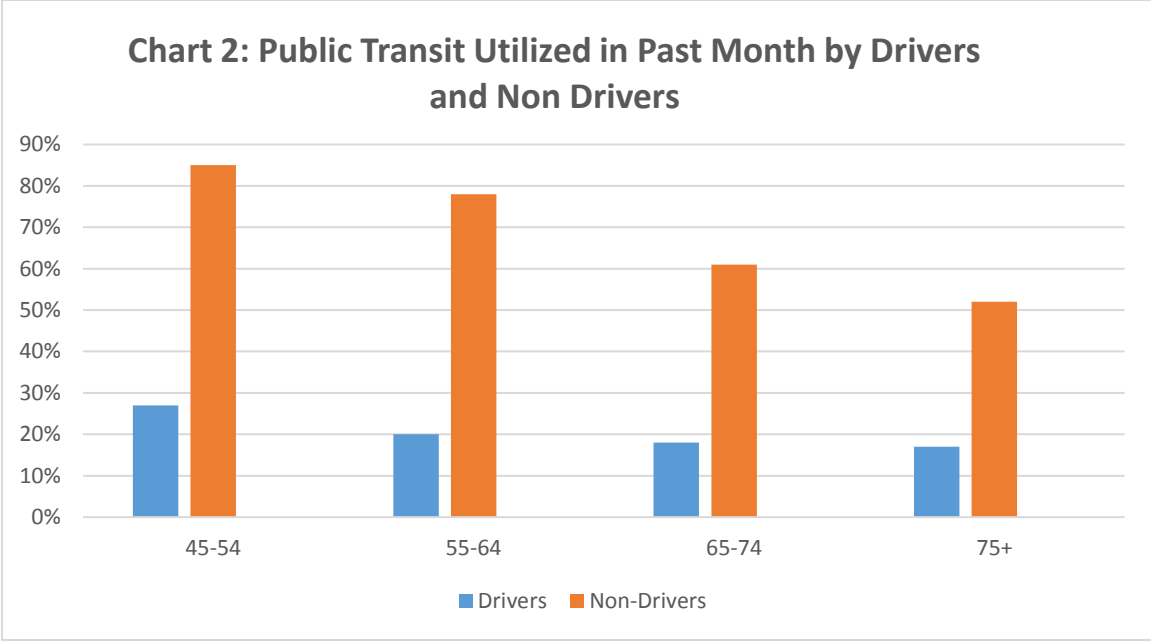
The Good News

- The large majority of respondents, 92.3% overall, in the Hamilton sample of the CLSA still held a valid driver's license at the time of measurement.
- 87.7% of overall respondents were able to drive between 4 to 7 days a week, and reported being able to drive their own personal motor vehicle as their most common form of transportation over the past year. This indicates that the large majority of respondents across all age groups and genders were able to maintain a strong level of autonomy with respect to transportation.
- For non-drivers, the most common forms of transportation were public transit (33.2%) and being a passenger in a motor vehicle (32.6%), with a further 16.3% of overall respondents reporting walking as their most common form of transportation over the past year. Congruently, 83.7% reported being a passenger, 72.1% reported walking and 65.7% of non-drivers reported using public transit as a form of transportation in the past month at the time of measurement.

- Only 1.5% of those with a valid driver's license reported that transportation was a barrier to their desired level of social activity participation in the past year.
- Hamilton had the lowest proportion of respondents indicating that 'prefer not to use' was a barrier to use of public transit in the past month. Furthermore, of the majority of respondents that did not use public transit in the past month, 76.2% overall, only reported one barrier to use of public transit.
- Hamilton had the lowest proportion of individuals across all eight cities in this project that reported only one barrier to use of accessible transit among those respondents who indicated they had not used accessible transit in the past month.

The Bad News

- Even despite the fact that the samples from the CLSA for the individual cities defined by CMA geographical limits are generally healthier than the overall Canadian population (as discussed in the introduction of this report as well as the introduction to General Report), 16.8% of those aged 75+ did not have a valid driver's license at the time of measurement, which is more than double the rate of such for those aged 65-74.
- Only 20.8% of those with a valid driver's license overall reported using public transit at least once in the past month, with the rates for those aged 75+ being two-thirds of the rate of those aged 45-54.
- 19.0% of non-drivers that expressed a desire to participate in more social activities reported that transportation was a barrier to their desired level of social participation.
- Of those respondents that did not use public transit at all in the past month, 24.2% reported that services were unavailable to them, while 18.9% reported that the schedules/routes that were available were overly inconvenient.
- 18.3% of those that did not use public transit reported two or more barriers to the use of such.



Dimension 3: Housing

Adequate housing is not only a basic human need; it is a basic human right. Affordable, accessible housing is an important aspect of health worldwide. Adequate housing is especially important for vulnerable groups like those who have health issues, inadequate income, and/or are older in age. For these groups, their vulnerabilities interact with poor housing conditions to create hazardous, long-term situations that are detrimental to physical and mental health. Moreover, lack of affordable, appropriate housing is a common barrier to aging in place. The

WHO AFCCG notes several key features of age-friendly housing, including affordability (including essential services), design (e.g., structurally sound, even surfaces, accessible doorways and hallways), maintenance, access to services in the home. Familiar surroundings should establish a sense of community belongingness, housing options that accommodate changing needs for aging in place, and sufficient space and privacy.

Using the CLSA data, we examined several aspects of participants' current housing, including satisfaction, types of problems, and number of problems associated with current home. We break down the results with respect to those who own their home versus those who rent, based on prior examination of differential rates of housing problems between the two groups.

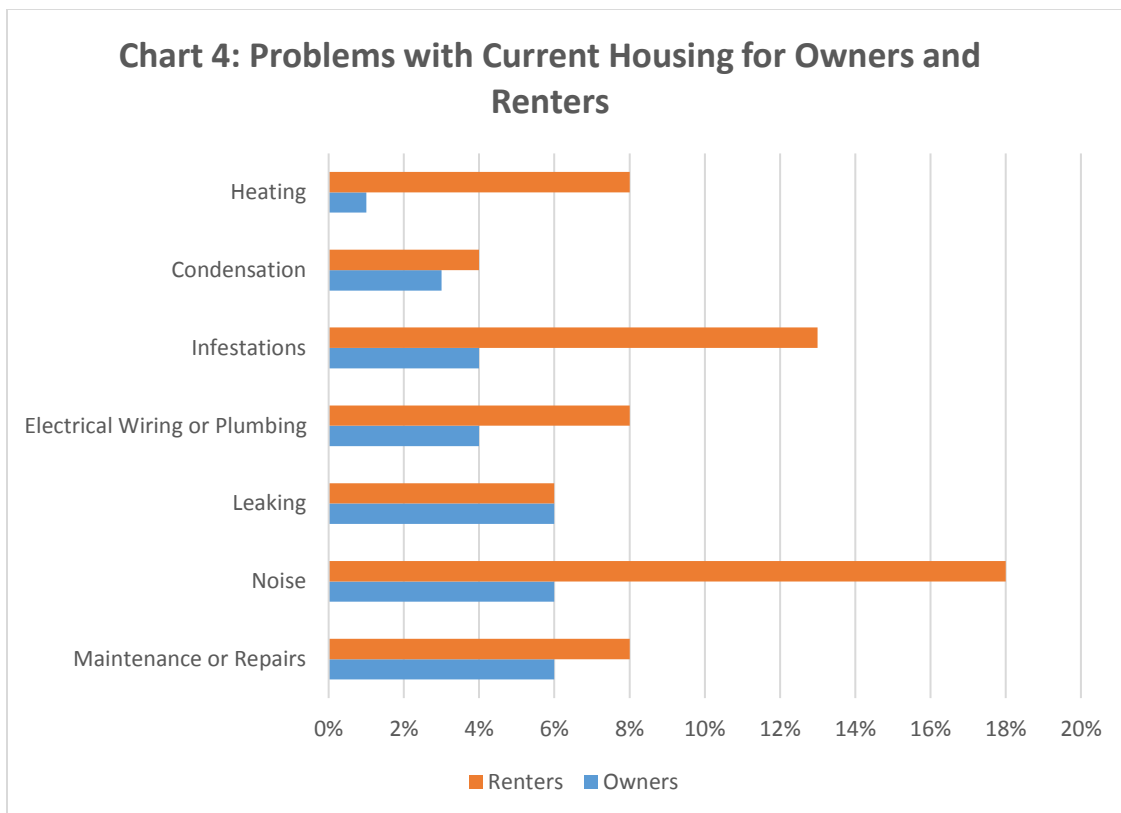
The Good News

- The large majority of homeowners (95.9% overall) and renters (90.8% overall) reported being satisfied with their current housing
- The large majority (79.8%) of homeowners reported experiencing none of the housing problems specified in the CLSA. About 6% reported experiencing two or more problems. For any specific housing issue, the proportion experiencing the problem was less than 7%.
- Most renters (64.7% overall) reported experiencing none of the housing problems specified in the CLSA.
- Hamilton had the lowest proportion of homeowners experiencing problems with heating in their current housing.

The Bad News

- While the majority of homeowners reported experiencing no problems with their current housing, one in five respondents still reported experiencing at least one or more problems.
- Housing issues disproportionately affected renters compared to owners. Renters were much more likely than owners to experience problems with their current housing (35.3 % versus (20.2%).
- Nearly one in five renters reported noise as a problem in their current housing, which was three times the rate for owners. More than eleven percent of renters reported infestations as a problem in their current housing, which was 2.8 times the rate for homeowners.

- Hamilton had the highest proportion of renters experiencing noise, infestations and/or electrical wiring or plumbing as issues with their current housing of all eight cities in this project.
- Furthermore, Hamilton had the highest proportion of renters experiencing one housing problems, the highest proportion of renters experiencing three or more problems, and the lowest proportion of renters reporting zero problems.



Dimension 4: Community Support

Formal and informal support in the community, and access to affordable health services, is essential to help seniors age in their homes. This is especially true for people with functional limitations or disabilities, and the need for caring support increases with age. In Canada, older adults generally believe in governmental responsibility for assisting older individuals with their needs; furthermore, most Canadians do not want to rely on family for informal care beyond emotional support.

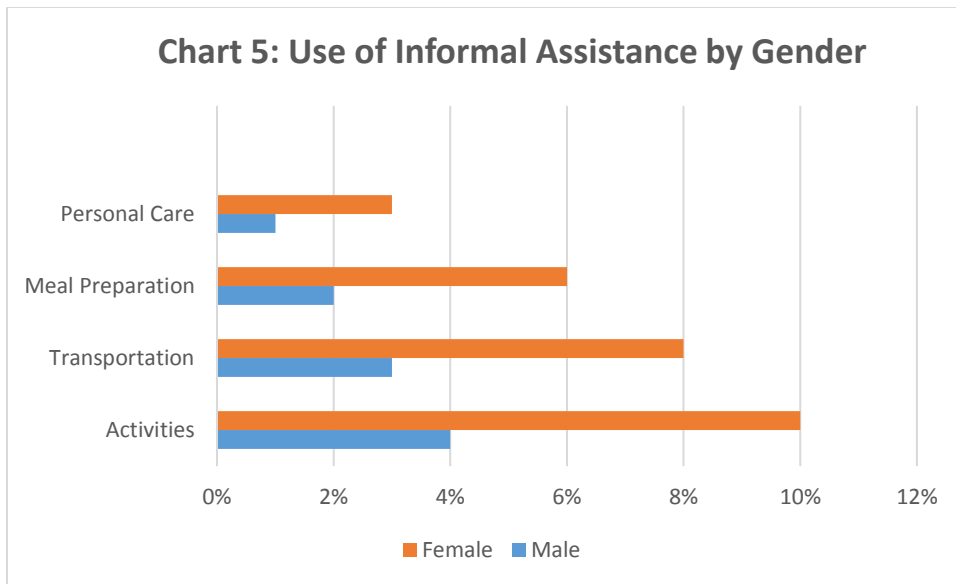
We used the CLSA data to examine several factors relating to community support and health services use: the proportion of participants who had contact with a family physician in the past year, the proportion of older adults who had contact with a dentist in the past year, the proportion of older adults that received various forms of formal care in the past year, and the proportion of older adults that received informal care in the past year.

The Good News

- The large majority of respondents had seen a family physician in the past year (87.7% overall) and/or a dentist in the past year (83.3% overall) at the time of measurement.

The Bad News

- Nearly one fifth of adults aged 45-54 and over one in seven males had not seen a family physician in the past year.
- Nearly one-quarter of older adults aged 75 and above, and nearly one fifth of older adults aged 65-74 had not seen a dentist in the past year.
- The overall proportion of older adults in Hamilton who used formal care for assistance with activities of daily living (2.2%) was the lowest among all eight cities in the project.
- The overall proportion of older adults in Hamilton who used formal care for medical care (2.4%) and personal care (1.7%) was the highest among all eight cities in the project.
- The overall proportion of older adults in Hamilton who used informal assistance of any kind was lowest among all eight cities in the project.
- There are gender disparities for rates of receiving informal care for activities, transportation and meal preparation, such that men receive these types of care at less than half the rate for women.



Dimension 5: Social Participation

Regular participation in social activities is a very important aspect of quality of life for older adults. Frequent social activity participation reduces the risk of dementia and helps to maintain cognitive ability later in life. Further social participation is associated with better self-rated health and with lower loneliness and life dissatisfaction.

We used the CLSA data to examine several factors relating to social participation in older Canadian adults. We examined frequency of participation in several different types of activities, the proportion of people who wished to participate in more activities and the proportion of respondents who experienced any of several types of barriers to being able to participate in more social activities.

The Good News

- The large majority of respondents (91%) reported participating in social activities with family/friends outside the household on at least a monthly basis, if not more frequently.
- Two-thirds of respondents reported participating in sport/physical activity with others on a daily, weekly or monthly basis.
- Nearly half of the Hamilton respondents reported engaging in educational/cultural activities on a fairly regular basis.
- Two-thirds of respondents reported participating in ‘other’ types of social activities than the ones specified in the CLSA on at least a monthly basis.

- Over 90% of respondents overall, reported participating in two or more different types of social activities on a daily, weekly or monthly basis. Only a small minority, 2%, reported participating in zero social activities (including the ‘other’ category) with a frequency of once a month or more. 10% of respondents reported engaging in six to seven (maximum was seven) different types of social activities on a fairly regular basis.
- Only a small minority of respondents, 5% or fewer, reported one more of: lack of activities, far distance, social barriers, location accessibility, and/or safety concerns as barrier to increased social activity participation

The Bad News

- In comparison to the other eight cities in the study, Hamilton was among the lowest with respect to participation in sport/physical activity and educational and cultural activities.
- Nearly half of respondents reported a desire to participate in more social activities than they had been able to engage in over the past year at the time of measurement. The rate for this was greater for those aged 45-54 than any other age group.
- Nearly two-thirds of those aged 45-54 reported being too busy as a barrier to their desired level of social activity participation, and approximately one-third of such reported personal or family responsibilities as a barrier. For both barriers, this age group had the highest rate among all age groups.
- Going alone as a barrier to social activity participation nearly doubles with age.
- A health condition or limitation was a barrier to participation for nearly one-third of respondents 75 years of age and older.
- 18.0%, or nearly one-fifth of those that reported a desire to participate in more social activities reported multiple different barriers.

Chart 6: Participation in Social Activities by Age

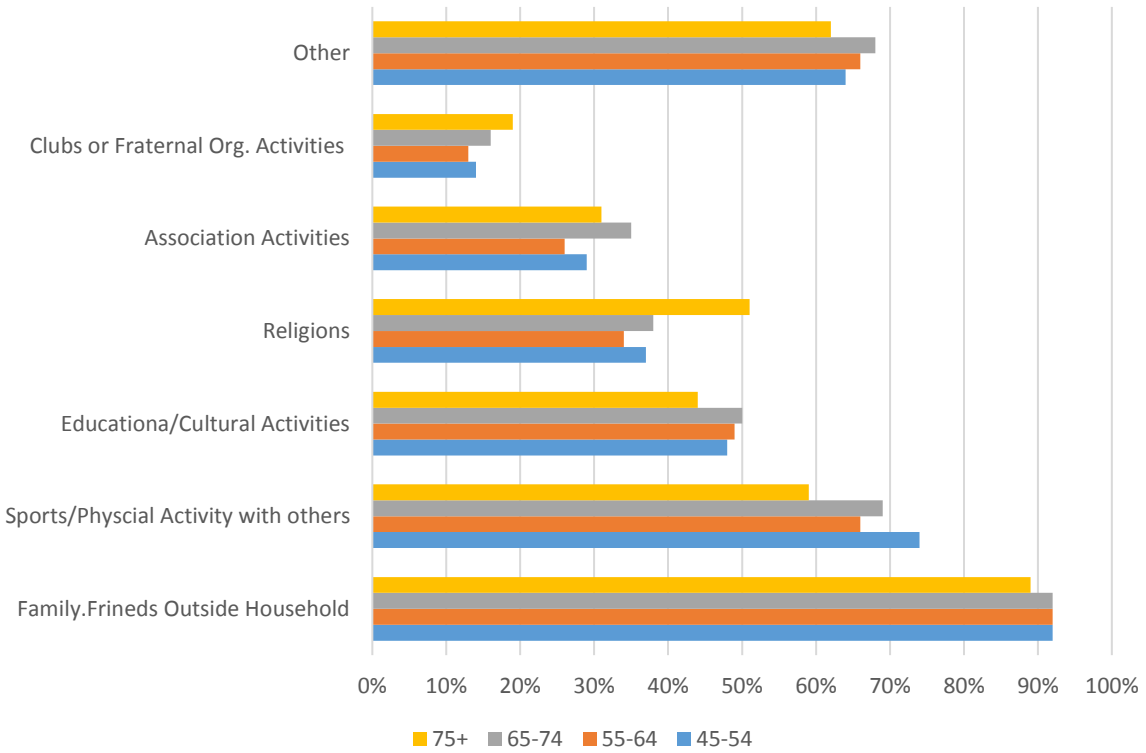
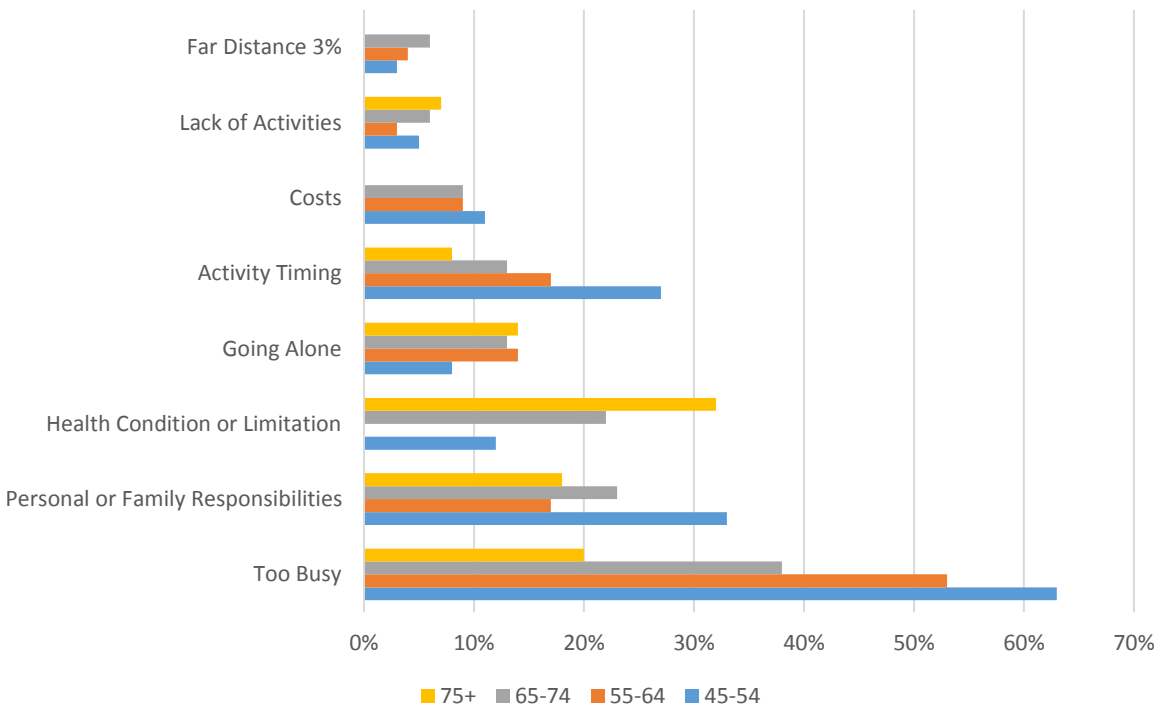


Chart 7: Barriers to Social Participation by Age



Dimension 6: Social Inclusion, Respect, and Civic Participation

Feeling included and respected in one's local community is important. It is the foundational experience in creating social cohesion. Social cohesion refers to how connected people feel within a group, how connected different social groups are together, and having a sense of oneness in belonging to a community (ref?) It can be a determining factor in peoples' quality of life.

We used the CLSA dataset to explore several indicators of social inclusion, respect, and civic participation in older Canadian adults. To begin with, we assessed how positively participants perceived their local social environment to be by examining responses to several questions regarding friendliness of people in the local area, trust in neighbours, if there were people to help in one's local community if needed, how lonely people felt within their local area, if they felt that people took advantage of them in their local community, and if they felt part of their local community. We also assessed how participants tend to perceive their social standing in their local community. To do this, we examined participants' responses to the SEQ Ladder, which asked participants to imagine a ladder with ten rungs that represents their social standing, with higher rungs indicating greater social standing in their local community. We then examined volunteering participation rates in the CLSA dataset to assess civic participation.

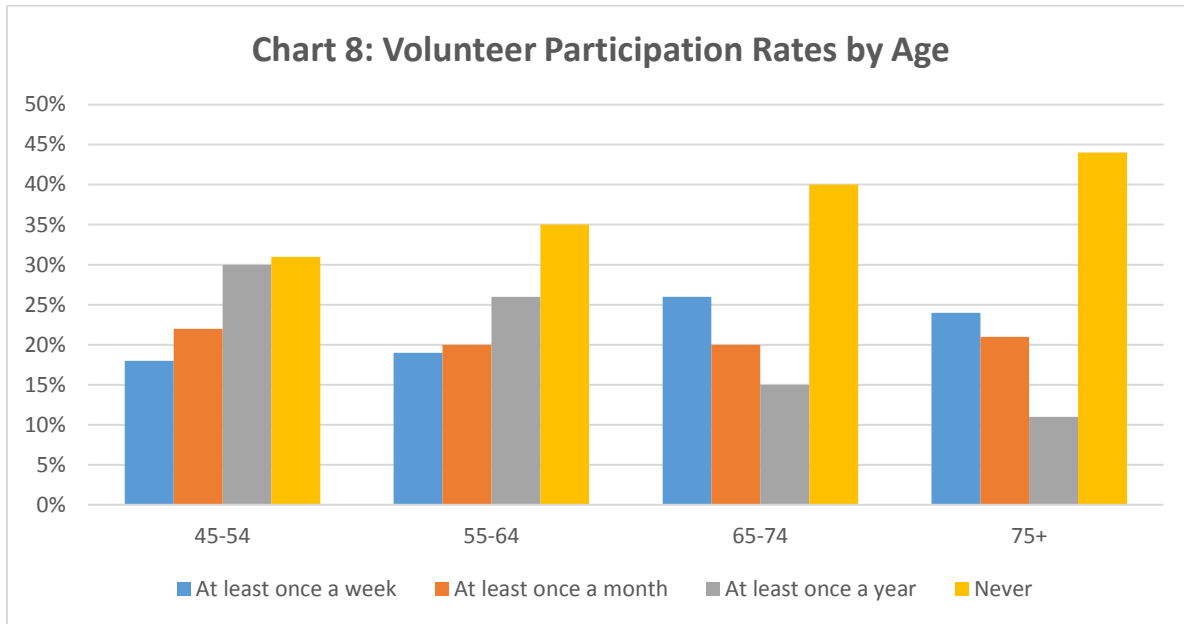
The Good News

- Almost one hundred percent of respondents agreed with the statements that: most people in their area are friendly, they feel a part of their local area, most people in their area can be trusted, and, if in trouble, lots of people would offer help.
- Only a small minority of respondents reported that they often feel lonely in their local area, and/or that people in their local area take advantage of them.
- The average rating on the SEQ Ladder scale was above the midpoint, indicating most respondents felt that their social standing in their local area was above average.
- 41.7% of respondents volunteer between at least once a month.

The Bad News

- Almost ten percent of respondents 75-years-old and above reported often feeling lonely in their local area.
- 58.3% of respondents overall reported volunteering either once a year or not at all.

- Those aged 65 and above are more likely than younger age groups to volunteer at least once a week, but also more likely to volunteer not at all.



The Well-Being of Older Canadian Adults

An age-friendly city works to create both physical and social environments that enable safety, security, health and well-being, especially with respect to older individuals. Thus we examine several different indicators of the quality of life for older adults using the CLSA dataset in the same way that we examined the indicators of age-friendliness of Hamilton.

Well-being is a term used to describe the positive health of an individual, the absence of illness and their experiential quality of life. To begin with, we examined the self-reported physical health, mental health, and healthy aging of CLSA participants for Hamilton. We also examined how respondents rated their satisfaction with life. However, well-being is not just the presence of positive factors, but also the absence of negative ones. Therefore, we examined depression scores for participants in the CLSA in order to get an indicator for the presence of negative feelings and behaviours. We also looked at the proportion of CLSA participants who had functional impairments in their daily activities classification scores. Well-being is not something that is solely determined by the individual, but also by social factors as well. Thus, we examined the degree to which participants perceived the availability of social support.

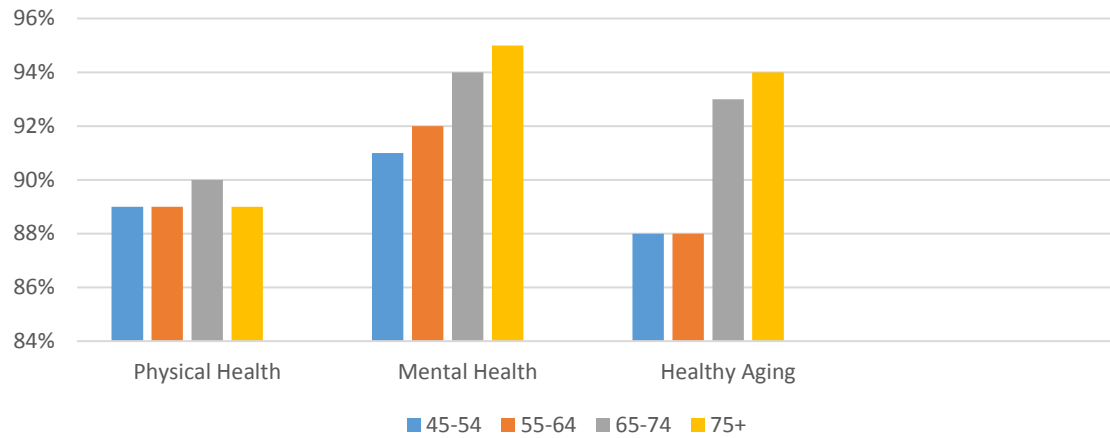
The Good News

- Over 90% of respondents rated their own physical and mental health as good to excellent (as opposed to poor to fair), as well as their own healthy aging as such. Moreover, the rates for self-reported good to excellent health increased with age, rather than decreased.
- Mean totals on the satisfaction with life scale were high (27.1 overall), and stable across age groups and genders.
- Risk for clinical depression slightly decreased with age.
- The large majority of respondents presented with no functional impairment.
- Ratings on all subscales of the social support survey of the MOS, as well as on the overall score, were strong, and indicated respondents felt they had suitable social support of all types most of the time, if not nearly all the time. In addition, there was little discrepancy across age groups of genders.

The Bad News

- Nearly one-fifth of overall respondents presented as at risk for clinical depression based on scores on the CES-D-10 of ten.
- Women had nearly double the rate of being at risk for clinical depression as men (23.7% versus 13.9%).
- Rates for having mild impairment nearly tripled between the age groups of 45-54 and 75+.
- The proportion of women with mild impairment was almost tripled the proportion of men with such.

Chart 9: Self-Reported Health, Mental Health and Healthy Aging by Age



Concluding Comments

In this report, we examined a wide variety of indicators of the age-friendliness of the City of Hamilton chosen from the World Health Organization's Age-Friendly Cities Guide and the Canadian Longitudinal Study of Aging as the data source. We also examined a variety of different indicators of well-being in order to examine how people across different age groups and genders were functioning with respect to quality of life. The report demonstrated a good news story of Hamilton on many indicators of the social and physical environment. Nevertheless, it points to a number of areas where actions may be targeted in Hamilton's progress to becoming age-friendly. Consideration of these areas will be given in the development of Hamilton's Plan for an Age Friendly City 2.

Several limitations should be noted. First, older adults who volunteered for this study may not be representative of the older adults who are socially isolated or marginalized. These groups may be hardest to reach in the planning process and a special effort will be made to ensure that our 2020-2025 Plan is inclusive of all their concerns. As most of the data is derived from the comprehensive cohort, the information presented herein is generalizable to the residents of Hamilton at the time of data collection. However, it may not necessarily be as generalizable to residents who live(d) in more rural or fringe area.

Further, the data was collected between 2012 and 2015 and the findings might not represent the views of older adults in 2019.