
Regina City Priority Population Study Study #4 - Seniors

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A report prepared for the

Planning and Development Division

of

The City of Regina

by

Sask Trends Monitor
444 19th Avenue
Regina, Saskatchewan
S4N 1H1
Tel: 306-522-5515
Email: sasktrends@sasktel.net

DC Strategic Management
2900 Robinson Street
Regina, Saskatchewan
S4S 1V1
Tel: 585-0035
Email: bdurnford@dscm.ca



Tracking economic, social, and demographic trends from a Saskatchewan perspective.



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Executive Summary

The City of Regina has commissioned four background studies to help inform the development of an Official Community Plan. This is a profile of one of the four priority population groups, namely Regina residents who are seniors – taken, for the purposes of this report, to be those who are 65 years of age or older.

The report begins with basic information about the **number of seniors** living in Regina.

- There were 24,200 seniors normally resident in the city of Regina in 2006.
- In the twenty years from 1986 to 2006, the seniors population has grown by 0.7% per year on average with almost all of the growth among those 75 and older. The increase has arisen from natural growth (the number of people turning 65 less the number of deaths) supplemented by a small number of people moving to the city from other parts of Saskatchewan offset by a small flow of seniors to other provinces.
- Generally speaking, there are concentrations of seniors in three parts of the city – the downtown core, Albert Park, and at the north end of Albert Street in the Coronation Park and Northeast neighbourhoods.
- Regina seniors seem to be well served by transit routes which tend to pass through most neighbourhoods that have a large proportion of seniors and most communities are reasonably close to a library.
- The high proportion of seniors living in the Northeast and Coronation Park communities are a long distance from the bike path and are in parts of the city with a relatively small amount of open space. The seniors living in the McNab community are a long distance from a major shopping centre

Some of the highlights of the **social and economic characteristics** of Regina seniors that are described in this report are listed below in point form.

- There is a particularly pronounced difference between the sexes with a female/male ratio of 59%:41% in the Regina seniors population and a 63%:37% split among those 75 and older.
- A relatively high proportion of Regina seniors (13.6% in 2006) are immigrants but most came to Canada many years ago. In spite of this, there are relatively few members of a visible minority group among seniors (3.2%).
- Only 1.8% of seniors were Aboriginal in 2006.
- Virtually all Regina seniors can speak either English or French but this is their second language in many cases. Only 71% of Regina seniors reported that their mother tongue was English even though 95% normally speak only English at home.
- In 2006, two thirds of Regina seniors were living in a family household, typically with their spouse or common law partner. The remaining third were in non-family households and the majority of these seniors were living alone.
- With the definition of a “senior household” as one where a senior is the primary household maintainer, there were 16,420 senior households in Regina city in 2006, 22% of the total.
- Although there are exceptions, seniors tend to live in the same kinds of dwellings as other Regina residents – in 2006 68% were owned, 27% were built after 1980, and 37% were apartments.

- For 8% of senior households, the dwelling was below standard in terms of affordability, suitability, or condition and the household did not have an income that was sufficient to afford market housing that was above standard.
- The highest proportion of seniors housing that is inadequate is in the downtown and the McNab communities.
- The proportion of older seniors with less than grade 12 was 45% in 2006 and, at the other end of the scale, 38% were post-secondary graduates.
- The employment rate among seniors living in Regina was 11% in 2006 but it has been on an upward trend since then.
- The average gross annual income for Regina seniors was \$32,454 in 2005, \$27,597 after income taxes were deducted. After-tax income for senior women was only 69% of the average for senior men.
- On an after-tax basis, the proportion of the seniors who were living in low-income households was 5% in 2005 compared with 11% for the general population.

A **projection for the number of seniors** who will be living in Regina in the next twenty years shows that the population will increase significantly.

- The number of seniors living in Regina is estimated at 26,500 in 2011 and, if present trends continue, will grow to 34,000 in 2020 and 41,400 in 2030.
- The rate of growth is estimated at 2.4% per year from 2011 to 2030 compared with a growth rate of 1.5% for the general population.
- The bulk of the increase is the result of the natural ageing of the existing population rather than any influx of senior from elsewhere in Saskatchewan or Canada.
- The city should plan on having 16% of its population in the 65 and older age group by 2030 compared with 13% in 2011.

Some of the results from a **literature review and environmental scan** on the subject of seniors in Canada and Saskatchewan are listed below in point form.

- All parts of Canadian society will be challenged to meet the changing needs of an ageing population. As governments, communities and the not-for-profit sector prepare to meet the needs of the baby boomer seniors, they will need to consider and adapt policy, programs and services to accommodate concepts of active ageing.
- Three overarching and inter-related themes are common in the literature.
 - Seniors need to remain physically and mentally active. Active ageing means that opportunities to optimize health, participation and quality of life are provided and available throughout a person's life.
 - Seniors need to age in place, that is, to be able to remain in their community and dwelling for as long as possible.
 - Financial security is less an issue than in the past but still important.

Active Ageing

- Fully developing the concept of active ageing should respond to concerns of seniors that ageism is often found in views and actions toward older people.

- Participating in lifelong learning is a key ingredient to remaining mentally active. It is critical for seniors to be able to process and understand health promotion literature as well as information on community activities and events that help prevent social exclusion.
- The Senate Committee on Aging found that most older workers withdraw from the labour force before their functional abilities require them to do so.
- As Saskatchewan's population ages, there will be an opportunity to take advantage of an increasingly large pool of retirement age people who may be willing to give of their time and skills as volunteers.
- Accessibility and affordability of transportation options is a theme in the literature. Without access to transportation, seniors will be severely limited in their ability to participate in physical, recreational and social activities. The literature is clear that transportation supports active ageing, and must be available, affordable, reliable and frequent.

Ageing in Place

- Walkable neighbourhoods that are considered to be safe and secure will contribute to more seniors being active. Barriers identified to community participation and physical activity include costs of programs, suitability of programs for seniors, and physical accessibility of programs.
- Access to affordable housing was a major theme in the literature. The private sector is actively responding to the needs of wealthier seniors by building condominiums or assisted living units that cater to the needs of seniors for social, light housekeeping and other supports. Low to moderate-income seniors may be more challenged to find accessible and quality housing.
- The Senate Committee on Aging heard that “the lack of affordable supportive housing contributes to many health care system inefficiencies and the unnecessary expenditure of hundreds of thousands of dollars to work around the system’s backlog.
- Although in many circumstances seniors need access to public transportation, in many cases they are still capable of driving. In these cases, they may simply require access to designated parking spots. Courtesy to older drivers is also a feature of age-friendly communities.
- A continuum of care is critical to assist families with their ageing members. The care continuum must be supported by robust and appropriate housing options that allow seniors to age in place.

Financial Security

- The Expert Panel on Older Workers found that employer-based pension plans are increasingly limited and that there are growing differences in the quality of pension coverage between the private and public sectors.

Section 6 has a summary of the comments that were made at a **sounding session** which were organized to solicit comments and feedback from seniors’ groups in the city. The main areas of concern were as follows.

- Transportation
 - The public system needs to accommodate the disability and seniors community
 - The paratransit system is inadequate

- Housing
 - There is not enough affordable accessible housing in the city.
 - The current stock of housing will require significant retrofitting as the population ages.
 - Seniors want to be able to AGE IN PLACE – “place” meaning the community and not only their current home.
 - The City should plan for integrated communities (i.e. inter-generational) that provide assisted living amenities.
- Employment
 - It would be helpful to have a list of employers looking for older workers
 - Do not assume seniors want to do the same work they did before they retired.
- Other
 - Gerontology knowledge in the community must increase
 - Facilities need to be close to seniors (walkability principle)
 - Seniors need to be part of the design of policy to ensure it serves their community in the best way possible.
- Big Ideas
 - Increase the number of affordable / accessible housing units across the city surrounded by needed services directly in the neighbourhood (to achieve the AGE IN PLACE principle)
 - Improve transportation. Specifically increase para transit service.
 - Create a Seniors Secretariat.

SECTION 1 BACKGROUND

To help inform and support the development of a new Official Community Plan, the City of Regina has commissioned a series of background studies related to four priority population groups:

- immigrants and Regina's ethnic community;
- aboriginal people;
- seniors; and
- the population with disabilities.

The studies are intended to establish baseline information on the four populations and to inform the City's understanding of general characteristics and trends, city-wide patterns, current government and community roles, key community assets and issues and opportunities to be considered in the future.

This is a profile of Regina residents who are seniors, taken to be those who are 65 years of age or older.

The report is divided into five sections including this background. Section 2 has basic statistical information about the number of seniors living in Regina. Some of the demographic and socioeconomic characteristics of this population are examined in more detail in Section 3. This is a growing population in the city so Section 4 contains a population projection for the next twenty years. Section 5 contains a summary of the findings of an environmental scan and literature review. A sounding session was held with key stakeholders from the seniors community; a summary of those sessions is included as Section 6.

This report was prepared by a partnership of:

- Doug Elliott, the principal of *QED Information Systems Inc.* and publisher of *Sask Trends Monitor*; and
- Bonnie Durnford and Rob Cunningham, the principals of *DC Strategic Management*, a Regina-based consulting firm.

The opinions expressed in this document do not necessarily represent those of the City of Regina or its employees. Responsibility for the accuracy of the data and the validity of the conclusions reached remains with the authors.

SECTION 2 BASIC COUNTS

This section has statistical information about the population of seniors living in Regina. For the purposes of this report, seniors are divided into two categories based on age because the issues facing older seniors tend to be different from the ones that younger seniors are dealing with. The two age groups chosen were a) 65 to 74 years of age and b) the remaining seniors who are 75 years of age or older.

There is good, up-to-date, reliable information about the size of the seniors population and about their labour market activities from several sources. Good quality information about other socioeconomic characteristics such as income, housing, language, living arrangements, and where in Regina seniors live is only available from the Statistics Canada census which is conducted every five years. At the time this report was prepared, the most recent census data was for 2006. This means that statistical information about seniors living in some of the newer neighbourhoods such as Harbour Landing will not be included.

A Note on Data Sources

To help preserve the confidentiality of individual responses to the census, Statistics Canada uses a procedure called “random rounding”. With this method, all figures including totals are randomly rounded either up or down to a multiple of “5”. While providing protection against disclosure of individual responses, this technique does introduce problems in data presentation. Because totals are independently rounded, they do not necessarily equal the sum of individually rounded figures in the tables. Similarly, percentages calculated on rounded figures do not necessarily add to exactly 100%. Imprecisions because of this rounding do, however, tend to cancel each other when the data are aggregated and the general characteristics of the population described by the statistics are never significantly affected by this technique.

Other rounding errors can occur in tables that contain percentage distributions regardless of whether the data has been subjected to the random rounding technique. In these cases, the sum of the percentages may differ from 100% by a small amount because of general rounding errors. Finally, unrounded data were used in preparing the charts in this report so there may be minor differences between the data reported in the tables and the graphic representation of that data in the charts.

The census does not collect any information other than the total population by age, sex, and mother tongue from those who live in collective dwellings. This means that the majority of the socioeconomic statistics for Regina city will not include those living in these collective dwellings which include special care homes, group homes, hotels and motels, and corrections facilities. The exclusion of special care homes, in particular, will affect the statistics about older seniors living in the city.

Geographic Considerations

Statistics Canada uses two different geographic regions when publishing statistics for cities. The simplest one is based on the city boundaries; these data describe the population who are “normally resident” within the legal boundaries of the census subdivision that corresponds to the city of Regina.

The second is a broader region called the Census Metropolitan Area or CMA. The Regina CMA includes the city of Regina and the surrounding “bedroom communities” and rural municipalities in which they are located. Table 2.1 shows which communities are included the Regina CMA and their 2006 populations. The map in Figure 2.1 shows the geographic extent of the Regina CMA.

Whenever possible, statistics that apply to the city of Regina are used. Some of the census statistics, however, are only published for the Regina CMA. The CMA statistics are used if necessary because the characteristics of the population in the CMA will differ only slightly from the characteristics of the population in Regina city proper because 92% of the CMA population lived within the city boundaries in 2006.

When describing some of the characteristics of seniors in different neighbourhoods, the community association boundaries are used. Figure 2.2 shows the location of these community associations in Regina.

Table 2.1 Regina City and Regina CMA Population Compared

	2006 Population
Regina	179,246
Edenwold RM#158 (includes Emerald Park)	3,611
Pilot Butte	1,867
Lumsden RM#189	1,627
Lumsden	1,523
Balgonie	1,384
Regina Beach	1,195
White City	1,113
Sherwood RM#159	1,075
Pense	507
Pense RM#160	490
Buena Vista	490
Grand Coulee	435
Edenwold	242
Belle Plaine	64
Disley	62
Lumsden Beach	40
Regina CMA	194,971

Source: Statistics Canada Census

Figure 2.1 Regina Census Metropolitan Area

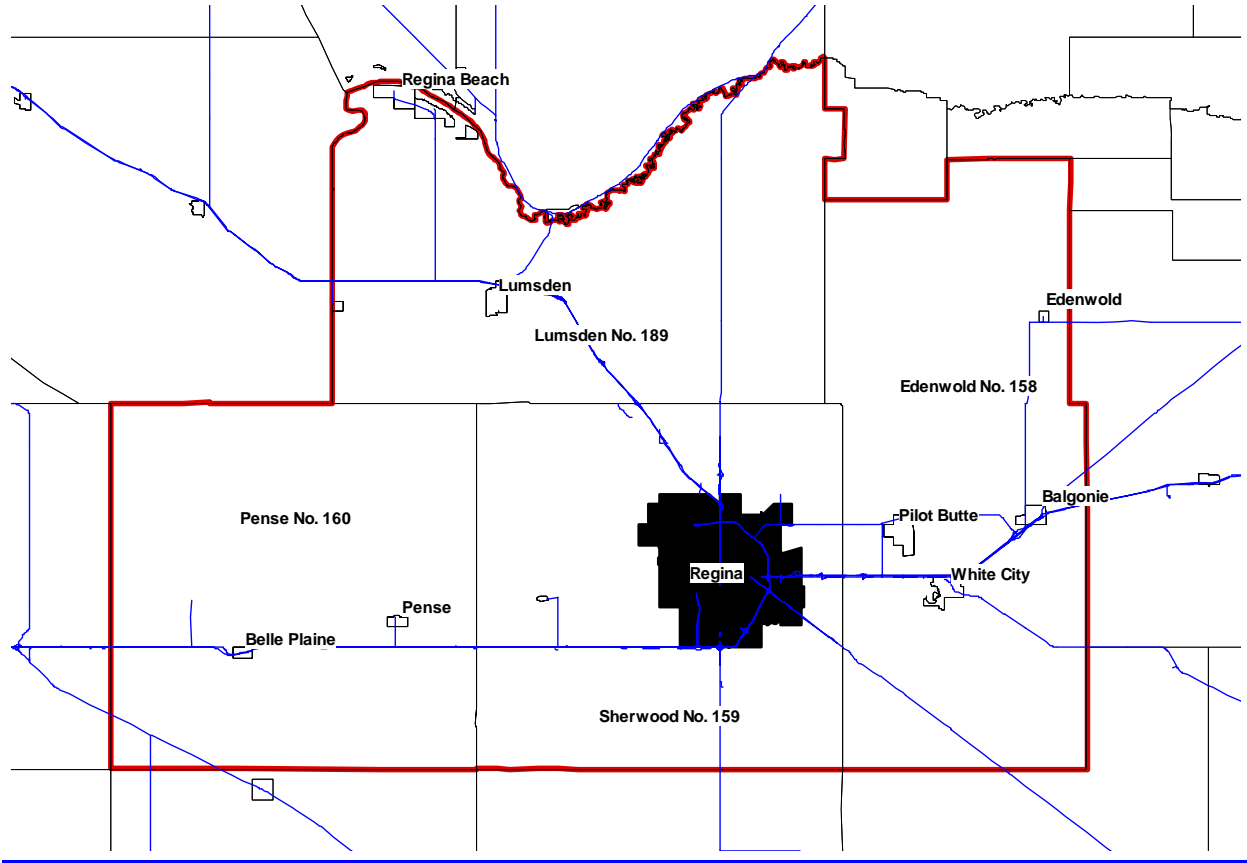
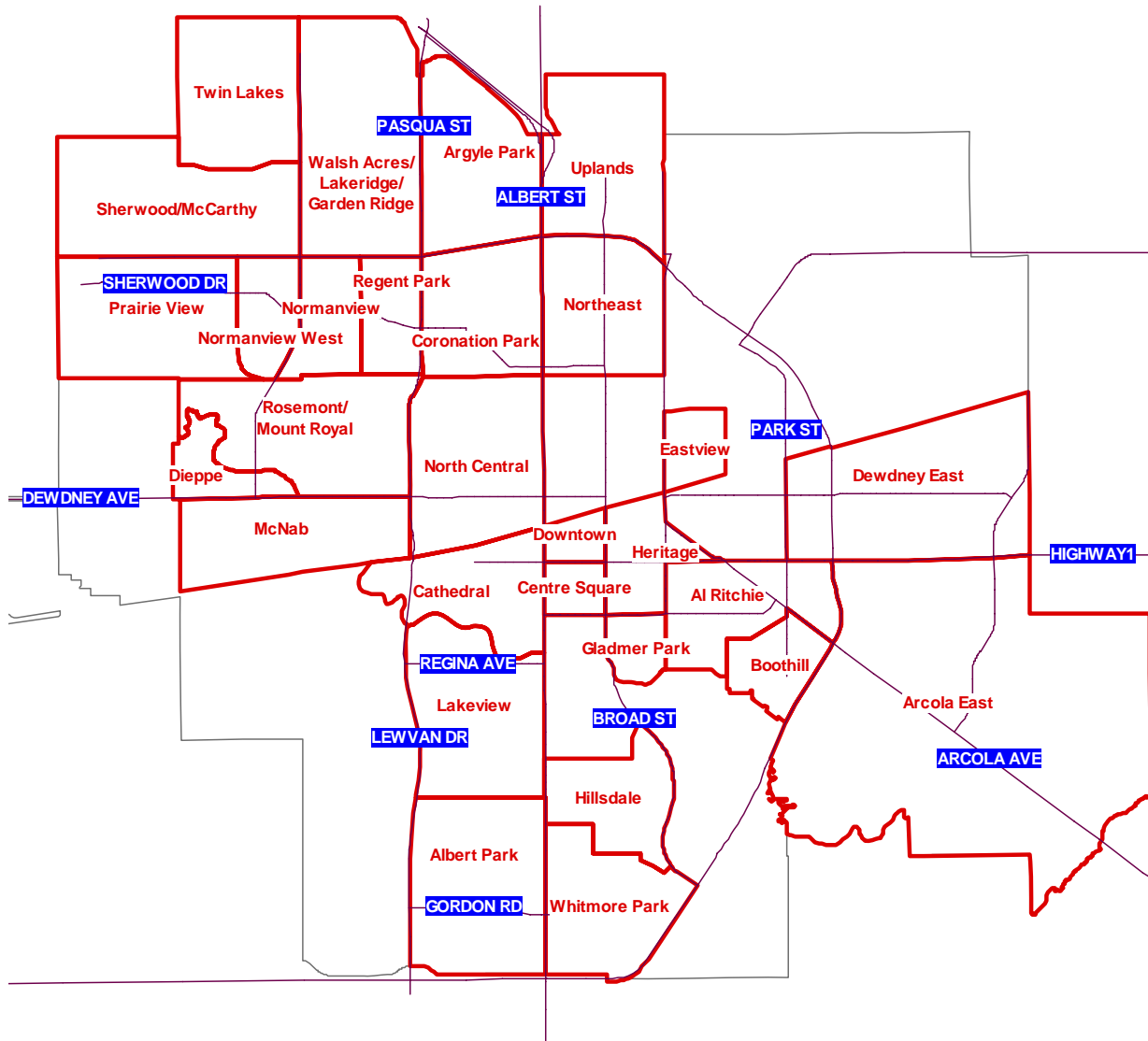


Figure 2.2 Regina Community Associations



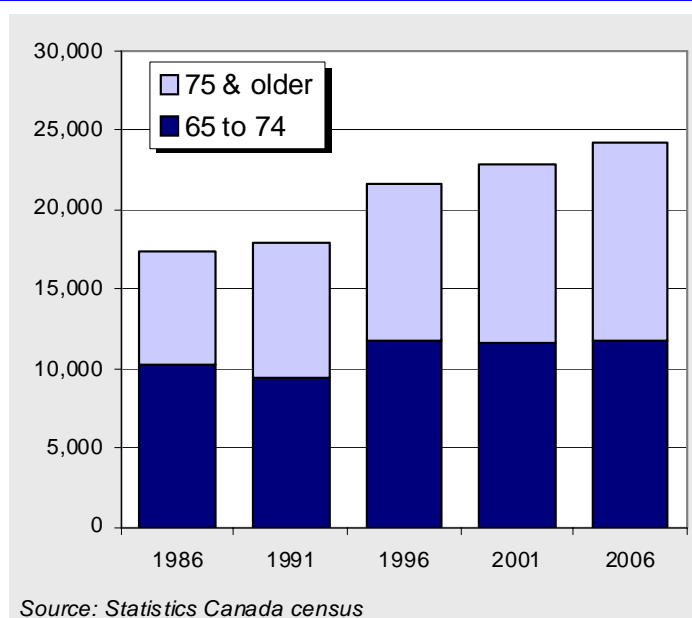
2.1 Basic Counts

There are three data sources about the number of seniors living in Regina. These are compared in this section, starting with the most accurate – the Statistics Canada Census.

Census

According to the 2006 census, there were 24,200 seniors who were normally resident in the city of Regina in May of 2006 (see Table 2.2). Many of these seniors, approximately 2,000 in fact, were living in “collective dwellings” such as special care homes. The number living in private dwellings was estimated at 22,420.

Figure 2.3 Number of Seniors, Regina City



The number of seniors in Regina is increasing both in absolute terms and as a percentage of the city population. From 1986 to 2006, the total population in the city increased by only 0.1% whereas the number of seniors increased by 1.7% per year. Seniors now represent 13.7% of the population compared with 12.1% ten years ago and 10.0% twenty years ago.

As Figure 2.3 shows, however, the growth is almost exclusively among those 75 years of age and older. In the past twenty years:

- the population 65 to 74 years of age has grown by 0.7% per year on average; and
- the population 75 and older has grown by 2.9% per year.

Another way to describe the same phenomenon is to note that among Regina seniors, 52% were 75 and older in 2006 compared with 41% in 1986.

Table 2.2 Seniors Living in the City of Regina

		1986	1991	1996	2001	2006
Total population, all ages		173,095	177,135	178,410	175,600	176,915
Seniors	65 to 74 years of age	10,285	9,420	11,690	11,570	11,715
	75 & older	7,020	8,550	9,870	11,290	12,485
	Total (65 & older)	17,305	17,970	21,560	22,860	24,200
	Seniors as a percent of the total population	10.0%	10.1%	12.1%	13.0%	13.7%

Source: Statistics Canada Census

Statistics Canada Population Estimates

Statistics Canada uses administrative data such as income tax records, GST tax credits, and CPP/OAS payments to estimate the number of people between and after census surveys. These statistics are more up-to-date than the census but they are subject to periodic, retroactive, revisions and are only available for the Regina CMA¹. They also include an adjustment to take into account the under-coverage in the census.

These estimates confirm the findings from the census data that the number of seniors is increasing. Over the ten years from 2001 to 2010, the number of seniors in the Regina CMA has grown from 25,576 to 28,650 (see Table 2.3). This is the equivalent of an annual growth rate of 1.1%.

The figures suggest that the downward trend in the number of younger seniors has reversed (see Figure 2.4).

Saskatchewan Health Covered Population

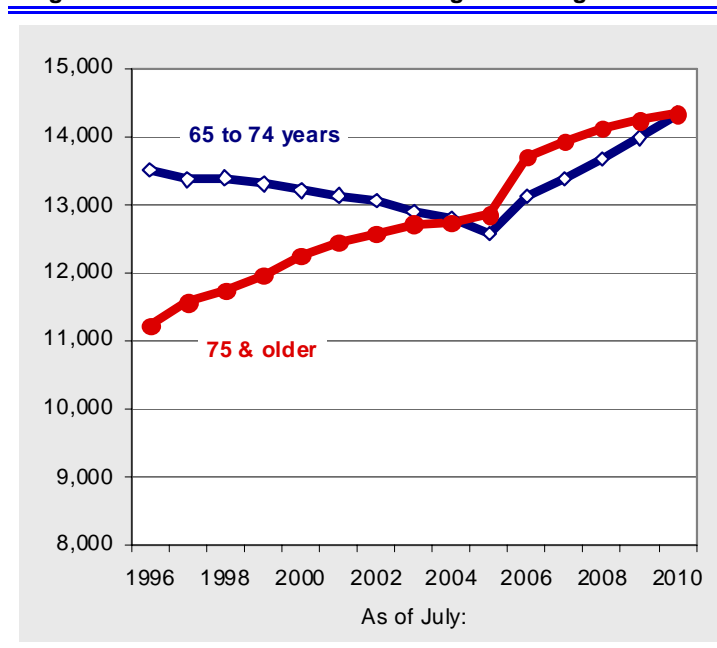
The Saskatchewan Health population data is commonly referred to as the “covered population” because it measures the population with a valid health insurance card, that is, “covered” by health insurance. While not designed as a population measure, the covered population is often used as a proxy for the population, particularly when the census figures become dated.

Table 2.3 Seniors Living in the Regina CMA

As of July	Total population	65 to 74	75 & older	Seniors Total (65 & older)
1996	200,458	13,502	11,214	24,716
1997	199,777	13,366	11,554	24,920
1998	199,526	13,385	11,732	25,117
1999	199,733	13,303	11,955	25,258
2000	199,069	13,206	12,244	25,450
2001	197,795	13,134	12,442	25,576
2002	197,574	13,050	12,564	25,614
2003	198,556	12,888	12,715	25,603
2004	199,498	12,792	12,726	25,518
2005	199,593	12,572	12,847	25,419
2006	200,065	13,123	13,701	26,824
2007	202,808	13,374	13,931	27,305
2008	205,827	13,674	14,110	27,784
2009	210,384	13,981	14,231	28,212
2010	215,138	14,322	14,328	28,650

Source: Statistics Canada CANSIM Table 051-0046

Figure 2.4 Number of Seniors Living in the Regina CMA

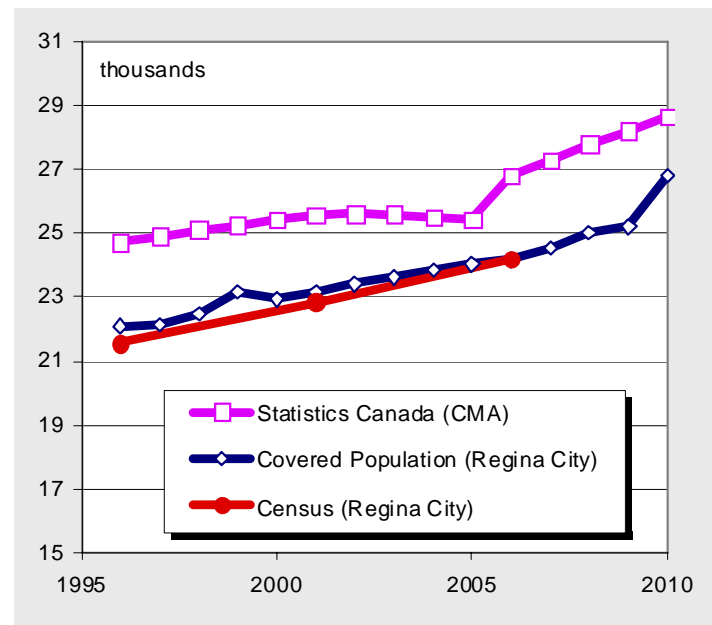


¹ See page 3 for a description of the Regina CMA.

The covered population counts for residents of Regina will differ from the census for a number of reasons. Firstly, the covered population covers all persons including those in special care homes.

Secondly, residents who move out of the province retain their health coverage for a period of three months and people who move into the province are not covered until they have lived here for three months. The address on the card is updated whenever the person contacts a health service but is routinely updated for all residents every three years. This helps explain the periodic drops evident in the covered population for Saskatchewan; they correspond with years in which new cards are mailed.

Figure 2.5 Comparison of Population Counts for Seniors, Regina City



The covered population counts for the number of seniors living in Regina are similar to the counts from the census (see Figure 2.5 and Table 2.4). In 2006, for example, the covered population for Regina was 24,168 seniors compared with 24,200 for the census.

Table 2.4 Seniors Living in Regina, Census and Covered Populations Compared

	Census population*	Covered population**
1996	21,560	22,101
1997	...	22,140
1998	...	22,481
1999	...	23,179
2000	...	22,948
2001	22,860	23,172
2002	...	23,433
2003	...	23,619
2004	...	23,853
2005	...	24,037
2006	24,200	24,186
2007	...	24,536
2008	...	25,024
2009	...	25,209
2010	...	26,801

* as of May

** as of August

2.2 Population Trends

The section looks at the upward trend in the number of seniors in Regina. Is it the result of the natural ageing of the population or migration from other parts of Saskatchewan or Canada?

Statistics Canada tracks the changes in the population of seniors for the Regina CMA on a census year basis². The patterns over the past 14 census years are shown in Table 2.5.

These figures show that the growth in the number of seniors is a combination of factors. In general terms natural growth (the number of people turning 65 less the number of deaths) is the main driver but this normal flow is supplemented by people moving to the city from other parts of Saskatchewan offset by a steady but smaller net flow to other provinces.

Figure 2.6 Annual Changes in Number of Seniors in the Regina CMA, Five Year Average Ending in 2009-10

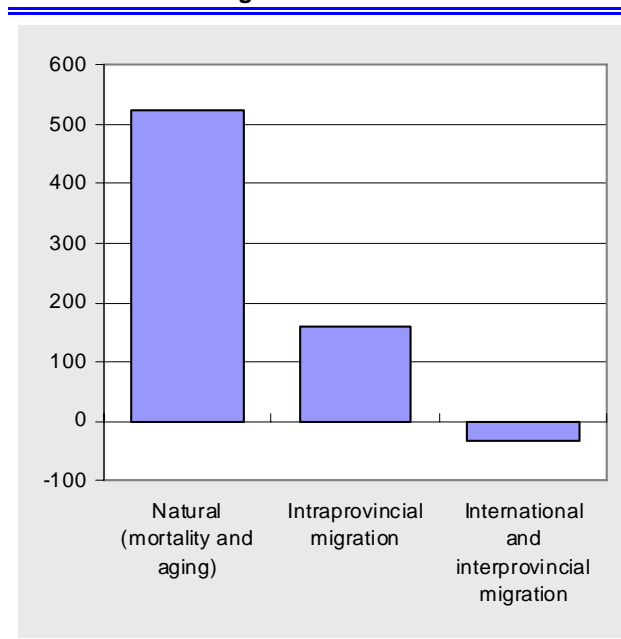


Table 2.5 Changes in the Number of Seniors Living in the Regina CMA

July to June:	Population at start	Less mortality	plus net migration			Plus natural ageing	Population at end
			International	Interprovincial	Intraprovincial		
1996/1997	24,716	1,169	3	-115	79	1,406	24,920
1997/1998	24,920	1,224	9	-85	94	1,403	25,117
1998/1999	25,117	1,212	-3	-51	80	1,327	25,258
1999/2000	25,258	1,214	4	-45	101	1,346	25,450
2000/2001	25,450	1,238	19	-92	97	1,340	25,576
2001/2002	25,576	1,115	-2	-88	90	1,153	25,614
2002/2003	25,614	1,167	6	-105	98	1,157	25,603
2003/2004	25,603	1,281	21	-73	128	1,120	25,518
2004/2005	25,518	1,159	6	-110	138	1,026	25,419
2005/2006	25,419	1,150	0	-45	104	2,496	26,824
2006/2007	26,824	1,272	12	-6	220	1,527	27,305
2007/2008	27,305	1,289	9	-56	189	1,626	27,784
2008/2009	27,784	1,303	18	-55	139	1,629	28,212
2009/2010	28,212	1,310	23	-75	139	1,661	28,650

Source: Statistics Canada CANSIM Table 051-0047

² The “census year” runs from July 1 to June 30 of the subsequent calendar year.

SECTION 3 SOCIOECONOMIC AND DEMOGRAPHIC CHARACTERISTICS

This section of the report has information about various characteristics of seniors who live in Regina. Some characteristics are classified as demographic – age, sex, living arrangements, etc. Others are more related to economic status – education, labour force attachment, and income, for example.

As with the other information in this report, information from the 2006 and previous Statistics Canada census publications is used to describe the seniors population who are currently living in the city of Regina. Where necessary, the statistics refer to the larger metropolitan area rather than the city proper. When available, the data are presented separately for those 65 to 74 years of age and those who are 75 and older.

3.1 Neighbourhood

The sample size of the census enables an examination of where within the city seniors live. Table 3.1 shows the population of community associations within the city with the number of seniors living there in 2006.

Generally speaking, there are concentrations of seniors in three parts of the city – the downtown core, Albert Park, and at the north end of Albert Street in the Coronation Park and Northeast communities. These tend to be neighbourhoods where there are special care homes or other kinds of specialized housing for seniors. As a percentage of the population, seniors are most common in:

- the downtown where 43% of the population are seniors and 29% of the population is 75 years of age or older;
- McNab, where Pioneer Village is located, and where 42% of the population are seniors; and
- Centre Square where 33% of the population are seniors.

The concentrations of seniors who are 75 years of age and older are similar (see Figure 3.2).

Notwithstanding this concentration in certain areas of Regina, a significant number of seniors live in almost all parts of the city except the Northwest.

There are several maps in Appendix A that show the residence of Regina seniors compared with other geographic characteristics such as transit routes and recreational facilities. Some observations made from these maps are listed below.

- Regina's seniors seem to be well served by transit routes which tend to pass through most neighbourhoods that have a large proportion of seniors (see Map #1).
- The high proportion of seniors living in the Northeast and Coronation Park communities are a long distance from the bike path (see Map #2) and are in parts of the city with a relatively small amount of open space (see Map #5). Those living in the south and southeast areas of the city have the best access.
- Except for those living in Hillside, most communities with a high concentration of seniors are reasonably close to a public library (see Map #3).
- The high number of seniors living in the McNab community are a long distance from a major shopping centre (see Map #6). Those in the Northeast, Downtown, and in the South have the best access.

Table 3.1 Seniors Population, City of Regina, by Community Association, 2006

Community Association	Population	All Seniors		Seniors 75 & older		Seniors in Private Households	
		Number	as % of population	Number	as % of population	Number	as % of population
Al Ritchie	7,505	965	12.9%	475	6.3%	935	12.5%
Albert Park	11,881	2,920	24.6%	1,600	13.5%	2,435	20.5%
Arcola East	19,941	2,080	10.4%	875	4.4%	1,985	10.0%
Argyle Park/Englewood	3,832	185	4.8%	55	1.4%	165	4.3%
Boot Hill	2,590	485	18.7%	215	8.3%	520	20.1%
Cathedral	7,009	755	10.8%	420	6.0%	710	10.1%
Centre Square	3,791	1,235	32.6%	800	21.1%	1,210	31.9%
Coronation Park	6,451	1,330	20.6%	565	8.8%	1,240	19.2%
Dewdney East	16,595	1,130	6.8%	425	2.6%	1,180	7.1%
Dieppe	2,479	240	9.7%	120	4.8%	245	9.9%
Downtown	635	275	43.3%	185	29.1%	270	42.5%
Eastview	1,156	125	10.8%	65	5.6%	140	12.1%
Gladmer Park	1,738	450	25.9%	350	20.1%	415	23.9%
Heritage	4,825	750	15.5%	465	9.6%	720	14.9%
Hillsdale	6,713	1,555	23.2%	1,055	15.7%	1,435	21.4%
Lakeview	7,606	1,235	16.2%	735	9.7%	1,095	14.4%
McNab	1,907	800	42.0%	655	34.3%	415	21.8%
Normanview	3,734	415	11.1%	115	3.1%	405	10.8%
Normanview West	2,978	215	7.2%	70	2.4%	185	6.2%
North Central	9,359	765	8.2%	360	3.8%	750	8.0%
Northeast	7,035	1,705	24.2%	970	13.8%	1,555	22.1%
Prairie View	6,360	330	5.2%	130	2.0%	290	4.6%
Regent Park	2,685	505	18.8%	190	7.1%	485	18.1%
Rosemont	7,661	940	12.3%	465	6.1%	880	11.5%
Sherwood McCarthy	5,701	170	3.0%	65	1.1%	160	2.8%
Twin Lakes	6,069	445	7.3%	230	3.8%	450	7.4%
Uplands	5,271	410	7.8%	120	2.3%	415	7.9%
Walsh Acres/Lakeridge	8,688	625	7.2%	265	3.1%	560	6.4%
Whitmore Park	6,430	1,025	15.9%	440	6.8%	1,025	15.9%
Other areas	621	135	21.7%	5	0.8%	145	23.3%
City of Regina total	179,246	24,200	13.5%	12,485	7.0%	22,420	12.5%

Figure 3.1 Seniors as a Percentage of the Total Population, 2006

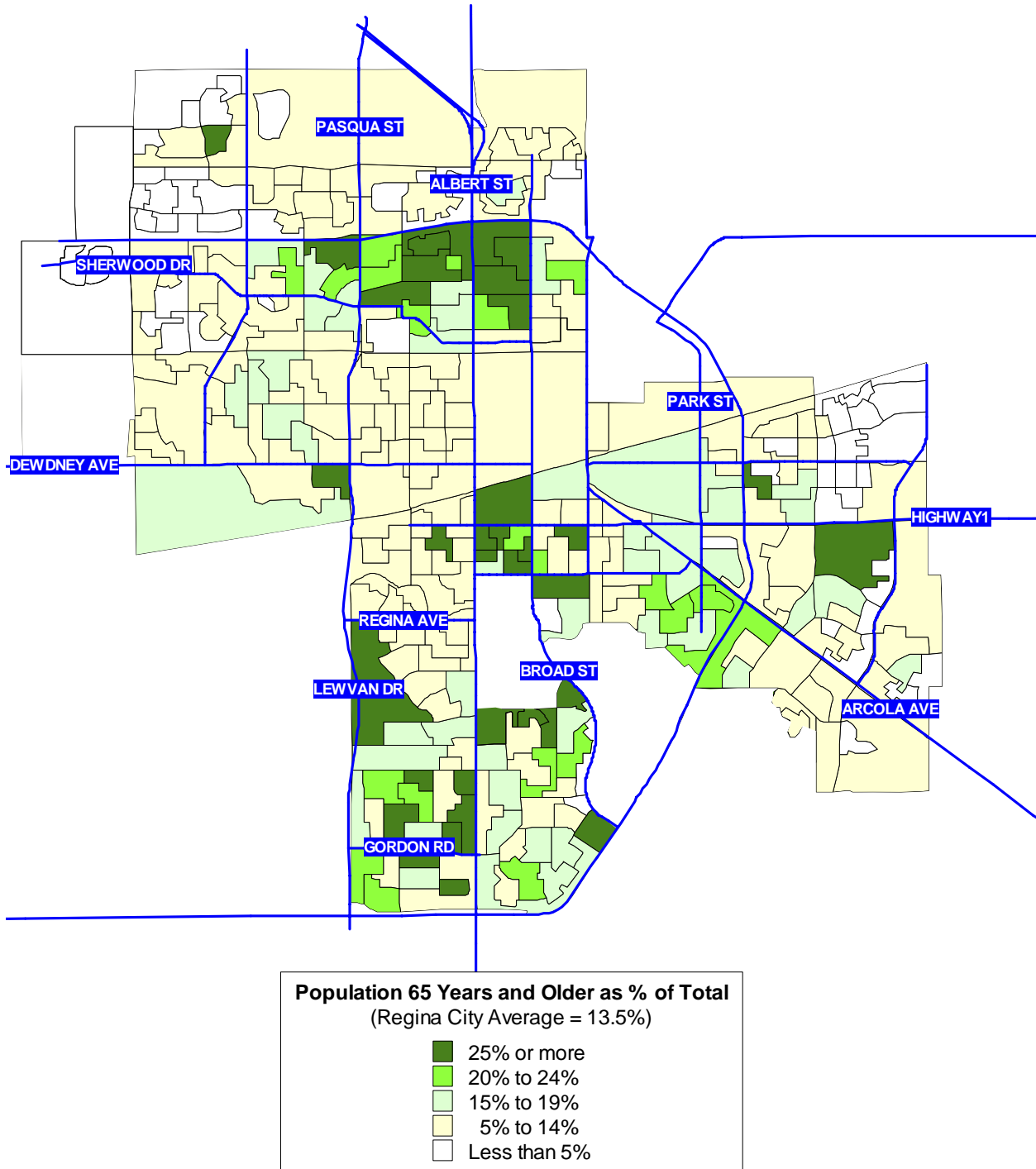
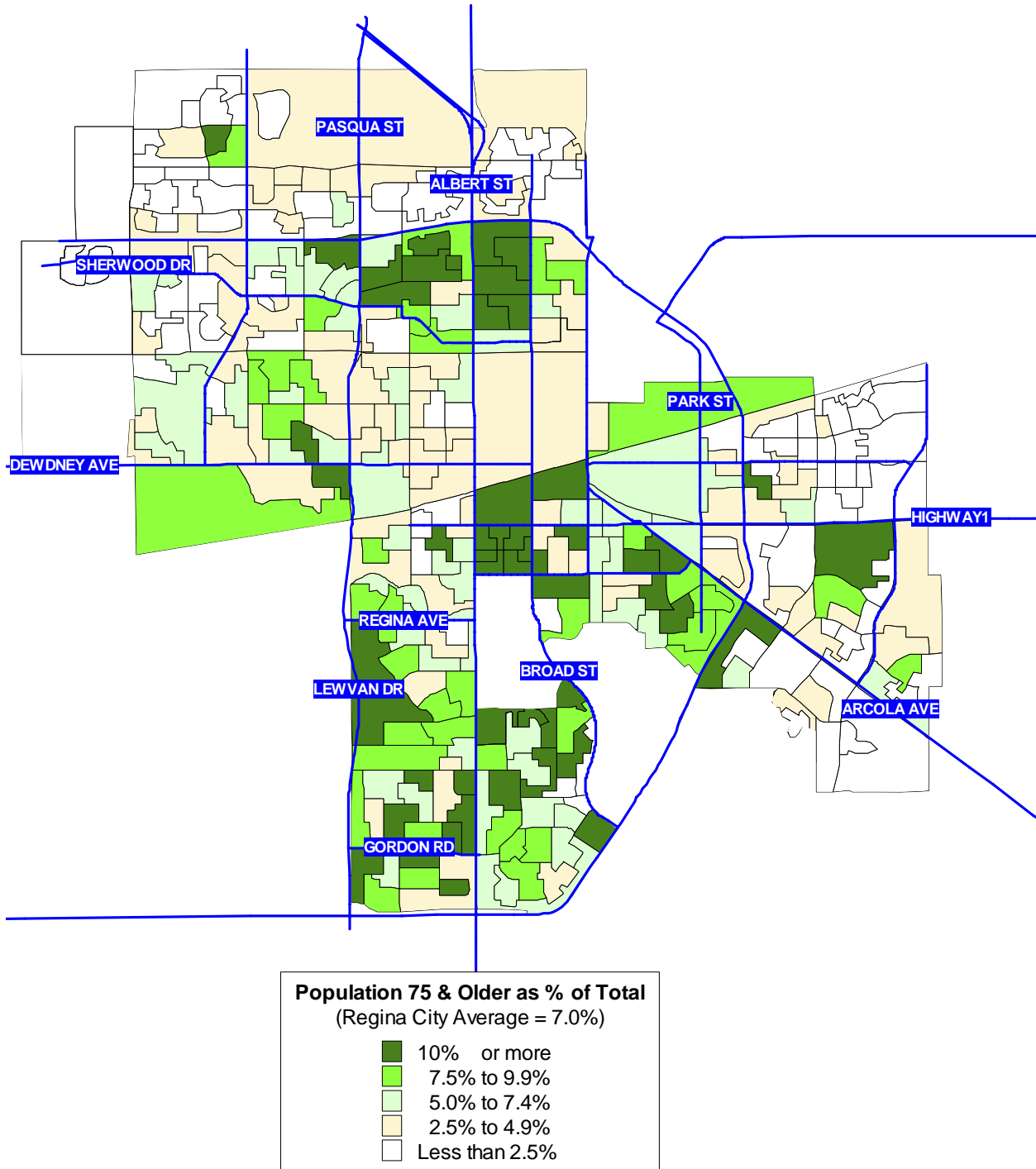


Figure 3.2 Older Seniors as a Percentage of the Population, 2006



3.2 Age and Sex

In Regina city, women made up 52% of the population in 2006. The dominance is the result of two factors. Firstly, higher mortality rate among men means that women tend to live longer than men so an older population generally has a higher proportion of women. Secondly, interprovincial migration is more common among men than women so the net out-migration from the city during the 1990s has left a relatively shortage of younger men in the city.

The seniors population living in the city in 2006 has a particularly pronounced difference between the sexes with a female/male ratio of 59%:41% in the general seniors population and a 63%:37% split among those 75 and older (see Table 3.2). Differences in mortality rates between men and women will be the reason for this difference.

Table 3.2 Regina City Population, 2006, by Sex

	Men	Women	Total	Percent women
65 to 74	5,320	6,395	11,715	54.6%
75 and older	4,585	7,900	12,485	63.3%
All seniors	9,905	14,295	24,200	59.1%
Total population	85,120	91,790	176,910	51.9%

Age

The Regina city population, like the population in Saskatchewan and in fact like the population in Canada as a whole, is dominated by the “baby boom” generation. This group of individuals is usually taken to be those who were born between 1946 and 1964 and who are, in 2011, 47 to 65 years of age. So the size of the seniors population is not yet affected by this demographic trend although it will be responsible, as we will see in Section 4 of this report, for the growth of the seniors population in the next twenty years.

Table 3.3 and Figure 3.4 show that the increase in the number of seniors over the ten years from 1996 to 2006 was exclusively among those 75 years of age and older. The number of seniors 65 to 74 was constant whereas the number of older seniors grew by an average of 2.4% per year with the fastest growth rates among the oldest seniors.

Looked at another way a third (31%) of Regina seniors are now 80 years of age or older compared with a quarter (25%) ten years ago.

Figure 3.3 Women as a Percentage of the Population, Regina City, 2006

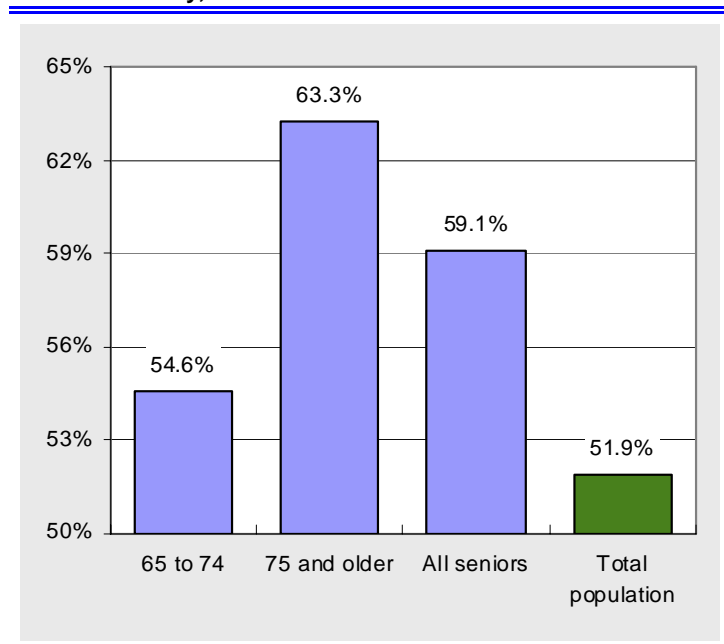
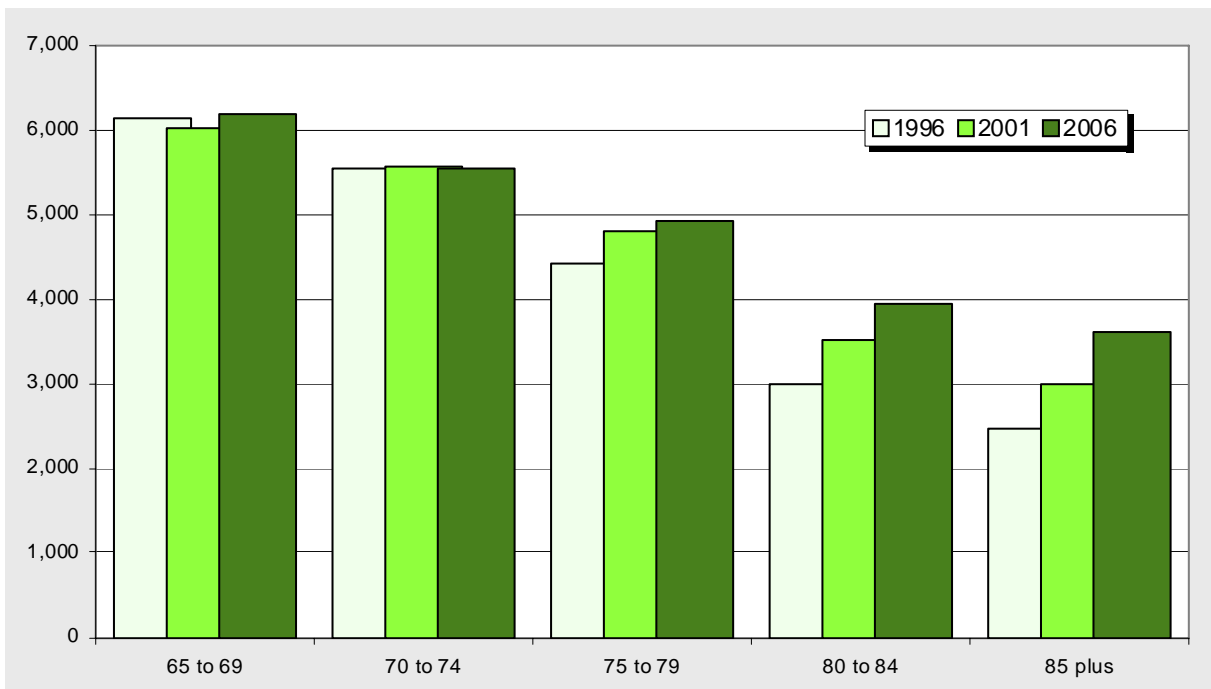


Table 3.3 Age Groups for Seniors Living in Regina City, 1996 to 2006

Age	1996		2001		2006		Average annual increase from 1996 to 2006
	Number	% of total	Number	% of total	Number	% of total	
65 to 69	6,145	28.5%	6,020	26.3%	6,185	25.6%	0.1%
70 to 74	5,545	25.7%	5,550	24.3%	5,530	22.9%	0.0%
75 to 79	4,410	20.5%	4,795	21.0%	4,925	20.4%	1.1%
80 to 84	2,990	13.9%	3,505	15.3%	3,950	16.3%	2.8%
85 plus	2,470	11.5%	2,990	13.1%	3,610	14.9%	3.9%
65 & older	21,560	100.0%	22,860	100.0%	24,200	100.0%	1.2%

Figure 3.4 Age Distribution of the Regina City Seniors Population, 1996 to 2006



3.3 Ethnicity, Aboriginal Identity, Immigration, and Language

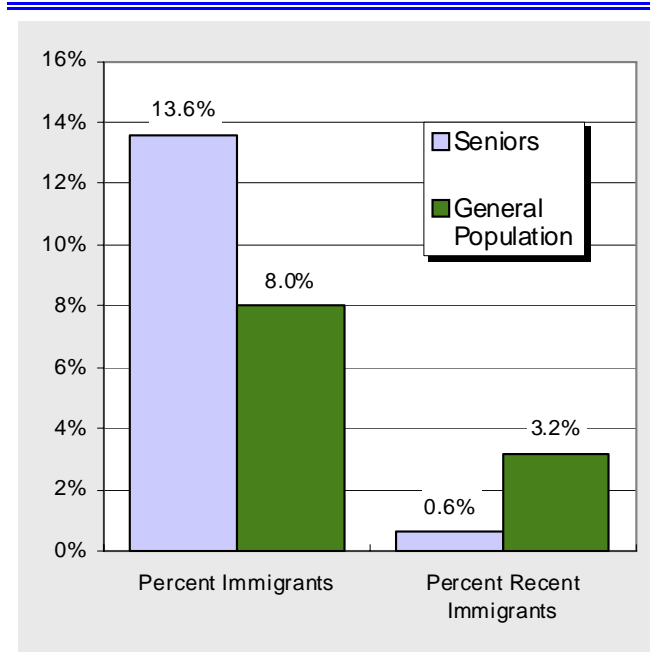
There are a number of diversity measures available from the census that can help understand the nature of the population of seniors living in Regina.

Immigration

The number of immigrants in Saskatchewan was quite small compared with other provinces in 2006 but the number will have increased substantially since then. Regina has been home to a relatively high proportion of immigrants in the past and this will undoubtedly continue to be the case in the future. In 2006 for example, immigrants made up only 5% of the provincial population compared with 8% for Regina.

A relatively high proportion of Regina seniors (13.6%) are immigrants but most came to Canada many years ago – in 2006, only 0.6% of seniors were recent immigrants, taken to be those who came to Canada after 1990.

Figure 3.5 Percentage of Seniors who are Immigrants, 2006, Regina City



Aboriginal Identity

The only source of data describing the Aboriginal population in Regina is the Statistics Canada census and these data are based on the concept of “self-identity”. Respondents are asked to simply state whether or not they consider themselves as Aboriginal. Those who reported that they were registered under *The Indian Act* or who were members of a First Nation were also considered to be Aboriginal.

The Saskatchewan Aboriginal population is relatively young so it is no surprise that relatively few Regina seniors are Aboriginal. Figure 3.6 shows that, in 2006, only 1.8% of seniors were Aboriginal. The percentage was somewhat higher among those 65 to 74 years of age, an indication that the number of Aboriginal seniors will increase in the future.

Figure 3.6 Percentage of Seniors who are Aboriginal, Regina CMA, 2006

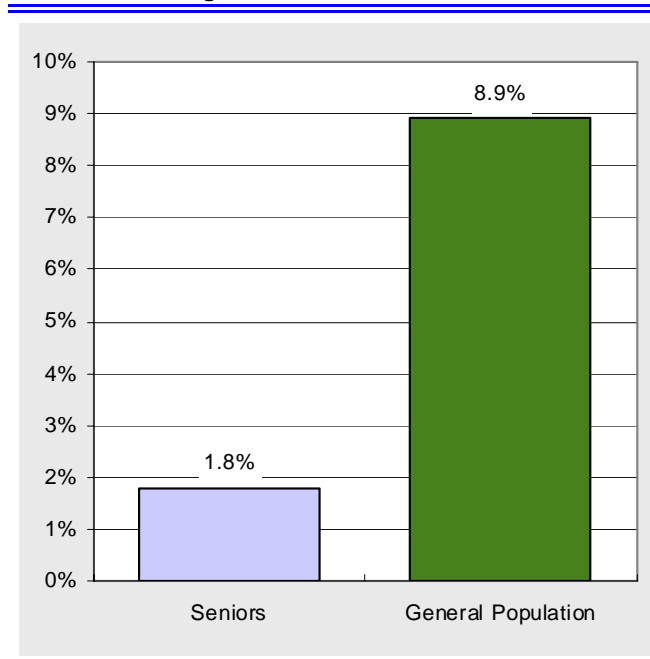


Table 3.4 Selected Language and Ethnic Characteristics of the Seniors Population, Regina City or Regina Metropolitan Area, 2006

		Seniors						Population of all ages	
		65 to 74 years		75 & older		Total (65 & older)		Number	Percent
		Number	Percent	Number	Percent	Number	Percent		
Aboriginal identity (Regina CMA)		290	2.3%	135	1.2%	425	1.8%	17,105	8.9%
Immigrants (Regina City)		1,515	13.2%	1,545	14.0%	3,060	13.6%	14,130	8.0%
Recent Immigrants (After 1990) (Regina City)		60	0.5%	70	0.6%	130	0.6%	5,595	3.2%
Language	Mother tongue is English only (Regina City)	8,395	72.9%	7,645	69.4%	16,040	71.2%	155,090	87.7%
	Can speak neither English nor French (Regina CMA)	60	0.5%	140	1.2%	200	0.8%	545	0.3%
	Home language is English only (Regina CMA)	11,820	95.6%	11,000	94.7%	22,820	95.2%	183,820	95.5%
Member of a visible minority group (Regina CMA)		485	3.9%	290	2.5%	775	3.2%	9,770	6.2%
Ethnic Origins* (Regina CMA)	British	4,740	38.3%	4,860	41.9%	9,600	40.0%	71,495	45.4%
	French	810	6.5%	600	5.2%	1,410	5.9%	16,680	10.6%
	Aboriginal	335	2.7%	130	1.1%	465	1.9%	12,050	7.6%
	American	120	1.0%	175	1.5%	295	1.2%	1,925	1.2%
	Canadian	1,375	11.1%	1,270	10.9%	2,645	11.0%	25,335	16.1%
	Caribbean	15	0.1%	30	0.3%	45	0.2%	660	0.4%
	Latin, Central and South American	35	0.3%	10	0.1%	45	0.2%	915	0.6%
	Western European	4,050	32.7%	3,550	30.6%	7,600	31.7%	58,140	36.9%
	Northern European	800	6.5%	630	5.4%	1,430	6.0%	14,815	9.4%
	Eastern European	2,750	22.2%	2,305	19.9%	5,055	21.1%	39,360	25.0%
	Southern European	435	3.5%	215	1.9%	650	2.7%	4,745	3.0%
	Other European	85	0.7%	75	0.6%	160	0.7%	755	0.5%
	African	25	0.2%	10	0.1%	35	0.1%	1,235	0.8%
	Arab	25	0.2%	10	0.1%	35	0.1%	575	0.4%
	West Asian	0	0.0%	10	0.1%	10	0.0%	385	0.2%
	South Asian	135	1.1%	70	0.6%	205	0.9%	1,505	1.0%
East and Southeast Asian	265	2.1%	160	1.4%	425	1.8%	5,540	3.5%	
Oceania	10	0.1%	0	0.0%	10	0.0%	115	0.1%	

* multiple responses allowed so total counts exceed the number of persons

Language

There are three statistical measures of language available from census data – mother tongue, official language knowledge, and home language.

- Mother tongue is defined as the language learned at home in childhood and still understood by the individual at the time of the census.
- The second language measure, home language, refers to the language spoken most often at home at the time of the census.
- The knowledge of official languages question determines if the respondent can participate in a conversation in either French or English.

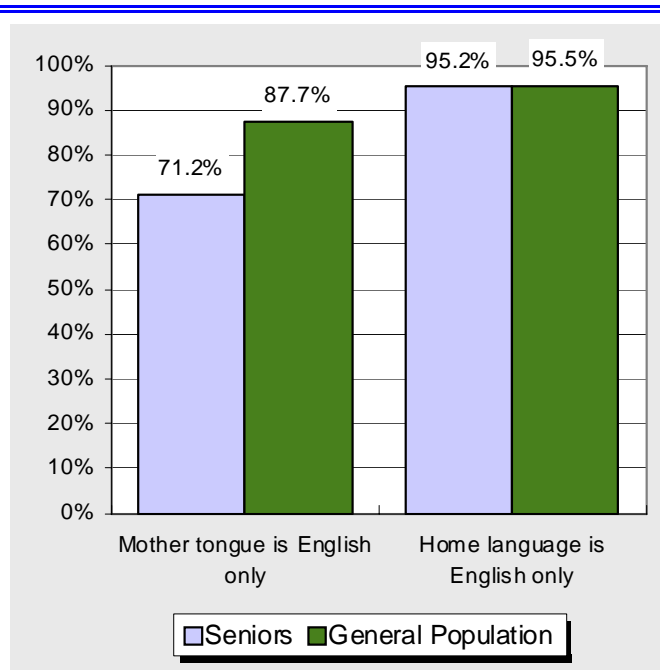
Multiple responses were allowed for each question. Some summary measures for 2006 are in Table 3.4.

Virtually all Regina seniors can speak either English or French but this is their second language in many cases. Only 71% of Regina seniors reported that their mother tongue was English (compared with 88% of the general population) even though 95% normally speak only English at home.

Ethnicity

Ethnic origin is based on responses to the census question: “To which ethnic or cultural group(s) did (this person's) ancestors belong?”. There has been a change in the way this question is interpreted by respondents and an increasing number of people are responding “Canadian” so historical comparisons are complicated with what has been called “ethnic mobility”.

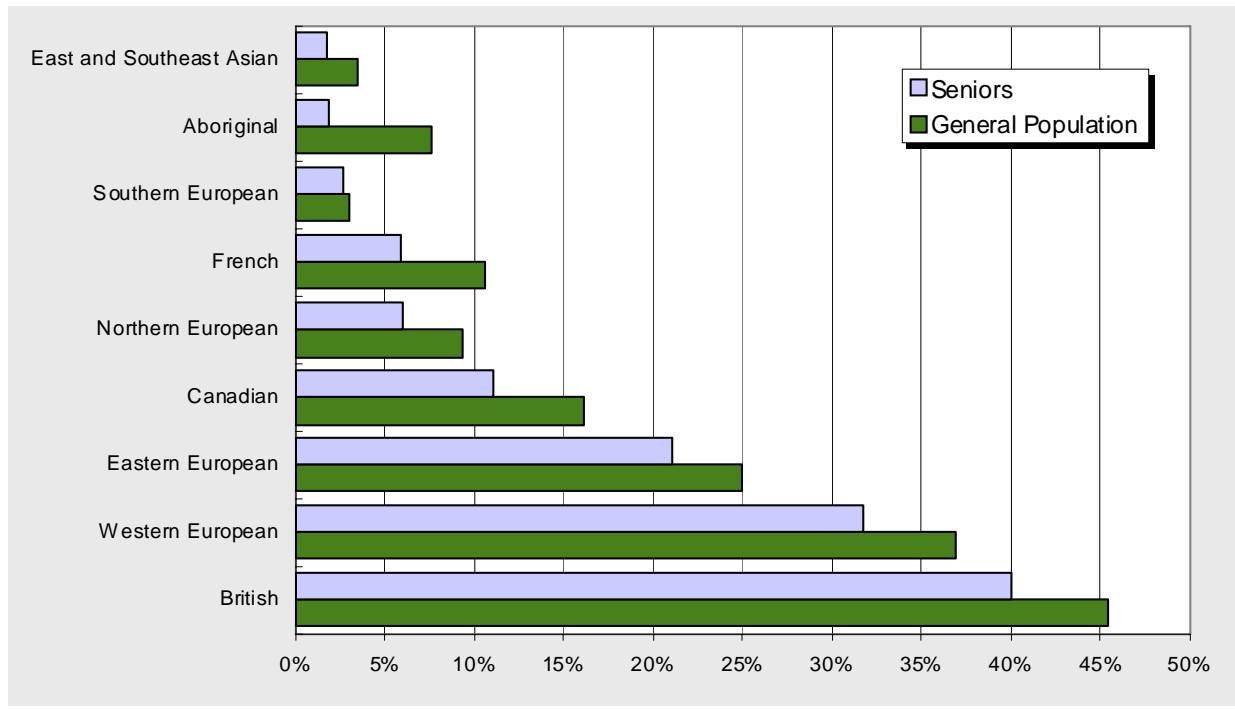
Figure 3.7 Two Language Measures for Regina Seniors, 2006



Relative to the general population, Figure 3.8

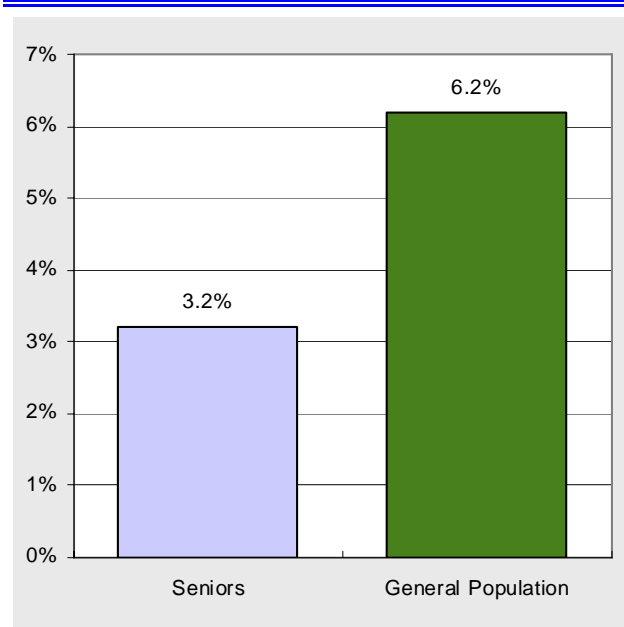
shows that seniors tend to report the same ethnic origins as other Regina residents. The most common ethnic origin is British, followed by other Western European origins such as Germany or Italy and Eastern European origins such as Ukraine, Russia, and Poland. The main difference between seniors and the general population is that seniors were less likely to report multiple origins. That is, seniors were less likely to report each of the ethnic origins in Figure 3.8.

Figure 3.8 Percentage of the Regina CMA Population Reporting Selected Ethnic Origins, 2006



The question on membership in a visible minority group also generates responses that are based on self-identity. Census respondents are given a list of visible minority groups and asked directly if they were members of one of them. In spite of the fact that many seniors are immigrants, there are relatively few members of a visible minority group. In 2006, the percentage in the Regina metropolitan area was 3.2% compared with 6.2% among the population of all ages (see Figure 3.9).

Figure 3.9 Percentage of Seniors who are Members of a Visible Minority Group, Regina CMA, 2006



3.4 Family Structures and Housing

Statistics about households and families are complicated by the different ideas about what makes up a “family” and by the variety of living arrangements present in today’s society. An additional complication arises for seniors for two reasons.

- As noted earlier, approximately 2,000 Regina city seniors live in collective dwellings so there is little information about their family relationships.
- “Families” or “households” are measures of a collective whereas age is an individual measure. When is a “family” a “senior family”? For the purposes of this report, a household was defined as a “senior household” if the primary household maintainer was a senior³.

To help understand these statistics, it is necessary to look at the different ways in which Statistics Canada measures family structures and living arrangements. There are two separate concepts involved – one for households and one for families.

Private dwelling A “private dwelling” is a separate set of living quarters which has a private entrance either directly from outside or from a common hall, lobby, vestibule or stairway leading to the outside. Apartments and most basement suites are therefore considered as separate dwellings.

Household A “household” is a person or group of persons who occupy a private dwelling.

Family A “family” is defined as a married couple (with or without children of either or both spouses), a couple living common-law (with or without children of either or both partners), or a lone parent of any marital status, with at least one child living in the same dwelling. A couple living common-law may be of the opposite or the same sex. It is not necessary for the adults to be the biological parents of the children so families with adopted children or “blended” families are included in the definition.

Multi-family households Extended family arrangements are considered as multi-family households.

Family Characteristics

Table 3.5 documents the legal marital status and living arrangements for seniors in Regina. The figures show the large number of seniors (32% of the total) who are widowed. Figure 3.10 shows that the proportion is dramatically higher among older seniors and among women.

In 2006, 64% of Regina seniors were living in a family household, typically with their spouse or common law partner (62%). The remaining 36% were in non-family households and the majority of these seniors are living alone. As with legal marital status, the proportion of seniors living alone increases with age.

³ The primary household maintainer is the household member who pays the rent/mortgage, taxes, or utilities.

Table 3.5 Selected Family Statistics, Seniors, Regina City, 2006

		Seniors						General Population	
		65 to 74		75 & older		All ages			
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Legal marital status	Single, never married	655	5.6%	735	5.9%	1,390	5.7%	54,290	36.8%
	Married	7,685	65.6%	5,285	42.3%	12,970	53.6%	68,390	46.3%
	Separated or divorced	1,395	11.9%	720	5.8%	2,115	8.7%	15,585	10.6%
	Widowed	1,985	17.0%	5,750	46.1%	7,735	32.0%	9,430	6.4%
	Total	11,710	100.0%	12,485	100.0%	24,195	100.0%	147,690	100.0%
Family Structure (private households only)	Spouse or common law partner	8,370	72.8%	5,475	50.1%	13,820	61.6%	88,215	50.0%
	Living with relatives	190	1.7%	275	2.5%	465	2.1%	1,740	1.0%
	Other	15	0.1%	20	0.2%	60	0.3%	54,985	31.2%
	Total living in family households	8,575	74.6%	5,770	52.8%	14,345	64.0%	144,940	82.1%
	Living alone	2,735	23.8%	4,955	45.4%	7,690	34.3%	22,760	12.9%
	Living with others	185	1.6%	200	1.8%	385	1.7%	8,745	5.0%
	Total living in non-family households	2,920	25.4%	5,155	47.2%	8,075	36.0%	31,505	17.9%
	Total	11,500	100.0%	10,920	100.0%	22,420	100.0%	176,445	100.0%

Figure 3.10 Proportion of Regina City Seniors who are Widowed, 2006, by Age and Sex

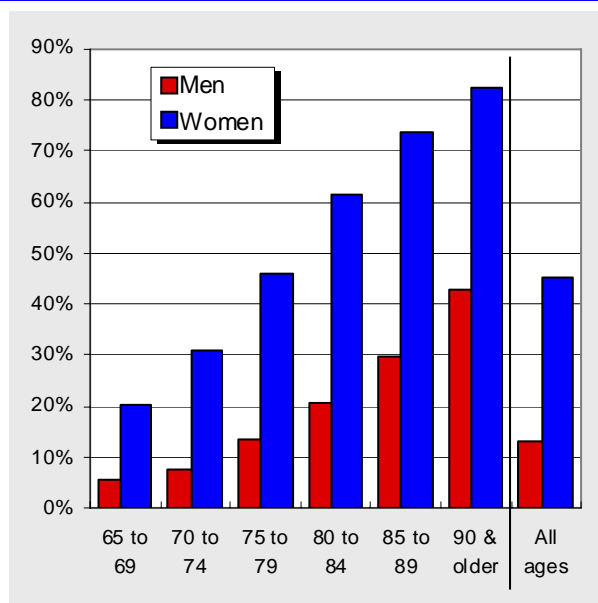
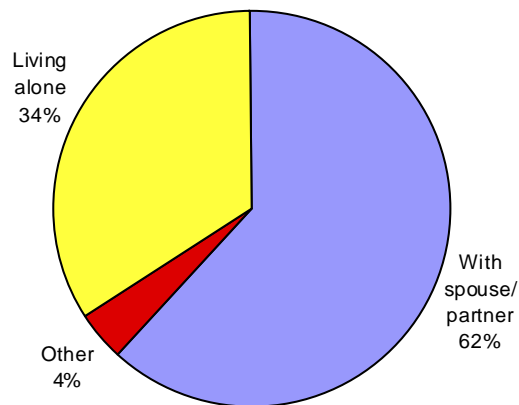


Figure 3.11 Living Arrangements, Regina Seniors in Private Dwellings, 2006

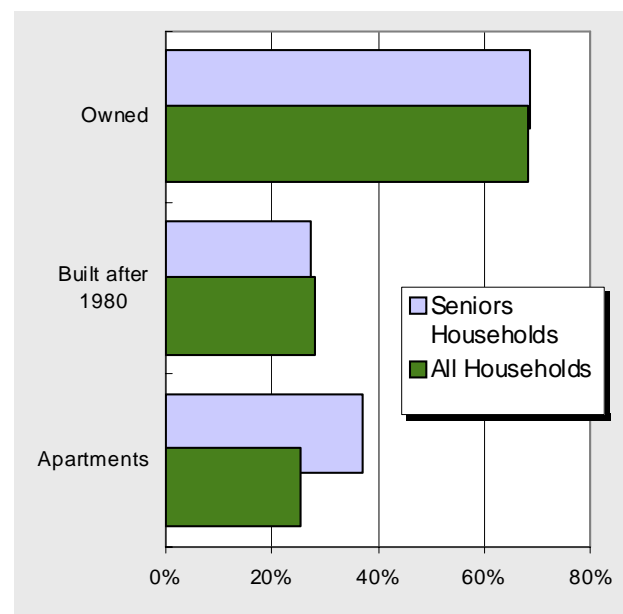


With the definition of a “senior household” as one where a senior is the primary household maintainer, there were 16,420 senior households in Regina city in 2006. This represents 22% of the 74,800 private households in the city in 2006. Seniors made up only 14% of the population in the city in 2006; the higher proportion of senior households is because of the large number of single person households headed by a senior.

Table 3.6 has selected characteristics of senior dwellings in 2006. Although there are exceptions, seniors tend to live in the same kinds of dwellings as other Regina residents.

- 68% are owned, the same as the city average;
- 27% were built after 1980 compared with 28% for the city as a whole;
- and
- 37% are apartments compared with 25% for the city as a whole.

Figure 3.12 Selected Characteristics of Seniors Households, 2006, Regina City



There are a number of housing adequacy measures that can be derived from the census statistics. These are shown in Table 3.6 and graphically in Figure 3.13. Seniors households were as likely as other households in Regina to be below standards – 27.6% reported a problem compared 27.3% for the city as a whole. But the nature of those with a problem was different – seniors households were more likely to have an affordability problem and less likely to report a problem in suitability or adequacy.

CMHC’s “core housing need” indicator suggests that, for 8% of senior households, the dwelling is below standard and that the household did not have sufficient income to afford a dwelling that would be above standard. With the increase in rent and the cost of owned accommodation since 2006, this percentage will have increased.

Figure 3.14 maps the proportions of seniors housing that is inadequate in one of the three measures. Generally speaking, inadequate housing is more common in the inner city than in other neighbourhoods.

Figure 3.13 Housing Adequacy Measure of Seniors Households, 2006, Regina City

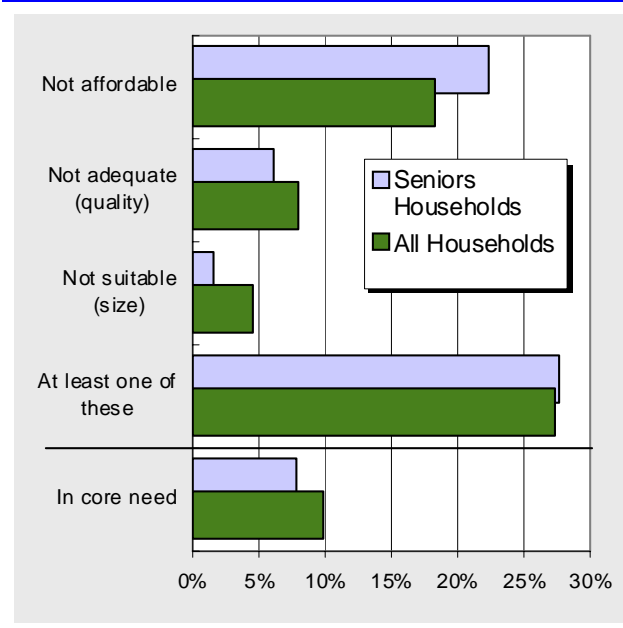
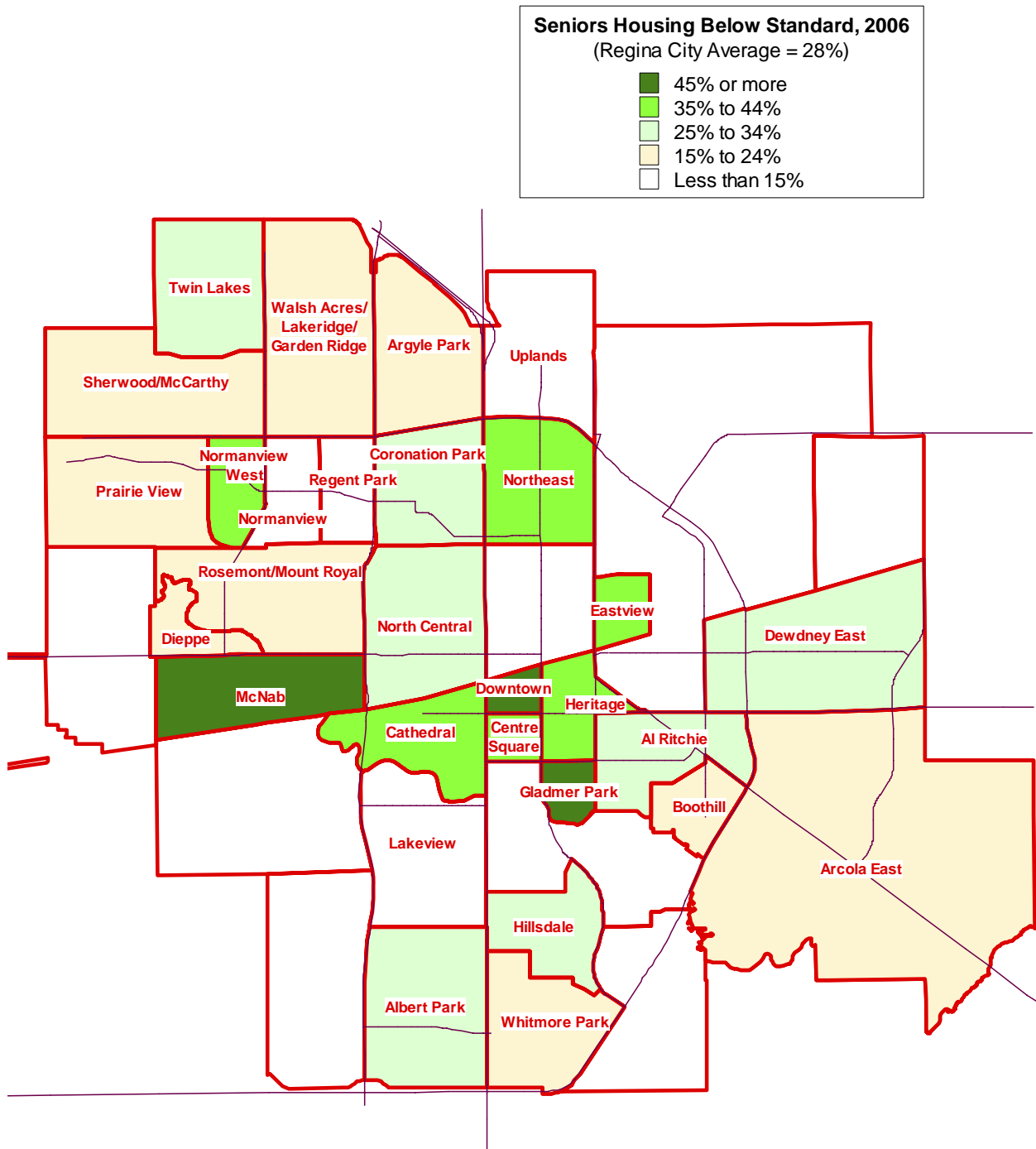


Table 3.6 Selected Housing Statistics, Seniors Households, Regina City, 2006

		All households		Senior households	
		Number	Percent	Number	Percent
Total		74,800	100.0%	16,420	100.0%
Average number of persons per dwelling		2.4	...	1.6	
Average number of rooms per dwelling		6.6	...	5.8	
Tenure	Owned	51,135	68.4%	11,230	68.4%
	Rented	23,660	31.6%	5,190	31.6%
	Total	74,800	100.0%	16,420	100.0%
Age (year built)	Before 1961	21,030	28.1%	4,415	26.9%
	1961 to 1980	32,635	43.6%	7,520	45.8%
	1981 to 2006	21,130	28.2%	4,485	27.3%
	Total	74,800	100.0%	16,420	100.0%
Type	Single detached	50,075	66.9%	9,305	56.7%
	Apartment ¹	19,020	25.4%	6,105	37.2%
	Row house/semi-detached/other	5,700	7.6%	1,010	6.2%
	Total	74,800	100.0%	16,420	100.0%
Below standard ²	Affordability	13,240	18.2%	3,625	22.3%
	Adequacy	5,765	7.9%	995	6.1%
	Suitability	3,235	4.4%	245	1.5%
	At least one of these	19,850	27.3%	4,485	27.6%
	None of these	52,880	72.7%	11,790	72.4%
	Total	72,730	100.0%	16,275	100.0%
CMHC adequacy ³	In core need	7,190	9.9%	1,285	7.8%
	Not in core need	65,545	90.1%	15,135	92.2%
	Total	72,735	100.0%	16,420	100.0%

- 1 Includes both rented apartments and apartments that have been converted to condominiums.
- 2 Affordable dwellings are those where rent or mortgage payments cost less than 30% of total before-tax household income. Adequate dwellings are those reported by their residents as not requiring any major repairs. Suitable dwellings have enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard requirements.
- 3 CMHC defines a household as "in core need" if the dwelling falls below at least one of the adequacy, suitability, or affordability standards (see above) and if it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that meets all three standards.

Figure 3.14 Seniors Housing Below Standard (in terms of affordability, suitability, or adequacy), 2006, by Neighbourhood



The highest proportion of seniors housing that is inadequate (61%) is in the downtown and the McNab community⁴. CMHC's core housing need measure suggests that more of the residents of McNab could afford housing that is more appropriate whereas those in the downtown could not because average household incomes are well below the Regina city average. The percentage of seniors housing in McNab that are in core need was 10% in 2006 compared with 29% in the downtown.

Gladmer Park and the Heritage communities have the second highest proportions of inadequate housing with 45% and 43% respectively of seniors housing reporting one of the three adequacy measures. Affordability is the main issue in Gladmer Park whereas the adequacy issue is more common in the Heritage community.

⁴ Note that the neighbourhoods with a large proportion of housing that was deemed inadequate are communities where there are large "assisted living" complexes, many of which have subsidized rents. In effect, the neighbourhood data simply reflect the fact that many vulnerable seniors move to these areas to take advantage of the services there.

3.5 Completed Education

In census data, the level of completed formal education refers to the highest grade or year of elementary or secondary school attended, or to the highest year of university or other non-university education completed. In the classification scheme, university education is considered to be a “higher” level of schooling than non-university education so those with, for example, a university degree and a trades certificate will be classified as having a university degree. Apprentices who have completed their program are counted as having a certificate, even if they did not complete grade 12. Note that some certificates or diplomas can be obtained at a university.

Seniors tend to have lower education levels than those who are younger. Part of the reason for this is the fact that seniors grew up when lower levels of formal education were more common. A 75 year old in 2006, for example, would have been in high school during the late 1940s when completion of grade 12 was considered a high level of education.

Table 3.7 has the educational attainment data for seniors living in Regina city in 2006. The proportion of older seniors with less than grade 12 was 44.8% in 2006. This compares with 32.9% among those 65 to 74 years of age and 21.9% in the general population. At the other end of the scale, 34.2% of older seniors were post-secondary graduates compared with 41.7% of those 65 to 74 years of age and 47.6% in the general population.

Figure 3.15 Levels of Completed Education, Population 15 Years of Age and Older, Regina City, 2006

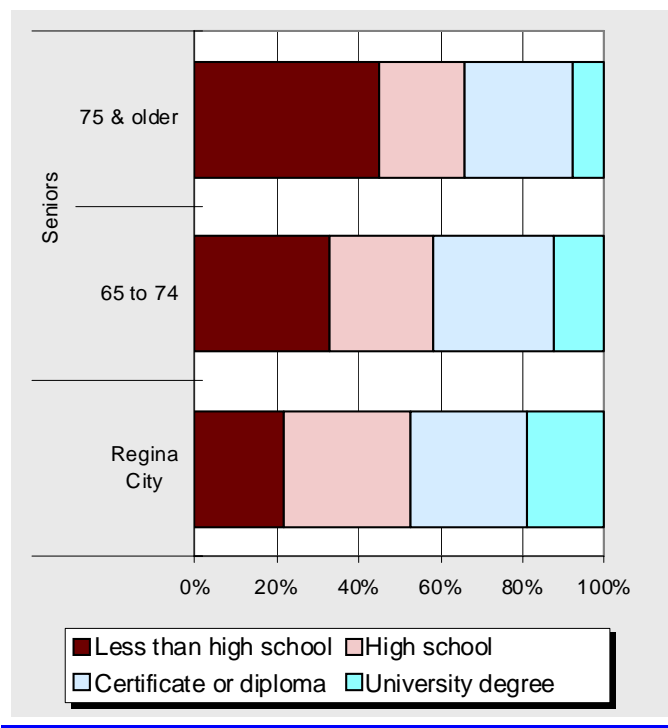


Table 3.7 Selected Education Statistics, Immigrants, Regina City, 2006

	Seniors						Population 15 & older	
	65 to 74 years		75 & older		65 and older			
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than high school	3,785	32.9%	4,935	44.8%	8,720	38.7%	31,775	21.9%
High school	2,930	25.5%	2,310	21.0%	5,240	23.3%	44,430	30.6%
Certificate or diploma	3,380	29.4%	2,890	26.2%	6,270	27.8%	42,055	28.9%
University degree	1,415	12.3%	880	8.0%	2,295	10.2%	27,160	18.7%
Total	11,510	100.0%	11,015	100.0%	22,525	100.0%	145,420	100.0%

3.6 Labour Market Participation

Labour market data for the population living in the Regina city is available from the census. For these statistics, each adult (defined as persons 15 years of age or older) is classified as belonging to one of three categories, depending on their activity in the week prior to the census.

- Employed** This includes persons who did any work at all during the week. Employed persons can be self-employed or the so-called “unpaid family workers”, namely those who work without pay in a family farm, business or professional practice. Those who were absent from their job or business because of a vacation, illness, labour dispute, or other reason are still considered as employed.
- Unemployed** This includes persons who were not employed but were available for work and who had actively looked for work in the past four weeks.
- Not in the labour force** This is the remaining population, that is, those who were neither employed nor unemployed.

Three ratios that are commonly used labour market indicators can be derived from these three statistics.

- The employment rate is the percentage of the population who are employed.
- The unemployment rate is the number of unemployed as a percentage of the labour force (employed plus unemployed).
- The participation rate is the labour force (employed plus unemployed) as a percentage of the population.

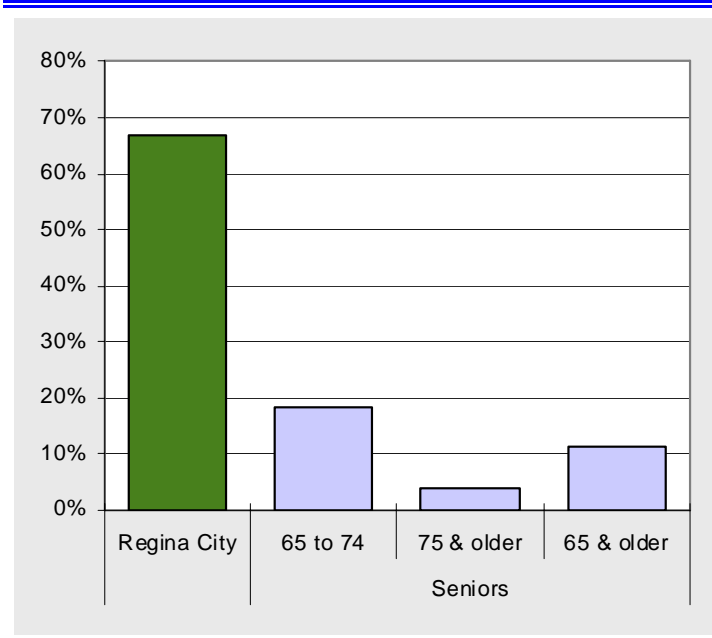
Most but not all seniors living in the city are retired, that is, “not in the labour force”, as Table 3.8 and Figure 3.16 show.

Using the employment rate as a measure, the general employment rate was 67% in Regina but 11% for the seniors population. The employment rate is particularly low (7%) for women compared with men (18%) and particularly low for older seniors – 4% among those 75 and older compared with 19% for those 65 to 74 years of age.

Almost a third of the 2,565 seniors who were employed in 2006 reported that they were self-employed. Many of these will be farmers even though they live in the city.

Some limited information about the labour force characteristics of seniors

Figure 3.16 Employment Rates, Regina City, 2006



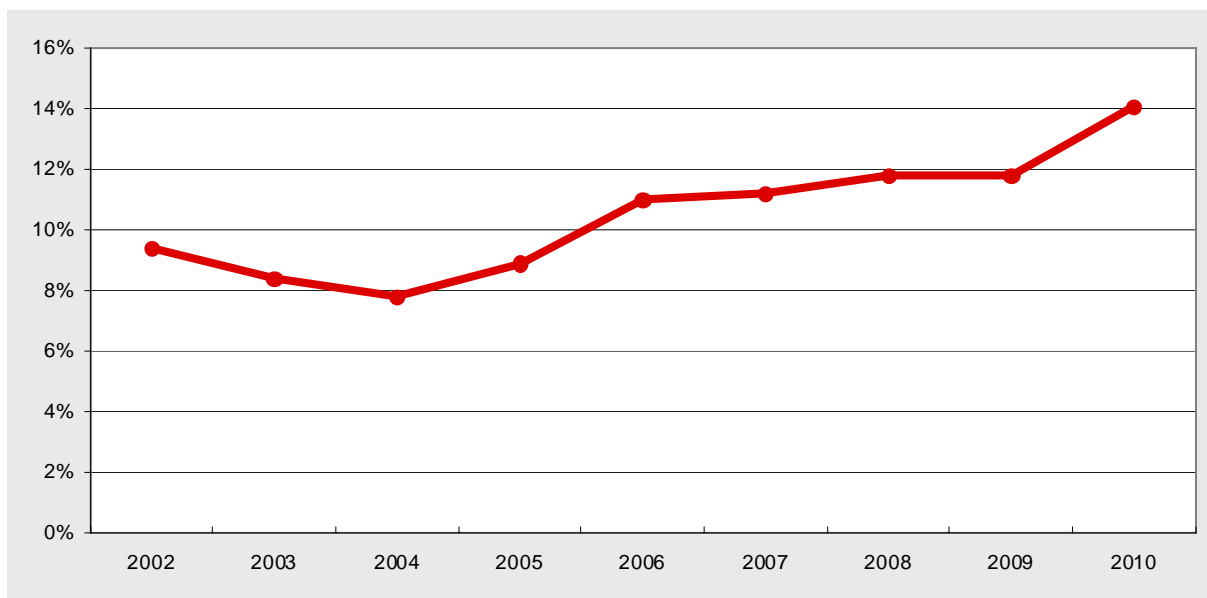
after 2006 is available from Statistics Canada's Labour Force Survey. These statistics apply to the Regina CMA.

Figure 3.17 shows that the employment rate among seniors in the Regina metropolitan area has been on an upward trend since 2006. In 2010, for example, 14% of seniors were employed compared with 9% in 2005. When combined with the increasing number of seniors, this means that there are an increasing number of seniors in the Regina labour force.

Table 3.8 Selected Labour Force Statistics, Regina City, 2006

		Regina City	Seniors	
Both sexes	Population		145,415	22,520
	In the labour force	Employed	97,485	2,565
		Unemployed	5,135	115
		Total	102,625	2,675
	Not in the labour force		42,795	19,845
	Employment rate		67%	11%
	Unemployment rate		5%	4%
Male	Population		69,200	9,515
	In the labour force	Employed	49,045	1,690
		Unemployed	2,790	65
		Total	51,840	1,755
	Not in the labour force		17,365	7,755
	Employment rate		71%	18%
	Unemployment rate		5%	4%
Female	Population		76,215	13,010
	In the labour force	Employed	48,440	875
		Unemployed	2,345	45
		Total	50,790	920
	Not in the labour force		25,430	12,090
	Employment rate		64%	7%
	Unemployment rate		5%	5%

Figure 3.17 Employment Rates, Population 65 and Older, Regina CMA



3.7 Income and Poverty

Statistics about income are complicated by the fact that the most important indicator of economic well being is often household or family income rather than individual income. To use an example, there is probably a significant difference between the economic circumstances of an older woman living alone with a \$25,000 annual income and one who is living with a partner who also has a \$25,000 annual income so that household income is \$50,000. Age, on the other hand, is a characteristic of the individual so most income and poverty data are restricted to the examination of individual rather than household or family incomes.

A special tabulation of household incomes was obtained using the definition of a “senior household” to be one where the “primary household maintainer” is 65 years of age and older⁵. In the first instance, however, we look at individual rather than household income.

Individual Incomes

Table 3.9 has information about individual incomes in Regina city. In the general population, three quarters of the population has at least some employment income and 42% worked throughout 2005 on a full-time basis. The average employment earnings for these full-time, full-year workers at \$47,691 brings overall individual income to \$36,022. After income tax, the average income is \$29,650.

Seniors are much less likely to have employment income (21% do so), and if they do, to have earnings at half the level of the general population, largely because they are much less likely to have worked on a full-time basis throughout 2005. This is one of the reasons for the fact that their average incomes, at \$32,454, were 90% of the Regina city average. The differential is somewhat smaller after the levelling effects of the income tax system are taken into account – seniors after-tax incomes are 93% of the Regina city average. These relatively high levels of personal income do not apply, in general, to senior women.

Table 3.9 Personal Income in 2005, Regina City

		Regina City	Seniors		
			Both sexes	Men	Women
Average personal income	Average before taxes	\$36,022	\$32,454	\$40,961	\$26,226
	Average after taxes	\$29,650	\$27,597	\$33,618	\$23,190
Employment earnings	Percent with employment earnings	75%	21%	29%	14%
	Average employment earnings	\$35,401	\$17,838	\$22,388	\$11,089
	Percent with FTFY earnings*	42%	4%	7%	2%
	Average employment earnings for FTFY workers*	\$47,691	\$42,491	\$48,188	\$27,915
Percent in low income households after taxes		11%	5%	3%	6%

* employment income among those who worked throughout 2005 on a full-time basis, the so-called full-time, full-year workers

⁵ The primary household maintainer is the household member who pays the rent/mortgage, taxes, or utilities.

After-tax income for senior women was 69% of the average for senior men⁶.

The number of adults considered to have “low incomes” in Table 3.9 is based on the Low Income Cutoff or LICO. The LICO is an income inequality statistic designed to measure the percentage of individuals who live in households where spending on food, shelter and clothing is well above average. Some examples of the LICO in 2005 in Regina are:

- \$17,900 for an individual living alone; and
- \$22,290 for a two-person household.

There is no distinction made between seniors and those under 65 years of age.

An individual is considered to be below the LICO if the household or family in which they live has income below the LICO. The LICO is often referred to as the “poverty line” even though it is a measure of income inequality rather than a measure of absolute poverty.

Even with the lower average incomes, seniors are less likely than other Regina residents to live in low-income households. On an after-tax basis, the proportion of the seniors who were living in low-income households was 5% compared with 11% for the general population. The proportion is higher (6% vs. 3%) for women compared with men.

Household Income

Table 3.9 looks at household income using the definition of a senior household described earlier, namely, whether or not the “primary household maintainer” was a senior. The figures show that, as with individual incomes, the average income in senior households is below the city average

Figure 3.18 Average Individual Incomes After Taxes, 2005, Regina City

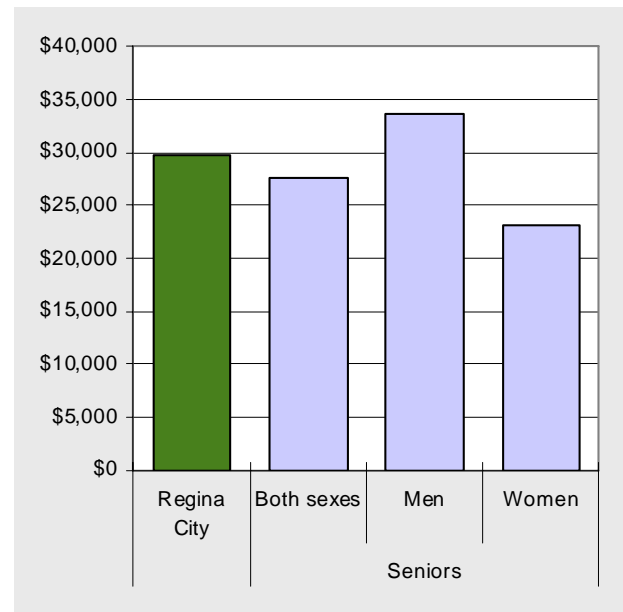
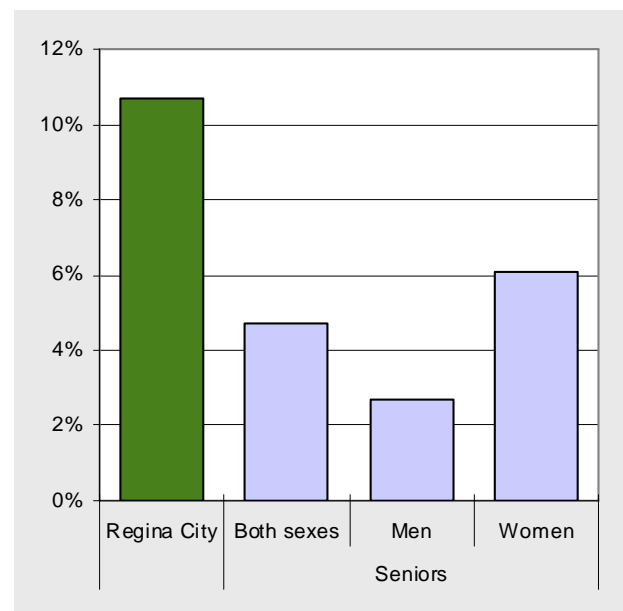


Figure 3.19 Percentage of the Population Living in Households with 2005 After-Tax Incomes Below the LICO, Regina City



⁶ Although data for Regina city are not available, it is normally the case that older seniors have lower incomes than younger ones.

Table 3.10 Household Incomes, Regina City, 2005

		All Households	Seniors Households
Number of households		74,800	16,420
Average household income	All households	\$67,200	\$50,800
	Single-person households	\$35,300	\$31,400
	Multi-person households	\$81,100	\$67,900
Percentage of households with incomes below the LICO		16%	14%

but this is mainly because so many seniors live alone and households with only one person tend to have much lower average incomes.

The average of \$50,800 in seniors households is 76% of the city average (see Figure 3.20) but the gap narrows to 89% among single-person households and 84% among multi-person households.

Figure 3.21 shows how the proportion of senior households with low incomes are distributed through the city. An above-average proportion are in the central parts of the city including:

- Downtown (39%);
- Heritage (36%);
- Gladmer Park (32%);
- Centre Square (31%); and
- North Central (31%).

As with the percentage of seniors who live in dwellings below the standard, neighbourhoods with a large proportion of low income seniors tend to have “assisted living” complexes, many of which have subsidized rents. In effect, the neighbourhood data simply reflect the fact that many low income seniors move to these areas to take advantage of the services there.

Figure 3.20 Average Household Incomes, Regina City, 2005

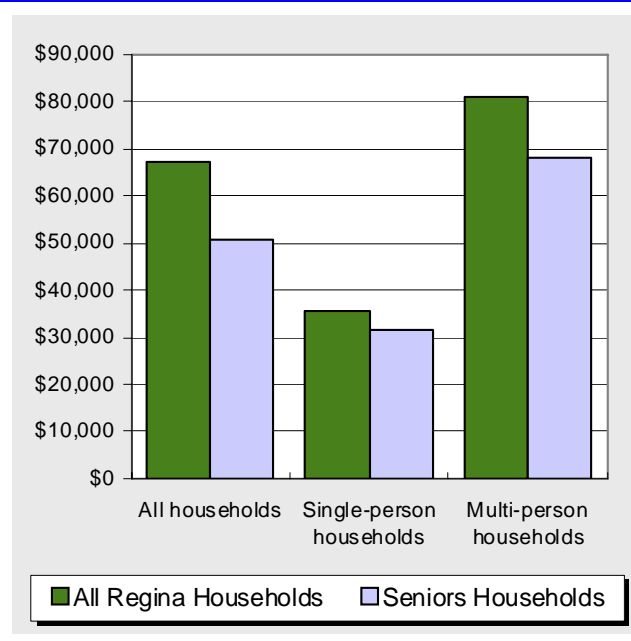
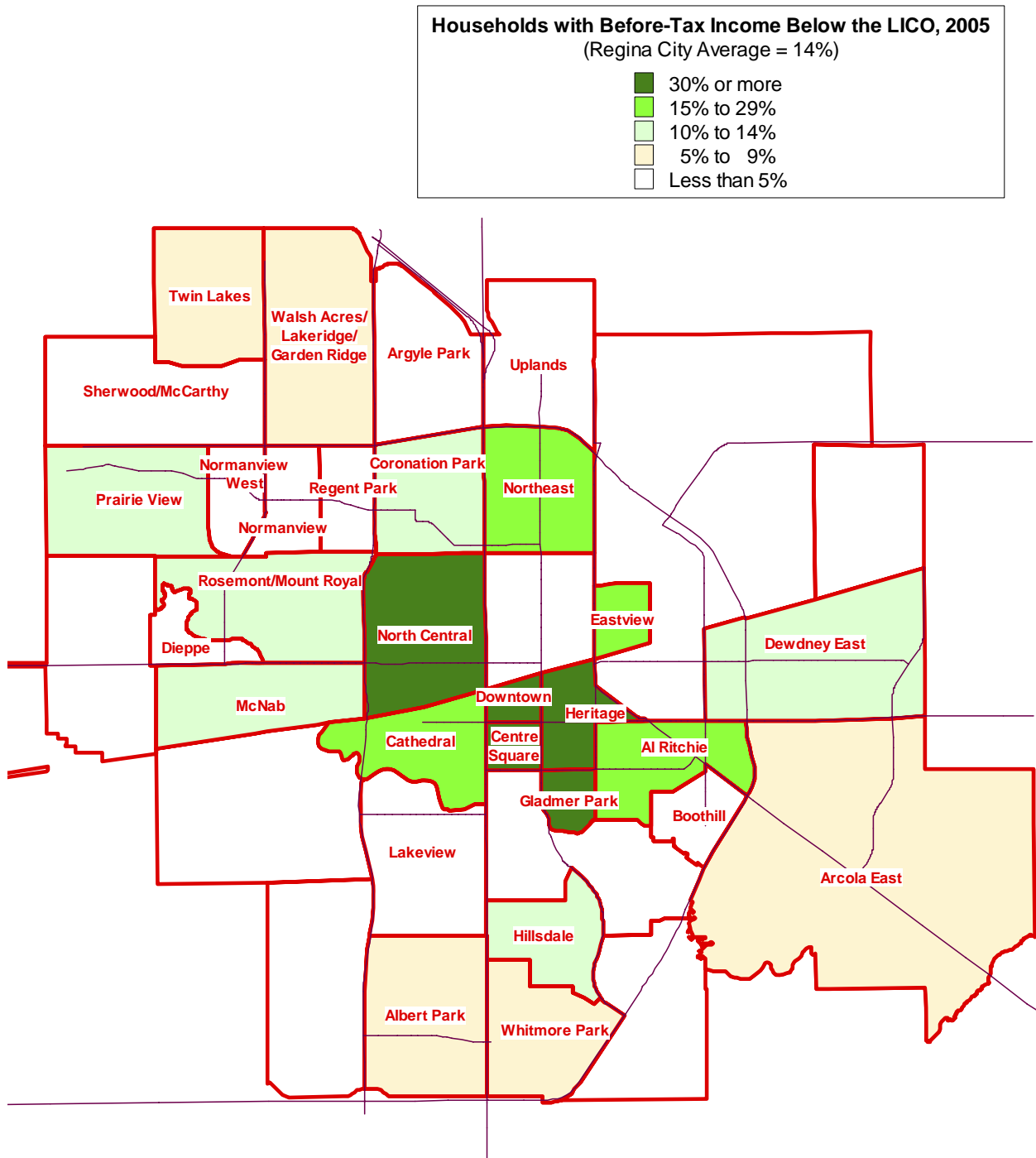


Figure 3.21 Seniors Households with Before-Tax Income below the LICO, 2005



SECTION 4 POPULATION PROJECTION

This section contains a projection for the population of Regina seniors over the short to medium term. These projections should be treated with caution because forecasting the size of a population is a difficult task, especially for a single community, and especially over a long time period. Readers should pay particular attention to the assumptions because these determine the size of the projected population; different assumptions would lead to different population projections.

The population of the city over time is determined by the action of eight different variables usually grouped into four categories:

- natural growth (births less deaths);
- net international migration (persons moving to Regina from other countries less the number moving from Regina to other countries);
- net interprovincial migration (persons moving to Regina from other provinces less the number moving from Regina to other provinces); and
- net intraprovincial migration (persons moving to Regina from elsewhere in Saskatchewan less the number moving from Regina to elsewhere in Saskatchewan) which includes the population moving to/from the metropolitan area around the city.

These eight variables interact in complex ways. Interprovincial migration, for example, tends to occur among young adults so an increase in net interprovincial migration will typically lead to an increase in the number of births. Higher levels of international in-migration, to use another example, may lead to higher levels of interprovincial out-migration if recent immigrants are more likely than other residents to move to other provinces.

The economy in general and the labour market in particular are also factors affecting migration patterns. Many people who come to Regina do so to take a new job and many of those who move out of the city do so because they have a job elsewhere. Changes in the labour market will therefore affect population trends as well.

This population projection was done independently of a previous projection prepared by Derek Murray Consulting and Associates for the Official Community Plan but the assumptions were similar and the results were compared to ensure that the population projection used here was consistent with the “medium” scenario from that study⁷.

⁷ Population, Employment and Economic Analysis of Regina, Derek Murray Consulting and Associates, April 2010

4.1 Assumptions and Methodology

The population projection model used for Regina seniors uses a multi-step process in what is called a “cohort survival” methodology.

1. The population of the Regina CMA by 5-year age group and sex for July 2010 is used as the starting point⁸. The CMA rather than the city proper was used because the CMA population data are more up-to-date than the population for the city proper.
2. For each subsequent year to 2030, individuals are “aged” one year and the estimated number of international, interprovincial, and intraprovincial migrants is added or subtracted to the counts.
3. The number of births is added and the number of deaths is subtracted.
4. The final step is to adjust the population downward to convert from the CMA to the city population. This was done by assuming the same age/sex distribution between the city and the CMA as was the case in 2006.

The assumed fertility and mortality rates are shown in Table 4.1. These rates are provincial averages because the Regina population is too small to enable the reliable calculation of rates.

Table 4.2 documents the three kinds of net migration flows that were assumed for the projections⁹. The five-year averages (2005-06 to 2009-10) were used for inter-provincial and intra-provincial flows. This was a period in which interprovincial migration to the city switched from a negative to a positive value. The three most recent years (2007-08 to 2009-10) rather than the five most recent years were used to calculate the flows from international migration to account for the fact that migration is expected to increase in the next few years.

The largest impact on the number of seniors will be the mortality rate assumption. Because the projection model assumes no improvement in mortality rates over time, these figures may understate the number of seniors living in the city in the future.

Figure 4.1 Assumed Fertility and Mortality Rates

Age	Fertility Rate*	Mortality Rate**	
		Men	Women
Under 5	0.0	0.9983	0.9988
5 to 9	0.0	0.9998	0.9998
10 to 14	0.0	0.9997	0.9998
15 to 19	31.6	0.9990	0.9994
20 to 24	85.5	0.9989	0.9995
25 to 29	122.8	0.9990	0.9994
30 to 34	94.8	0.9985	0.9993
35 to 39	34.1	0.9984	0.9990
40 to 44	5.0	0.9978	0.9987
45 to 49	0.3	0.9969	0.9981
50 to 54	0.0	0.9950	0.9969
55 to 59	0.0	0.9922	0.9950
60 to 64	0.0	0.9868	0.9929
65 to 69	0.0	0.9790	0.9873
70 to 74	0.0	0.9682	0.9810
75 to 79	0.0	0.9487	0.9691
80 to 84	0.0	0.9158	0.9450
85 to 89	0.0	0.8644	0.8931
90 to 94	0.0	0.7853	0.7781
95 plus	0.0	0.5000	0.5000

* live births per 1000 women, Saskatchewan average, 2005

** probability of surviving for one year, Saskatchewan average, 2008

⁸ Source: CANSIM Table 051-0046

⁹ Source; CANSIM Table 051-0047

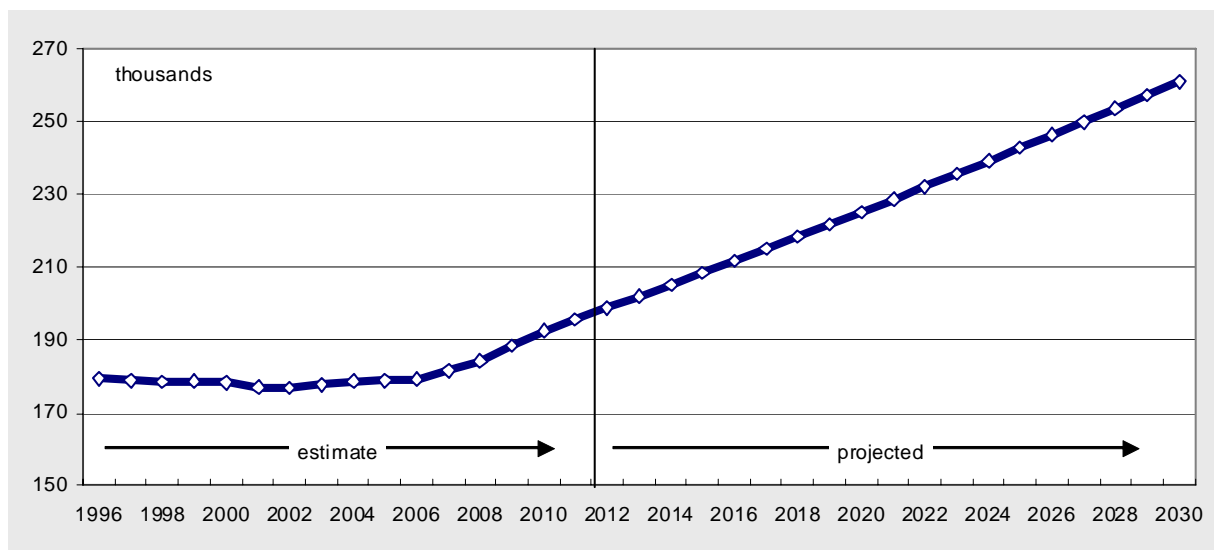
Table 4.1 Assumed Net Migration Flows per Year, Regina City

Age Group	Men			Women		
	International*	Interprovincial**	Intraprovincial**	International*	Interprovincial**	Intraprovincial**
0 to 4 years	1.75%	1.16%	0.10%	0.86%	0.60%	-0.16%
5 to 9	1.22%	0.69%	0.03%	1.25%	0.37%	0.33%
10 to 14	1.15%	0.28%	-0.14%	1.53%	0.44%	-0.56%
15 to 19	0.17%	-0.16%	1.69%	1.15%	-0.24%	2.53%
20 to 24	0.90%	-1.01%	1.00%	0.58%	-0.85%	1.18%
25 to 29	0.94%	-0.10%	0.08%	0.92%	0.58%	0.08%
30 to 34	1.63%	0.27%	0.91%	1.75%	0.06%	0.40%
35 to 39	0.83%	0.70%	0.09%	1.60%	-0.05%	0.66%
40 to 44	1.23%	0.16%	0.47%	0.76%	0.22%	-0.15%
45 to 49	0.49%	0.19%	-0.19%	0.48%	-0.25%	0.51%
50 to 54	0.37%	-0.47%	0.66%	0.07%	-0.24%	-0.17%
55 to 59	0.10%	-0.49%	-0.23%	0.00%	-0.29%	-0.14%
60 to 64	0.22%	0.17%	-0.44%	0.22%	-0.25%	-0.34%
65 to 69	0.16%	0.35%	-0.12%	0.19%	0.21%	0.53%
70 to 74	0.01%	-0.17%	0.39%	0.08%	-0.21%	0.75%
75 to 79	0.04%	-0.32%	0.61%	0.03%	-0.05%	0.67%
80 to 84	0.00%	-0.73%	0.93%	0.01%	-0.63%	0.66%
85 to 89	0.00%	0.02%	0.71%	0.00%	-0.84%	0.67%
90 years & over	0.00%	0.00%	0.95%	0.00%	-0.18%	1.45%

* average of the three years 2007-08, 2008-09, 2009-10 as a percentage of the population in 2009

** average of the five years from 2005-06 to 2009-10 as a percentage of the population in 2008

Figure 4.2 Estimated and Projected Population, Regina City



With these assumptions, the total population of the city increases from the current estimate of 196,000 to 261,000 by 2030 – the equivalent of a growth rate averaging 1.5% per year¹⁰.

¹⁰ This is a somewhat higher rate of growth when compared with the “medium” scenario in the Derek Murray study which had a projected population of 248,000 by 2030.

4.2 Population Projection

The population projection suggests that the number of seniors living in Regina will increase significantly over the next twenty years (see Table 4. 2).

- The number increases from the current estimate of 26,500 to 34,000 in 2020 and 41,400 in 2030.
- The rate of growth is estimated at 2.4% per year compared with a growth rate of 1.5% for the general population.

In absolute terms, this will mean an additional 700 to 900 new seniors per year will be living in the city. The bulk of the increase is the result of the natural ageing of the existing population rather than any influx of senior from elsewhere in Saskatchewan or Canada.

Perhaps of more significance is the increase in the number of older seniors – those 75 years of age and older. The increase among those in this age group is slow in the near term because the oldest members of the baby boomers are only now reaching 65 years of age. It will take ten years before that large cohort enters the 75 and older age group. The increase in the number of Regina residents 75 and older in the last ten years of the projection period is 2.7% per year.

The rate of increase in the number of “senior households” will be higher because seniors are more likely to live alone.

The population projection suggests that the city should plan on having 16% of its population in the 65 and older age group by 2030 compared with 13% in 2011. As noted earlier, improvements in life expectancy will add to this figure.

Figure 4.3 Estimated Actual and Projected Population of Seniors in Regina City

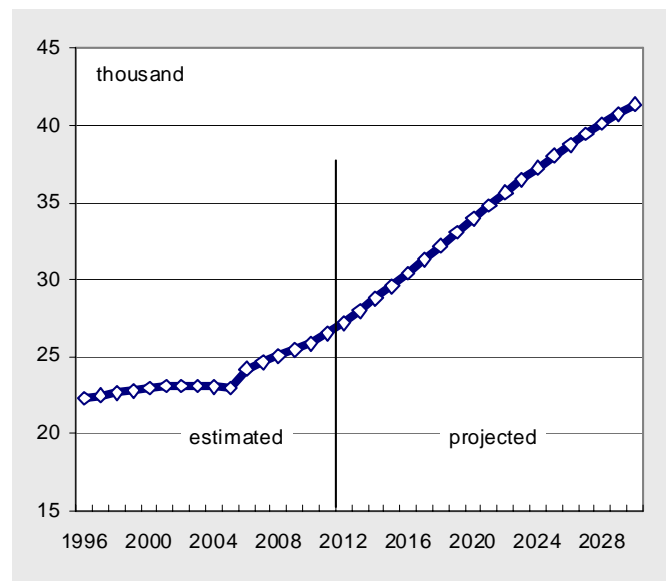


Figure 4.4 Estimated Actual and Projected Population of Older Seniors (75 and older) in Regina City

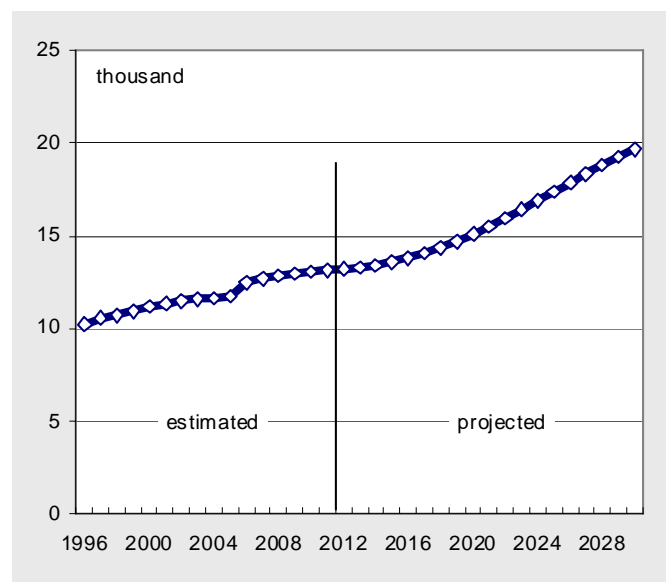


Table 4.2 Estimated and Projected Population of Seniors, Regina City

		Total population	Seniors Population			
			65 to 74 years of age	75 and older	Total	as % of total population
Estimated	1996	179,519	12,057	10,229	22,285	12.4%
	1997	178,896	11,933	10,537	22,471	12.6%
	1998	178,662	11,949	10,699	22,648	12.7%
	1999	178,856	11,875	10,903	22,779	12.7%
	2000	178,278	11,789	11,165	22,955	12.9%
	2001	177,152	11,724	11,347	23,071	13.0%
	2002	176,984	11,651	11,461	23,112	13.1%
	2003	177,897	11,509	11,597	23,107	13.0%
	2004	178,770	11,422	11,609	23,031	12.9%
	2005	178,883	11,227	11,720	22,946	12.8%
	2006	179,260	11,715	12,485	24,200	13.5%
	2007	181,708	11,940	12,691	24,630	13.6%
	2008	184,400	12,208	12,850	25,058	13.6%
	2009	188,489	12,480	12,959	25,440	13.5%
	2010	192,754	12,782	13,050	25,832	13.4%
	2011	195,820	13,364	13,130	26,495	13.5%
Projected	2012	198,925	13,995	13,207	27,202	13.7%
	2013	202,073	14,653	13,299	27,952	13.8%
	2014	205,265	15,320	13,422	28,742	14.0%
	2015	208,503	15,982	13,585	29,567	14.2%
	2016	211,784	16,626	13,795	30,420	14.4%
	2017	215,108	17,242	14,052	31,294	14.5%
	2018	218,470	17,822	14,357	32,179	14.7%
	2019	221,869	18,360	14,706	33,065	14.9%
	2020	225,301	18,852	15,093	33,945	15.1%
	2021	228,763	19,296	15,514	34,810	15.2%
	2022	232,253	19,693	15,962	35,655	15.4%
	2023	235,768	20,045	16,429	36,474	15.5%
	2024	239,308	20,356	16,908	37,263	15.6%
	2025	242,871	20,630	17,392	38,022	15.7%
2026	246,457	20,874	17,875	38,749	15.7%	
2027	250,067	21,093	18,351	39,445	15.8%	
2028	253,703	21,295	18,817	40,112	15.8%	
2029	257,366	21,486	19,267	40,753	15.8%	
2030	261,058	21,672	19,700	41,372	15.8%	

SECTION 5 ENVIRONMENTAL SCAN

This section summarizes the findings of a literature review and environmental scan which focussed on seniors in general and those in Saskatchewan in particular. References are in square brackets [*for example*] and refer to the bibliography contained in Appendix B.

5.1 Context

If we understand growing older to be a proxy for retreat from paid work, for physical decline and inactivity, and for increased dependence, then we have the makings of a crisis on our hands. But the generations that are now in the oldest age groups have charted a new meaning of growing older. They have begun to retire the stereotypes of aging, setting out new and exciting ways of aging.

It is widely believed that the baby-boom generation is likely to push the reality of aging to new limits, completely redefining the concept. [Carstairs, 2009:3]

All parts of Canadian society will be challenged to meet the changing needs of an ageing population. As governments, communities and the not-for-profit sector prepare to meet the needs of the baby boomer seniors, they will need to consider and adapt policy, programs and services to accommodate concepts of active ageing. Active ageing means that opportunities to optimize health, participation and quality of life are provided and available throughout a person's life. Adopting a concept of active ageing starts before a person retires from work and incorporates a broad range of economic and social factors that affect an individual's behaviour [World Health Organization, 2007:5]. Recognition of the range of capacities of people as they age, anticipating and creating flexible responses to the needs and choices of ageing populations, respecting decisions and lifestyles of ageing populations, protecting the vulnerable and promoting the inclusion and contributions of ageing populations are some of challenges facing governments and communities [World Health Organization, 2007:5].

Fully developing the concept of active ageing should respond to concerns of seniors that ageism is often found in views and actions toward older people. Ageism is defined by the 2009 Senate Committee report as discrimination on the basis of age that makes assumptions about an older person's capacity, removes decision-making responsibility from the older person, ignores the older person's known wishes and treats an older person as a child [Carstairs, 2009:12].

Respect and social inclusion of older people are repeated themes in the literature reviewed for this project. Older people want to enjoy recognition and consideration in their families, and in their communities. Unfortunately, not all older people experience that respect, inclusion and consideration. The degree to which older people participate in the broader worlds of learning, work, volunteerism, recreation and activity will positively affect their sense of inclusion in the broader community [World Health Organization, 2007:45].

5.2 Learning

Participating in lifelong learning is a key ingredient to remaining mentally active. Taking time to join in learning activities has contributed to maintaining cognitive skills like reasoning, memory and judgment [Carstairs, 2009: 80-81]. Retirement can provide an opportunity for seniors to engage in learning activities. It can be a time where new skills are learned, some of which may be to help develop new workplace skills; others may be for personal benefit. Seniors will often pick up learning activities where they left off their formal training [Carstairs, 2009:81].

Developing and maintaining functional literacy levels is critical for seniors. Because of their age and health status, they are often involved with the health system and are likely to be using prescription drugs. It is critical for seniors to be able to process and understand health promotion literature as well as information on community activities and events that help prevent social exclusion. Evidence from studies relating literacy levels with age show that literacy is higher in younger age groups and decreases with age. Level 3 literacy is considered to be the base for functional literacy necessary to carry on day-to-day activities:

...while approximately 67% of people aged 16 to 24 years have literacy abilities at Level 3 or 4/5, only about 21% of seniors are at these same levels. Fully 79% of senior citizens have measured literacy abilities at the two lowest levels for each of the three literacy types. Much of the decline seems to occur for the age groups 55 to 64 and 65 and over for each literacy type. Thus, seniors seem to be especially at risk in medical situations that at times demand high literacy ability. . . [Roberts, 1998:20].

5.3 Employment, Retirement, and Income

Employment and Retirement

With the population of Saskatchewan ageing and with a booming economy, the province is going to be challenged to respond to the needs of the labour force. Employers have been concerned for a number of years with regard to a growing labour market shortage and often cite the inability to find skilled, trained and knowledgeable workers as a significant risk for their businesses. Any increase in the labour supply will need to come from higher participation rates among people 25 to 54, particularly aboriginal people; higher participation rates among those outside the primary labour market age group, (the 15 to 24 age group and older workers over 55 years of age); and higher levels of immigration from other provinces or countries.

A report by an Expert Panel on Older Workers commissioned by Human Resources and Social Development Canada (as it then was) defines older workers as workers 55 years of age and above. The panel found:

There was a large amount of support for improving the participation of older workers in the labour market. One of the major barriers to engaging them in the labour force was thought to be myths about the need to retire early in order to more fully enjoy life and to make room for the younger generation. The Panel found that many older workers still have years of potential contributions to the labour force, are healthier, live longer and are more productive than previous generations. The psychology developed around "freedom 55" is changing as many Canadians are looking for opportunities to continue to contribute either out of necessity or out of a sense of self-fulfillment. Stakeholders were clear that governments should be active in efforts to maximize participation rates among older workers [Expert Panel on Older Workers, 2008:ii].

The Senate Committee on Aging makes a similar point, suggesting that most older workers withdraw from the labour force before their functional abilities require them to do so [Carstairs, 2009:22].

With the end of mandatory retirement, workers are no longer required to leave the workplace at 65 and may choose to stay in the labour force, sometimes in different jobs or roles. The decision to remain in the workplace will place more onus on employers to offer more flexible work arrangements such as job sharing, flexible work hours or work weeks, or phasing in retirement over a number of years. Many of these arrangements also appeal to younger workers. By encouraging older workers to stay in workplaces longer employers are able to utilize the experience, knowledge and skills of older workers to assist in training the new young workforce [Premier's Council on Aging and Seniors' Issues, 2006]. In addition, employers will be challenged to develop intergenerational workplaces that can manage the different cultural and workplace values of younger and older workers. Employers will be challenged to provide training or retraining for older workers. In the past, employers have been reluctant to provide training to their older workforce, perhaps because of a fear that the workers will retire before the investment is recouped and because of lower retention rates of older workers [Expert Panel on Older Workers, 2008:13].

Employers are experimenting with the recruitment of workers considered to be in their “third quarter” of work. The Saskatchewan Chamber of Commerce is participating with the federal government, the British Columbia Chamber of Commerce, Manitoba Chamber of Commerce and the Atlantic Provinces Chambers of Commerce in piloting ThirdQuarter, a program intended to match 50-plus workers with new job and volunteer opportunities that take advantage of their knowledge and skills. The program is being piloted in 12 communities across the country in an attempt to help manage the labour shortage and to use the knowledge, skills and abilities of older workers in a productive fashion [*Saskatchewan Chamber of Commerce, 2010*].

The interest in staying in the workforce emerged during the discussion at the Sounding Session. Participants were interested in staying in the workforce but wanted the flexibility to make the choice as to the kind of work they did and the hours they worked. Because of their skills and work ethic, participants sometimes felt pressured by employers to work more than would be their choice. As retirement policy evolves, it should recognize that accepted notions of school, work and retirement are changing:

The traditional school-work-retirement life-course is gradually being replaced by greater diversity of trajectories into and out of paid employment. It is conceivable that this will continue into the future, altering the meaning of retirement and calling for policy measures, which will facilitate choices about when to study, work, provide care and retire. The life-course approach to program and policy design is premised on the notion that employment and income will vary over the life course, with individuals and households needing more non-working time [Carstairs, 2009:99].

Income and Pensions

One of Canada's social policy successes has been the development of an income support and pension system that provides support to seniors in the country. As a result of this system, Canada has the lowest incidence of low income for seniors among all developed countries [*Carstairs, 2009:93*].

The pension system is built on four components:

- the Canada Pension Plan or Quebec Pension Plan (CPP/QPP);
- employer-sponsored pensions;
- Old Age Security/Guaranteed Income Supplement (OAS/GIS); and
- private income from earnings and savings.

The Senate Committee studying issues of income and poverty for seniors concluded that taken together, these pillars meet the income needs of most but not all Canadian seniors [*Carstairs, 2009:94*]. According to the Senate Committee almost all seniors receive benefits from OAS or GIS (95%), while just over one-third receive GIS payments [*Carstairs, 2009:100*]. Those who do not receive these payments are the seniors with the lowest incomes:

... the two largest groups not receiving these benefits are immigrants who have not been in Canada long enough to qualify for these programs and those who have not applied for benefits, despite being qualified to receive them [Carstairs, 2009:101].

The Canada Pension Plan allows for individuals to draw benefits at age 60 (with a slight reduction in benefit level) or any time until an individual is 70 years old (with a slight increase in benefits for each year past 65). To begin a claim for benefits, the individual must not be receiving any employment income, although the individual may receive employment income after the benefits are being paid. The Senate Committee heard a number of viewpoints on the design of the CPP.

- Although there is choice as to what age an individual may be before benefits are claimed, there is some concern that the choice actually creates a disincentive to continue working past 60.
- The lower benefits paid when an individual claims CPP at age 60 can be problematic for low-income workers who cannot continue to work full-time.
- Decreased productivity and increased labour market shortages could be result of encouraging individuals to leave the workplace in order to claim benefits.
- Those workers with the least earnings and the least stable employment will receive the least benefit from the CPP and include those who are over-represented among the working-age poor: newcomers to Canada, Aboriginal peoples, and sole-support parents, most of whom are women. [*Carstairs, 2009:96-97*]

Employer-based pension plans have been a primary source of income for retired individuals. Typically these plans are either defined benefit plans or defined contribution plans. Defined contribution plans typically have more risk attached to the amount of the benefit as they are dependent on the market [*Expert Panel on Older Workers, 2008*]. The Expert Panel on Older Workers found that employer-based pension plans are increasingly limited:

*First, the overall proportion of the labour force covered by such plans has decreased over the past two decades, from 35.3% in 1985 to 32.5% in 2005. Second, there has been a significant shift in coverage in favour of defined contribution plans. These developments suggest growing differences in the nature of coverage between the public and private sectors - and in particular, a potential increase in risk in the pension income of workers, especially those in the private sector. These changes may also increase the incentives (and need) for older individuals to participate in the labour market after they choose to retire [*Expert Panel on Older Workers, 2008:14*].*

The Senate Committee also heard concerns with regard to the source of private income for many seniors, particularly Registered Retirement Savings Plans. “On average, the private income sources for seniors derive almost entirely from private pension benefits, with less than 10 percent coming from Registered Retirement Savings Plans (RRSPs)” [*Carstairs, 2009:99*]. Low income seniors may not have saved sufficiently through RRSPs because they did not have the funds to save and there is no incentive to save through an RRSP as they were exempt from taxation due to their income level [*Carstairs, 2009:99*]. In addition, RRSPs are being used to even out “bumps” in earned income throughout a lifetime. As more than “40 percent of individuals drawing funds from employer sponsored pension plans and RRSPs are under the age of 65, suggests that RRSPs are being used to even out bumps in employment and income over the life-course, and not only for retirement income.” [*Carstairs, 2009:99*].

5.4 Community Inclusion and Individual Well-being

Recreation and Physical Activity

The literature consistently recognizes that seniors need to remain physically and mentally active. Inactivity can lead to rapid and accelerated ageing. Retirement can but ought not to lead to a more passive use of time, like sleeping and watching television [Carstairs, 2009:74]. Social interaction can act as a protective factor against conditions like Alzheimer's Disease or depression.

Active ageing is promoted throughout the literature with recognition that increased physical activity can start at any age:

Staying physically active is key to remaining in good health. The good news is that it is never too late to start - adopting a healthy lifestyle in middle age, and later, can dramatically improve one's health and life chances, and the effects can be seen quickly [Carstairs, 2009:77].

Remaining physically active helps to manage the affects of ageing and can help reduce the effects of disability and reduce periods of dependency. Research from the University of Western Ontario shows a 50 percent reduction in the risk of going into long-term care in those who are just moderately fit. Unfortunately, many seniors will end up in long-term care not because of a cognitive issue but because they have lost their mobility and can no longer walk [Carstairs, 2009:77].

Senior women are far less likely than senior men to remain active. Other senior groups who are less likely to be active include seniors:

- with low incomes;
- with low education levels;
- over 80 years of age;
- who live in institutions;
- who live in isolated circumstances;
- who are members of cultural or linguistic minority groups; or
- with disabilities [Carstairs, 2009:78- 79].

A lack of motivation on the part of seniors can also act as a barrier to participation.

How cities are designed and planned has a significant impact on whether seniors and others in the priority populations participate in recreational and physical activity. Walkable neighbourhoods that are considered to be safe and secure will contribute to more seniors being active [Premier's Council on Aging and Seniors' Issues, 2006:25]. Barriers identified to community participation and physical activity include costs of programs, suitability of programs for seniors, and physical accessibility of programs [Carstairs, 2009:79-80].

Being able to find and access information on activities and resources is identified throughout the literature as critical to encouraging community participation by seniors. In an international study conducted by the World Health Organization (WHO) of age-friendly cities, participants in focus groups strongly agreed that it was important for seniors to stay connected through information and communication. Although there was not always a consensus on how best to communicate information, (I.

e. technology versus more traditional forms of communication, like newspapers, television or radio), participants recognized that information and communication vehicles need to respect the various capacities and resources of seniors [World Health Organization, 2007:60].

Participants in the WHO study also recommended that community activities be located close to where they live and that programs are integrated with other age groups and cultures [World Health Organization, 2007:37].

Volunteerism

Volunteerism plays an important role in the lives of seniors, both as volunteers and as recipients of volunteer services:

The voluntary sector plays an important role in supporting individuals and communities. Volunteers provide essential services for all age groups, including seniors. Volunteer work also allows society to tap into the skills and knowledge of older Canadians. Seniors benefit from a strong voluntary sector as both contributors and beneficiaries [Carstairs, 2009:131].

The rate of volunteering in Canada has stayed relatively stable between 2004 and 2007 at 45% [Hall, 2009]. The actual number of Canadian volunteers increased over this same time by 5.7% largely as a result of the population increase. During the same time period, the rate of volunteering in Saskatchewan grew from 54% to 59% [Hall, 2009]. About 465,000 Saskatchewan residents participated in volunteer activities.

The likelihood of volunteering decreased with age while the number of hours worked increased. In Saskatchewan, 68% of 15 to 24 year olds volunteered while 46% over 65 volunteered. Those over 64 volunteered for an average of 177 hours while the 15 to 24 group worked for an average of 116 hours. Not surprisingly, the 25 to 34 year old age group generally volunteered less and worked fewer hours [Hall, 2009].

As Saskatchewan's population ages, there will be an opportunity to take advantage of an increasingly large pool of retirement age people who may be willing to give of their time and skills as volunteers. According to the Canadian Index of Wellbeing "the percentage of retired seniors participating in formal volunteering activities jumped from 20.5% in 1992 to 30.5% in 2005" [Canadian Index of Wellbeing, 2010: 13]. However, retiring Baby Boomers may have different expectations with regard to volunteering. According to Volunteer Canada:

Baby Boomers are a rather different "kettle of fish". Now on the brink of retirement, they are potentially positioned to replicate and augment the Canadian volunteer environment. But this cohort is different than their predecessors. They are more demanding - seeking opportunities for growth and uses of their time that are new and innovative and looking for interesting and meaningful experiences [Carstairs, 2009:131-132].

Housing

Creating opportunities where seniors can age in a place of their choice is critical. The literature is clear that a continuum of supports is necessary to assist seniors in achieving maximum independence. The continuum of housing supports can include renovation programs to assist seniors in making their homes accommodate a disability, subsidized housing for low to moderate income seniors, assisted living, supported living, and long term care. Maintaining independence of the individual senior as much as is possible should be the objective of this continuum. A fully developed continuum allows seniors to move as required to meet their changing needs.

Access to affordable housing was a theme in the Sounding Session as well as the literature. Wealthier seniors have access to a broad range of housing options. The private sector is actively responding to the needs of this group through building condominiums or assisted living units that cater to the needs of seniors for social, light housekeeping and other supports.

Low to moderate-income seniors may be more challenged to find accessible and quality housing. The Senate Committee on Aging heard that “the lack of affordable supportive housing contributes to many health care system inefficiencies and the unnecessary expenditure of hundreds of thousands of dollars to work around the system's backlog” [*Carstairs, 2009:47*].

The ability to maintain and renovate own's home affects the senior's ability to age in place. Maintenance of an existing home can be particularly difficult for seniors, both in finding dependable tradespeople and managing the costs for repairs and/or renovations. [*World Health Organization, 2007*]. During the Sounding Session mention was made of seniors not understanding or appreciating the current day costs of repairs which sometime affected their ability to find tradespeople to do the work.

It is often important for seniors to remain in their communities where they have family, friends and community connections. As their housing needs change they can be reluctant to move out of their neighbourhood which can also complicate housing choices. [*World Health Organization, 2007*]. Access to quality and affordable housing is one of the greatest challenges for First Nations and Metis seniors [*Carstairs, 2009:44*].

Health and Well-Being

According to the 2006 Report Card by the National Advisory Council on Aging, seniors health has both positive elements as well as areas of concern. The Council found that:

... life expectancy at age 65 has improved and progress has been made in terms of functional health. Seniors assess their own physical and mental health in largely positive terms. Further, rates of chronic pain and problems of being underweight are in decline. These improvements are less marked among women - particularly the most elderly. Negative developments include increasing obesity among seniors and increasing rates of chronic diseases. Also, there have not been any satisfactory improvements in several areas such as physical inactivity, and injuries and falls (with the exception of hospitalizations for hip fracture). Further, suicide rates among senior men remain high (National Advisory Council on Aging, 2006:5).

According to the Canadian Community Health Survey, First Nations seniors living off-reserve report their health status as fair to poor when compared to overall seniors (44% to 30% in 2001). First Nations report chronic health conditions, like diabetes: in 2001, diabetes affected close to 25% of senior First Nation women and 20% of senior First Nations men [*National Advisory Council on Aging, 2006:9*]. Despite the evidence that activity prevents chronic disease, and increases social inclusion, most seniors remain inactive (62% in 2005). Obesity continues to be a concern with 17% of women between 65 and 74 being obese and 15% of men in the same age range [*National Advisory Council on Aging, 2006:12*].

With increasing age, seniors often encounter more repeated and complex health issues. At the same time that they may be experiencing health issues, they are often called upon to take care of an ailing spouse or other family member. Being taken care of by a family member or taking care of a family member is an all too common experience for older people.

The 2007 General Social Survey found that, among the population over age 45, 19 percent of men and 22 percent of women assist a senior because of the senior's long-term health condition. Like other Canadians, seniors find themselves both providing and receiving care. The 2007 General Social Survey found that 1 in 4 of those providing care were over age 65 themselves. Women bear a disproportionate share of the informal caregiving work. While roughly equal numbers of men and women aged 45 to 65 are involved in informal caregiving, women are more likely to be high intensity caregivers [Carstairs, 2009: 117].

A continuum of care is critical to assist families with their ageing members. The care continuum must be supported by robust and appropriate housing options that allow seniors to age in place. Home care is a critical support now; the demand is likely to grow with the size of the elderly population and with the changing family structure with baby boomers. The Senate Committee received information from the Nova Scotia Centre on Aging that:

Statistical projections ... indicate that while 15 percent of women over the age of 65 did not have a surviving child in 2001, this proportion is likely to increase to 30 percent by 2051. Similarly, the Committee has heard that marriage and divorce trends may imply that, in the future, fewer disabled seniors will have a spouse who could care for them. Given these projections, witnesses have cautioned against placing too great a reliance on informal caregivers at the expense of formal caregiving mechanisms, such as home care [Carstairs, 2009:118].

At the same time that seniors may be more reliant on family members to care for them, they can be at risk for elder abuse or neglect. The abuse may be a continuation of abuse that has occurred throughout one's life or it may be a new occurrence. Unfortunately older women are at greater risk of abuse. The abuse can take many forms including physical, emotional or financial abuse and can occur anywhere, in the home, in the community or in an institutional setting [Carstairs, 2009:25 -26]. Often the abuser is a person of trust to the senior.

Immigrant seniors can be particularly vulnerable to abuse because of the federal family class requirement that a family member sponsor elderly person for 10 years. Complicating the length of the sponsorship is the fact that elderly immigrants are not eligible for OAS or GIS during the term of the sponsorship. During the 10-year period, the elderly immigrant may be completely financially dependent on family members.

The need for public education and protection of seniors from all forms of abuse was a theme in the sounding sessions.

Transportation

Access to a full range of transportation options was a significant theme during the Sounding Session. Similar to the Sounding Session with the Disability community concerns were expressed with the access to and adequacy of the Paratransit Bus Service. The Senate Committee also identified the range of transportation options that seniors may use.

Although in many circumstances seniors need access to public transportation, in many cases they are still capable of driving. In these cases, they may simply require access to designated parking spots. Courtesy to older drivers is also a feature of age-friendly communities.

Accessibility and affordability of transportation options is a theme in the literature. Without access to transportation, seniors will be severely limited in their ability to participate in physical, recreational and social activities. The literature is clear that transportation supports active ageing, and must be available, affordable, reliable and frequent [World Health Organization, 2007:15]. Courteous drivers and the

design, location and condition of bus stops can make the transportation system more welcoming to seniors. Many seniors are concerned with personal safety, particularly at night, so a welcoming and safe transportation system meets an important need [*World Health Organization, 2007:15*].

5.5 Role of Governments

Federal Role

The federal government provides a series of programs to support seniors through the public pension system. The Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement provide a framework of income supports for Canadian seniors. A Minister of State responsible for Seniors has been appointed in the past.

The New Horizons for Seniors Partnership provides grants to community organizations to assist in programming for seniors.

Information on the Canadian Pension System and other programs is available at through the government of Canada at www.seniors.gc.ca.

Provincial Role

The Saskatchewan government offers many services and support programs to seniors across the province. Some of the programs are more targeted to the needs of seniors while others are accessible to all people in Saskatchewan, including seniors. The Minister of Health has also been designated as the Minister responsible for Seniors. For the purposes of this discussion, only the more targeted programs are discussed. The list is not meant to be exhaustive.

Health

In addition to the primary and acute care system, the ministry of Health offers a home care program through the health regions. The home care program offers home-based services to individuals who may need acute, palliative or supportive care to remain in their own homes. In some cases individualized funding may be offered to individual to allow them to manage their own support services. Long-term care (special care homes) is also provided through health regions for individuals who require a higher level of care. Long-term care is subsidized with individuals paying an income-tested charge based on their annual income. Personal care homes are privately owned and often provide another option to seniors who cannot remain in their home but who do not require the level of care offered in long-term care. Hearing services and hearing aids are provided through the Saskatchewan Hearing Aid Plan. The Seniors' Drug Plan provides subsidized drug coverage for drugs on the Saskatchewan Formulary to low to moderate income seniors. The Saskatchewan Aids to Independent Living (SAIL) provides eligible seniors (with physical disabilities and chronic health conditions) with supplies and equipment to assist them with their disability or condition. Seniors receiving the Seniors Income Plan will have eye examinations paid for.

Housing	Social housing for seniors is located in more than 280 communities across Saskatchewan. Social housing is available for low to moderate-income seniors who can live independently; rents are based on monthly income. Saskatchewan Assisted Living Services (SALS) is available in selected senior social housing locations; SALS offers support services to individuals to assist them in maintaining their independence. Life Lease housing for moderate-income seniors is available in some larger communities in the province. Seniors maintain equity in a home by paying a principal sum that will be refunded when they leave a complex; in addition they pay a monthly occupancy fee to cover operating and maintenance costs. A range of home renovation and repair programs are available to low to moderate-income seniors to assist them in remaining in their own homes.
Income Supports and Tax Benefits	A range of financial supports and tax programs are available through the Saskatchewan government. The Saskatchewan Senior Supplement is offered through the tax system and reduces Saskatchewan income taxes for all Saskatchewan seniors. Low-income seniors are also eligible for the Saskatchewan Low-income Tax Credit paid in conjunction with the federal Goods and Services Tax Credit. The Saskatchewan Pension Plan assists residents of the province to save for retirement; it provides access to a pension plan to those individuals who do not have access to private pensions or other retirement savings opportunities. The Seniors Income Plan provides additional financial assistance to individuals who have no income other than Old Age Security and the Guaranteed Income Supplement.
Recreation	Through the Saskatchewan Lotteries Trust Fund a number of seniors' organizations receive funding to provide programs relevant to seniors interests. Seniors are eligible for a number of recreation programs including: Saskatchewan Provincial Park Vehicle Entry Permit for Seniors, Saskatchewan Seniors Angling License.
Transportation	The Saskatchewan Transportation Company offers senior discounts on regular passenger fares and a discounted medical pass for unlimited travel for prescribed treatments.

For more information the Ministry of Health provides of summary of seniors programs called Programs and Services of Interest to Seniors on their website at www.health.gov.sk.ca.

Municipal Role

The City of Regina provides information on various seniors programs offered in the city, as well as assisting in the support of organizations providing the programs. The Seniors Active Living Guide provides information on the range of active living programs operated in the city. The Out and About Adult Club is a recreation program for seniors and persons with a disability. The City also supports the

Regina Senior Citizen's Centre to offer recreation and social opportunities at no cost or minimal cost to seniors.

Bus passes are available to seniors with various payment options. A senior's bus pass allows for unlimited travel on regular bus routes. Seniors can also access the Paratransit Bus Service. Low floor buses are offered on some bus routes throughout the city. Low floor buses ensure that there are no stairs to climb, "kneel" to get close to the curb, and have a low-angle ramp to allow wheelchairs, scooter, carts and baby carriages. The City also has targeted numbers of parking stalls for people with disabilities who have an accessible parking permit.

SECTION 6 SOUNDING SESSIONS

On February 28, 2011, the City of Regina met with members from the seniors community to begin the process to develop the new Official Community Plan for the City. The areas of discussion included the following general topic areas.

1. What are the issues or challenges that you face on a daily or frequent basis that should be considered by the City as it develops its Official Community Plan?
2. What are the opportunities that you think would improve the City for your community and should be considered as they develop the Official Community Plan?
3. From your list of ideas, which 1 or 2 would have the greatest improvement for your community? Why?
4. Do you have any ideas how we can improve and broaden our engagement with your community?

The session was facilitated by Susan Jarvis¹¹ and attended by City officials and the consultants from DC Strategic Management.

This section describes the participants and summarizes the discussion that occurred.

¹¹ Susan J. Jarvis is a Regina-based consultant.

6.1 Participants

The session was held at the Core Ritchie Community Centre Gym on February 28, 2011. There were 17 participants.

Organizations were chosen in consultation with the City of Regina with a focus on organizations that were key assets in the community such as the Regina Senior Citizens Centre and the University of Regina's Lifelong Learning Centre.

Organization	Participant
Regina Senior Citizens Centre	Pierre Schweda
Senior's Mechanism	Holly Schick, ED
	Les Lyes, President
University of Regina Lifelong Learning Centre	Kerrie Strathy
Centre for Continuing Education	Dr. Harvey King
Catholic Family Service	Jennifer Tallentire
Federation of Union Retirees	Betty Pickering
National Association of Federal Retirees (FSNA)	John Warnke
	Don Gourlay
Regina Housing Authority	Katherine Mills
Adaptive Service Program Specialist City of Regina	Janet Mish
	Matthew Chin, Student from the Faculty of Health
Federation of Saskatchewan Indian Nations (FSIN)	Hector Gaudry
Service Canada	Betty Hededus
	Joe Axon
City of Regina	Bruce Rice
	Bev Cardinal

6.2 Summary of Comments

The topics discussed at the sounding session are organized by category.

Transportation

- Public system needs to accommodate the disability and seniors community:
 - Need more accessible buses
 - Stops closer to senior housing and to shopping malls
 - Buses need to be more frequent (especially in the winter)
 - No service Sunday and holidays
- Seniors bus pass subsidy is great. However, it is a 6-month pass only.
 - It would be helpful to make it a monthly option. 6 months is a cash flow issue.
- Para Transit system is inadequate:
 - Too many denied rides
 - Recreational rides not a priority
- Safety concerns:
 - Boarding the buses - need some assistance
 - Falling is always a concern

Housing

- There is not enough affordable accessible housing in the city.
 - Need rent control to make rental increases predictable and small. This is critical for this fixed income community.
- The current stock of housing will require significant retrofitting as the population ages. This includes:
 - Ramps, 3' doorways (both interior and exterior)
 - Bathrooms with grab bars, higher toilets, accessible bath tubs
 - Improved lighting; improved hearing amenities for the hard of hearing
 - Kitchen counters lowered
 - No stairs
- Seniors want to be able to AGE IN PLACE – “place” meaning the community and not only their current home.
 - They need services to do this including:
 - Housekeeping, odd job squad, maintenance, snow removal, yard work, direct bus service to grocery stores, etc.
 - Meal on Wheels and/or Wheels to Meals service
- Need the City to consider “contributing” land at lower cost for new subsidized housing developments.

Neighbourhoods

- Affordable housing is mostly located in less safe neighbourhoods.
- Improve the land use planning principles:
 - Plan for integrated communities (I. e. inter-generational) that provide assisted living amenities.
 - Want to live in mixed family structure facilities because:
 - They need the interaction / stimulation
 - Feel they can contribute
 - They can share wisdom / experience
 - Younger community members can provide the services they need
 - Lets younger citizens see the ageing experience
 - Be aware that the “65+ only” facilities frustrate this goal
 - Encourage new development that builds for larger families with 2-3 generations in the home.
 - Locate services (groceries, doctors, recreational facilities, parks, et al) within community boundaries.
 - Provide gathering / networking places to facilitate socialization and reduce isolation.
 - Embed “walkability” into all neighbourhoods. This means plan so citizens can walk to meet their needs.
 - Curb cuts, sidewalks (wider if possible)
 - Big box developments require a vehicle to get to them

Family Supports

- Aboriginal grandmas are parenting children in growing numbers.
 - Need a grandma support program
 - Need to recognize informal custody arrangements when they are accessing services for their grandchildren
 - Is it possible to get the stipend paid to foster parents to these grandparents?

Parking

- There are not enough designated parking spaces in malls.
- The spots are not always close enough to the place I am going to.
- Parking enforcement needs to be increased.

“Work”

- Seniors who want / need paid work:
 - It would be helpful to have a list of employers looking for older workers
 - “Third Quarter” does this; need this service to be marketed better
 - Tend to prefer to work part time (1-2 days per week)
 - Employers tend to push this higher (to full time sometimes). Can encourage seniors to resign because it is too much.
 - Need to be more creative about the integration of seniors into the workforce.

- Seniors who want / need unpaid work (volunteerism):
 - Need to make it attractive to volunteer their time:
 - Tax incentives
 - Package the opportunities into smaller pieces (shorter commitments)
 - Need more of these opportunities driven out of the community associations.
 - Be aware that snowbirds take themselves out of the market during the winter.
 - The traditional “canvassing” task is diminishing (going online or it is now being moved to paid work).
 - Government is off-loading work to the volunteer sector
 - This is stressing an already limited system
- Paid or unpaid:
 - Do not assume they want to do the same work they did before they retired. Many want to do something different.

Education and Continuous Learning

- Opportunities for continuous learning are needed.
 - Tuition is “free” for university extension programs (only need to purchase books and supplies).
- Funding for re-training opportunities for older workers has been reduced. More is needed.
- Following changes would be helpful:
 - Provide courses on Volunteerism/computers
 - Provide workshops for the business community to learn more about seniors and how to better serve them
 - Continue to delivery ESL conversation classes
 - Provide cultural awareness workshops
 - Make courses/workshops shorter in length
 - Ensure accommodation of those with diminished hearing capacity is embedded into the delivery
 - Take the courses/workshops to the community (rather than forcing them to get to the university campus) – aligns to AGEING IN PLACE
- Gerontology knowledge in the community must increase:
 - Seminars for professionals serving the community are being offered
 - Degree in Gerontology (Department of Kinesiology) is offered at the university
- Concerned that Community Schools are being eliminated from the school system

Keeping Active

- Need recreational programming
 - Does require tailored / adapted elements in the programming
 - Accessibility, assistance, transportation (Para transit making it a priority)
 - Provide space for seniors to socialize pre and post the programming
 - Want both targeted programs (seniors ONLY) as well as general programming (but with availability to assistance if needed)
- Facilities need to be close to them (walkability principle)

Other Observations

- Snow Removal:
 - Snow is blocking bus stop access
 - Sidewalks are blocked and/or plowed over
 - Forces community members onto the streets – safety concern
 - It is difficult to transverse the HIGH snow drifts
- To plan for the future, map where the 55 year olds are living today
 - Retrofit City amenities to enable them to AGE IN PLACE
- Seniors do not fully understand the cost of purchasing services (like maintenance, odd job, housekeeping, etc.). Service providers, once they have experienced the push back on pricing, choose to service this community less and less.
- Policy Development
 - Seniors need to be part of the design of policy to ensure it serves their community in the best way possible. This includes health, social service, housing, taxation, community service policy development.
- City should declare Regina as a AGE FRIENDLY community
- Service Clubs:
 - In the past, they provided a number of services to the senior community.
 - Today, membership is falling
 - The result is a further gap in service if the services they used to provide are not bridged in another way.
- Pensions:
 - There has been no increase in OAS or GIS for some time.
- Develop/maintain/market a catalogue of:
 - Services available to seniors in the community
 - Seniors who speak other languages. Seniors whose English is not good can get help from these people (I. e. interpreter services).
- Elder Abuse is growing:
 - Victims are hesitant to report it because:
 - They feel shame.
 - Abusers are caregivers. They are worried they will lose the care.
 - Abusers can be family members.
 - Need improved friendly reporting mechanism for victims or those that suspect it is occurring.
 - Need to provide services to victims.
 - Need to increase public awareness of the issue.
 - Need to work with health regions to address the issue.
- Welcoming seniors into the schools would help increase the understanding of ageing to the youth. Helps seniors feel they are contributing.
- Need to develop a single window point of contact for all services.
- Improve the communication / marketing to seniors regarding the services, “work”, recreational, etc. information in the community.
- Need a Seniors Secretariat
 - To advocate for changes favourable to the senior community.
 - Traditionally a provincial government role.

- If they do not create one, the City should create a Seniors Secretariat / Committee inside its structure.

Big Moves

- Increase the number of affordable / accessible housing units across the city
 - Surrounded by needed services directly in the neighbourhood (to achieve the AGE IN PLACE principle).
- Improve transportation. Specifically increase para transit service.
- Create a Seniors Secretariat.

Ideas to Broaden Engagement

- Go to where seniors socialize
 - Swimming pools, malls, coffee shops
 - Engage the 55+ age group
 - Advertise in community letter
 - TV - Community events programming
 - Utility bills
 - SaskTel Pioneers
 - Senior centres
 - Radio
-

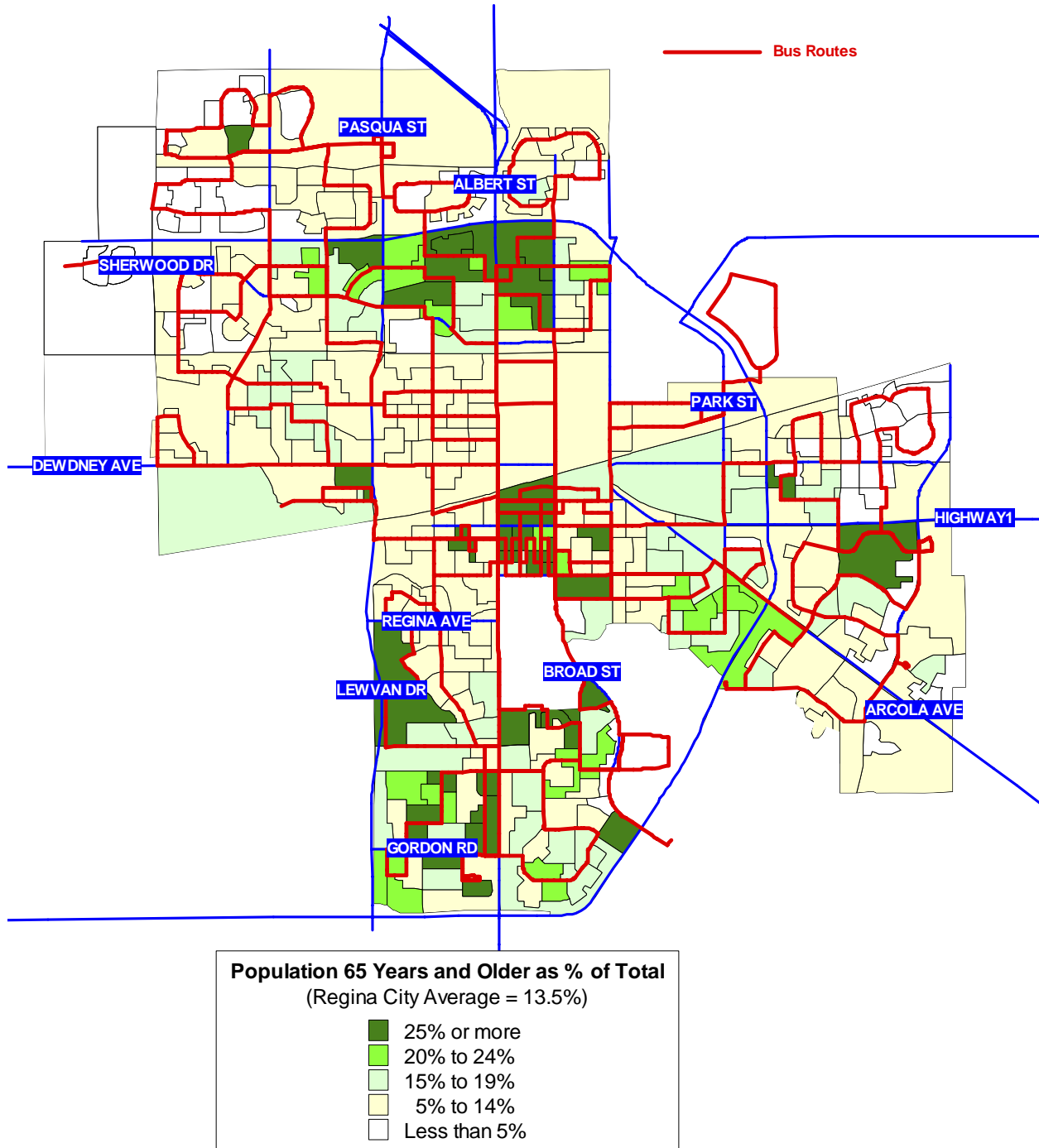
Appendix A

Maps

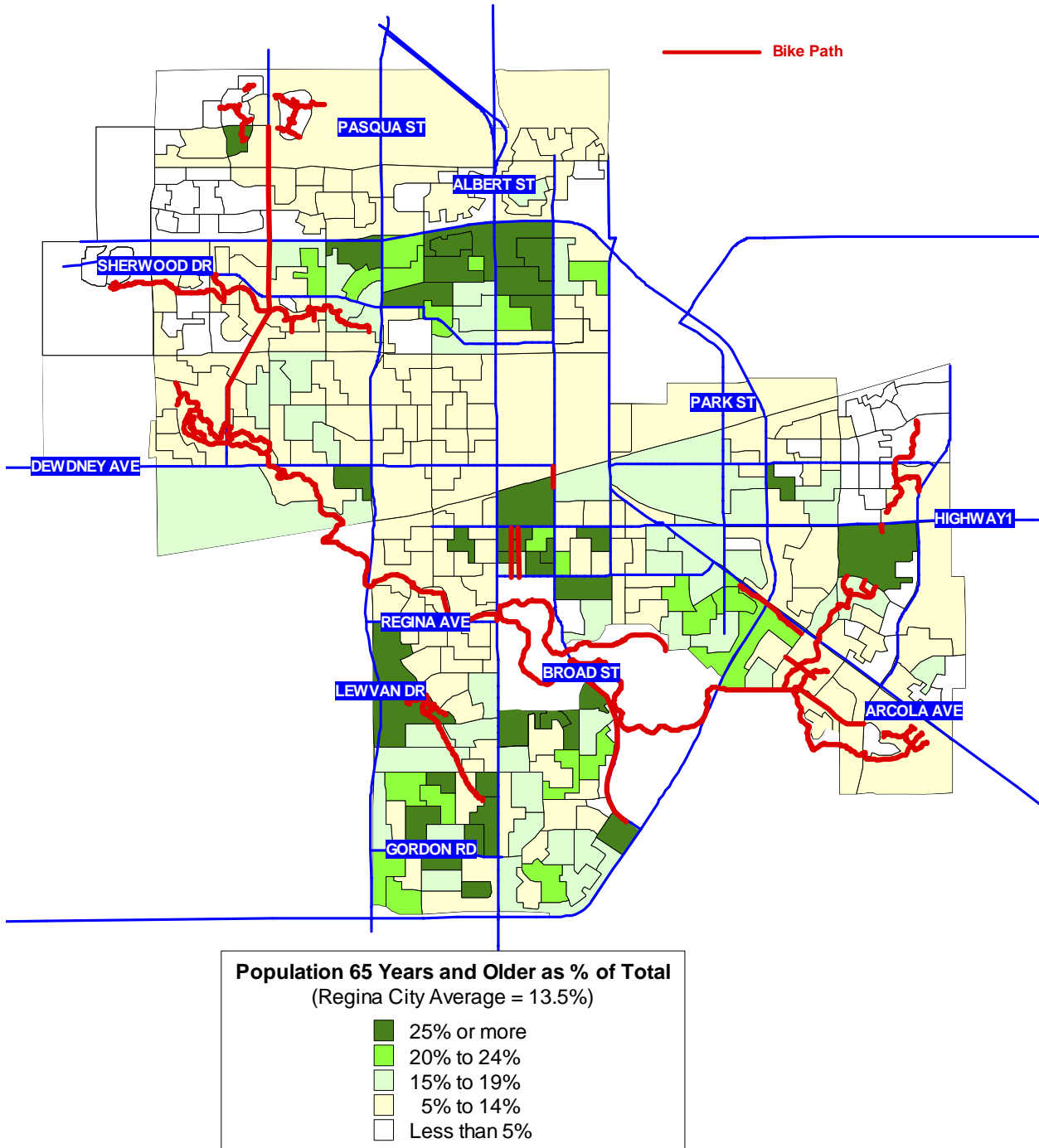
This appendix compares neighbourhoods where seniors were concentrated in 2006 with a selected group of City facilities and services.

The Statistics Canada census “dissemination areas” are used to show the concentration of seniors. An average dissemination area contains approximately 150 households.

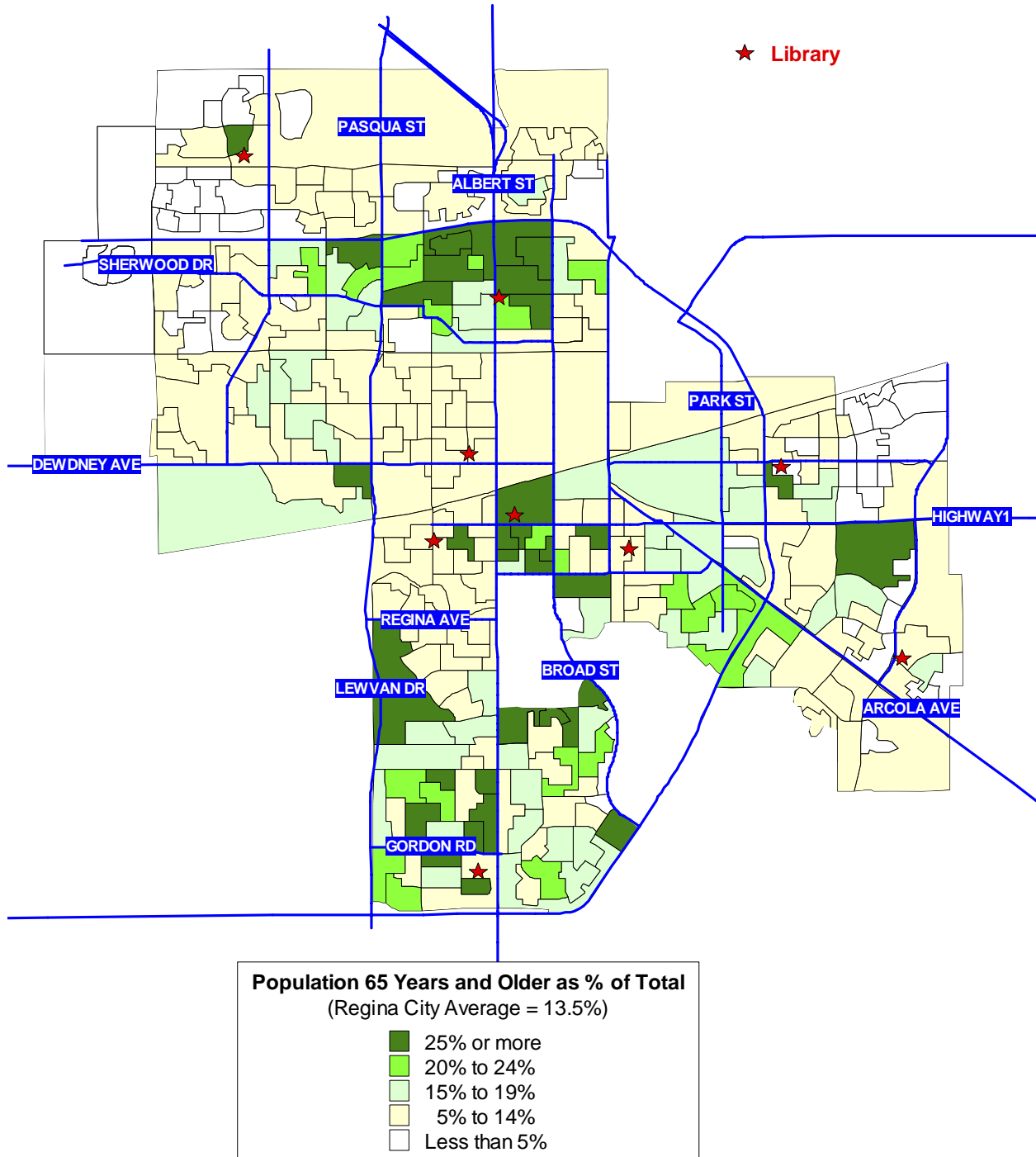
Map #1 - Seniors Population in Regina, 2006, Showing Bus Routes



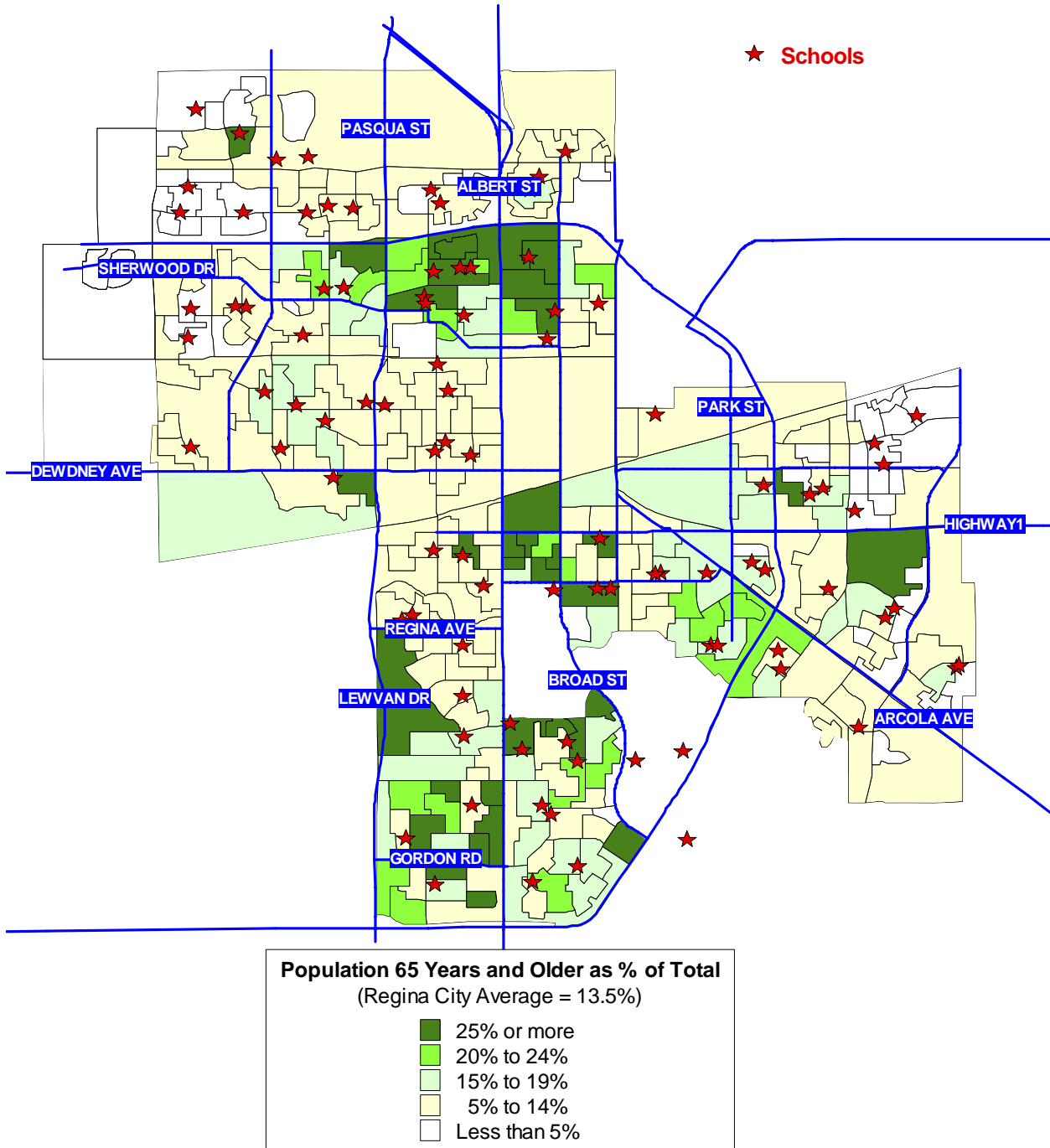
Map #2 - Seniors Population in Regina, 2006, Showing Bike Path



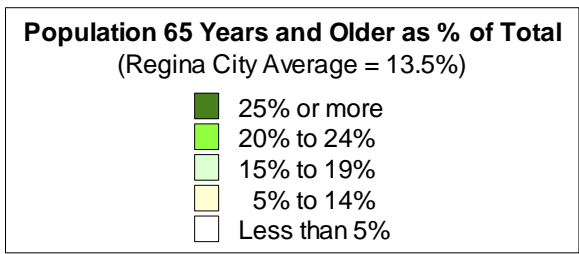
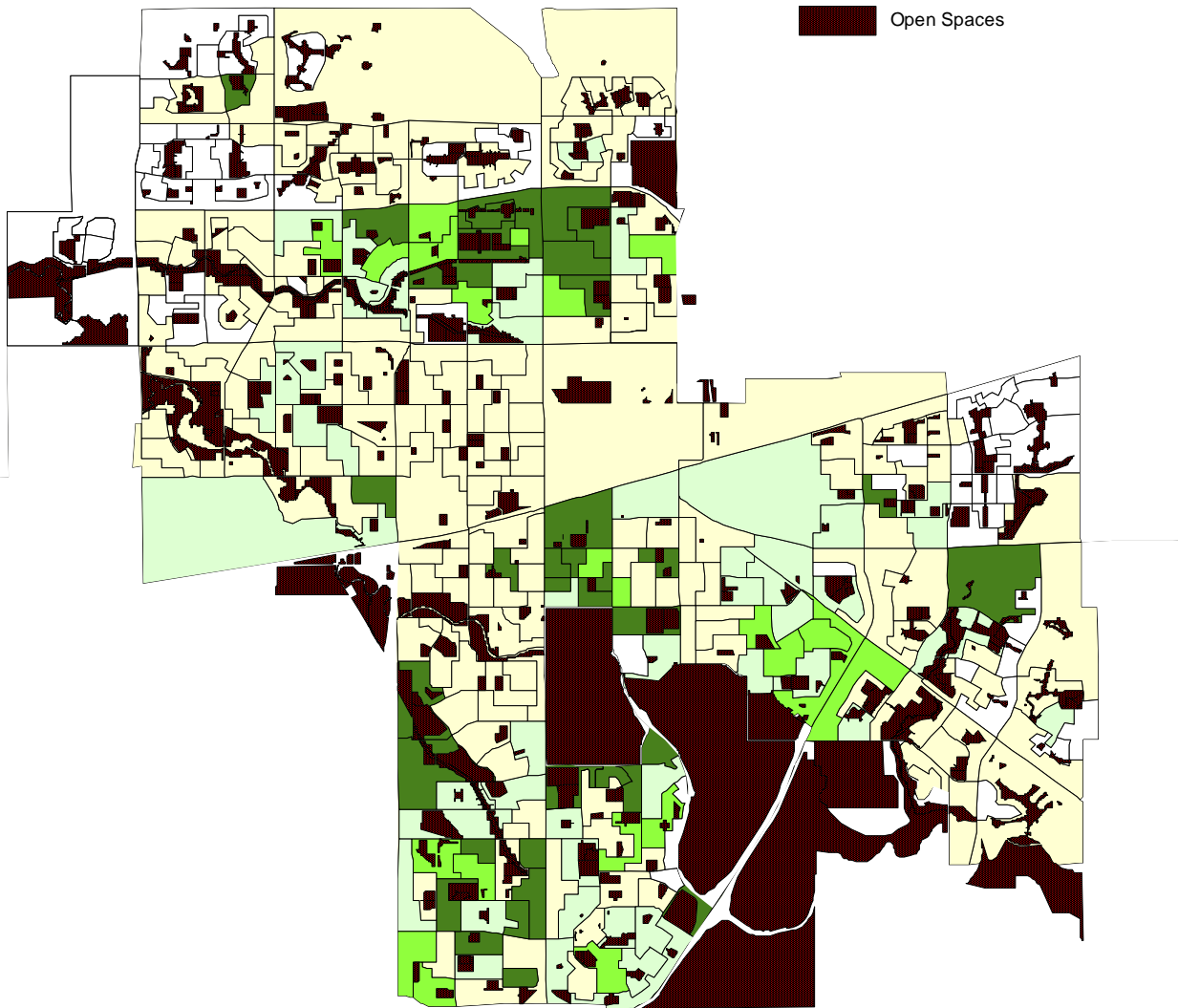
Map #3 - Seniors Population in Regina, 2006, Showing Library Locations



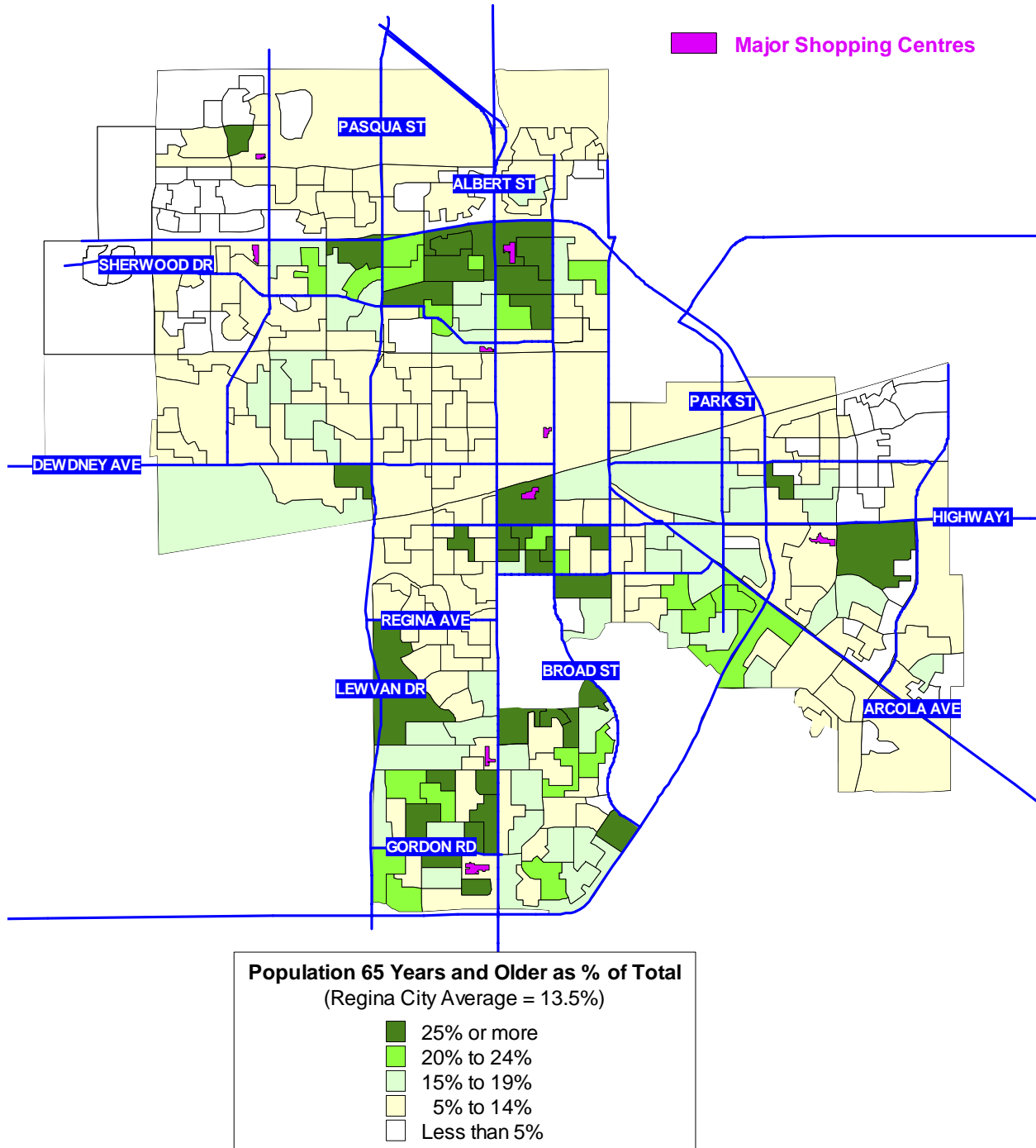
Map #4 - Seniors Population in Regina, 2006, Showing School Locations



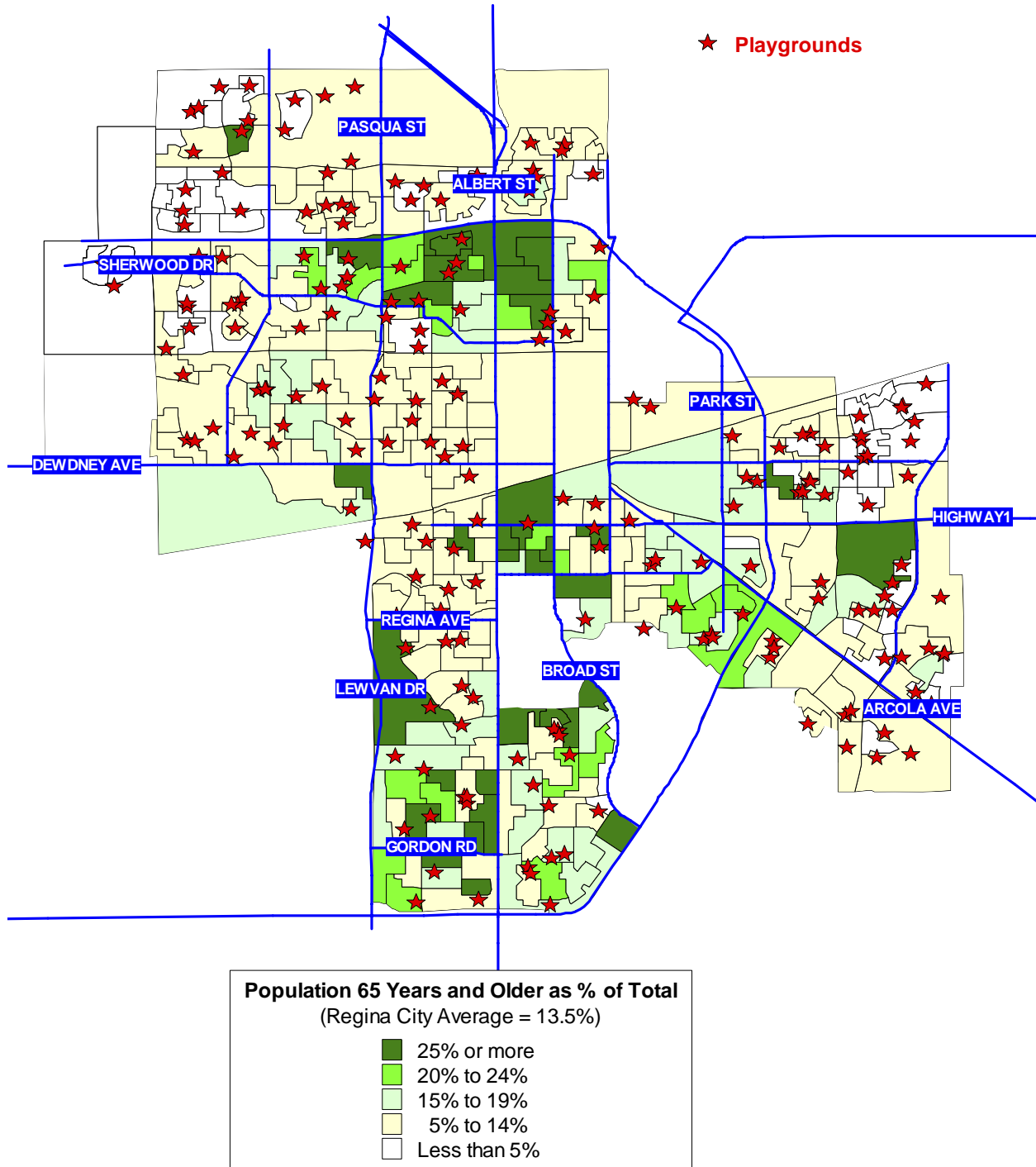
Map #5 - Seniors Population in Regina, 2006, Showing Open Spaces



Map #6 - Seniors Population in Regina, 2006, Showing Major Shopping Centres



Map #7 - Seniors Population in Regina, 2006, Showing Playground Locations



Appendix B
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