

# Hamilton: A City for ALL Ages

---

## Three Years On

A Status Report on Actions Taken to Improve the  
Aging Experience of Hamilton's Older Adults



April 2013

Hamilton Council on Aging (HCoA)

# Acknowledgements

**This report was made possible through a generous grant from the Ontario Trillium Foundation.**



**We would like to thank the following partners for the generous donation of their time and ideas.**

City of Hamilton  
Seniors Advisory Committee to Hamilton City Council  
Social Planning and Research Council  
United Way of Burlington and Greater Hamilton  
Hamilton Centre for Civic Inclusion  
Hamilton Street Railway (HSR)  
DARTS  
Hamilton Public Health  
Age-Friendly Hamilton Committee  
Hamilton Age-Friendly Project Management Team  
Hamilton Age-Friendly Collaborative

**Report prepared by Denise O'Connor, PhD for the Hamilton Council on Aging with advice and assistance from the Members of the Age-Friendly Hamilton Committee of the Hamilton Council on Aging.**

Dr. Mary Buzzell  
Jennifer Canning  
Dr. Margaret Denton  
George Hough  
Shelagh Kiely  
Beatrice McDonough  
Colleen McGrath  
Jeanne Mayo  
Amanda Peters  
Dr. Jenny Ploeg  
Dr. Carolyn Rosenthal  
Pat Spadafora  
Ashley Taylor

**“Older people are a wonderful resource for their families, communities and in the formal or informal workforce. They are a repository of knowledge. They can help us avoid making the same mistakes again... These societies that adapt to this changing demographic can reap a sizeable ‘longevity dividend’, and will have a competitive advantage over those that don’t.”**

**World Health Organization,  
About Aging and Life-Course**

# Table of Contents

|  |              |
|--|--------------|
| <b>Executive Summary</b> .....   | <b>5-10</b>  |
| <b>1. Mobility</b> .....   | <b>12-17</b> |
| Recommendations from “Hamilton A City for ALL Ages” 2010 report.....                               | 13           |
| Challenges.....  | 14           |
| What’s Available.....  | 14-15        |
| Who’s Leading Change.....  | 15-16        |
| What’s New or Innovative.....  | 16-17        |
| <b>2. Housing</b> .....  | <b>17-23</b> |
| Recommendations from “Hamilton A City for ALL Ages” 2010 report.....                               | 19           |
| What’s Available.....  | 19-21        |
| Challenges.....  | 21           |
| Who’s Leading Change.....  | 21-22        |
| What’s New or Innovative.....  | 22-23        |
| <b>3. Community Support and Health Services</b> .....  | <b>23-29</b> |
| Recommendations from “Hamilton A City for ALL Ages” 2010 report.....                               | 25-26        |
| What’s Available.....  | 26-27        |
| Challenges.....  | 27           |
| Who’s Leading Change.....  | 27-28        |
| What’s New or Innovative.....  | 28-29        |
| <b>4. Respect and Social Inclusion, Safety and Security</b> .....                                  | <b>29-33</b> |
| Recommendations from “Hamilton A City for ALL Ages” 2010 report.....                               | 30           |
| Who’s Leading Change.....  | 31           |
| Focus on Elder Abuse.....  | 32           |
| Other Initiatives.....   | 32           |
| What’s New or Innovative.....  | 32-33        |
| <b>5. Social Participation: Life Enrichment, Recreation,<br/>Education, Arts and Culture</b> ..... | <b>33-34</b> |
| Recommendations from “Hamilton A City for ALL Ages” 2010 report.....                               | 34           |
| Who’s Leading Change.....  | 34           |
| What’s New or Innovative.....  | 34           |
| <b>Looking Forward</b> .....   | <b>35</b>    |

# Executive Summary

The aging of the population, while seen by some as a 'problem', is really a triumph of our times - a triumph because public health initiatives, such as the elimination of many infectious diseases and decreases in infant mortality, have enabled the majority of children to reach adulthood and, in turn, the majority of adults to reach 'old age'. We too easily forget how recent it was that families commonly faced deaths of infants and children, as well as young parents through maternal mortality and disease. Today, we expect death to wait until our family members and our friends reach their later years.

Not only does the aging of the population represent a triumph, it also presents a myriad of opportunities. While much is written about the challenges of an aging population such as the rising costs of health care, and concerns about retirement pensions and the cost of old age security, less attention is given to the opportunities an aging population provides.

We believe the entire community is enhanced by the wisdom and experience of older adults.

## Mission

**HCoA**

Hamilton Council  
on Aging

*Educating.  
Advocating.  
Improving life  
for older adults.*

**It is the mission of the Hamilton Council on Aging (HCoA) to educate and advocate for an improved aging experience for older adults through a collaborative network of individuals and organizations. We aim to shift perceptions of aging**

**and combat ageism, to advocate for the removal of policy barriers, and support the development of responsive relationships between older adults and institutions as well as the broader community. The Hamilton Council on Aging works with its community partners toward the creation of an age-friendly environment that is enabling and supportive of older people, optimizing their opportunities to participate to the fullest in society.**



Three years ago the HCoA produced a landmark report – “Hamilton: A City for ALL Ages”. This report made 92 recommendations on how Hamilton might become more age-friendly. The recommendations were the result of conversations held with over 300 older adults across the greater Hamilton area.

An age-friendly city is an inclusive urban environment that enables active aging. Active aging is a term coined by the World Health Organization (2002) and refers to a “process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.”



## World Health Organization

According to the World Health Organization (WHO) an age-friendly city is one that:

- Recognizes the great diversity among older adults;
- Promotes their inclusion and contribution in all areas of community life;
- Respects their decisions and lifestyle choices;
- Anticipates and responds flexibly to aging and its related needs and preferences.

Age-friendly communities establish policies, programs, services and infrastructure that support physical and social environments designed to enable older people to live in safety, enjoyment, good health and well-being while continuing to participate in society in meaningful ways. It takes into account biological, psychological, behavioural, economic, social and environmental factors that combine to determine health and well-being.

This report will explore key recommendations from the 2010 Report that are broadly seen as “determinants” of active aging to see what is available, what is new and what is changing. It will focus on physical environmental factors like

mobility and housing, and some quality of life factors such as community support and health services as well as “life enrichment” and “safety and security”.

The WHO identified eight dimensions of an age-friendly community. For the purposes of this report, we have taken these eight dimensions and updated them somewhat to reflect new thinking. They are:

1. Buildings, Parks and other Outdoor Spaces
2. Mobility (formerly Transportation)
3. Housing
4. Respect and Social Inclusion, Safety and Security
5. Life Enrichment, Recreation, Education, Arts & Culture – a Dimension of Social Participation
6. Communication and Information
7. Community Support and Health Services
8. Civic Participation and Employment.

Recommendations made in 2010 reported on each of the eight dimensions. The HCoA has prioritized its work to focus on mobility, housing, respect and social inclusion, community support and health services along with life enrichment. The others are not examined here. Tackling the broader social issues of “respect” and civic engagement or providing employment opportunities are simply a bigger challenge than we have the capacity to take on at this time. Aspects of outdoor spaces are reflected in the mobility section. To understand what is changing, we have focused on the efforts of decision-makers, the City, the Provincial and Federal governments and their local agents like the Local Health Integration Network (LHIN), and non-profit organizations that can move forward on the creation of a more age-friendly environment. This report will look at the recommendations made in 2010, describe what has changed and briefly summarize some of what is coming.

\* The HCoA 2010 Report “Hamilton: A City for ALL Ages” is available online at:  
<http://www.coahamilton.ca/pdf/hamilton,%20a%20city%20for%20all%20ages.pdf>

## Context: The Social Landscape

An age-friendly city is built neighbourhood by neighbourhood and each varies in how “age-friendly” it is. Hamilton is a city of neighbourhoods and historic communities. Some have a higher percentage of older adults than others. As shown in the figure that follows, Dundas has the highest proportion of people aged 65+ with 21.6%.<sup>6</sup> Glanbrook-Stoney Creek (Ward 11) and Ancaster saw the largest gain in their number of senior citizens with each growing by more than 2000 in the past ten years.

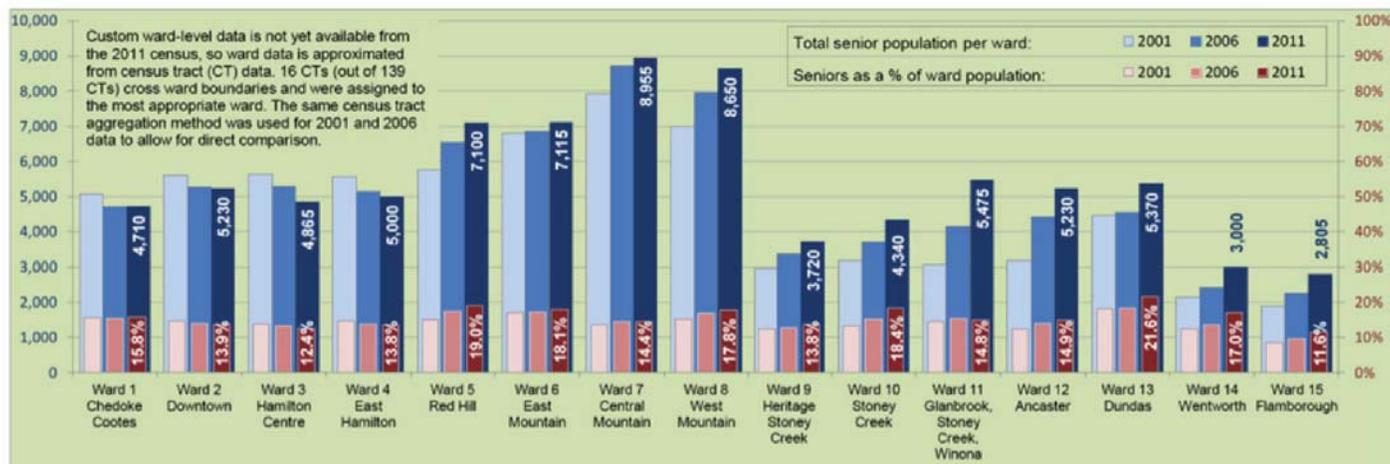


Chart 5. Seniors (aged 65 and older), city of Hamilton wards (derived from census tract boundaries), 2001-2011 (Census of Canada, Statistics Canada)

Source: Wetselaar, R., & Planner, S. (2011). A Profile of Vulnerable Seniors In Hamilton.

Poverty is a significant issue for 16% of Hamiltonians aged 65+. The Social Planning and Research Council released its report “Profile of Vulnerable Seniors in Hamilton” in 2011 with a focus on poverty. This report shows that the highest poverty rates are found among seniors who are “unattached individuals” (43%), or immigrants who arrived in Canada from 1991 onward (27%). A greater number of older women experience poverty (22%) than older men (10%). The good news is that the percentage of seniors living below the poverty line has been steadily decreasing since the 1970s due to government pensions and supplements like the Guaranteed Income Supplement (GIS) and the provincial GAINS stipend. It is unfortunate that it is still up to seniors to apply for the GIS instead of a review being automatically triggered when income tax returns are filed. Such a review by the Canada Revenue Agency was recommended in the 2009 Special Senate Committee on Aging Report “Canada’s Aging Population: Seizing the Opportunity”.

Our local ability to shape the type of aging experience that, as a community, we want for our elders, runs into a number of “systems” including the policies, beliefs and decisions about resource allocation made by the municipal, provincial and federal governments. The federal government is responsible for setting policy for financial entitlements (like the Canada Pension Plan, Old Age Security, and the Guaranteed Income Supplement) and making decisions that affect refugees and immigrants. It also sets levels of transfer funding to each province.

<sup>6</sup> Dundas is home to two long-term care facilities, a number of retirement homes and age-friendly condominiums situated in the core.

The provincial government is responsible for funding and regulating the delivery of health care and mandates the city to deliver many social services such as social assistance and social housing. In January 2013 the province issued the report “Ontario’s Action Plan for Seniors: Independence, Activity and Good Health”, which, among many things, proposes a more whole-systems approach to planning and funding services delivered or contracted by the province.

The City is responsible for public infrastructure, zoning and by-laws, including authority over outdoors spaces, parks, roads (the “public realm”) and public transit. The question of how the level of provincial funding transfers to municipalities is determined and whether there is sufficient funding to meet needs in a way that results in equity across communities is always subject to debate. The aging experience is also influenced by how and where businesses choose to present their goods and services.

Finally, there’s the choice of how, as individuals and collectively, we value and treat the older people in our lives.

According to Dr. Joseph Coughlin (2001) in *Technology and the Future of Aging* (Journal of Rehabilitation Research and Development, Vol. 38, No. 1, p. S40-S42), “The greatest risk of aging is not necessarily disease; it is loss of social contact.” The 2010 Report of the National Seniors Council (Canada) on “Volunteering Among Seniors and Positive and Active Aging” identifies the importance of ensuring that older adults have opportunities for social interaction, including inter-generational activities so they can stay connected, respected and active. There are factors such as low income, language, poor health and loss of family and friends that contribute to social isolation and social isolation can lead to depression. Traditionally faith groups have been a great source of social support and community, but with congregations experiencing declining numbers, the “incoming” cohort will have to find new ways of staying connected and building community after retirement.

Verena Menec, who holds the Canada Research Chair in Healthy Aging at the University of Manitoba, proposes, with colleagues, that the value of an age-friendly environment basically lies in the fact that it promotes connections between and among older persons and the environment, both physical and social. They use the term “social connectivity” to encompass this idea and challenge us to broaden and deepen how we interpret the nature of relationships among the people, places and the social systems we construct.



Figure 1: Conceptualizing age-friendly communities

---

**This diagram depicts the dynamic nature of the local context and environment that affects the individual aging experience. Individual strengths, assets and competencies personalize the experience.**

---

Source: Menec, V. H., Means, R., Keating, N. C., Parkhurst, G., & Eales, J. (2011). Conceptualizing age-friendly communities. *Canadian Journal on Aging*, 30(3), 479-493.

## Why This Approach?

The timing is right to revisit our 2010 Report. The principles and values of the age-friendly approach appear to be taking hold with both political and thought leaders locally and with the provincial and federal governments.

- Local working groups, chaired by the Hamilton Council on Aging, have been investigating the merit of taking a comprehensive approach to planning for the needs of Hamilton's older adults. The result? In December 2012, Hamilton City Council committed to the development of a Community Seniors' Strategy and re-allocated existing resources to fund the undertaking.
- In 2012, the Ministry of Health and Long-Term Care appointed Dr. Samir Sinha to be the Provincial Seniors Strategy Expert Lead. He was given a mandate to lead the development and implementation of a seniors' strategy for Ontario.

Dr. Sinha's report "Living Longer Living Well", released in January 2013, has been very well received. It is expected that this report will guide provincial policy development over the foreseeable future, the possibility of a provincial election notwithstanding. The full report is available at: [http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors\\_strategy/docs/seniors\\_strategy\\_report.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/seniors_strategy/docs/seniors_strategy_report.pdf).

Key recommendations address a number of health care and community care issues faced by older adults, along with related issues like elder abuse, caring for caregivers, unique needs of older Aboriginal peoples and the promotion of community engagement and inclusion of older adults throughout Ontario. These are presented in a thoughtful, cohesive way, taking into account not just the health care system, but also the gamut of determinants of health that shape the aging experience.

- The Honourable Deb Matthews, Minister of Health and Long-Term Care (MOHLTC), whose ministry sets direction for the Hamilton-Niagara-Haldimand-Brant Local Health Integration Network (HNHB LHIN),<sup>6</sup> has made a commitment to seeing Dr. Sinha's report implemented.

When the World Health Organization conducted its research with seniors around the world as it developed the concept of an age-friendly city, it asked older people to dream about the ideal city, one where they could age with dignity and independence. The Checklist this research produced is all encompassing. The focus groups the Hamilton Council on Aging held with 300 Hamiltonians used the same research questions. As such, it covers all aspects of living well and living in a community – from housing and transit to being treated with respect and having opportunities to participate in leisure activities or to work.

---

2 The HNHB LHIN is responsible for local decision-making regarding funding for many health care services (aside from physicians and other regulated professionals paid directly by the MOHLTC). Local input into the establishment of priorities and coordination of implementation comes through their efforts with community consultation and stakeholder engagement.

Of the 92 recommendations made in the 2010 report, one stands out as informing our current and future efforts. Recommendation 48 states,

**“Promote recognition of seniors as persons deserving of services.”**

At many levels, this statement encapsulates both the problem and the solution. The notion reflects the situation that people become marginalized by mainstream society as they age - treated differently, invisible in depictions of popular culture or stereotyped – and are somehow now a “burden” on society. Their gifts and assets are not valued and if they are no longer contributing to economic growth, it has seemed there is no urgency to meet their needs in a timely way.

We have prioritized a selection of recommendations from the 2010 Report in five of the eight dimensions of an age-friendly city. We believe that some of these leverage a greater impact on people’s lives than others. This report provides a snapshot<sup>6</sup> of some of what is underway in Hamilton that responds to the needs of older adults. It is not a comprehensive scan of community activities that could make a difference. Nor is it an evaluation of whether these initiatives are adequately resourced or implemented effectively. We anticipate that some of that will occur in the next phase of the work.

The City of Hamilton and the Hamilton Council on Aging will be working together and with others over the coming years to create a Master Plan on Aging for the community. This report is a step in the process, an effort to understand what’s happening now so the planning undertaken is well-grounded.

The data was collected through interviews conducted over the winter with four City Councillors, managers from various departments within the City of Hamilton, managers in the non-profit sector, research on the Local Health Integration Network website and direct input from our colleagues and associates. We verified some of our summaries with city staff.

Our goal in producing this report is to generate rich community dialogue on where we are, how it is going and what the future should bring. Becoming an age-friendly community will be an on-going effort and take time. It will require a commitment from the entire community.



---

<sup>6</sup> We apologize in advance to those whom we have missed. Please keep us informed of your activities so our on-going work is more comprehensive.

# Findings

1. Mobility
2. Housing
3. Community Support and Health Services
4. Respect and Social Inclusion, Safety and Security
5. Social Participation: Life Enrichment, Education, Arts and Culture



# 1. Mobility

“Increasing the accessibility of the transportation system is especially important in response to an aging population and to meet the needs of persons with disabilities, of which Hamilton has a higher than average proportion in its population” (2013 HSR Report “Rapid Ready”, p 32).

Mobility is a key determinant of the ability to live independently and a factor in promoting health and quality of life. When we think of mobility, we have to consider environmental factors as well as personal ability. Environmental factors start with space inside the home, move out to the “walkability” of neighbourhoods (streets, sidewalks, curb cuts, traffic lights) and include transportation options (public transit, para-transit, accessible taxis, private automobiles) as well as the ease and convenience of planning and taking trips.

**Living in a walkable neighbourhood increases personal activity levels and contributes to healthy aging. The Hamilton Council on Aging has conducted a number of Walkability Studies in neighbourhoods across Hamilton. You can find them on our website.**

You can also check out how walkable your own neighbourhood is by going online and accessing [www.walkscore.com](http://www.walkscore.com). This website also creates a “transit score” and a “street smart” score that identifies how “car dependent” you are. You can even add in the places where you usually go to increase the precision of the score. Hamilton’s overall score is 50.9 meaning it is “somewhat walkable”.

## Did You Know?

- All Hamilton Street Railway (HSR) buses are Accessible Lower Floor Transit buses with kneeling and ramp features “kneeling buses” that allow wheelchairs, scooters, walkers and strollers to board. HSR is the only transit system in Canada that has front and rear door ramp deployment on all its buses. Kudos! HSR received \$6 million from Federal Gas Tax money that was used to purchase new buses in 2012.
- Hamilton’s Disabled and Aged Regional Transportation System (DARTS) is the third largest para-transit service in Ontario (after Toronto and Ottawa) and is the only one that provides service for rural clients. Other services do not go more than 1 km outside the urban boundary.
- DARTS drivers are trained to identify signs of elder abuse and have a partnership with the police. DARTS is upgrading its scheduling system and purchasing new buses.
- The City of Hamilton is using “urban braille” when laying or improving sidewalks. Urban Braille is a leading edge, user driven approach to planning and design of public spaces. It is a system of tactile information primarily designed to eliminate various sidewalk obstructions and for use by the severely visually impaired, the elderly or infirm and by users of a variety of mobility devices (wheelchairs, scooters, etc.).
- At McMaster University, Dr. Brenda Vrkljan, an occupational therapist, is the lead site investigator for the Candrive study that is tracking the health and driving patterns of seniors aged 70 and older for 5 years ([www.candrive.ca](http://www.candrive.ca)). The principles of “aging-in-place of choice” and “universal design” inform her program of research.



## Recommendations from “Hamilton A City for ALL Ages” 2010 report

Here is a selection of recommendations from the 2010 report and what has transpired since the comments were gathered. The focus at that time was on transit services.

### **Initiate training of public transit and taxi drivers about age-friendly customer service.**

HSR employees do receive customer service and sensitivity training, but there is no monitoring in place to ensure compliance. Sometimes drivers drive away before people are safely seated. This can happen for any one of a number of reasons, from pressure to stay on time to not being able to see that people are seated.

### **Improve scheduling system for DARTS to eliminate duplicate services, improve the method of booking repeat services and accommodation of requests for group scheduling.**

Responsibility for scheduling moved from the HSR to DARTS in July 2012. DARTS has invested in new hardware and software to support that function. While there have been “teething problems” people will soon be able to schedule and pay for trips on-line, including regular or “repeat” trips. People are also able to phone in to

book multiple trips. Regarding group scheduling, this is possible but it is the responsibility of those booking to identify themselves as a member of a group.

### **Increase number of bus shelters in high senior density neighbourhoods.**

The City plans to add 56 new bus shelters in 2013. Councillors will have the discretion to identify where in their wards they want them placed.

### **Provide education and reinforce seating protocols with transit passengers to encourage courteousness.**

HSR drivers receive this training, but are not required to enforce the protocol.

### **Expand the Golden Pass to seniors under 80 and improve information on acquiring the pass.**

Hamilton is the only city in Ontario to offer free transit for people over 80. There are no plans to reduce the age threshold. However, in 2012 the Seniors Advisory Committee convinced City Council to approve changes to the Annual Seniors Pass. Seniors can now purchase a monthly pass as well as an annual pass. Bus riders can now buy a PRESTO pass at the Hunter St. GO Station. This can be used both on the HSR and GO system. There is a seniors’ rate for both the bus and GO Transit System with the use of this card.

## Did You Know?

- In our region, the province has created a crown agency – Metrolinx – to plan a seamless, coordinated, and integrated public transit system across the Greater Toronto-Hamilton Region.
- The federal government allocates 30% of the gas tax fund to public transit across Canada. It also contributes to infrastructure development and specific targeted programs. However, there is no national strategy to guide federal decision-making.

## Challenges

Ours is a very car-dependent culture and as individuals we tend not to plan for the day when we will no longer be able to drive or cannot use public transit.

For people with serious health issues, there is a concern that as more health care services are provided in the community rather than in hospital, that getting to medical appointments is going to become more of a problem. As the level of “acuity” of those who need to get to medical appointments increases, there will be an increase in the need for better-equipped vehicles (e.g. accessible) and better trained volunteer drivers.

As one of Ontario’s oldest cities, Hamilton is facing serious fiscal challenges with decaying infrastructure in the core, sprawl in the suburbs and limited options for generating revenue to pay for maintaining and improving it. Public transit infrastructure is costly and the federal and provincial governments make no on-going commitment to assisting municipalities although they do provide funding on an ad hoc basis and, in southern Ontario, through Metrolinx.

Neighbourhood intensification is the proven way to create walkable communities and local planners are certainly working towards that, but much of the growth that took place between the 1960s and 1990s can be characterized as suburban “sprawl” and this built space limits possibilities.

## What’s Available

### Public Transit

The Greater Hamilton Area has a good public transit system and the third largest para-transit system (DARTS) in Canada. These are the transit options organized by the City:

- Hamilton Street Railway (HSR) is available inside the urban boundary, but with very limited service in some communities (e.g. Waterdown and Glanbrook);

- Those 80 and over ride for free with their “Golden Age Pass”;
- Discounted rides are available for those aged 65-79 through the annual or monthly seniors pass or for individual rides through the PRESTO card;
- Taxi Scrip Program provides discounted coupons for qualified people who, because of a disability, are unable to access regular transit service;
- DARTS – DARTS is the non-profit charitable organization that provides the Para-Transit service in Hamilton. DARTS is a door-to-door transportation service employing wheelchair accessible buses and contracted taxi services when appropriate.

### ► Hamilton Council on Aging

Knowing how to take the bus is critical to maintaining independence for those who do not drive. The Hamilton Council on Aging offered a series of workshops “Let’s Take the Bus” in 2012-13, funded by New Horizons for Seniors, to help people learn about trip planning, fare options, boarding and departing the bus and priority and courtesy seating. Participants were also invited to ride the bus to a fun outing.



## Volunteer Driving

A number of community agencies located across Greater Hamilton offer services to help people who cannot drive or use public transit primarily get to medical appointments as well as assisting with outings like shopping trips. The LHIN and United Way provide funding, which is supplemented by small user fees and from agencies' own fundraising efforts. The agencies operating this service across Hamilton include VON, Canadian Red Cross, Dundas Community Services, Ancaster Community Services, Flamborough Community Services and Glanbrook Community Services. These agencies recruit volunteer drivers who drive people in their community primarily to medical appointments. While volunteer drivers are reimbursed for their mileage, they donate their time. Together these agencies leverage thousands of volunteer hours that help people all across the city.

## Who's Leading Change?

This is a partial list of organizations working on making Hamilton a more livable city. These groups have a specific focus on mobility issues that affect older adults.

**HSR** – Will be developing a new Transportation Master Plan based on the planning framework “Rapid-Ready” approved by Council in February 2013.

**City of Hamilton Mobility Programs and Special Projects** – Public Works Department has recently reallocated resources, merging with the Hamilton Street Railway to develop an organizational structure that supports, over the long term, an integrated public transportation program. This section called: Mobility Programs and Special Projects will foresee the transportation strategy of the City, in order to achieve the goal of creating a transportation network that maximizes its contribution to the quality of life of Hamiltonians and supports a vibrant and equitable society, a complete and compact community form, a dynamic

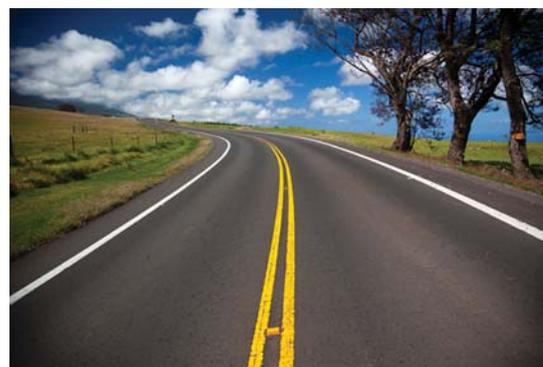
and efficient economy, and a healthy natural environment.

**DARTS** – DARTS has established a Foundation to purchase more buses for more leisure-based activities.

**Metrolinx** – This agency has been mandated by the Province of Ontario to improve the coordination and integration of all modes of transportation in the Greater Toronto and Hamilton Areas, designing and implementing a seamless transportation network across the region to improve prosperity, sustainability and quality of life.

**Transit Advisory Working Group (TAWG)** – This group was established by the HNHB LHIN and has a mandate to improve transportation resources throughout the LHIN. The Canadian Red Cross is the lead agency on this project. The group is focused on one goal, that is a seamless approach to community transportation services in the HNHB LHIN. This is to be achieved through a flexible business plan that promotes standardized practices among all service providers, while respecting the individual role of each.

**Seniors Advisory Committee to City Council** – Its Transportation Sub-Committee works on the nuts and bolts of public transit in Hamilton. Among many other things, the community has them to thank for advocating for the City's creation of the “Golden Age Pass”, that the seniors discounted bus pass can now be purchased monthly as well as annually and that there are individual seniors bus tickets now for sale.



**Complete Streets Working Group** – Momentum is building in Hamilton for Complete Streets – streets that are safe, convenient and comfortable for all users. The Social Planning and Research Council (SPRC) of Hamilton is leading a multi-stakeholder group to push for the development of a city-wide Complete Streets policy that includes the Hamilton Council on Aging. The SPRC is focusing on Complete Streets as a way to make the city healthier, more inclusive and more equitable for all groups, including older adults. The city itself has recently committed to update its design guidelines so that the needs of pedestrians and cyclists are taken into account more explicitly in road construction and retrofits. Complete Streets is a foundational piece of the City’s recently approved “Rapid Ready” report.

### ► **Hamilton Council on Aging**

HCoA has brought together organizations offering transit to talk about coordinating and improving the experience and the services. It hosted such a conversation in June 2012 and the report is available on the HCoA website.

HCoA has offered “Let’s Take the Bus” workshops and is developing a brochure on age-friendly customer service for bus drivers. The Hamilton Council on Aging partners with McMaster University when possible to conduct student research projects such as their Walkability and Travel Train reports.

The Travel Train Report came from collaboration between the HCoA and Occupational Therapy students at McMaster University. It involved interviewing older adults who use the HSR about their experiences taking the bus, starting with trip planning. It included the experiences of getting to and from bus stops as well as time spent on the bus. It resulted in a series of recommendations made to the HSR that would improve the travel experience of older adults. The Seniors Advisory Committee invited representatives from the HSR to their meeting when the report was presented.

## What’s New or Innovative?

- The City is issuing 16 additional accessible taxi plates in 2013.
- Computer-aided dispatch and vehicle tracking systems will be introduced at DARTS in 2013. As of November 1, 2012, new eligibility criteria have come into effect for DARTS riders, thereby ensuring that the service is in compliance with the standards set out in the Accessibility for Ontarians with Disabilities Act. Details are available online at:

<http://www.hamilton.ca/NR/rdonlyres/1F160F60-25F5-406D-A616-6A59BB3E2034/0/ATSDARTSPassengerServiceBulletinreEligibilityOctober2012.pdf>

- On February 27, 2013, Hamilton City Council took a significant step towards making the Hamilton transportation system an important contributor to the quality of life of its residents by adopting the report “Rapid Ready – Expanding Mobility Choices in Hamilton”. This report outlines a plan for the City to invest in an active transport network, which includes bus, cycle and pedestrian modes, which will then lead to improved health outcomes for all residents.
- “Rapid Ready” will form the basis of a five-year review of the Transportation Master Plan that will begin in 2013, which, in turn, will be an opportunity for the City to make changes that will have a positive impact on older residents. This report is available online at:

[http://www.hamilton.ca/NR/rdonlyres/1EF0629C-3003-4FC2-A286-8ECACE07BB0E/0/RR1\\_Rapid\\_Ready\\_Report.pdf](http://www.hamilton.ca/NR/rdonlyres/1EF0629C-3003-4FC2-A286-8ECACE07BB0E/0/RR1_Rapid_Ready_Report.pdf)



- The Canadian Red Cross is developing a community credit system for transportation to medical appointments. It is the Red Cross' perspective that the community support sector, including municipal and provincial governments and agencies through to individual users, can work together to provide real community-based innovations. Their work on coordinated transportation models is an example of work underway to support the community in a process of solving problems rather than shifting burdens. By working with funders, clients and other service-providing agencies, their focus is a sustainable and appropriate service system, which will support people living independently and with dignity in their homes and in the community. This social innovation will be first piloted in Niagara.
- For those who can afford it, automakers are now designing cars that are more age-friendly, including features like cameras that assist backing-up, sensors to assist with parking and GPS. In fact, BMW hired older adults to help design their next generation of vehicles! Another example of how what's friendly for older people works for everybody.
- Community "car sharing" is a way of retaining access to a car when it is needed without incurring the on-going cost of ownership. This is particularly beneficial to those who have access to good public transit and for those who only occasionally need a car. CarShare is a non-profit organization that has established this service in Hamilton. There are now six cars available, one in Dundas and five in West Hamilton. For more information call 905-543-4411 or visit their website at <http://communitycarshare.ca>.

## 2. Housing



About 85% of Canadians over 55 years old want to remain in their present home for as long as possible, even if there are changes in their health. Our homes are the place and space where our

personal and shared stories have taken place. As such, they command great emotional importance. Homes are in neighbourhoods and communities, and community matters.

Everybody wants to maintain their independence, exercising control and choice over their environment. Yet as we age, our capacity to remain independent and in our preferred community can become compromised. There is a long list of strategies and supports that are known to help older adults to live independently and many people can afford to choose a housing situation that will improve their chances of 'aging in place' such as condominiums or bungalows. At the same time, poverty levels in Hamilton are such

that there are a number of older adults who need subsidized rent in order to be housed and still have enough money for other necessities. If they don't currently own a home, their options are limited. There was a net loss of 789 purpose-built rental units between 2000-10. New apartments are no longer being built as market rents do not cover the cost of construction; between 2001-10 1489 apartments were draft approved or registered for conversion to condominiums .

In Canada we have a mixed economic system with both market solutions and government services available to improve our shared quality of life and meet basic needs when the market does not. This means there are no easy fixes and no single decision-makers that can wave a magic wand.

Statistic Source: "Impacts of the Aging of the Canadian Population on Housing and Communities," Research Highlight, Socio-Economic Series (Ottawa: Canada Mortgage and Housing Corporation, 2008) cited in Housing for Older Canadians: The Definitive guide to the Over-55 Market" (p. 14). Retrieved from: <https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=7&itm=181&lang=en&fr=1366773163035>

Yet aging independently is also about personal planning and thinking ahead about what our needs will be if our mobility – and our income – is reduced. Individually, we should try to take a realistic approach when deciding where those needs can best be met and be proactive by preparing for our next chapter. That includes thinking about where our social support networks are, or relocating when we are well enough to develop new social ties and establish ourselves in a new community.

## Did You Know?

- In 2010, the City of Hamilton built 362 affordable housing units through the Canada-Ontario Affordable Housing Program. Five percent of these were made accessible.
- New affordable seniors housing is coming to Waterdown with the construction of the new Public Library and seniors housing.
- CityHousing completed a \$4 million retrofit of the building at 101 Upper Gage that is home to 300 seniors. CityHousing Hamilton is a willing partner in improving the lives of its tenants, partnering with community agencies to offer supports for aging in place. Two such examples are:
  1. The SMILE (Seniors Managing in Life Experiences) Wellness Program is available in some seniors buildings managed by CityHousing Hamilton. It provides activities to strengthen the body, engage the mind and enliven the spirit, maintaining the best quality of life through the aging process.
  2. EMS workers who are transitioning back to work after an injury are now providing services at one of the CityHousing buildings. They are assisting residents with med checks, blood pressure monitoring and basic health information. This has significantly decreased ambulance calls and visits to Emergency (CREMS program).
- A tenant group at 30 Sanford South sponsors a wide range of activities including multicultural seniors outreach, a Good Food Box program and euchre nights and bingo, all contributing to a better quality of life for residents.
- The building at 1100 Limeridge Rd. E has established a community garden and now has regular “town hall” meetings to raise issues.
- To further expand affordable housing opportunities and recognize that the population is aging, amendments to the provincial Planning Act that took effect on January 1, 2012 will require municipalities to establish policies allowing second units in new and existing developments. Second units are private, self-contained residential units with kitchen and bathroom facilities within dwellings, or within accessory structures to dwellings such as above laneway garages.
- The provincial government establishes the policy framework that governs how municipalities manage their social housing. Over the last few years the province has simplified the eligibility rules, handed over more control and discretion to local government to make decisions and created plans that make sense locally.

## Recommendations from “Hamilton A City for ALL Ages” 2010 report

**Provide a wide range of housing choices in neighbourhoods currently where older adults live, across the continuum of needs (single, apartment, supportive and long-term care) so that people can stay in familiar surroundings and live in "complete communities".**

Housing options are largely driven by built housing “stock”. CityHousing Hamilton is building a new 50-unit seniors building at 690 Stone Church Road to help serve the population aging on the mountain. Opportunities for new housing come with new development (e.g. condominiums). In older neighbourhoods, surplus schools are opening up opportunities for redevelopment of some space. A number of Councillors are very proactive in identifying opportunities to build more housing for seniors, but it’s not just up to them. The school boards own that land and have the legal right to decide how to dispose of it. Then there’s the cost of building and decisions about the private-public mix.

**Support flexible zoning to allow innovative solutions like options for accessory units, home sharing, granny flats and smaller housing forms within existing properties.**

The City will be tackling this issue over the next 18 months, but they also await the resolution of the appeal on the Official Plan.

**Improve access to information about services and housing choices for seniors.**

The City provides information on rent-geared-to-income buildings on their website. Information can be found online at the following link: <http://www.hamilton.ca/HealthandSocialServices/SocialServices/Housing/HowToApplyLowCost.htm>. People can apply in person at Housing Help Centres (119 Main Street East, Hamilton, ON L8N 3Z3, 905-526-8100) and CityHousing Hamilton (181 Main Street West, Hamilton, ON L8P

4R8, 905-523-8496). The Seniors Advisory Committee to City Council has requested a complete list of housing options available to older adults by the City. There are buildings in Hamilton deemed “affordable”. This report will be available in late spring.

**Improve the ability of seniors to age in place (in their own home and neighbourhoods) by increasing funding available for home retrofits, home care services, subsidies for repairs and maintenance including snow removal, lawn care, etc.**

The provincial government offers the Healthy Homes Renovation Tax Credit of up to \$1500 (15% of “eligible home improvements” of up to \$10,000) to make homes more accessible and age-friendly. See Section 4 for information on Home Care services.

## What’s Available

The City of Hamilton, as Service Manager for social housing, is responsible for meeting provincial requirements for the establishment and maintenance of a common waiting list system to co-ordinate the application and agreement processes. As service manager, the City is responsible for the administration of approximately 14,600 social housing units with over 43 social housing providers. Currently, the co-ordinated social housing access system is administered and funded by the City of Hamilton through a third party agreement with Access to Housing (ATH). ATH is the organization that provides the point of access for people who want to apply for subsidized housing. ATH processes the completed application and adds applicants to a centralized waiting list.

There are some options for those who live below the poverty line. Municipalities now have the responsibility for developing an affordable housing strategy and managing what used to be called “Ontario” housing. Hamilton is one of the largest social housing providers in Ontario. The following table on Page 20 lists what is available.

## Social Housing Options Offered through the City of Hamilton

| Housing Type:<br>Independent Living for<br>Low Income | Program<br>Characteristics  | Availability  |
|---|---|---|
| Public Housing  | <p>City of Hamilton, originally run by the province but divested to municipalities over ten years ago.</p> <p>Rent geared to income (30% of income).</p> <p>Much of the stock was built between 1960 and 1995.</p>  | <p>14,600 units and 46 providers are overseen by the City of Hamilton. Hamilton is the third largest service manager in the province. Buildings are identified on the City website or people can visit Access to Housing for information. Income-tested.</p> <p>43 city projects are designated “seniors” and this makes up 4248 units, 30% of the social housing stock. 19% are barrier-free, 34% have an elevator and 37% have at least one modified unit.</p> <p>As of August 2012 there was an active wait list of 585 seniors. The average wait is 20 months, but some buildings regularly have vacancies while others have very few. The wait has been as little as 3 days.</p> |
| Affordable Housing                                    | <p>Affordability is defined as 80% of market rent, it is not geared to income.</p> <p>The federal, provincial and municipal governments contribute to the cost of construction to keep the rent cost down. Most recently this was funded through the Canada-Ontario Affordable Housing Program.</p> <p>The rules are set by the Canadian Mortgage and Housing Corporation (CMHC). Eligibility is set by provincial guidelines (e.g. income must be less than \$26k/year).</p> | <p>14,600 units and 46 providers are overseen by the City of Hamilton.</p> <p>Those interested must apply directly to landlords. Buildings are identified on the city website or people can visit the Housing Offices for information.</p>  |
| Rent supplement of \$200.00 monthly                   | Rent subsidies are paid directly to landlords.  | Funds have supported 440 households that qualify for the Social Housing Wait List. Program is set to expire September 2015.   |

## Retirement Homes

There are many retirement homes in the City with monthly cost ranging from about \$2300 to \$5,000 for singles. This includes meal preparation.

In 2010, the provincial government introduced the Retirement Homes Act. For the first time, retirement homes are subject to regulation. This means the introduction of mandated care and safety standards, a Bill of Rights for Residents and the establishment of the Retirement Homes Regulatory Authority, an arm's length organization that educates, licenses and inspects retirement homes to ensure they meet the standards.

## Maintaining a Personal Residence

For those seniors who own a home, condominiums are an attractive option. While monthly costs may not be much lower because of condominium fees, maintenance is included in those fees. Most condominiums are only one-floor and there are usually opportunities to meet new people.

The province offers a "Senior Homeowners' Property Tax Grant" of up to \$500 for low-to-moderate income seniors.

A tax credit is available to help with the cost of "age-friendly" renovations.

Stair Lifts are a widely advertised option to improve accessibility in homes with two or more levels. Some builders of high-end homes offer the option of an elevator at a cost of \$10,000-\$20,000.

## Challenges

- Appropriate housing is a fundamental challenge for older people and it centres on choice – choice in terms of available options as well as resistance to leaving the "family home".
- In some neighbourhoods, particularly newer areas, there are limited types of housing with few smaller bungalows, condominiums or apartments

that would be appropriate for an older couple or single adult.

- Provincial and federal governments have not made an on-going commitment to building social or affordable housing. Moreover, there is no national housing strategy.
- The existing stock of seniors housing was built mainly in the 1960s and making these units accessible is going to be a significant challenge.
- As long-term care is now reserved for the most acute and complex clients, people are aging in seniors' apartments and may need more support than is currently available to them. CityHousing Hamilton is working on this, but with limited resources.

## Who's Leading Change?

**Affordable Housing Flagship** – This is a collaborative that brings together the City, community agencies, tenant representatives, building trades, homebuilders, realtors and other businesses to address the issue of affordable housing in Hamilton. It has been funded through an Ontario Trillium Foundation grant and is supplemented by private sector donations. Its current focus is on promoting the creation of low cost, small "pocket homes". This concept is borrowed from a project underway in Winnipeg.

**City of Hamilton** – Housing and Homelessness Action Plan is under development. There has been extensive stakeholder consultation through this process. The plan will identify short, medium and long-term priorities and strategies that address the full range of housing issues for households with lower incomes, from homelessness to affordable homeownership. Recently, the City of Hamilton hosted a "Community Check In" event to inform the development of the plan. A video from this event is available online at: <http://www.hamilton.ca/HealthandSocialServices/SocialServices/Housing/HousingActionPlan.htm>.

**Community Agencies**, like the Good Shepherd, seek opportunities and funding to build and operate affordable housing apartments. Others, like St. Joseph's Home Care seek funding to partner with the City and other housing providers to offer support services in seniors' buildings.

**Individual councillors** are identifying opportunities in their ward, e.g. surplus schools.

**Canada Mortgage and Housing Corporation (CMHC)** – CMHC released a five part series “Housing for Older Canadians – The Definitive Guide to the Over-55 Market” in 2012. These reports can be downloaded at the following link: <http://www.cmhc-schl.gc.ca/en/inpr/bude/hoolca/>.

## What's New or Innovative?

**CityHousing Hamilton** – A significant shift is occurring in the relationship between CityHousing and its tenants. CityHousing has created a Tenant Community Team, which has developed a Seniors Subcommittee. They are currently developing an outreach plan including focus groups in each of the city's seniors' buildings.

**The SMILE Wellness Program** has expanded from one to six seniors' buildings with plans to expand to more through 2013. Designed by tenants and delivered through community agency partnerships, the program includes physiotherapy-based exercise programs, and diabetic clinics, among other activities.

### ► **The Hamilton Council on Aging**

The Hamilton Council on Aging offers a Seniors Multicultural outreach in two seniors' apartment buildings as does Wesley Urban Ministries in two others.

Co-housing is a unique form of housing that works for people of (possibly) different generations and walks of life. It involves building both private homes and common facilities as a way of building community and sharing both cost and workload. Many people became aware of this when it was featured in a CBC Radio Interview conducted in December 2012. There are similar projects popping up in Ontario.

We are also becoming aware of the possibility of creating “**intentional communities**” based on friendships or common interests. Golf course communities are well-established in southern climates and the movie “Quartet” with Dame Maggie Smith took place in a home for retired musicians. Whether this takes the formal approach of co-housing, driven by the market or is the result of a group of friends just figuring it out, people are seeking ways of building community, supporting one another and enjoying an improved quality of life.



**The Good Food Box Program** is a program by Environment Hamilton available to individuals in the greater Hamilton Community where \$25 worth of fresh seasonal produce (different items every month) is offered at a reduced cost of \$15 to eligible recipients. People can purchase a Good Food Box at designated pick up sites, some of which are located in CityHousing Hamilton buildings. For more information visit: [http://www.environmenthamilton.org/view/page/good\\_food\\_box](http://www.environmenthamilton.org/view/page/good_food_box).

The Hamilton Council on Aging has been working alongside Environment Hamilton and St. Joseph's Home Care (SJHC) to promote and help organize the Good Food Box and Community Kitchen Programs, particularly to seniors from diverse communities living in designated CityHousing Hamilton apartment buildings.

SJHC subsidizes the Good Food Box program for seniors living in apartment buildings served by their neighbourhood model for seniors at risk. In these apartment buildings residents can get a Good Food Box for only \$5 a month. The subsidy was offered to encourage more seniors to improve their health by adding fresh fruits and vegetables to their diets. SJHC offers a Community Kitchen to recipients to show them different ways to cook and eat these fresh fruits and vegetables provided. In 2012/2013 they produced a cookbook based on information provided in the Community Kitchen including easy recipes, nutritional information and food preparation ideas.

### 3. Community Support and Health Services

“Small things matter in a big health system.”<sup>6</sup>

This is another key component of people's ability to age-in-place. While the health care system historically focused on disease and primary care, many community services are designed to keep people, healthy, active and engaged as well as supporting them when they need assistance getting to medical appointments or with activities of daily living. In Hamilton we are fortunate to have many excellent community agencies, some of which have operated for close to a hundred years.

In 2012, the Ministry of Health and Long-Term Care appointed Dr. Samir Sinha to be the Provincial Seniors Strategy Expert Lead. He was given a mandate to lead the development and implementation of a seniors' strategy for Ontario.

Dr. Sinha's Report “Living Longer Living Well”, released in January 2013 and based on extensive stakeholder consultation across the province, has been very well received. It is expected that this report will guide provincial policy development over the foreseeable future – not withstanding the possibility of a provincial election. Key recommendations address a number of health care and community care issues faced by seniors, as well as related issues like elder abuse, caring for caregivers, unique needs of older Aboriginal people, and the promotion of community engagement and inclusion of seniors throughout Ontario. These are presented in a thoughtful, cohesive way, taking into account not just the health care system, but also the gamut of determinants of health that shape the aging experience. The report identifies five principles that should inform any seniors' strategy and policy change. These are: **Access, Equity, Choice, Value, and Quality.**

---

<sup>6</sup> Williams, A. P. and Lum, J. (2011). Chicken Little? Why the Healthcare Sky Does not Have to Fall, *Health Care Papers*, 11(1), 52-58. p. 52.

Recommendations fall into the following areas:

- Promoting Health and Wellness;
- Strengthening Primary Care for Older Ontarians;
- Enhancing the Provision of Home and Community Care Services;
- Improving Acute Care for Elders;
- Enhancing Ontario's Long-Term Care Home Environments;
- Addressing the Specialized Care Needs of Older Ontarians;
- Addressing Caregiving and Medications;
- Ageism and Elder Abuse; and
- Supporting the Development of Elder Friendly Communities.

The province has announced that it does not plan to add more long-term care beds. The cost of keeping people at home is significantly less than long-term care and it certainly is what people want. Dr. Sinha cited a statistic produced by the Conference Board of Canada that projects that, at current rates of use, the demand for long-term care beds in Ontario will triple in the next twenty years<sup>6</sup> if we do not improve healthy aging and support people remaining in the community.

As medical knowledge and technology advance, it has become evident that much more care can occur in the community than was previously possible or even imagined when our Medicare system was designed in the 1960s. The commitment of the Ontario Ministry of Health and Long-Term Care is to provide the “right care at the right time in the right place”. That means delaying and avoiding institutionalization while accomplishing improvements with the coordination of care required. The health care system must be built around client-needs, not system needs. This is where the Ministry of Health and Long-term Care has been trying to move since the introduction of the Local Health Integration Networks (LHINs). Their most recent initiatives will bring this closer to becoming reality. However, it also means supporting the development of community agency capacity to coordinate and deliver services and funding this to adequate levels. The overarching challenge, one that must be closely monitored, will be to ensure resources are adequate and coordinated in ways that help people age well so they do not end up in hospitals because there are not enough long-term care beds. Hamiltonians were correct when they identified this as important in “Hamilton: A City for ALL Ages”.

## Did You Know?

Members of an informal health care advocacy group, Hamilton Cares, read and discussed Dr. Sinha's report as well as the Registered Nurses Association of Ontario's (RNAO) report “ECCO: Enhancing Community Care for Ontarians”. This is what they wrote in a letter addressed to Premier Kathleen Wynne, Health Minister Deb Matthews, Minister Responsible for Seniors Mario Sergio, local MPP and Minister of Community and Social Services, Ted McMeekin, HNHB LHIN CEO Donna Cripps and Mike Shea Board Chair of the HNHB LHIN: “We want to tell you that we are encouraged by reading and what directions we respectfully would like to see as the government moves forward...What we would like to see going forward ... is ... evidence that home care and community services will be there if you continue to close hospital beds and do not significantly expand long-term care beds. Home care, with the exception of physician visits is not an insured service; there is no requirement that care must be provided – the law mandates assessments, but not services. Services are fully funded when they are provided, but are not necessarily provided when needed. We need a solid plan that the shift in focus to community care to decrease costs in the hospital sector does not just mean that there is less service and care available.”

6 See [http://www.hsprn.ca/activities/conferences\\_12102012/Symposium\\_Dec10\\_Sinha.pdf](http://www.hsprn.ca/activities/conferences_12102012/Symposium_Dec10_Sinha.pdf)

## Recommendations from “Hamilton A City for ALL Ages” 2010 report

### **Improve access, continuity and integration of home and community-based services.**

There are a number of frameworks and programs at different stages of implementation.

The most significant and visible one is the introduction of an approach called “Health Links”. Announced in December 2012, this will bring primary care physicians into an active partnership with community agencies - for the first time - into 19 catchment areas across the province. Hamilton will have four Health Links. The first, Hamilton Central, is currently launching. McMaster Family Health Team is the lead agency in Hamilton Central. It is hoped the next three are in place by the end of the year.

Health Links means all providers, including physicians, will be charged with coordinating care and planning for clients at an individual level. Services include community supports as well as professional ones. As the system rolls out, it will begin with a focus on seniors with multiple, complex needs who have been identified as having been the greatest users of health systems.

One of the many advantages of this approach is that as physicians begin to work with community agencies, their awareness of what is available and who to call will grow. The challenge is that 65% of physicians inside a catchment area must join the Health Link for it to be launched. With so many physicians still operating as sole practitioners, some simply will not join. Reaching out to convince them of the value of this change is very time-consuming.

The next time you visit your doctor, you might ask whether they have joined or are planning to join their local Health Link. For more information visit: [www.hnhblhin.on.ca](http://www.hnhblhin.on.ca) and search “Health Links”.

### **Increase home care and community support services.**

The provincial government and the LHINs would agree with this in principle. The province has announced it will not build more long-term care beds so community services will be needed to help the aging population enjoy quality of life and age-in-place. Rebalancing the allocation of funds between hospitals and community is an on-going struggle. Ontario’s new Premier acknowledged this need in her February 2013 Speech from the Throne.

### **Provide services where people live to optimize aging in place.**

The HNHB LHIN has directed community agencies to partner with each other to provide services to people where they live. Agencies are invited to partner together and submit funding proposals to the LHIN who then decides whether or not to fund the proposed program.

The province has identified a goal of increasing physician house calls by approximately 10% this year.

### **Improve access to primary care physicians.**

The strategy of the provincial government is to increase access to primary care through the new Primary Care Teams strategy. The Hamilton Family Health Team serves over 280,000 patients in Hamilton and surrounding areas. In 2011 a new North End Community Health Centre opened and serves over 7,000 clients. The McMaster Family Health Team has over 31,000 patients enrolled.

There is a website ([www.hamiltondoctors.ca](http://www.hamiltondoctors.ca)) to help people in Hamilton find physicians who are taking new patients. Another website is designed to recruit new physicians to Hamilton. It is hard to ascertain whether there are enough family doctors practicing in Hamilton properly, as that data is reported by the LHIN together with Burlington data.

## **Improve access to medical procedures.**

The most recent data released for July – September 2012 revealed that Hamilton Health Sciences had the fifth worst wait time for Emergency Services in the province. (For a full report visit: [www.thespec.com/news/local/article/889016](http://www.thespec.com/news/local/article/889016))

## **Increase resources for respite and support services especially following crisis to avoid assumption that the older adult should be placed in Long-Term Care.**

The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) is implementing a strategy for the second part of the recommendation, which involves providing “alternate level of care” (ALC) services designed to avoid re-hospitalization or permanent placement in long-term care homes. There are many projects underway that address this pressure. The strategy is managed by an “ALC Steering Committee”, made up of decision makers from across the HNHB LHIN and across care sectors, including, hospitals, Community Care Access Centre (HNHB CCAC), long-term care homes and Community Support Services and retirement homes. The purpose of the Committee is to identify and support strategies that will improve access to appropriate levels of care for those in our communities. For more information please visit the LHIN website and search “ALC”.

## **What’s Available**

There are 28 long-term care homes in the greater Hamilton area and more than 50 retirement homes. Admission to long-term care (LTC) is managed by the HNHB CCAC and is contingent on eligibility. Only those with the most complex needs are eligible for placement. Many long-term care homes are privately-owned and some are non-profit organizations (St. Joseph’s Villa and Shalom Village). The City of Hamilton owns both Macassa Lodge and Wentworth Lodge and offers subsidies of up to \$500 to eligible potential residents, which brings the monthly cost for basic accommodation down to the amount of \$1176.63.

It is everyone’s desire that people should maintain independence as long as possible. The province currently spends 8% of the health care budget on long-term care homes and does not want to see that increased. The provincial government has made a commitment to improving supports that allow people to age in their own homes. Anybody can choose to live in a retirement home if they enjoy a certain level of independence, albeit at a cost. People who require limited support services can purchase them or services might be provided through the CCAC if the eligibility criteria are met. For people who stay in their homes, a range of options are offered through the health and community care systems. When some assistance is needed with the activities of daily living, the CCAC will fund services if their eligibility criteria are met. Private services are always available through the market for those who can afford them.

The HNHB CCAC (HNHB CCAC) will send a case manager to assess the eligibility of potential clients for home care services and customize a care plan. CCAC also does the assessment and manages wait lists for long-term care admissions. The CCAC can be contacted directly by calling 1-800-810-0000 or visiting [hnhb.ccac-ont.ca](http://hnhb.ccac-ont.ca).

Assisted Living Services is a new LHIN funded program initiated for High Risk Seniors designed to assist frail or cognitively-impaired seniors who do not need 24-hour nursing care and can reside at home with support, but whose care requirements cannot be met solely on a scheduled visitation basis. This program provides a combination of personal support and homemaking services, security checks or reassurance services, and care coordination, around the clock, on a scheduled and “as-needed” basis for up to 180 hours per month. The area around 801 Upper Gage is a newly funded “hub” where such services will be offered by Cheshire Homes and accessed through the CCAC as of April 1, 2013. The Regional Geriatric Program Hamilton has created the Older Adult Programs and Services Database sorted by area of the city. This provides a list of services available in your neighbourhood.

## Challenges

**Fiscal constraint** – The Ontario economy is sputtering and this affects provincial revenues. The province has proclaimed there will be no new money for health care and that providers must live within the established budgets. Getting to where the right care is offered in the right place and the right time means transitioning funds from hospitals to the community sector.

**Resistance to change** – The province wants more collaboration among those providing health and community care services and a more client-centered system. This will be a greater change in culture for some than others. Hospitals and physicians, in particular, have enjoyed a great deal of autonomy in how they practice their craft and have been significant enough “players” in the system to insulate themselves from outside influence.

**System complexity** – There are so many independent “parts” in our health and community care “system” that coordinating and getting “it” to move in one direction is a never-ending challenge.

**Aging population** – While apocalyptic forecasts that older people will “bankrupt” the health care system are seriously exaggerated, the fact remains that population aging will have an impact on government’s ability to fund services at current levels unless the fundamental reform described earlier is achieved.

## Who’s Leading Change?

The development of health and community care policy and services is very dynamic. While governments fund services, they do not deliver services. The provincial government regulates, plans, provides oversight, facilitates and designs funding programs and incentives to encourage, cajole, or mandate private and non-profit service providers (including physicians and hospitals) to move in a certain direction. Regulated professionals (e.g. physicians, nurses, physiotherapists) are also governed and accountable to the standards and norms set by their respective “Colleges” and by their employers. The federal government finances about a quarter of Ontario’s health care spending. The other dynamic pieces of the system are potential clients – their expectations, behaviours, and patterns of service usage – and politics. Given the importance of health care spending in our provincial budget (about 40%), politics overlays the entire conversation. This is merely a glimpse into who affects change at a local level.

## Did You Know?

**Registered Nurses Association of Ontario (RNAO)** – RNAO is the political and policy arm of Ontario nursing. It is included here at this time because it has produced a white paper entitled “Enhancing Community Care for Ontarians – A Three Year Plan” (ECCO). The paper presents a model that addresses the intentions expressed in Dr. Sinha’s report as well as in the community: improved integration between all health sectors including primary care. It asserts that the current functions and roles of the Community Care Access Centres can be integrated into existing structures, presents a plan for organizing primary care and entities and stimulates overall integration and coordination through the LHINs. RNAO has a webcast on its website that explains the program. The RNAO is working with all three provincial political parties to advance this concept. The paper is available online at: <http://rnao.ca/policy/reports/rnaos-ecco-report-enhancing-community-care-ontarians-%E2%80%93-three-year-plan>.

## Locally

**HNHB LHIN** – Local Health Integration Networks (LHINs) were established in Ontario in 2006 as a way of ensuring there is local decision-making with respect to service planning and the allocation of health care funding. Previously, District Health Councils operated locally in an advisory capacity to the Ministry of Health and Long-Term Care. The HNHB LHIN funds 202 service providers that provide more than 230 programs and services at the cost of over \$2.5 billion.

Managing such a complex system has meant the establishment of a host of working groups charged with finding and implementing solutions that respond to established priorities while meeting the needs of our residents.

**HNHB Community Care Access Centres (CCAC)** – The CCAC is the gatekeeper to long-term care and many of the funded home care services. They also tender and manage the contracts with home care service providers who deliver publicly funded service.

**Community Support Agencies** – These are the agencies that provide a variety of home support services, from driving people to medical appointments to home care. It is the agencies that are required to form the partnerships and establish mechanisms that lead to a client-centered, seamless experience at the local level.

**Department of Medicine, McMaster** – The Department of Medicine at McMaster has launched a Geriatric Certificate Program for regulated professionals, social workers, recreation therapists and students. It identifies a set of core professional development courses that adds practical skills and equips health care workers with new approaches to care for older people. More information is available online at the following link: <https://www.geriatriccp.ca>.



## What's New or Innovative?

**211** - To find out about services available in this area, individuals can phone 211. This database comes from Community Information Hamilton and is funded by the City and the United Way of Burlington and Greater Hamilton. People can also search the website managed by the Regional Geriatric Program to find services available in their neighbourhood.

**Health Links** - The CEO of the HNHB LHIN has set a goal of having all four Hamilton Health Links organized by the end of 2013.

**Elder-friendly hospitals framework** - Dr. Sinha recommends that every hospital in Ontario must be "senior-friendly". In recent years, affiliates of the Regional Geriatric Programs of Ontario developed a conceptual framework for senior friendly hospitals. The framework builds upon the preliminary work of the Regional Geriatric Program of Eastern Ontario (Ottawa). To access the self-assessment of local hospitals as to how elder-friendly they are visit the following link online: [http://www.hnhblhin.on.ca/uploadedFiles/Public\\_Community/Our\\_Priorities/FINAL%20LHIN%20SFH%20REPORT%20June%2015%202011%20revised.pdf](http://www.hnhblhin.on.ca/uploadedFiles/Public_Community/Our_Priorities/FINAL%20LHIN%20SFH%20REPORT%20June%2015%202011%20revised.pdf). We are hopeful that if the provincial government adopts Dr. Sinha's recommendations, we will see the development of better coordinated planning at more senior levels of health and municipal services. Dr. Sinha recommends that each LHIN be required to:

a) appoint a member of its executive team to oversee the implementation of the provincial Seniors Strategy; and

b) establish a steering committee with a broad base of representation from local health, social and community care providers, including public health and paramedical providers, local municipal officials, designated French Language Health Planning entities, patients and caregivers, to help discuss and plan opportunities to further develop and implement services for older Ontarians in their regions (p.20).

## Social Navigators

Shelters are seeing a greater number of older people than ever before, some suffering from mental health issues, addictions or other serious health issues. In the summer of 2011, the Hamilton Police Service (HPS) and Hamilton Emergency Medical Services (HEMS) initiated a Social Navigator pilot project facilitated by Paul Johnson, Director of Neighbourhood Development Strategies. In-take is usually through the police or HEMS. The overarching goal of the Social Navigator project is to improve the social determinants of health of "at risk individuals" in the downtown core who are frequently coming into contact with the HPS and other traditional crisis agencies (hospital emergency departments, HEMS, Community Care Access Centre, Public Health, Community Services, etc.) by linking them early to various community support agencies. The Social Navigator paramedic's role is to assist those clients to navigate through the 'system' to connect with the various support agencies that are the most likely to be successful in addressing the underlying challenges that were thought to be contributing to the client's crisis events. Older people at risk can connect to the support system before they end up admitted to a hospital, incarcerated or victimized.

## 4. Respect and Social Inclusion, Safety and Security

"Old People do not perceive meaning in aging itself, so much as they perceive meaning in being themselves in older age."<sup>6</sup>

When we speak of respect and social inclusion in this context, we think of both basic civility in exchanges (between friends, families or strangers) and ensuring older adults have the opportunity to interact with society and fulfill social roles as they choose and to their fullest potential. While once there was a belief that we were past our intellectual peak by 40, new research on the brain and cognition shows this is simply not true. We can now say that the adage that with age comes wisdom is a proven fact.

Being acknowledged as a whole person, not seen as a caricature or stereotype, helps people to continue to contribute and be part of the social fabric. As a result they feel good about themselves and feel valued, something everybody needs. Their contributions enhance society.

We have added the element of safety and security here in recognition that, for some, frailty comes with aging and frailty may increase vulnerability to those who would take advantage or abuse their power.

### Did You Know?

CityHousing Hamilton is supporting its tenants in building healthy communities through tenant engagement strategies in its buildings. Two recommendations from Dr. Sinha's report "Living Longer, Living Well" address this topic. One is to develop a vetting policy to ensure that the province does not create ageist policies in terms of restricting access to any specific government service. The second is basically to continue doing what Committee Against Abuse of Older Persons (CAAOP) is doing including promoting the training of frontline staff.

---

6 Kaufman (1986). *The Ageless Self: Sources of Meaning in Late Life*. p. 5

## Recommendations from “Hamilton A City for ALL Ages” 2010 report

**Increase education about ageism and importance of respect to older people including the ways we communicate with and about older persons.**

The Hamilton Council on Aging hosts full-day workshops on developing Age-Friendly Organizations.

Develop a customer services for seniors manual. Hamilton Council on Aging has adapted an age-friendly business checklist developed by the province of British Columbia that lets businesses evaluate how age-friendly they are. It is available on the HCoA website.

**Seek the option of older adults and encourage their voice at planning tables.**

Both the Seniors Advisory Committee to City Council and the Hamilton Council on Aging are regularly invited to planning tables.

**Develop and implement training programs that encompass an improved awareness of specific needs of seniors and methods to best assist seniors in accessing city services.**

The “Let’s Take a Bus” workshops offered by the HCoA reported previously and the Age-Friendly Customer Service brochures under development for HSR are examples of efforts in this area.

Many of the recommendations made in the report, “Hamilton: A City for ALL Ages” pertaining to respect and social inclusion were general in nature and not something that local decision-makers have the capacity to address. However, the HCoA sees the promotion of the values of respect and social inclusion as central to its mandate and promotes this message in all its activities.

### Did You Know?

- **The Elder Abuse Assessment and Intervention Reference Guide** offered by the National Initiative for the Care of the Elderly (NICE) is an adaptation of the original that was developed in collaboration with the Hamilton Police Services, Hamilton Council Against Abuse of Older Persons, McMaster Centre for Gerontological Studies, St. Joseph’s Health Care, Hamilton Health Sciences, St. Peter’s Hospital, Academy of Medicine and the Hamilton Academy of Dentistry. We commend the Hamilton Police Service for having been recognized as a leader for its response to crimes against older persons. They have been instrumental in the development and adaptation of reference guides for police.
- **CAAOP** has prepared a presentation for volunteers and front-line staff on recognizing and responding to abuse of older adults.
- **Personal Support Workers** (PSWs) who work for publicly funded service providers within the home care sector must now register with the provincial PSW Registry Ontario launched in June 2012. This is important as it is the PSWs who spend the most time with home care clients and there is no on-site supervision with home care.

## Who's Leading Change?

There are a great number of initiatives in Hamilton aimed at creating a more inclusive society, whether people are “excluded” from participating in civic life for reason of income, ethnicity, ability, sexual-orientation or aging.

The two major funders for such projects are the Hamilton Community Foundation and the United Way of Burlington and Greater Hamilton. The City has dedicated resources to improving social inclusion through its neighbourhood initiative and in its social housing buildings, among other places.

It has been the experience of the Hamilton Council on Aging that the plight of older adults who are excluded by reason of income or ethnicity is very much on the radar of funders, and the City along with LHIN-funded agencies working in the community. Through the age-friendly approach, what we are all aiming for is not only social inclusion, but also the creation of vibrant communities, something that benefits everybody.

**Hamilton Roundtable For Poverty Reduction** – The Hamilton Roundtable for Poverty Reduction was formed in 2005 to tackle the City's unacceptable levels of poverty. Roundtable members come from across Hamilton and include leaders from the business and non-profit sectors, from government, education and faith communities as well as individuals who experience poverty daily. Our goal is to reduce and eliminate poverty through the aspiration of Making Hamilton the Best Place to Raise a Child. Although the focus of this initiative is not on seniors, the Hamilton Community Foundation funds programs under its auspices designed to reduce poverty among older people.

It is known that older, newer immigrants have difficulty integrating into mainstream society, particularly those who arrived as part of the family reunification strategy and may not be entitled to the financial benefits available to immigrants who have been in Canada for ten years or more.

### ► **Hamilton Council on Aging**

The HCoA's Improving Access Program was designed to provide a bridge between health and social services to seniors from diverse communities. Funded by United Way, HCoA began a partnership with CityHousing Hamilton in 2010 to provide this service in two seniors' apartment buildings and over the years has provided services in seven buildings.



## Focus on Elder Abuse

► The **Hamilton Council on Aging** is now the host agency for the Committee Against Abuse of Older Persons. There are no recommendations in the 2010 report, “Hamilton: A City for ALL Ages” that pertain to elder abuse as the questions developed by the World Health Organization did not address this topic. The Committee Against Abuse of Older Persons (CAAOP) is a network of organizations interested in advocacy, education and linking individuals with services that help older adults who may be experiencing or be at risk of abuse. In 2011, with support from the Ministry of the Health Promotion and Sport Healthy Communities, The CAOOP fund invited community organizations throughout Hamilton to take part in an assessment process to identify organizational strengths and gaps in creating a service environment for those at risk of or experiencing abuse. Eighteen organizations took up this challenge and collectively identified 36 action plans to strengthen their policies, programs and practices. Some examples of these action plans are:

- to increase the involvement of seniors and other stakeholders in policy and program development;
- to consider how to ensure an environment where clients feel able to disclose abuse;
- to link with organizations for consultation and training about elder abuse and to link with organizations that serve diverse communities.

CAAOP is currently preparing a presentation for volunteers and front-line staff on recognizing and responding to abuse of older adults, which will be available to community organizations. Telephone resources for information and help in stopping the abuse or neglect of older adults is available on the Hamilton Council on Aging website.

## Other initiatives

Crimes Against Seniors Unit, Hamilton Police, consists of two officers working out of the Victims of Crime Branch and is supplemented by three officers assigned to the Seniors’ Support Office at each of their divisions. It is responsible for the investigation of crime against persons aged 60 or over and older or vulnerable adults who are being victimized primarily because of their vulnerability. Analysis of 2011 data shows that the crime most often experienced by older adults is financial exploitation, fraud and theft. There were 21 charges laid that year.

## What’s New or Innovative?

► **HCoA** – The HCoA has taken a leadership role in resurrecting CAAOP in Hamilton.

**Catholic Family Services (CFS)** – CFS is a primary provider of intervention and support for elder abuse, including cases of self-neglect. CFS’s Seniors Intervention and Support Program provides services for seniors, ages 60 and older, who are experiencing some form of abuse. The primary goals of the program are: to assist and support seniors to live independently in the community; and to provide education, awareness and intervention regarding elder abuse. Additionally, CFS Gatekeepers program serves seniors, usually identified by health and social service collaterals, who are living in severe self-neglect or squalor, also known as “Diogenes Syndrome”. CFS case managers work closely with Hamilton Police Services and other community partners to identify and intervene in cases of elder abuse in Hamilton. This model has been identified and recognized as best practice across Ontario and the program staff offers training and consultations to other social service agencies. The Seniors Intervention and Support program is an outreach program. It is free and confidential, offering assistance through intensive case management to people of all faiths and cultures.

**Hamilton Centre for Civic Inclusion** – HCCI focus is to raise awareness of the unique needs of ethno-cultural communities, particularly the more recently arrived groups. In a recent initiative, “HCCI Community Conversations”, older adults asked for “a safe, peaceful, active-friendly space for seniors, more events to explain change, and interpretation to overcome language barriers.”

**Hamilton Public Health** – The Hamilton Public Health Unit plays a key role in promoting social inclusion. The “Social Determinants of Health Committee”, chaired by Dr. Tran, the Assistant Medical Officer of Health, has a mandate to address poverty issues. The “Public Health Equal Access Committee” is led by Public Health’s Ana Carias to address requirements of the Accessibility for Ontarians with Disabilities Act, Cultural Interpreting and Cultural Translating as well as equal access issues for priority populations. The Ministry of Health and Long-Term Care mandates in the Ontario Public Health Standards document that social determinants of health be incorporated in all the work in Public Health Services. Public Health has accountability agreements with the province where it is required to show annually that it meets these standards.

**Neighbourhood Development Strategy** – Co-ordinated by Paul Johnson and Suzanne Brown in the Hamilton City Manager’s Office, this strategy is focused on helping 11 priority neighbourhoods to be great places to live, work, play and learn. Among the core elements of the work is the development of resident-led neighbourhood plans and the building of new partnership to support healthy neighbourhoods. City Council has earmarked \$2 million in neighbourhood funding to assist in implementing the plans. While the strategy does not focus uniquely on the needs of the older residents, this has been identified as an opportunity. More information on the Neighbourhood Development Strategy is available at: <http://www.hamilton.ca/ProjectsInitiatives/NeighbourhoodDevelopment>.

**CityHousing Hamilton** – CityHousing is creating opportunities for better social inclusion through their tenant engagement strategy.

## 5. Social Participation: Life Enrichment, Recreation, Education, Arts and Culture

Older adults are a valuable community resource. Approximately one-quarter of those aged 65 and over volunteer with an organization and their volunteer work ranges from membership on boards of directors, to providing direct service and care in the community. On average, they each contribute over 200 hours of volunteer work per year. Many organizations depend on volunteers to enhance the services they provide. Making volunteer opportunities meaningful will only increase those numbers.

Having opportunities for social interaction beyond family and friends is an important aspect of healthy aging and a rich civic culture. The following is a brief look at some of what older Hamiltonians can anticipate.



## Recommendations from “Hamilton A City for ALL Ages” 2010 report

**Improve access to programming to provide vibrant, safe programming in the daytime focused on activity suiting older adults’ needs.**

As part of its Seniors Strategy, the City of Hamilton will be engaging older adults to talk about how these needs can be addressed. The Hamilton Council on Aging is planning to work with older people in specific neighbourhoods to engage in dialogues on this topic. The Hamilton Council on Aging (HCoA) has produced a series of directories outlining Life Enrichment Opportunities available to older adults in the City of Hamilton. These directories include both formal and some of the informal, harder to find opportunities for older adults in the following categories: Recreation, Fitness and Sport, Lifelong Learning, Culture and Hobbies, Cultural Opportunities (including spiritual and faith-based), Volunteerism and Employment. Directories can be accessed on the HCoA website. Hard copies are also available by contacting the HCoA office. HCoA is grateful to Community Information Hamilton who will be linking the information found in these directories to their

Inform Hamilton Directory making the information provided that much more accessible.

## Who’s Leading Change?

**City of Hamilton** – As mentioned previously, the City of Hamilton will be developing a Seniors Strategy to be completed by June 2014. In collaboration with the Hamilton Council on Aging and other local groups, the City of Hamilton aims to assist in the development of Hamilton as an age-friendly city.

**Hamilton Centre for Civic Inclusion (HCCI)** – HCCI focuses on ensuring that the needs of ethno-cultural communities are considered and addressed in all planning.

## What’s New or Innovative?

The newly formed “Hamilton Third Age Learning” is a not-for-profit organization dedicated to providing opportunities within the City of Hamilton for lifelong learning by its retired and semi-retired citizens. It is their intention to offer programs that will allow the participants to engage in discussions with speakers who are well-informed on subjects of interest.

## Did You Know?

- In 2013, the City of Hamilton and the federal government of Canada will partner in a \$1.3-million renovation project under the Community Infrastructure Improvement Fund (CIIF). Ancaster Seniors Achievement Centre will see \$500,000 each from the City, the Federal Government and through local fundraising.
- The redevelopment of Ivor Wynne Stadium includes the establishment of a community centre or “precinct” that will include a new seniors’ centre. It is hoped that this development become a catalyst for “city-building” in this neighbourhood,
- The new Waterdown Public Library will include a Seniors Centre. Construction is due to begin Spring, 2013 and will be completed during Winter 2013-14.
- St. Joseph’s Villa’s Seniors in Motion (SIM) Gym expanded in 2012 as a result of winning \$100,000 AVIVA funding in 2011.
- DARTS is looking for opportunities to create social events, like card tournaments, to help people get out of their homes and have some fun. They will provide the transportation.
- Ward 1 Councillor Brian McHattie has allocated \$100,000 to spend in 2013 on creating a Seniors Activity Centre.

# Looking Forward

There is a great deal of movement towards public policy that is aligned with the principles embodied in the idea of age-friendly communities. This is apparent in the commitments of both the City of Hamilton and the Province of Ontario to implement respective Seniors' Strategies. In doing so, each will be thinking of how they can intentionally meet the needs and wants of older residents.

The Hamilton Council on Aging looks forward to facilitating the public conversation that will inform how we work together as a community to make Hamilton more age-friendly.

Over the past 18 months, we have been in regular conversation with the City of Hamilton, the Seniors Advisory Committee to City Council, United Way of Burlington and Greater Hamilton, Social Planning and Research Council and the Hamilton Centre for Civic Inclusion and other stakeholder organizations to develop a plan on how to move this agenda forward.

This report makes an important contribution by reporting activities underway that could make Hamilton an inclusive urban environment that enables active aging. Further, it identifies where no action is occurring. The next step is to continue and deepen the analysis of what is available and what is missing in the public realm. At the organizational level, the challenge will be to decision-makers to look at their own organizations and identify what they are doing well and what needs improvement in terms of making their efforts age-friendly. At the community level a collaborative approach that involves not only decision-makers but older adults and other stakeholders will be required. Therein lies the value of creating a seniors' strategy for the community.

Partnering with the City of Hamilton and others, the Hamilton Council on Aging anticipates developing a Seniors' Strategy for Hamilton by June 2014.

The Hamilton Council on Aging will keep you informed of progress and opportunities to participate in this public conversation through our website, regular and social media as well as in our newsletters.

Presented By:

**HCoA**

**Hamilton Council  
on Aging**

*Educating.  
Advocating.  
Improving life  
for older adults.*

We would like to thank our funders and sponsors  
that helped make this initiative possible.



**St. Peter's Hospital**



**United Way  
Burlington &  
Greater Hamilton**



**Hamilton**