

Community Matters

Seniors, Aging, and Older Adults



March 2025

Spring Edition

Edmonton Social Planning Council





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Published by: Edmonton Social Planning Council. Articles, quotes, and commentaries reflect the views of the authors and do not necessarily represent the official position or policy of the Edmonton Social Planning Council.

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Acknowledgements:

The ESPC wishes to thank the City of Edmonton's FCSS for their generosity funding this and all Community Matters Publications.



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Community Matters

Welcome to the Spring Edition of Community Matters.

The goal of Community Matters is to keep our community informed about the issues that impact those who live here. This publication provides readers with the knowledge to connect the dots between social issues, research, and policy. We feature contributions from local agencies, ESPC staff, and volunteer writers or professionals who lend their expertise and voices to inform our readers.

Each edition highlights a specific social issue or topic, exploring its intersectional nature and its impact on equality. Articles are written by individuals with specialized knowledge, research skills, or lived experience, using evidence to provide clear insights into the issues affecting individuals and families.

For our March 2025 issue, we are focusing on the various aspects of aging, particularly the experiences of seniors and older adults. Topics include aging in an Indigenous context, seniors' income benefits, mental health care for seniors, transit accessibility, elder abuse, intergenerational connection and learning, long-term care alternatives, and issues in continuing care. While we define seniors as individuals aged 65 and older, the information shared here is also relevant to older adults, family members, and anyone interested in issues and information related to aging and our senior community members.

The articles in this issue reflect the expertise of our organization's staff, as well as contributions from other organizations and volunteers who have generously dedicated their time and knowledge to research and communicate these important topics. Our goal is for you, the reader, to walk away with a clearer understanding of the issues at hand and the steps you can take toward becoming more informed.

We hope this edition provides valuable insights and contributes to the ongoing discourse surrounding seniors and aging in our community.

Janell Uden,
Research Services and Capacity Building Coordinator
Edmonton Social Planning Council



Setting the Scene: Baseline Statistics about Seniors

Written by Brett Lambert
Research Officer (ESPC)

Definition of Seniors

Depending on who you consult, the age someone becomes considered a senior can vary. For the Canadian context, most government programs specifically targeted to seniors and typical retirement age is age 65 and over (Government of Canada, 2007). For the purposes of Community Matters, we will use this metric.

Seniors Population

As of July 1, 2024, there are an estimated 7.8 million seniors – those aged 65 years and older – living in Canada, making up 18.9% of the population. Within Alberta, seniors make up 15.2% of the population, making Alberta a relatively younger province compared to the national average (Statistics Canada, 2024).

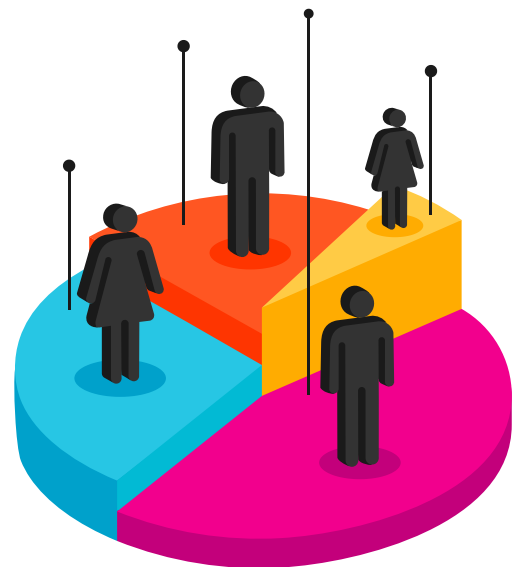
Indigenous Seniors

An estimated 6% of Canada's 1.4 million Indigenous people are seniors aged 65 and older (Government of Canada, 2024). Among Indigenous people in Alberta, seniors aged 65 years and older make up 6.7% of the Indigenous population as of the 2021 Census of Canada, slightly above the national average. While Indigenous people are on average a younger population, seniors represent a growing demographic among this group (Government of Alberta, 2023).

Racialized and Newcomer Seniors

There are over 1.9 million immigrants aged 65 and over who are living in Canada as of 2021, representing 30% of the senior population. It is estimated that seniors from racialized groups will grow to 2.9 million by 2041. Racialized groups expected to have the highest populations by 2041 are South Asian, Chinese, and Black people.

Among this group, 45% were originally born in Europe and 36% were originally born in Asia.



Disability & Health Challenges for Seniors

As adults age, health challenges are more likely to present themselves as part of the aging process.

The risks of dementia – defined as a general set of symptoms caused by disorders that impact the brain, which can include memory loss, mood changes, and issues with problem-solving that affect a person's ability to perform daily functions – increases with old age. Approximately 570,000 Canadian seniors were living with dementia in 2020, making up 8.4% of the senior population (Ferreira, 2023).

More than six million Canadians of all ages live with a disability. Among this population, 38% of them were aged 65 years and older. The most common types of disabilities among seniors were associated with pain, mobility, flexibility, and hearing (Ferreira, 2023a).

LGBTQ2+ Seniors

There are an estimated 1 million Canadians who are LGBTQ2+ – lesbian, gay, bisexual, transgender or non-binary.

While younger age groups are more likely to identify as LGBTQ2+ – for example, 29.7% of LGBTQ2+ people are aged 15 to 24 years old – there is a sizable senior population who are LGBTQ2+. Approximately 7.3% of LGBTQ2+ people are aged 65 years and older (Statistics Canada, 2022).

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Impact of Seniors Benefits on Poverty

Written by Brett Lambert
Research Officer (ESPC)

While challenges persist with seniors living in poverty, Canada has made a great deal of progress in addressing poverty rates among this demographic. During the 1960s and 1970s, Canada transitioned from having one of the highest senior poverty rates amongst Organization for Economic Co-operation and Development (OECD) countries to one of the lowest (National Seniors Strategy, 2020). Historically, the poverty rate for seniors was as high as 36.9% in 1976 and decreased dramatically to 12.3% by 2010 (The Conference Board of Canada, n.d.). This can be attributed to crucial income security measures in the forms of benefits targeted to seniors such as Old Age Security (OAS) and Guaranteed Income Supplement (GIS). Research has shown that recipients of this program have reported better health outcomes such as improved mental health, physical health, and functional health (McIntyr et al., 2016).

Overview of Old Age Security (OAS) and Guaranteed Income Supplement (GIS)

The OAS is a monthly payment Canadians aged 65 and over can get. As of October to December 2024, the maximum monthly payment seniors aged 65 to 74 can get is \$727.67. For seniors aged 75 and older, the maximum monthly payment they can get is \$800.44. (Government of Canada, 2024).

The GIS is also a monthly payment seniors aged 65 or older can receive. It is based on income and is available to current recipients of the OAS program who live with low-income. To qualify for the GIS, a person's income needs to be below \$22,056 if they are single, widowed, or divorced. If a person lives with a spouse or common-law partner, the income threshold changes to \$29,136 if their partner receives the full OAS pension and \$52,848 if their partner does not receive an OAS pension. As of October to December 2024, the maximum amount a recipient of the GIS can receive is \$1,381.90 per month if the annual net income is less than \$40,800 (combined annual income of a couple). Amounts for both the OAS and GIS programs are reviewed every January, April, July, and October to reflect increases in the cost of living as measured by the Consumer Price Index (Government of Canada, 2024a).



The OAS and GIS programs have made a difference for seniors, especially those living in low-income

OAS and GIS programs have been an important poverty reduction measure for seniors. According to a study from Statistics Canada, immigrant seniors who migrated to Canada within the last 20 years and received these payments had low-income rates that were seven percentage points lower than those who did not qualify for the monthly financial help (Canadian Press, 2019). Levels of food insecurity among seniors are also cut in half thanks to OAS, which provides stability and reduces uncertainty in their lives (University of Lethbridge, 2016).

Thanks to a series of enhancements to these programs since 2015 – which included restoring eligibility to receive OAS and GIS from 67 to 65 and increasing the maximum amount a recipient can receive for the GIS in 2016 – the poverty rate for seniors decreased from 7.1% in 2015 to 3.1% in 2020. In addition, the OAS received a 10% increase in July 2022 for seniors aged 75 and older, providing more than \$800 in new support for this group of seniors (Government of Canada, 2023).

Challenges still exist for seniors living in poverty and low-income

Despite the difference made in the lives of seniors thanks to these programs, challenges to the financial well-being of seniors still persist. While poverty rates for seniors were decreasing in the years prior to the COVID-19 pandemic, poverty has been trending back upwards in the post-pandemic recovery. According to the 2022 Canadian Income Survey, the poverty rate for seniors aged 65 years and older has been increasing since 2020. In 2021, the poverty rate was 5.6% and has continued to increase to 6.0% in 2022 (Statistics Canada, 2024)

As a result, this has meant that more and more seniors of retirement age are having to continue to rely on employment income and delay retirement plans. According to the Labour Force Survey in 2022, more than half of Canadians still in the workforce past the age of 60 have continued to work out of necessity rather than choice. They cite essential expenses and pension ineligibility as the primary reasons people continue to work (Drost, 2023).

A change in approach is needed

While the poverty rate for seniors is among the lowest in the country, many seniors continue to struggle financially. This can be attributed to the flawed methodology behind the Market Basket Measure (MBM), which Canada uses as its official poverty line. It is not designed to fully capture the situation for seniors, such as health costs, which increase when somebody's health is in decline.

Policy experts argue that a seniors-specific measure of poverty would better reflect the distinct circumstances seniors in Canada face. In the absence of a proper measure, it becomes difficult for governments to determine how many seniors need support and finding the right policy solutions becomes that much more challenging. While the MBM measure might suggest seniors are doing well financially, the Low-Income Measure (LIM) shows the opposite, that seniors are more likely to have lower incomes compared to the rest of the population. Policy experts argue that either a more seniors-specific MBM or an entirely new measure such as a Canadian elder standard developed by the National Institute on Aging or a material deprivation index being developed by Food Banks Canada would better capture the circumstances seniors find themselves in (Tabbara & Griffin, 2023).

There is no doubt that federal income support programs for seniors have materially improved their well-being. Nevertheless, the imprecise measurement of poverty risks underestimating the true extent of poverty among this group and this is why so many who are at retirement age have to either return to the work force or delay retiring out of necessity rather than choice.

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Issues in Continuing Care

Written by Sydney Sheloff, Strategic Research Coordinator (ESPC)

Continuing care is facing a crisis in Alberta. Continuing care homes are intended to support aging Albertans to continue to live in safety and dignity as they lose the ability to care for themselves. Yet, inadequate living and working conditions within these homes have threatened this intention, and many residents receive substandard and dehumanizing care. This article will describe what continuing care is, outline some of the present issues within continuing care homes and explore the potential ramifications of the current restructuring of Alberta Health Services.

What is Continuing care?

Continuing care services support “the health and independence of Albertans living in their own homes, in supportive living accommodations, or continuing care homes.” It encompasses a wide range of services, such as assistance with dressing, eating, bathing, meal preparation, medication administration, and other health care services (Government of Alberta, n.d.). The level of care one receives varies greatly based on a client’s needs and where a client is living.

Of particular concern to this article, continuing care homes refer to “licensed settings that receive public funding to provide residents with nursing, personal care, life enrichment activities and other support services” (Government of Alberta, n.d.), informally known as nursing homes. Continuing care homes (type A) are geared towards individuals with complex health needs who cannot safely live at home or in supportive living accommodation. In addition to a place to stay, residents receive

meals, access to 24-hour on-site professional nursing and personal care, and on-site consultative services (Government of Alberta, n.d.).

Issues in Continuing Care

While residents may have access to 24-hour on-site nursing care, they face many barriers in accessing that care. Minimum hour regulations previously stipulated that continuing care homes had to give residents a minimum of 1.9 hours of combined nursing and personal services per resident per resident day. The new Continuing Care Act, passed in 2024, removed these minimum requirements. This means that, while nurses are on site 24-7, residents are not guaranteed direct care when they need it. National standards, alternatively, recommend a minimum of 4 hours of care a day per resident (Friends of Medicare, n.d.b.).

In addition, continuing care homes are grossly understaffed, and often by people who are underpaid and undertrained. Staff are overburdened, and simply do not have the time to give adequate care to all its residents, nor the training to do so (Friends of Medicare, n.d.b.). Workers are put into a tough position, as many care deeply about the residents and want to give them the best care, but are denied the resources they need. The lack of pay and benefits as well contributes to a poor work environment and make workers feel unappreciated.

Friends of Medicare (n.d.a.) collected stories from Albertans with loved ones in continuing care facilities, or who worked in them, documenting many inhumane conditions. Family reported their loved ones

not having incontinence diapers changed, not having teeth brushed, or experiencing a fall and waiting hours before someone found them. They have reported these homes “cheap out” on food and bedding for residents (Friends of Medicare, n.d.a.). These conditions chip away at resident’s dignity and self-worth.

Furthermore, life in these homes can be extremely isolating. News stories have shared stories of residents not having their hearing aids put in or glasses on, and a lack of activities and socialization opportunities (Narvey, 2023), limiting resident’s ability to engage in recreation and interact with others. Continuing care homes have been compared to ‘warehouses,’ where residents are essentially forced to sit alone for long periods of time (Friends of Medicare, n.d.a.).

Exacerbating these issues is the fact that continuing care is incredibly expensive. A subsidized shared room in \$67.30 a day, assuming a 30 day month, that is \$2,019. A subsidized private room would be \$77.80 a day, or \$2,334 monthly, and a one-bedroom suite is \$93.20 a day, or \$2,796 monthly (Government of Alberta, 2024). Families are paying exorbitant fees for inadequate care. In addition, families who have expressed concern over the lack of care received have been told to hire an additional caregiver, an expense that is out of reach for many (Friends of Medicare, n.d.a.).



AHS Restructuring

These issues are up in the air as the Government of Alberta restructures Alberta Health Services (AHS), dividing it into four entities, one of which will be focused on continuing care.

Some are hopeful of this change, arguing that continuing care does not get adequate attention compared to other departments of AHS, resulting in inadequate funding and substandard services. Turning it into its own organization with its own governance structure will allow decision makers to focus their attention on improving services and working conditions. It will have its own budget, rather than competing with other branches of AHS. Assuming this entity would get adequate funding, it has the potential to add more spaces, improve wages, and attract workers (Johnson, 2024a).

Some have countered this argument, stating that the restructuring of AHS is simply an administrative change, and does not automatically result in more beds being built or more services being offered (Johnson, 2024b). Furthermore, some argue this process will exacerbate problems, as continuing care would become siloed away from other services within the health care system, such as family doctors and emergency services, that residents of continuing care homes still need to access, making it harder to coordinate services (Johnson, 2024a).

Other still are worried this restructuring could lead to more privatization, or the contracting of private, for-profit organizations to run continuing care homes (Johnson, 2024). Premier Danielle Smith announced plans to “uberize” continuing care by creating a portal for providers to post available spaces. Many critics have argued this language signals a shift towards privatization, However, Smith stated that there is no intention to privatize services (Johnson, 2024b). Research has shown that seniors living in for-profit continuing care homes face worse conditions than those living in public ones (Friends of Medicare, n.d.b.)

Conclusion

Continuing care is an essential service. As life expectancies increase and older adults experience more complex healthcare needs, Albertans need a place where they can age safely and in dignity. Yet continuing care is facing a crisis. Stories from residents, their families, and workers demonstrate that both living and working conditions in continuing care homes are inadequate, and as a result, residents are often “warehoused” and forced to live in dehumanizing conditions. As the Government of Alberta restructures Alberta Health Services (AHS), it is still too early to tell whether this will improve or worsen conditions in continuing care homes. While having its own governing structure may empower decision makers in continuing care to improve living and working conditions, there is no guarantee this will happen, and there are further risks of siloing and privatization.

As Friends of Medicare puts it: “Alberta seniors deserve better.” In order to improve conditions within continuing care homes, Alberta needs to adopt the National Long-Term Care Standards developed by Health Standards Organization and the Canadian Standards Association. In particular, a minimum of 4 hours of direct care per resident per day must be mandated (Health Services Organization, 2023). Working conditions need to be improved, including increased pay, easier access to stable, full-time positions, and robust benefits. Lastly, protections must be put in place to protect public resources and keep private companies out of continuing care (Friends of Medicare, n.d.b.). We all deserve dignity as we age.

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Long-Term Care Alternatives: Aging in Place and End-of-Life Planning

Written by Lina Chinchilla
ESPC Volunteer

As one ages, planning for long-term care and end-of-life arrangements becomes increasingly important. While traditional institutional care remains an option, many seniors choose to "age in place" at home with support from family, friends, and community resources - but this requires careful planning and coordination to ensure safety, independence, and quality of life.

Choices for a Fulfilling Later Life: Long-Term Care Alternatives, Aging in Place, and End-of-Life Planning

Long-term care and end-of-life planning are critical concerns for individuals approaching older adulthood. As people age, they face increasing challenges in maintaining independence and managing daily living tasks. Traditional institutional care options exist, but many seniors are opting for "aging in place" - remaining in their homes with support from family, friends, and community resources. This shift towards home-based care raises important questions about the role of family in long-term care, the feasibility of aging independently, and the need for comprehensive planning to ensure quality of life as we age. This article explores these issues, examining the pros and cons of aging in place versus institutional care, the evolving responsibilities of family members in long-term care, and practical steps individuals can take to prepare for their future care needs.

Types of family involvement include

End-of-life planning manifests differently across institutional and home-based care settings. While institutional facilities typically operate within standardized protocols and regulatory frameworks, home-based care allows for more personalized approaches to end-of-life planning. The review of *Alternate Routes: How to Survive Your Aging Parents* by Shulman and Berman (1993) reveals that home-based care options are increasingly becoming preferred choices for seniors, enabling them to maintain their independence and familiarity with their surroundings.

For instance, British Columbia's Home ViVE (Home Visits to Vancouver's Elders) program exemplifies how aging in place functions in practice, delivering 24/7 care to frail older adults through family physicians and nurse practitioners in their own homes (Healthcare Excellence Canada, n.d.). This approach demonstrates how end-of-life care can be integrated into daily life while preserving patients' autonomy and community connections.

The literature emphasizes that aging-in-place strategies, supported by home modifications, assistive technologies, and community-based services, enable families and caregivers to support loved ones in their homes throughout various stages of care, including end-of-life transitions.

Furthermore, the discussion highlights the significance of advance directives, durable powers of attorney, and living wills in ensuring that individuals' wishes are respected during their final stages, with these documents being particularly crucial in home-based care settings where traditional instructional safeguards may not apply.

COVID-19 discussion

The COVID 19 pandemic has significantly affected long term care facilities worldwide, highlighting the critical role of family involvement in resident care and well being. Long term care facilities faced unprecedented challenges during the COVID-19 pandemic. Older adults, who are most vulnerable to severe COVID-19 infections, were forced to isolate within these facilities (Hindmarch et al., 2021). This led to the closure of doors to visitors and family caregivers, disrupting the essential support systems for many residents, especially those with dementia (Hindmarch et al., 2021).

Studies have shown that visit restrictions during the pandemic have led to increased rates of depression, anxiety, and social isolation among elderly residents in long-term care facilities (Rozak et al., 2020). These findings underscore the importance of maintaining strong family connections for resident well-being.




Effects on Family Caregivers

Research consistently shows that family caregivers experience significant negative outcomes, including social isolation, strain, and reduced quality of life (Grycuk et al, 2022). These impacts are particularly pronounced when caregivers face challenges in providing in-person care

Li, Wister and Mitchell (2021) studies demonstrate that social isolation among family caregivers leads to:

- Increased depression
- Lower quality of life
- Negative well-being
- Higher rates of placing care recipients in institutional settings

These findings suggest that the absence of in-person care had profound emotional and psychological effects on family caregivers (Hindmarch et al., 2021).



The COVID-19 pandemic has demonstrated the vital importance of family involvement in long-term care. As we move forward in addressing the needs of our aging population, policymakers and facility administrators must prioritize strategies that balance resident safety with the preservation of meaningful relationships and essential care provided by family members. The challenges faced by family caregivers

during the pandemic have profound implications for aging-in-place initiatives, revealing critical gaps in our support systems for elderly individuals living independently in their communities. When family caregivers experience isolation and strain, their ability to support aging-in-place arrangements is significantly compromised, creating a ripple effect throughout the entire care ecosystem.

Research demonstrates that family caregivers who experienced increased social isolation during the pandemic reported higher levels of depression and reduced quality of life (Boamah et al, 2024). This deterioration in caregiver well-being directly impacts their capacity to provide essential support services that enable successful aging-in-place. When caregivers struggle with their own mental health challenges, they become less effective advocates for their loved ones' needs, potentially compromising the stability of independent living arrangements.

Boamah et al (2024) shared that during the pandemic, seniors aging in place demonstrated remarkable capacity for independent living, particularly when supported by robust family and community networks. Research showed that family caregivers played a crucial role in maintaining these arrangements, coordinating essential services, managing daily care needs, and advocating for their loved ones' health and well-being.

The pandemic revealed several critical strengths of aging-in-place arrangements. For instance, seniors living in their communities maintained greater autonomy and control over their daily lives compared to their counterparts in institutional settings.

However, the pandemic also exposed significant weaknesses in aging-in-place infrastructure. Many seniors faced challenges accessing essential healthcare services due to appointment cancellations and transportation (Dellafiore, 2022). Family caregivers experienced increased stress levels as they struggled to coordinate care remotely and manage complex health needs without direct professional guidance.

Understanding aging in place reveals that success depends not just on individual capacity for independence, but equally on the stability and effectiveness of caregiving support networks. When moving forward in supporting our aging population, policymakers and community planners should consider both the strengths and vulnerabilities revealed by the pandemic, working to reinforce the resilience of aging-in-place arrangements while addressing the critical role of family caregivers in sustaining these living situations.



Elder Abuse: What it is and Why it Needs to be Addressed



Written by Brett Lambert
Research Officer (ESPC)

Among the social issues seniors and older adults face, a persistent social problem is elder abuse. It can take various forms and span a spectrum of situations. This article will seek to give a broad overview of elder abuse, what it looks like, how prevalent it is, why it needs to be addressed, and how to prevent or support those who are at risk of being a victim.

Defining elder abuse

According to the Alberta Elder Abuse Awareness Council, elder abuse is defined as any action or inaction by a person in a trusting relationship that causes harm and distress to an older adult. Elder abuse can take on several forms and vary in degrees of prevalence.

Examples of types of elder abuse are the following:

Financial abuse, which involves the misuse of an older person's funds through fraud, trickery, theft, or force. This can include forging signatures on pension cheques or legal documents, misusing joint banking accounts, stealing money, convincing an older person to buy a product or give money away.

Psychological or emotional Abuse, which can take the form of verbal aggression, humiliation, isolation, intimidation, threats, and inappropriate control of activities. This can provoke intense fears, anxiety, or debilitating stress for a senior. Examples of emotional abuse include removal of decision-making power while the person is competent, refusing access to grandchildren, attacking their self-esteem, intentionally frightening them, forcing older people to do degrading things, and withholding affection for manipulative purposes.

Physical abuse, which is the use of physical force which may result in bodily injury, physical pain, or impairment. This can include actions like slapping, shaking, pushing, kicking, punching, forced confinement, deliberate exposure to severe weather, and failure to provide adequate health care.

Sexual abuse, which is all unwanted forms of sexual activity, behaviour, assault, or harassment to an older person. This can include verbal or suggestive behaviour, lack of personal privacy, unnecessary help with dressing/hygiene, and being forced to commit degrading acts.

Neglect, which is the intentional or unintentional failure to provide for the needs of someone. This can include a failure to provide a safe and comfortable place to live, denial of social contacts, failure to provide personal hygiene, failure to provide proper food or clean clothing, failure to provide aids for daily living (such as hearing aids or walkers), and abandonment or desertion.

Medication abuse, which is the misuse of an older person's medications and prescriptions. This can include withholding medication, overmedicating, sedation, and not complying with prescription refills (Alberta Elder Abuse Awareness Council, n.d.)

Prevalence of elder abuse

It is estimated that in Canada, one in 10 adults aged 65 and older have experienced some form of elder abuse each year in Canada. This represents a sharp increase from previous studies when the estimates were between 4% to 8%. Nevertheless, this may be an underestimate of the actual prevalence of elder abuse because older adults tend to underreport personal problems related to family violence (University of Toronto, 2022). Indigenous seniors are also at risk of being a victim by elder abuse, especially when it comes to medical abuse within the health care system like in hospitals (Stewart, 2023).

According to the World Health Organization, the prevalence of elder abuse

increased globally during the COVID-19 pandemic and it is predicted the rates of elder abuse will increase in countries that are experiencing rapidly aging populations (World Health Organization, 2024).

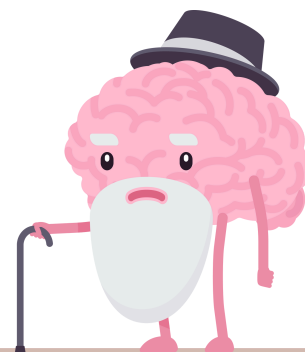
Financial abuse and emotional abuse are considered to be the most common form of elder abuse, which happens to fewer than one in ten (7.1%) of seniors (Statistics Canada, 2022). About 1% of seniors experience violent crimes or physical abuse (Government of Canada, 2021).

Those who are considered more at risk of being a victim of elder abuse included those who are physically, cognitively, and/or emotionally vulnerable as well as those who experienced maltreatment in childhood, live with others, identify as Black, and report financial need (University of Toronto, 2022).

An important protective factor against elder abuse was access to social support. Seniors with higher levels of overall social support in their life had a lower likelihood of being victims of elder abuse (University of Toronto, 2022).

Why elder abuse is harmful for communities

Elder abuse has detrimental consequences for seniors, which can seriously harm physical and mental health as well as financial well-being. Social consequences of elder abuse include physical injury, premature mortality, depression, cognitive decline, and financial devastation (World Health Organization, 2024).



Supports for victims of elder abuse

If you are a senior experiencing elder abuse or if you have a senior in your life that you suspect is a victim of elder abuse, there are 24 hour helplines for support, referrals, and crisis intervention. For Edmonton, you can call the Edmonton Seniors Abuse Helpline at 780-454-8888. In addition, the Sage Seniors Association operates the Seniors Safe House, which provides shelter, support and assistance for older adults needing safety from abuse. More information can be found at <https://www.mysage.ca/help/seniors-safe-house>

Initiatives for the prevention of elder abuse

In response to growing elder abuse, in 2022, the Government of Alberta launched a new 5-year elder abuse prevention strategy, which seeks to guide how Albertans, non-profit organizations, frontline workers, businesses, and governments can work together to prevent and reduce elder abuse. The new strategy updates Alberta's definition of elder abuse and includes goals and actions to make Alberta safer for seniors. These efforts seek to increase awareness of elder abuse, outline new approaches for recognizing and responding to financial abuse, improve service provider training, enhance data collection, and strengthen protective laws and policies (Government of Alberta, 2023).

Final reflections

Elder abuse is a pressing social problem for seniors and it is important for communities to do their part in making sure seniors live their lives in dignity and are not subjected to various forms of abuse. While studies have suggested elder abuse has been rising, there is a data gap in fully understanding the scope of the problem as instances like these tend to go unreported. While seniors going through elder abuse deserve all resources available to them to be supported, preventative measures are necessary to address these systemic problems. The Government of Alberta's

elder abuse prevention strategy represents an important step forward. It is the hope that outcomes from this five year strategy will result in more awareness about elder abuse and an improved community response to the problem.

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Intergenerational Connection and Learning Benefits both Younger People and Seniors – A Conversation with Jewish Family Services (Tatiana Kastner)

Written by Janell Uden
Research Services and Capacity Building Coordinator (ESPC)



Jewish Family Services of Edmonton was established in Edmonton in the 1950s by the local Jewish community, spearheaded by Clara Mintz. This organization seeks to empower and support people through service excellence to overcome life's challenges rooted in Jewish values such as healing the world, fairness, caring and respect. It is their vision to have a world of economic and social justice, where individuals, families and communities care for and support one another.

Tatiana Kastner is the Older Adult Services Program Manager at Jewish Family Services. She manages the Holocaust Survivors Support Program, coordinated outreach and social prescribing project for older adults as well as oversees the Home Support Program. Her educational background and experience in social work, immigrants, and

older adults provided valuable insight on this topic. We sat down with her to talk about the benefits that intergenerational connection and learning can have for both seniors and youth.

What are the benefits for seniors when you bring together seniors and younger people for social interaction?

There is so much research that has been done to show the benefits for seniors and younger generations together. We know that seniors, unfortunately, are very much isolated. This is especially true living in a city where there are harsh winters and snow as we all naturally stay home a bit more when the weather is cold and hard to get out in. In general though, when seniors are involved in social interactions, they benefit greatly. Social interaction is one of the most

important social determinants of health and intergenerational interaction is even more important.

For seniors, you see that they get to hear from younger generations about what is going on in the current trends, they learn about technology and social media from the younger generations as well. This is not the same interaction that they get with people in their age cohort. Younger people bring energy that is impossible to deny and it helps fuel seniors in some situations.

There is also a teaching component from the older generation, as not all people who are aging like to impart knowledge, but many do. When they get to interact with younger people, they get to share their knowledge, pass on their legacy, feel heard and offer advice to the younger generation.

What are the benefits for children/ youth when you bring together seniors and young people for social interaction?

It is a bit different for different kinds of cultural communities. However, if we focus on a Western communities and immigrant communities in a Western context, we see that there aren't as many intergenerational households. When you grow up in an intergenerational household, interactions between generations are common, everyday experiences. Children learn from a young age how to care, learn about the needs of older adults, and fear aging less. When you don't grow up in an intergenerational household, this happens less naturally. In most Western communities, intergenerational gatherings are planned and happen less frequently. In immigrant communities, although intergenerational living and teaching is more commonplace, they may not have all generations of their family in one country. We notice that these immigrant communities really miss this interaction in their families.

For youth, interactions with older generations can serve as an anchor. These older generations have gone through crisis, times of war, genocide, economic crisis and not only survived but thrived as well. They can offer teachings, advice and support during times of hardship as they have already been through it. Many of the younger generations are anxious about the future, the state of the world and how to live in today's world. Even if the youth have gained skills to deal with this anxiety, or these worries, at some point a person can exhaust their inner resources and that's when it's crucial to have that support from someone who has been through something similar.

How is intergenerational interaction and learning especially important for the next generation of Jewish youth?

The Jewish community has gone through significant genocidal trauma so intergenerational interaction is even more important across generations. Passing the legacy is very important, and people are now seeing how history repeats itself so Jewish youth need to learn from Holocaust generations that are still alive or second-generation Holocaust survivors. Life persists, we can overcome extreme hardships and not only survive but thrive. It is important for youth to be those ambassadors and educate others about genocide and healthy cultural relations. It is important that they educate themselves and other communities about anti-Semitism, hate speech, and racism.

Of course, it is a burden for every single community that has been affected by genocide to put the responsibility on their youth to carry that legacy and share that knowledge. However, it is a weight that they must carry, and it is hard. This is especially true in a hostile environment, and it can be quite dangerous. I hope that as a society we can create a safe space where we can all grow and develop good intercultural connections to set a good example for generations after us.

In this edition of Community Matters, we are focusing specifically on social inclusion in Seniors and Older Adults. I have heard that your organization runs a social prescription project for older adults. How have you seen the implementation of this project benefit seniors?

Social prescribing is a project that aims to address the gap that exists between the health care system and community services. A health care provider that recognizes non-medical needs can prescribe non-medical interventions and community groups can intervene. Many seniors experience health and well-being concerns that are not necessarily medically treatable by a physician such as social isolation as we previously discussed. Social prescriptions work as a proactive measure to reach clients and aid with a concern before it becomes a medical condition or emergency. Community organizations help with the concern and in cases of social isolation, find opportunities for connection. Intergenerational connection and activities are especially helpful in this context.

Another way that we help seniors is our home supports program. Our home supports services offer personal care aid, meal preparation, grocery shopping, cleaning, transportation, companionship and case management. For this program, we receive mostly companionship requests. There are no friendly visitation programs in Edmonton. It would be incredible if we were able to expand this into its own program but instead of clients paying \$35 for two hours, it would be amazing if we could get volunteers to do this for free. In Jewish culture there is a good deed that we must all do to called a Mitzvah. It is important to do these good deeds, like visiting those who are ill or doing kind favours for a friend or neighbour. It would be great to have this program run on this kind of desire to help the community for the well-being of all who are part of the

community. Organizing this would require additional staff and funds, which are difficult to attain and maintain with the way that funding is given to non-profits.

If you were to dream up an intergenerational program at JFS, such as a daycare, or learning program what would you include?

I am so excited you asked this question, as I envision a scenario in which we run an intergenerational housing project. As we know, there is an issue with housing in general in Edmonton. I manage the front line team of case workers for adults 55+ and we keep hearing stories of people living precariously, staying with one friend and then another, or are living on the streets. Affordable housing is scarce in Edmonton and a struggle for many of our clients. Jewish seniors are such a small part of the population that we serve, we have seniors from all different backgrounds who are struggling to find housing in the city.

We also know students and younger people just starting out in the workforce need affordable housing. I think that both groups could benefit from sharing living accommodations. The youth can help do things around the property that older people can no longer do, and the older people can provide knowledge and skills to teach the youth. Some youth don't have connections with the older adults in their life, or some younger people have families who live far away so I think it would be beneficial for them.

We have seen success with an intergenerational event we held last summer. We invited youth and Holocaust survivors at Whitemud Equestrian Centre. Two nurses ran workshops in equine therapy. The horses gave both generations something to talk about and interact with together. The love for animals is something that transcends generations and we saw that it really helped people connect and broke the ice.

Our Aging Indigenous Population: A Conversation with Bent Arrow Traditional Healing Society



Written by Susanne Urbina
Capacity Support Assistant (ESPC)

One in six people in the world will be aged 60 years or over by 2030 (Statistics Canada, 2023). The growing interest in aging often excludes our Indigenous seniors' voices and experiences from perspectives and comprehension on aging. We broaden our understanding of the diversity in successful aging by including older Indigenous adults in discussions.

Bent Arrow Traditional Healing Society is a non-profit organization that supports Edmonton's Indigenous community. Shauna May and Brad Seneca started the Society in 1994 offering services like the Pathways program for youth who wanted to return to school, enter training or find work and later, the province's child and family services department requested they open a group home. The success of the group home led the organization to develop other programs, resources and services for early childhood, adolescents, adult/parents, and seniors/grandparents. The organization continues to serve our Indigenous population with supports and programs including referrals, family wellness and health programs, soup and Bannock

lunches, youth employment programs, family services, housing and financial services (Narine, 2016).

We interviewed Sophie Laboucan, the Seniors Wellness Coordinator at Bent Arrow, to get a perspective on Indigenous aging.

How have Indigenous seniors been supported over Bent Arrow's 30-year history?

We have given support by listening to their needs, offering compassion and making them feel part of the community. Our Indigenous seniors share their life experiences, teachings, and teach us how to have a good life throughout each transition.

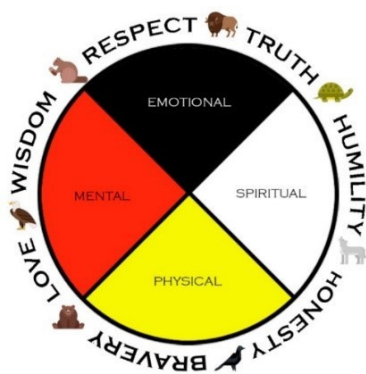


Historical and structural factors have influenced the health outcomes of Indigenous seniors such as the impacts of colonization, the loss of language and culture and the ongoing trauma they've experienced. These determinants have contributed to negative health effects. What are other factors affecting Indigenous older adults because of generational trauma?

Exploitation of Indigenous seniors is one of the factors of generational trauma. When seniors are taken advantage of because of ignorance of their rights, this adds to systemic abuse. A lack of trust in the healthcare system causes isolation and detrimental health outcomes for Indigenous seniors. There is also a lack of culturally relevant services and programs in healthcare, which make it difficult for Indigenous older adults to navigate the healthcare system.

Safe housing is often a concern for Indigenous seniors. If they indeed find housing, they may be exploited by being overcharged for rent or they may not receive much needed improvements to their living space.

Another factor to consider is when living on one's own is no longer an option. Indigenous seniors are reluctant to move into long-term care facilities as this may re-traumatize those who are residential schools' survivors.



Design credit: Devin Naveau, Mattagami First Nation

Many of the Indigenous seniors today were involved in the Sixties Scoop and in the Residential Schools. How might their experience of aging be different from others who have not experienced such complex trauma at an early age?

Physical abuse, sexual abuse, verbal abuse, inadequate nutritious meals and inadequate health care and loss of their culture and family ties negatively impacted life expectancy and quality of life for many, with that trauma being carried into senior hood. It has created issues with mental health, housing, food and financial insecurity, and lower literacy levels. By contrast, seniors who escaped or found a way out of the trauma are very capable today. They have been successful in raising their families having learned domestic skills, and other life skills.

“Those who can look forward and reach out, have done better and attained a good life.”

Aging was often thought of as a period of decline and dependency. In the 1980's, a “successful aging” concept was designed with the measurement of low probability of disease and disability, high physical and cognitive functional capacity, and active engagement with life. Is there anything that Indigenous seniors do to ensure “successful aging” under this model?

Kana'wayh'ito'win (kana-wah-KOH-toh-win) translates to “Taking care of each other's spirits.” In our community e.g.; social senior programs, having a sense of belonging, and a good support system, are the pillars we strive to support the seniors attending the Wahkomatowin senior programs.

My first position here was as a facilitator/outreach worker, offering programs to adults aged fifty-five plus, which subsequently produced the Wahkomatowin Seniors Wellness Program. My title now is Team Lead with a full time Senior outreach worker and a part-time

facilitator working with me. This program launched in 2016, is free of charge and embodies Cree natural law, Wahkomatowin. This refers to the interconnectedness and kinship between people, communities, and nature. Their programs are based on the Medicine Wheel, which helps balance health and well-being for seniors by taking the emotional self, the spiritual self and lastly, the mental self into account. Ceremony, healthy meals, community and positive family connections are our predominant model used for aging well. Every effort is made to look at each person wholistically to address their specific needs.

Our seniors' programs help improve and maintain physical health, and in turn, improve cognitive function. Active engagement is achieved through participation in our social groups to foster relationships. This is critical for seniors to avoid isolation, which can lead to disease and a decline in life expectancy. We schedule Kohkom's (Grandmother's) Tea-Time offering tea, conversation, storytelling, and skill building; Mosum's (Grandfather's) Beer Den providing projects to encourage working with their hands and making connections; and Social Hub, a co-ed program with organized outings to places of interest in Edmonton. Crow's Nest offers informational programming for seniors seeking resources through presentations and discussion to help make better, more informed choices, complete with healthy snacks and a bus ticket home if needed.

Elders contribute to their community and culture by passing down knowledge and skills, as well as mentor leaders in traditional ceremonies and ways of life. How does this contribute to the health of Indigenous seniors?

Our Elders are often seniors, but not all Indigenous seniors are Elders, and not all Elders are elderly. They have roles as teachers, counsellors, healers, and conflict resolvers in addition to having the

responsibilities of passing down our Indigenous teachings, ceremonies, and culture. They support seniors to reconnect to culture and heal through land-based teaching by connecting with nature. The Medicine Wheel and the Seven Sacred Teachings are founding values in our culture. Also known as Grandfather Teachings these guidelines of LOVE, RESPECT, BRAVERY, HONESTY, HUMILITY, TRUTH, and WISDOM focus on the relationships with all of creation, and each other (Alberta Regional Professional Development Consortia [ARPDC], 2024).

“Successful aging” is often associated with economic or material acquisition, but those who find themselves in less favorable circumstances often experience blame or neglect. How does this mentality affect Indigenous seniors?

Indigenous seniors frequently face discrimination which causes social isolation in seniors often being ignored and being discriminated against or overlooked in both their communities and society at large. This marginalization has a significant impact on their mental, emotional, and physical well-being, as it leads to the neglect of their basic needs. When these seniors are disregarded, their access to essential resources—such as adequate housing, nutritious food, and a reliable income—becomes compromised. These basic needs are crucial for successful aging, as they provide the foundation for health, stability, and dignity in later years. Without these necessities, Indigenous seniors face heightened vulnerability and diminished quality of life. Indigenous seniors are considered at an elevated risk of experiencing social isolation due to factors such as racism, marginalized language, culture, poverty, and historic negative experiences.

Statistics show that Canadian Indigenous groups have a lower life expectancy. What critical work about successful aging needs to be done for Indigenous older people to increase life expectancy?

Providing supportive, culturally safe health care services, more Indigenous representation via health care navigators, supports for grandparents raising their grandchildren, collaboration with knowledge keepers to provide wholistic and culturally safe spaces for ceremony; example a smudge room. Indigenous speaking interpreters in hospitals, healthy family connections and good community supports such as supportive and welcoming senior programs, safe affordable housing, financial supports, mental health supports, transportation, and food for seniors would help increase life expectancy for seniors.

What are the different challenges to Indigenous seniors who reside on reserve or in rural or remote areas?

Residents on the reserve often do not have the same access to services as urban seniors. There is little or no access to computers or the internet, which can be an added challenge to senior resource services. Seniors are often unaware that certain services even exist, more needs to be done to disseminate information. Remote residents also face a lack of transportation services. However, I am pleased to share that some reserves in this area now have senior services and programs which offer transportation and lodging for medical appointments out-of-town.

Although these are some of the challenges that Indigenous seniors face living on the reserve or in rural and remote areas, living on traditional land, with access to traditional food and connection to culture can impact aging in a positive way.

In some cases, healthcare personnel are not adequately informed about Indigenous culture. What support can be given to this system and other programs to increase the health and longevity of Indigenous seniors?

The Medicine Wheel encompasses spiritual, physical, emotional, and mental wellbeing. Knowledge of this holistic worldview would also help healthcare workers take better care of our seniors. Many of the staff at Bent Arrow speak and understand Cree, which builds good relationships. Staff who speak in Indigenous languages would improve communication and one's ability to heal. Being trauma informed, having cultural awareness, Indigenous navigators in hospitals to help assist the Indigenous seniors would be of significant help to bring a sense of understanding and ease to foster culturally safe health care. Visit Bent Arrow, we have cultural teachings available.

What non-medical models of aging can the non-Indigenous community foster to increase the longevity of Indigenous seniors?

As a result of how Indigenous people have been treated in Canada, our Indigenous seniors have shared, lived experiences of racism and prejudice. I suggest, building relationships to foster trust, increasing your knowledge of Indigenous culture, understanding Indigenous identity and our way of life, attending a powwow, or ceremony or sitting with elders to listen to their stories. It is important also to foster culturally safe health care and safe space as well as provide appropriate supports needed for the Indigenous senior.

What provisions of services in culturally appropriate manners would assist in the challenges of Indigenous seniors?

Culturally providing safety for Indigenous seniors in health care, and society where they are free from prejudices, discrimination, systemic racism. This is essential for Indigenous seniors, providing traditional and holistic care. These draw on their strengths from their identity, their culture and community.

What service agencies are available for Indigenous seniors in Edmonton?

Bent Arrow Traditional Healing Society, The Aboriginal Seniors, Indigenous Health Centre at Anderson Hall, Red Road healing society, Sage, Ben Calf robe, Metis Nation, and others.

Resources

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Would you or your agency like to get involved in Community Matters?

There are multiple ways that you or your organization can contribute to our upcoming publication.

Our planning for the June edition will be starting soon!

For more information or to express your interest please contact:
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Hoarding Amongst Older Adults and Seniors

Written by Janell Uden

Research Services and Capacity Building Coordinator (ESPC)

The Hoarding Disorder Foundation of Alberta (H DFA) aims to provide trauma sensitive, compassionate, evidence informed and collaborative support for people living with a Hoarding Disorder and their loved ones. One of the organization's co-founders, Terri Bailey agreed to sit down with us to talk about hoarding amongst seniors and older adults. Terri is a counsellor who through her practice provides therapy to those in need and specializes in the hoarding field. Through her practice, she provides education for professionals, facilitates hoarding group sessions, provides one-on-one counselling with people who have a hoarding disorder and works with family members of those struggling with the disorder.

What is hoarding?

Hoarding is an anxiety problem; folks who struggle with hoarding have difficulty letting go of items in their home and have a hard time with over acquiring items as well. The home gets so cluttered that the active living area is compromised, causing safety issues. The space can become so full that kitchens become unusable, dining tables have no space for seating, beds have no room to lie on, and there may just be one space to sit.

Hoarding is indicated by distress in a person's life coupled with dysfunction. Hoarding is different from being messy or having an unclean home. While the space may look that way to others, it is mainly the accumulation of things, the unwillingness to part with items and not having available space to move around freely and use spaces as they are intended for that separates hoarding from general clutter or disorganization.

Are older adults/ seniors more at risk of developing a hoarding disorder?

Not necessarily. Hoarding is actually a lifelong disorder that can start in childhood and if it goes on and without intervention, it gets worse. As people live their lives, there are issues that people encounter that can exacerbate the problem. People experience stressors or loss that can make hoarding worse. For seniors, they have friends or family who pass away, and they experience more loss, so they may want to hold onto things to remind them of these people. The items that people who hoard keep bring them comfort, and seniors in general are more at risk for social isolation and loneliness, once they lose people they love, sometimes the things that belonged to those people are all they have. We also see that some of the seniors or older adults have lived through wars, or hard economic times so they may want to hold onto things as they still have that scarcity mindset believing that they will need it one day.

What are the negative effects of hoarding on seniors and older adults?

There are a lot of negative consequences of hoarding, for example, often the things that people keep can accumulate in walkways, so items become trip hazards, therefore there is an increased risk of falling, there is also an increased risk of items falling on people as they move through their homes as well. These are safety issues, as seniors can get hurt and even if they can call for help, sometimes the pathways in the home aren't wide enough to allow for emergency medical services (EMS) to come in to help. Items falling on people can also hurt EMS staff that are in the home trying to respond. At times, hoarding items can invite pests such as bed bugs or mice to enter the home and hide in the items which can come with health risks as well. Hoarding in homes can also cause air quality issues, if there are lots of papers, books etc, there can be a lot of dust that accumulates on surfaces and floats through the air. Lastly, the amount of clutter in the homes can make people who live there feel embarrassed to have family or friends over which increases risks for social isolation.

There is a lot of research about social prescribing and how important community and human connection is for all people, but especially those who are aging. Hoarding can really impact this and we often see that people who have hoarding behaviours typically have more estranged family connections due to a lack of understanding, judgement and stigma of how they live and a worry for their safety. Considering seniors have more problems with mobility, physical health and loneliness hoarding can both exacerbate these issues and be exacerbated by these issues.

What are the signs and symptoms of hoarding in seniors?

We have talked about the risks, which are also signs and symptoms. If there is very little living space that is still able to be used for what it was intended for, if there is less room to move around the house safely, if the air quality of the home has changed, if there are visible fire hazards, if windows are blocked off and if these signs last for a long period of time, in combination with people having a very strong attachment to their items and an unwillingness to part with them, then they may be struggling with hoarding. This is different than if someone's space becomes this way from an extended period of depression or illness and they have not been able to attend to the physical environment.

A very strong attachment to items and feelings of anxiety over letting things go, especially if there is no longer any need for it or if it's connected to their identity or past sense of self. For example, someone may have been a dancer when they were younger and have all of their costumes, shoes, photos, videos, awards and medals. We hear people in support groups talk about "doorbell dread". This is when people with hoarding behaviours become worried when people ring the door bell and they worry about their living situation being discovered so they find a way to only open the door a little bit or step out onto the porch.

What are the benefits of decluttering for seniors' physical and mental well-being?

The benefits of decluttering are that people's homes become safer, there are less risks for them to incur harm and their spaces become more functional. We are always working from a harm reduction perspective not a homes and gardens perspective. We are focused on safety and functionality; it doesn't have to look the way that others think a home "should" look.

If family members understand this, they

can acknowledge the home is functional and safe and reduce their judgement. This can help mend broken family ties and reduce social isolation that seniors with hoarding behaviors can experience when their spaces are more cluttered. Many people who have hoarding behaviours also collect or are involved in hobbies. Regaining usable space offers them the opportunity to display some of their treasured items or spend time engaging with their hobbies, which increases mental health and well being.

What are the strategies to help seniors declutter?

At HDFA we have a multi-faceted system to offer appropriate support when a person with hoarding behaviours is ready to receive help. It is important that people with hoarding behaviours are ready to receive help, as since it is an anxiety disorder it is traumatizing for people to have stuff taken away without their consent. Hoarding is not solved as simply as removing items from a home, as people will re-ward the space they have.

This is why it is important to first establish that someone is ready. Then we can start with counselling to address the motivations behind the hoarding behaviour. There are many people who may want to change, and don't know how or even why they hoard at all. Beginning with figuring out why they do this, any past traumas, personal vulnerability factors, histories, losses, information processing challenges that may contribute to this behaviour, and why it is important to them that they change is crucial to moving on to the next step of decluttering. Our team has professional organizers and cleaners that can then help, while the person is still attending counselling both in and out of the home so that we are addressing the concern in both their home environment and for their mental health and well-being. The process of decluttering can begin as gentle as one item at a time. Sometimes a

practitioner may ask if they can take an item with them when they leave and that the person with the hoarding behaviour can have it back in a couple weeks, but just to try it out. This is often successful, and people can often let that item go.

How can seniors get hoarding support in Edmonton?

Currently, there is a gap in services in Edmonton for seniors and others who have hoarding disorders. There are support groups that run through Sage Seniors Association (SAGE) and HDFA, and there is a great collaboration between SAGE and CMHA where we are trying to establish a single place where people can go to receive support and help for hoarding behaviors, however there is a general lack of funding for treating hoarding disorders likely because of the lack of knowledge about the disorder as well as the stigma surrounding it. We have been running a crisis program that has seen great success, however the funding ran out in December and does not have any renewal at this time.

There are supports available that are fee for service, but affordability for this is a barrier for many people.

HDFA is starting a [workshop series](#) once a month, starting in March for anyone who is interested in helping themselves, or someone else with a hoarding disorder. [This link](#) offers a list of local and regional supports for those affected by hoarding.



Don't Want to be Left Behind: Barriers to Transit Accessibility for Seniors

Written by Alanna Molzahn
ESPC Volunteer

Starting February 2025, ETS will be raising fares to keep up with the increasing costs associated with the transit system (Riebe, 2024). A single cash fare will cost \$3.75 to ride the bus or LRT - a 25-cent increase from the current cost. Although this does not seem like a drastic price increase, the fare increase occurs in the context of an affordability crisis, wherein many are struggling to meet their basic needs. The increase also encourages transit users to ask what they are paying for: is the current transit system able to meet the needs of Edmontonians? Is transit adequately accessible? Specifically, is transit able to meet the needs of Edmonton's senior population?

Transport poverty is described as having limited transport options, compounded with socioeconomic disadvantage, which can prevent travel to important destinations (Allen & Farber, 2019). For seniors in particular, these important destinations can include health and dental care facilities, grocery stores, green spaces, recreation

centers, seniors' centers, and places to visit with loved ones. When transit routes were redesigned and implemented in 2021, access to these destinations was altered: routes that used to take riders to the door of grocery stores, for example, were changed so that riders would have to walk an additional distance from the bus stop to their destination (Riebe, 2019). In icy weather, that extra distance can become treacherous for older Edmontonians. Furthermore, since 2021, some routes have been transformed into on-demand routes. The City of Edmonton considers the on-demand program to be a success, although some issues like lengthy wait-times are still being worked out (Pasiuk, 2019). On-demand transit requires a rider to book a shuttle in advance online, through a smartphone app, or by phoning the On Demand Transit call centre (City of Edmonton, n.d.a). Despite the city's opinion that the program is a success, riders may still be unaware of how on demand transit works or that it is even an option (Pasiuk, 2019). For instance, trip-planning apps such as Google Maps do not

display on-demand transit options (Pasiuk, 2019). Not addressed by the evaluation survey are accessibility concerns, leaving one to wonder how effectively on-demand transit services senior populations. Similar to standard routes, issues of walking distance between the destination and the pick-up/drop-off locations may arise, as well as difficulties learning about and accessing on-demand transit when information is often located online.

The city's decision to phase out paper fares and transition fully to the Arc system in November 2024 may also present an accessibility challenge for seniors. Arc is Edmonton's new electronic fare payment system that uses an Arc card or single-use ticket to tap on and off of buses and the LRT. Fares are stored in an online account associated with the card and are loaded onto the card online or at a fare vending machine. Users can also call the Arc call centre or visit an in-person service centre or participating retailer to purchase Arc fares. If a rider does not have an Arc card, they can purchase a single use ticket from a fare vending machine. Without direct access to the internet or if an individual has difficulties navigating the internet, refilling and checking balances on the Arc card can be a hassle. Fare vending machines are only located at LRT stations and select transit stations, and older riders may not be aware of alternate options for refilling their cards. To address gaps in knowledge, the city has created an information guide for seniors (City of Edmonton, n.d.b). The city also intends to offer in-person presentations to help seniors learn more about Arc (Salvador, 2024).

Moving forward, it is crucial that the city bears in mind accessibility concerns for seniors and other Edmontonians who rely on transit as an essential service, especially as the cost of this service increases. Furthermore, difficulty or inability to access transit is an indicator of social isolation in seniors, which can have devastating health

impacts (Edmonton Seniors Coordinating Council, 2010).

It may be time to seriously consider improvements to transit. The idea of free fares for seniors arises. Currently, Arc senior fares are capped at \$36 per month, and low-income seniors may be able to access further subsidies. Further reducing or eliminating fares can lead to an increase in ridership and customer satisfaction, although results can vary depending on the region and targeted population (Alousi-Jones & El-Geneidy, 2024). For example, as of July 1st, 2023, in Montreal, riders aged 65 and older were able to use public transit for free. An examination of the impact of the change did not reveal a statistically significant increase in public transit use or in satisfaction except for convenience (Allen & Farber, 2019). Researchers note, however, that changes in behaviour may take longer to observe (Allen & Farber, 2019). It would require further study and consideration of the Edmonton context to determine whether free fares would be an adequate solution to accessibility.

Other policy recommendations, less specific to seniors, include investing in transit in areas which have high concentrations of low-income households and low levels of transit accessibility (Allen & Farber, 2019). A re-evaluation of bus routes would also be helpful, to determine if community members of all demographics are having their needs met by ETS. A well-functioning and well-utilized transit system helps a city thrive, as does policy that uplifts all members of community by ensuring equitable access to essential services.

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Beyond the Physical: Uncovering the Importance of Mental Health for Seniors

Written by Susanne Urbina
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Age sixty-five traditionally has designated someone a senior, with the expectation that retirement and collecting a pension may start. There are many cost-savings and rewards-building programs that are offered to those aged fifty-five and older and may be labeled “for seniors.” Today our definition of a “senior” has changed with the worldwide increasing average life-expectancy, but we use it as the standard measurement of an older adult, or older person. A more positive metric on determining the age of a senior is to take the physical, mental, spiritual, and social aspects of the person into account (Federal, P., & Territorial Committee, 2006).

Seniors represented 18.9% of our country’s total population and approximately 7.6 million Canadians were aged 65 and older on July 1, 2023. We will see an increase in senior’s representation to 23.4% of the total population by 2030, as we are living longer, and our national birth rate is decreasing (Statistics Canada, 2023).

We acknowledge that aging is a natural process and the choices we make throughout our life will affect our quality of life as we age. All aspects of one’s health should be considered, discussed, and monitored as we age. We can control many aspects of our physical health through

measures such as getting consistent exercise, eating a healthy diet, scheduling regular doctor’s visits, ensuring adequate sleep, and limiting alcohol intake (National Institute on Aging, 2022). One’s mental health, which often affects one’s physical health, is often overlooked. While most seniors have good health today, many are at risk of developing mental health conditions.

Physical health issues like reduced mobility, chronic pain, respiratory challenges, organ disease, and frailty can be identified and require medical care. However, there are common difficulties in accessing health care services including difficulty getting a referral or an appointment, wait times being too long, or services not being available at the time required. This is also an indicator that seniors’ mental health may not be getting the attention it needs. The fundamental issue at stake here is that we are all aging. Today with our healthy body mindset, we might keep our bodies in satisfactory shape, but seniors’ mental health conditions are often underrecognized and undertreated. The stigma around deteriorating mental health can make people reluctant to share their concerns and seek help (World Health Organization, 2023).

“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community (World Health Organization, 2014).”

One might assume that with a life well lived along with the wisdom accumulated throughout the years, a senior would recognize the signs of poor mental health and take aim at getting help. Often seniors find it challenging to move on from losses like the death of a loved one or losing a job, even though they may think they've done so. These feelings of sorrow can persist much longer than expected. Some seniors that live alone are more at risk of isolation as they can become anxious in social situations. When one adds other factors such as declining physical health, and challenges caused by a decreasing network of friends due to retirement and death, and possible life transitions such as moving to a retirement home or nursing home, the impact to their overall health can be severe.

We have seen more emphasis on mental health care since the COVID-19 pandemic that affected everyone. For example, forced isolation caused the deterioration of friendships and one's ability to foster new relationships. Many social issues have arisen since and service agencies are helping children and adults cope with social and emotional challenges. Seniors and older adults whose isolation and a perceived lack of purpose combined with possible health challenges already found themselves depressed during the pandemic, now have greater mental health issues.

Physical and mental health issues can occur simultaneously in seniors. Often, they will complain of physical symptoms when they are depressed. They may report symptoms

of abdominal pain, fatigue, dizziness, weakness, lack of appetite and even body pain. As a result of the information they share, one offers medical advice and no treatment for a mental health problem. Instead, they need the specialty of medical psychiatry which works synergistically assessing and treating both mental and physical problems (Mental Health First Aid for Seniors, 2017).

There are four distinct senior groups living with mental illness. The first are “those growing older with a recurring, persistent or chronic mental illness. The next are those experiencing mental illnesses that appear for the first time after age sixty-five. Thirdly, those living with behavioral and psychological symptoms associated with dementia. Lastly, those living with chronic medical problems with known correlation with mental illness such as stroke or Parkinson's disease (Mental Health Commission of Canada Seniors Guidelines, 2015).

Approximately 14% of adults aged 60 and older live with a mental health disorder, with depression and anxiety being the most common. The Global Health Estimates (GHE) of 2019 believes that 27.2% of deaths by suicide are among the 60 and older population. There are many factors that seniors face that increase their risk of depression and anxiety that one may not have considered and according to the World Health Organization (WHO) those in equity-deserving groups are at a greater risk within their social and care environments (Mental Health Commission of Canada, 2024).

It is recognized that the fear and stigma around mental health prevents people from reaching out, but it also keeps people from providing appropriate support to those suffering because they do not know how. We are aware of first aid measures that can help with injury to the body, but what can one do to provide initial support to someone developing a mental health

problem or experiencing a mental health crisis?

Mental Health First Aid (MHFA) was developed and introduced in Australia in 2001 to improve one's knowledge of mental disorders, reducing stigma and increasing the ability to help others. Today, MHFA Canada teaches mental health first aid skills to help aid in a mental health crisis such as suicide and self-harming actions through early intervention. Coping strategies will need to be used to manage the stress and anxiety for both parties.



Mental Health First Aid Seniors (MHFA Seniors) is an adaptation of the MHFA curriculum developed in Canada, designed specifically for

seniors around the world. The capacity for seniors, caregivers, families, communities and in care settings increases with this training, to promote mental health, prevent mental illness and intervene as soon as problems emerge (MHCC, 2012). The training focuses on first aid for substance-related disorders, mood disorders, anxiety disorders, dementia, delirium, and psychotic disorders.

If one was to understand the unique needs and difficulties that seniors face, and recognize cognitive changes, physical health changes and changes in their interactions with people, as well as depression, anxiety, suicidal ideation and substance abuse, they would realize that Mental Health First Aid might be a first step in treatment.

Depression symptoms such as sadness, change in appetite or sleep patterns and feelings of hopelessness are strong warning signs to be aware of. We may witness excessive worrying, irritability and excessive sweating and a racing heartbeat which are indicative of severe anxiety. Confusion,

difficulty in concentrating and memory loss are worrisome signs as would a misuse of medication, alcohol and drugs.

There is much value in listening actively to help a senior who may exhibit signs of irritability, sadness, and confusion. They will need to express their feelings without interruption and your non-verbal communication reassures them that you are listening. This helps to build trust as does being non-judgmental and providing reassurance for them. If a situation escalates, maintaining a calm voice is important. When this happens, professional help is suggested for the senior.

Seniors can achieve improved mental health with treatment, but remission is not common. The goal should be to aim for recovery, where mental illness is not affecting the quality of life. The improvements in psychological and social functioning reflect seniors' ability to be resilient, giving them the ability to successfully adapt in response to adversity (Meesters, 2014). In addition to the willingness of the senior to pursue treatment which determines the degree of recovery, other factors support their journey. A senior afflicted with a mental health illness needs nutrition, exercise, a good network of friends and family close by and access to caregiving, as well as economic security (Centre for Addiction and Mental Health, 2010).

In conclusion, it is important that maintaining mental health in our senior years is just as crucial as keeping physically healthy. The stigma associated with mental health can make it uncomfortable and challenging for seniors to seek help, but there are many great resources to assist families, caregivers, and communities to intervene early and provide support. Acknowledgement of the mental health risks related to aging and the practice of Mental Health First Aid as a resource, can assist a senior with the help they need until appropriate professional treatment is

received or until the crisis is resolved. Other resources to reduce isolation and keep seniors socially connected, offering accessible care as well as engaging them in mentally stimulating activities are also recommended. It's time to ensure seniors live their golden years to the fullest!

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The Edmonton Social Planning Council is an independent, non-profit, non-partisan social research organization, with registered charitable status. Our focus is social research, particularly in the areas of low-income, food security, social determinants of health, and poverty. ESPC has been a source of knowledge and expertise on social issues within our community since 1940 (85 years in 2025).

We are dedicated to encouraging the adoption of equitable social policy, supporting the work of other organizations who are striving to improve the lives of Edmontonians, and educating the public regarding the social issues that impact them on a daily basis.

Our Vision: A community in which all people are full and valued participants.

Our Mission: Through rigorous research, detailed analysis, and community engagement, we deepen community understanding of social planning issues, influence policy, and spark collaborative actions that lead to positive social change.

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