

# Thriving in the City: A Framework for Income and Health in Retirement

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Wellesley Institute works in research and policy to improve health and health equity in the GTA through action on the social determinants of health.

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**Statement on Acknowledgement of Traditional Land**

We would like to acknowledge this sacred land on which the Wellesley Institute operates. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Revised by the Elders Circle (Council of Aboriginal Initiatives) on November 6, 2014

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## Introduction

Achieving a healthy population requires that governments and institutions invest in the social determinants of health to create an environment where all people in Canada can truly thrive.

Wellesley Institute's *Thriving in the City*<sup>1</sup> framework is a valuable tool for understanding what resources an individual needs to live a healthy life and assessing how the current policy environment meets these needs. While the previous report focused on working-age adults (25-40 years old),<sup>2</sup> this report focuses on the needs of retired older adults (65-74 years old) in the Greater Toronto Area (GTA).

Older adults face distinct health challenges as they age, such as a higher risk of chronic disease, more limited capacity to complete activities of daily living,<sup>3</sup> and social isolation.<sup>4</sup> In addition retired older adults may not be able to add to their income or replace losses. Canada's retirement income system ensures a certain level of income security to most citizens upon retirement.<sup>5</sup> There are three components: (1) Old Age Security (OAS); (2) Guaranteed Income Supplement (GIS); and, (3) the Canadian Pension Plan (CPP).

OAS and GIS offer a universal minimum income to older Canadians. CPP are compulsory earnings-based contributions by employees and employers, which offer a basic level of earnings replacement for workers. These may be supplemented by voluntary private savings, such as Registered Retirement Savings Plans (RRSP) or Tax-Free Savings Accounts (TFSA), which offer tax benefits to encourage Canadians to accumulate additional savings for retirement. Older adults are also eligible for a range of provincial and local programs that support health, such as the Ontario Drug Benefit and subsidized transit services.

Canada's retirement system has two key overarching objectives: (1) to ensure a minimum level of income in order to reduce poverty, and (2) to provide Canadians with sufficient resources to enable a predictable, adequate replacement of income during the transition between work and retirement.<sup>6</sup> This system has been largely viewed as successful, with Canada having a low rate of older adults living in poverty compared to other nations.<sup>7</sup> However, there is increasing public concern that Canadians are not saving enough to fund their retirement, and this challenge is exacerbated by the decline in employer-sponsored pensions and longer life expectancies.<sup>9</sup> Recent census data demonstrates that between 2005 and 2015, low-income Canadian seniors increased from 12 percent to 14.5 percent of the overall population.<sup>8</sup>

In current policy rhetoric, retirement income adequacy is often measured in terms of replacement rates, which describes the proportion of pre-retirement income received. However, such a metric does not attempt to measure what a retired person actually needs. If there is broad recognition that everyone in Canada should be able to achieve their full health potential, then adequacy of post retirement income can be usefully linked to the best attainable physical, mental, and social well-being.

*Thriving in the City: A Framework for Income and Health in Retirement* draws on extensive evidence on the health of older adults. The framework identifies the goods, resources, and services required for a retired person to thrive. It introduces a new paradigm for understanding the connections between income and health and offers a lens through which to consider policy opportunities that support healthy aging. In doing so, this framework brings health and well-being to the forefront of the discussion about the needs of older adults.

In this paper, we (1) describe the methodology for developing the framework, (2) describe the components of the framework and their relevance for health and well-being and (3) discuss the implications of this framework with respect to retirement policy in Ontario and Canada.

## Approach

### Research Approach

The Thriving in the City project describes: a) what constitutes “thriving” with respect to key dimensions of physical, mental, and social health; and b) what goods, resources, and services would be required for a person to “thrive.”

This component of the project is focused on older adults aged 65-74, who are retired and live independently in the GTA. The report focuses on older adults without significant limitations in the activities of daily living.

75 percent of Canadian older adults experience at least one chronic condition<sup>9,10</sup> and many would still consider themselves ‘in good health’. This framework takes into account minor health concerns that are common with aging and do not significantly limit an individual’s activities of daily living. Individuals with significant activity limitations and those who require extended health care services such as long-term care have a distinct set of needs that are not addressed in this framework. Moreover, this framework is meant to be descriptive rather than prescriptive. It offers an example of a healthy life in retirement, but of course individuals have a diversity of needs and preferences that cannot be appropriately captured in a single framework.

The framework for older adults offers a complement to the previous framework designed for working adults age 25-40 in the GTA. The previous framework emphasized building financial security and investing in education and career development as important needs for younger adults. The framework presented here assumes that an individual has been able to financially prepare for retirement, and so is entering retirement with substantial savings and without debt. However, in recognition that health needs are often unpredictable, the framework does account for some contingencies that may be required.

## Previous Work

The *Thriving in the City* framework is based on the Minimum Income for Healthy Living (MIHL) approach developed by Jerry Morris and colleagues in the United Kingdom.<sup>11</sup> This research identifies what an individual needs to achieve optimal health and estimates the financial cost for these needs, with the goal of evaluating the adequacy of current income security policies. Importantly, the MIHL approach is grounded in evidence, drawing from credible research on health and well-being. It also reflects the importance of physical and mental health as well as social and economic well-being. The *Minimum Income for Healthy Living* approach accounts for food, housing, physical activity, social integration, transportation, personal care and hygiene, health services, and savings. Each component includes a proposed list of goods and services required for achieving good health, along with estimated costs. The approach has been applied to single working-age men in the UK,<sup>12</sup> as well as older individuals and couples in the UK<sup>13</sup> and New Zealand.<sup>14</sup> Across studies and jurisdictions, the MIHL has consistently exceeded pensions or social security rates. Wellesley Institute recently applied the approach to younger adults age 25-40 living in the GTA, similarly finding that the total compensation required to thrive far exceeds the compensation provided through employment and social services.<sup>15</sup>

## Methods

This work uses an approach similar to the *Minimum Income for Healthy Living* work as well as Wellesley Institute's previous *Thriving in the City* framework. It involves three key steps:

1. *Literature review:* We conducted a review of recommendations about healthy aging with respect to eight key components: food, shelter, transportation, physical activity, health care, personal care, social care, and contingencies. We searched for evidence-based recommendations from credible health institutions with respect to each component of healthy aging. While we attempted to draw from Canadian recommendations (such as those from Health Canada, Public Health Agency of Canada, Canada Mortgage & Housing Corporation and Finance Consumer Agency of Canada), in some cases we turned to international institutions such as the World Health Organization. These recommendations provided general parameters for each component, allowing us to create a clear statement of what “thriving” in retirement should entail.
2. *Constructing initial framework:* For each component, we proposed specific goods, services, and resources that would allow an individual to thrive. In choosing what specific items to include, we sought to represent the most common choice using local and national survey data. While the specific items cannot capture each individual's preferences, the goal was to capture the items that would be considered acceptable or typical in Canada and, where possible, within the GTA.
3. *Focus groups:* We held one focus group in Toronto hosted by the Toronto Seniors' Forum and one in Mississauga hosted by the local chapter of the Canadian Association of Retired Persons. In total, there were 14 people in the focus groups. We asked

participants to consider whether the components and items listed would allow them to achieve good health and truly thrive during their retirement, and prompted them to consider if any components or items were missing or inadequate. We then modified the initial framework to reflect participants' comments.

4. *Stakeholder consultation:* We held a consultation with a group of stakeholders including representatives from government, academia, advocacy organizations, and social and health service providers. Each of the stakeholders had substantial expertise in policy issues facing older adults in the GTA. The goal of the policy consultation was to identify emerging concerns and policy opportunities based on the findings of this research. This consultation informs our discussion here and in forthcoming reports on this research.

It is important to note that the framework does not prescribe an 'ideal' way to thrive in retirement. Different people will have different preferences and priorities when it comes to their health and well-being. Instead, it indicates in a general sense what types of resources, goods, and services would allow for a healthy retirement. The following section describes the eight components of the framework, each with a set of items that reflect what it means to thrive in retirement.

## Thriving in the City Framework

### Food and Nutrition

Nutrition significantly influences older adults' general health and well-being, affecting sensory functions, cognitive abilities, and chronic disease risk.<sup>16</sup> Older adults are at particular risk of inadequate diet and malnutrition.<sup>17</sup> This component is based on Canada's Food Guide which offers clear guidelines for healthy eating for older adults.<sup>18</sup> For a sample grocery list, we utilize the 2008 *National Nutritious Food Basket* developed by Health Canada,<sup>19</sup> which is aligned with Canada's Food Guide recommendations. We also include the supplies needed to prepare meals from scratch, such as tin foil and food containers. Other cooking equipment like appliances and kitchenware are included in the *Shelter* component.

In addition to groceries, this framework also includes vitamin D supplements. These are recommended for adults over age 50 by *Canada's Food Guide* to promote bone and muscle health, as vitamin D production through the skin becomes diminished with age.<sup>20</sup>

- Groceries
- Food preparation supplies
- Vitamin D supplements

### Shelter

Shelter is absolutely necessary for good health; inadequate or unsafe shelter can expose individuals to a range of negative physical and mental health impacts.<sup>21</sup> Standards from

the Canada Mortgage & Housing Corporation<sup>22</sup> state that an acceptable home must be: affordable, meaning it costs less than 30 percent of a household's pre-tax income; adequate, meaning it is not in need of major repairs; and suitable, meaning it is not overcrowded. For a single person, a bachelor unit is considered suitable. We also account for other requirements of an acceptable home like furnishings and appliances, repairs and maintenance, and insurance.

The broader city and neighbourhood environment is also important for promoting healthy aging. The WHO's *Age Friendly City Guidelines* recognize the importance of access to essential services such as community programs, health services, and grocery stores, emphasizing the importance of walkability and good transit access.<sup>23</sup>

Across the GTA, it is far more common for older adults to own their homes rather than rent. However, among single older adults, there are substantial number of renter households (ranging from 26% in York Region to 48% in the City of Toronto).<sup>24</sup> To capture the distinct housing needs of renters and owners, we include both scenarios in the framework. In both cases, we include a small bachelor unit located within a moderately walkable neighbourhood. Given that 59 percent<sup>25</sup> of homeowners in Toronto between the ages of 65 and 74 live in a single detached houses, we added a third scenario to reflect this population. We assume that homeowners are mortgage-free by age 65. We also include other requirements such as condo fees and property taxes for homeowners. Both scenarios would require furnishings, appliances, and repairs/maintenance, although more so for homeowners.

### **Renter**

- Rent for bachelor unit
- Utilities
- Equipment
- Furnishings
- Repairs & maintenance
- Tenant's Insurance

### **Homeowner (bachelor/studio apartment)**

- Utilities
- Equipment
- Furnishings
- Repairs & maintenance
- Condo fees
- Property taxes
- Homeowners insurance

## **Homeowner (single detached house)**

- Utilities
- Equipment
- Furnishings
- Repairs & maintenance
- Property taxes
- Homeowners insurance

## **Transportation**

Reliable daily transportation is necessary for accessing health services, attending community programs, shopping, and visiting family and friends. In Toronto, those with limited transit access are more likely to have poor health outcomes such as diabetes.<sup>26</sup> Some areas of the GTA have limited access to transit, and as a result, many residents rely on private vehicles.<sup>27</sup> In Toronto, focus group participants suggested that they may need a car depending on their proximity to transit. Focus group participants in Mississauga agreed that a car is necessity for their day-to-day lives, as is regional transit to travel to Toronto for special events. The majority of seniors own their own cars.<sup>28</sup> To reflect this reality, we have included two scenarios: one for a transit user, and one for a car owner. For the transit user, we include a monthly public transit pass, taxi fare, and occasional regional transit and car sharing. For the car owner, we include car payments, assuming that a car must be replaced approximately every 10 years. We also include items like insurance, gas, parking expenses, and occasional taxi and transit trips.

### **Transit user**

- Public transit
- Car share
- Regional transit
- Taxi

### **Car Owner**

- Car payments
- Car insurance
- License & registration
- Car repairs & maintenance
- Gas
- Lot/ street parking
- Public transit
- Taxi

## Physical Activity

Regular exercise is an important part of healthy aging and can support independent living in older age.<sup>29</sup> Health Canada endorses the *Canadian Physical Activity Guidelines for Older Adults* developed by the Canadian Society for Exercise Physiology.<sup>30</sup> According to the guidelines to achieve health benefits and improve functional abilities, older adults 65 plus should accumulate at least 150 minutes of moderate-to-vigorous intensity aerobic physical activity per week, and add muscle and bone strengthening activities at least 2 days per week. This can help reduce the risk of chronic disease such as high blood pressure, heart disease, and premature death, and help to maintain functional independence, mobility, bone health, and mental health.

In Canada, popular physical activities include walking, gardening, home exercises, swimming, and cycling.<sup>31</sup> Some focus group participants mentioned that they felt safer exercising indoors, particularly in winter when there is a risk of falling. The framework includes a membership to a local community recreation centre, which offers a range of athletic facilities including gyms and swimming pools, exercise equipment, and group classes.

- Fitness centre membership

## Health Care

Comprehensive medical care is essential for protecting health throughout the life course, and older adults in particular have high health care needs including drugs, vision, and dental care.<sup>32-33</sup> Older adults in Ontario can access basic health services including vision care through OHIP, and drugs through the Ontario Drug Benefit. However, focus group participants spoke about the limitations of these public coverage options and expressed concern about meeting their health care needs as they age. They estimated that about one-third of their medications were not included under the Ontario Drug Benefit, and also noted that OHIP does not cover many health care items that are commonly needed for older adults. We also recognize that in Canada almost 75 percent of older adults have at least one chronic health condition that may add additional health expenses.<sup>34</sup>

While beyond the scope of this work, we recognize that many older adults will need more extensive health care services and supports as they age. Focus group participants also emphasized the importance of home care and assistance from personal support workers to maintain independence and good health as they aged. While home care and long-term care services are included through OHIP, the services available are often unable to meet the full care needs of the aging population<sup>35</sup> and many may turn to private options. As a result, healthy and independent aging may involve significant costs. However, calculating these costs warrants a more thorough analysis in a separate iteration of this work.

To meet the health care needs of a 65-75 year old adult who lives independently without significant limitations in the activities of daily living, this framework includes a comprehensive health benefits insurance package and additional over-the-counter products.

- Extended health coverage
- Over-the-counter drugs and other health supplies
- Additional expenses from living with a chronic condition

## Personal Care

Toiletries, clothing, and cleaning supplies are necessary for maintaining personal and household hygiene. These items limit the spread of disease and are important for maintaining physical health, but also play an important role in facilitating social inclusion and participation.

- Clothing
- Toiletries
- Haircuts
- Household cleaning supplies
- Laundry

## Social Participation

Social participation is a particularly important part of a healthy aging process; as people transition out of their professional lives and the nature of their family roles change, they may need to seek out new social activities to meet their psychological and emotional needs. Older adults who engage in social activities frequently (at least weekly) are more likely to report having good health and are less likely to report feeling lonely or dissatisfied with their lives.<sup>36</sup> While people have distinct preferences for the frequency and type of activity, it is important that older adults participate in a range of activities that allow for informal interaction with family and friends, solitary time, and connections to community.<sup>37</sup> The social participation component includes a range of activities that support mental health and reduce social isolation.

## Hobbies

Lifelong learning and intellectually stimulating hobbies, like reading, listening to music, or undertaking creative projects can protect against cognitive decline in older age.<sup>38</sup> These activities can be undertaken alone, but can also offer social interaction, such as through book clubs or workshops. We include some reading materials, music, and a workshop or course. Many of these resources are also available for free through the public library. In addition,

we include supplies for gardening, one of the common leisure activities noted in our focus groups, although this could be substituted for another activity.

- Books
- Magazine/newspaper
- Music
- Gardening supplies
- Workshop or course

## Outings and Socializing

Social activities are particularly important for older adults, as they protect against social isolation and loneliness and are strongly associated with health and well-being.<sup>38-39</sup> Our focus group participants felt that socializing was very important to their sense of well-being. In particular, for those who had experienced the death of a spouse or friends, joining clubs and associations offered an opportunity to meet new people. Focus group participants also mentioned that they enjoy going to sporting events, movies, and other attractions with family and friends.

Going out to eat was another preferred social activity in focus groups. Recognizing that eating out is often less nutritious than eating at home, we have chosen to limit these outings to once per week, below the Ontario average of twice per week.<sup>39</sup> We also include some additional items for hosting friends or family for meals at home, although most food is captured in the *Food & Nutrition* component. Civic contributions are also included to account for memberships fees associated with joining a club or association. Celebrating special occasions is an important social and cultural activity, so gift-giving is also included in this component.

- Cultural outings (tickets to movie, gallery/museum, concert, or sporting event)
- Special occasions (additional food/drink for entertaining at home)
- Gifts (birthdays, holidays, etc.)
- Restaurant outings
- Civic contributions (membership fee to club or association)

## Donations

Maintaining social capital through involvement in ones' community is an important facet of well-being in later life.<sup>40</sup> Many older Canadians volunteer their time to causes and organizations in their communities, and generally give more of their time than their younger counterparts.<sup>41</sup> Charitable donations are also an important means of contributing to community, and peoples' donations tend to increase with age.<sup>42</sup> In addition, those between 65-74 are more than twice as likely to participate in regular religious services compared to younger adults.<sup>44</sup> This participation often comes with expectations of giving, whether in

terms of financial contributions to a place of worship or in-kind contributions such as food or equipment. To this end, we include charitable donations as part of the social participation component.

- Charitable donations

## Telecom Services

Access to internet and phone services is necessary for keeping in touch with friends and family as well as managing day-to-day tasks like banking or scheduling appointments. The majority of Canadian adults now own a smartphone,<sup>43</sup> and focus group participants agreed that a landline was not necessary. Focus group participants also noted that cable TV was an important way to get news and watch television shows and movies.

- Basic home internet
- Basic cable
- Basic smartphone plan

## Travel

In focus groups, travelling was identified as an important social activity for older adults. Travelling is associated with an improved sense of well-being and perceived health.<sup>44</sup> For some, visiting new places was an opportunity to relax, learn, and socialize with others. For many, the purpose of travelling was to spend time with friends and family, including children and grandchildren. Most focus group participants spoke about travelling within Canada. However, international travel is also important in the context of the GTA: 68% of adults over age 65 were born outside of Canada,<sup>45</sup> indicating that they may need to travel abroad in order to stay connected with family and friends. Focus group participants noted that, in addition to items associated with travel itself, they also needed access to travel health insurance. Many focus group participants noted that they value the opportunity to travel in retirement, but worry about experiencing a medical emergency while abroad. This component includes train or air travel within Canada as well as an international trip. Accommodation is included only for one trip, as we assume that people will stay with family and friends otherwise.

- Domestic travel
- International travel (no accommodation)
- Travel health insurance

## Contingencies

Savings and debt were prominent components of the first iteration of the *Thriving in the City* framework for younger adults. However, this component is not included in the framework for older adults. Our assumption is that retired older adults have repaid any outstanding debts

and have built sufficient savings or investments to manage living expenses. Additionally, retired older adults will not have the opportunity to save substantially, as they will have withdrawn from the workforce. Therefore, it would not be realistic to include a substantial savings component.

While this framework accounts for everyday expenses, we recognize that unexpected events may occur that have not been accounted for. In lieu of regular contributions to long-term savings, a small contingency has been included to account for unexpected expenses and emergencies. Following the framework from Morris et. al. (2007), this contingency will be approximately 6% of total living expenses.

## Discussion and Implications

The framework presented here demonstrates that older adults need more than the basics in order to thrive as they age. It recognizes the importance of connecting with family and friends, continuing to learn new skills, contributing to ones' community, and preparing for more extensive health care needs throughout the aging process. These activities are not luxuries; evidence consistently demonstrates that they are necessary for achieving good health and well-being in older age. While individuals may have distinct preferences for specific activities or items, each dimension of health is reflected.

Canada's retirement income system has been viewed largely as successful, with evidence showing a relatively low rate of poverty among older adults.<sup>46</sup> However, in Ontario and across Canada, the rate of poverty among older adults has increased and fewer adults are financially prepared for retirement.<sup>47, 48</sup> While voluntary private savings are an important feature of Canada's retirement income system, many low-income older adults cannot save the resources required for retirement through their own contributions.<sup>49</sup> In Toronto, there is already evidence of income-related health disparities between high- and low-income older adults<sup>50</sup> For example, those with higher incomes are more likely to report being in good general health and are more likely to engage in important preventive behaviours such as flu shots. Those with lower incomes are also disproportionately female and racialized, suggesting that they may face marginalization that affects their health throughout their lives. If the rate of poverty among older adults continues to rise, it is likely that low-income individuals will face greater health risks as a result.

These challenges highlight the importance of understanding Canada's retirement income system through a lens of health and well-being. In policy discussions, the replacement rate is often used as a metric to assess income adequacy for older adults. However, this metric does not capture the health needs noted in this framework. For example, an assessment strictly based on replacement rates would find that low-income older adults would replace approximately 80% of their pre-retirement income through OAS, GIS, and CPP.<sup>48</sup> This figure would lead to a conclusion that "most low-income seniors have adequate income

security, with annual retirement incomes equal to or more than income earned during their working lives.”<sup>51</sup> However, this straightforward metric does not take into account the resources required to maintain a healthy life for older Canadians. There is a need for a critical examination and discussion about whether low-income Canadians are truly able to thrive, both pre- and post-retirement.

This framework also illustrates how the concept of “thriving”, although grounded in evidence, is dynamic and context-specific. Many of the needs described in the framework reflect the changing social and economic reality of the GTA. For example, the relatively low rate of home ownership within the City of Toronto, likely a function of unaffordable housing prices, means that many older adults turn to renting as a more affordable alternative. The need for annual travel to visit family and grandchildren speaks to the role of immigration and diaspora in the GTA; many older adults have moved to the GTA from elsewhere, and many have family connections across Canada and around the world. These social and economic trends will also come to bear as the current working-age population moves towards retirement. For example, there may be even lower rates of homeownership in the next cohort of older adults, and there will likely be even fewer individuals who can rely on employer-sponsored pensions.

The *Thriving in the City* framework for older adults offers an opportunity to understand what healthy aging looks like in the GTA. If the goal of the retirement income system is to help Canadians maintain an adequate level of income to thrive in their retirement, we need a different approach to the retirement income system and other policies. This framework can be a starting point for understanding how the policies that affect older adults can better reflect a vision of health and health equity.

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