



<sup>1</sup>Graduate Program Director, Inclusive Design and Design for Health, OCAD University, Toronto, ON, Canada and  
<sup>2</sup>Associate Dean, Faculty of Social Sciences and Professor, Health, Aging & Society, McMaster University, Hamilton, ON, Canada

## Article

**Cite this article:** Wyndham-West, C.M., & Dunn, J.R. (2024). Housing Instability and Policy Considerations for Equitable Aging in Place in Canada. *Canadian Journal on Aging / La Revue canadienne du vieillissement* <https://doi.org/10.1017/S0714980824000205>

Received: 10 August 2022  
Accepted: 14 March 2024

### Keywords:

aging; housing instability/homelessness; gender-based analysis; intersectionality; aging in place; equitable policy

### Mots-clés:

vieillesse; instabilité du logement/sans-abrisme; analyse fondée sur le genre; intersectionnalité; vieillir à domicile; politiques équitables

### Corresponding author:

La correspondance et les demandes de tirés à part doivent être adressées à : / Correspondence and requests for offprints should be sent to: C. Michelle Wyndham-West, Graduate Program Director, Inclusive Design and Design for Health, OCAD University, 205 Richmond Street, Room 303, Toronto, ON M5V 1V3 ([mwyndhamwest@ocadu.ca](mailto:mwyndhamwest@ocadu.ca)).

## Abstract

**Background** In this article, we apply a gender-based analysis plus framework to research the housing experiences of older, low-income adults living and aging in Hamilton. Low-income older adults with intersectional identities are at risk of not aging in place due to marginalization and housing instability.

**Objective** Policy currently homogenizes the experience of aging by sidelining intersectional factors that have a bearing on aging well in place. The research aims to develop policy recommendations to address this gap.

**Methods** Several methods captured the housing experiences of low-income older adults, including interviews, participant observation, and arts-based techniques.

**Findings** Findings illustrate how gender and intersectional factors shape both housing trajectories and agentive practices low-income adults utilize to try to age well and in place. These strategies encompass practicing cultural citizenship, which is a claim for inclusion when excluded from mainstream ideals of aging in place.

**Discussion** We provide policy recommendations informed by participants' lived experiences aimed at promoting equitable aging in place as fundamental to full citizenship.

## Résumé

**Context** Dans cet article, nous rendons compte d'une étude basée sur un cadre d'analyse fondée sur le genre, portant sur les conditions de logement de personnes âgées à faible revenu dans la ville de Hamilton. Les personnes âgées à faible revenu qui ont des identités intersectionnelles risquent de ne pas vieillir à domicile pour des raisons de marginalisation et d'instabilité de logement.

**Objectif** Les politiques actuelles homogénéisent le vieillissement en écartant les facteurs intersectionnels qui influent sur le bien vieillir à domicile.

**Méthodes** Plusieurs méthodes ont été utilisées pour cerner les conditions de logement de personnes âgées à faible revenu, y compris des entrevues, l'observation des participants et des techniques basées sur les arts.

**Résultats** Les conclusions de l'étude illustrent comment le genre et les facteurs intersectionnels façonnent les parcours de logement et les pratiques d'agentivité que les personnes à faible revenu mettent en œuvre pour bien vieillir chez elles. Ces stratégies comprennent la pratique de la citoyenneté culturelle, qui revendique l'inclusion dans le contexte d'idéaux de vieillissement à domicile dominants non inclusifs.

**Discussion** À la lumière du vécu des participants, nous énonçons des recommandations pour l'élaboration de politiques visant à promouvoir le vieillissement à domicile équitable en tant qu'aspect fondamental d'une pleine citoyenneté.

## Introduction

A number of policy frameworks adopted around the world emphasize 'aging in place' as a more humane and sustainable model of caring for older adults than long-term care. As a policy stance adopted by the Canadian government, aging in place is defined as 'having the health and social supports and services you need to live safely and independently in your home or your community for as long as you wish and are able' (FPT Ministers for Seniors Forum, 2016, p. 2).

Canada's National Housing Strategy (2017) and Act (2019) recognize housing as a fundamental human right and a critical social determinant of health and well-being. Being able to remain *in situ* allows one to maintain attachments to place, routine, memories, family, neighbourhood, and community, giving one's life context and meaning through familiarity and continuity (Thomas and Blanchard, 2009). For the vast majority of older adults and their

families, the idea of remaining in one's own home and community is infinitely preferable to long-term care (LTC). A 2020 survey by Canada's National Institute for Aging (NIA) revealed that 78% of Ontarians would opt to receive care at home, rather than in LTC, if given the choice (2020a, p. 9). This is hardly surprising, given that pre-existing systemic vulnerabilities in Canadian LTC facilities led to tragedy with the onset of COVID-19 in 2020.

From the perspective of government, investment in supports for aging in place can help divert and delay the occurrence of early (costly, and often unnecessary) LTC use (Bell, 2021). Such investments include support with personal care (like bathing and getting dressed), household chores (e.g., meal preparation and cleaning), home retrofitting to create an environment that is safe for aging, accessing health care services including allied health professionals such as occupational and physiotherapists, transportation mobility within neighbourhoods and cities, suitable built environments for physical activity (including wide and level sidewalks, benches for rests, and accessible public washrooms), and maintaining social, cultural, and religious ties by participating in related activities. Investment in these supports is critical – aging in place is a significant financial undertaking, well beyond the means of many. A recent NIA report concludes that existing support provided through publicly funded home care programs will not meet the needs of older adults necessitating a reliance on care provided by unpaid caregivers and, if they have means, through privately purchased home care services (2021, p.10). Therefore, if older adults are low-income *and* without sufficient social support, their home care needs will not be met.

Policy and programming for aging in place risk homogenizing the experience of aging by sidelining intersectional factors; for example, low-income older adults are at particular risk of not being able to age in place due to systemic marginalization, housing instability, homelessness, and lack of adequate supports in their communities. Consequently, supports including social networks, access to medical care, adequate transportation, food security, and housing designed with safety in mind have a critical bearing on the possibilities of aging well in place.

In this study, we apply a gender-based analysis plus (GBA+) framework (Day et al., 2017; Tannenbaum et al., 2016), a framework which examines gender and other aspects of social identity and how they intersect to produce disadvantage, to our ethnographic research examining the housing experiences of a number of older, low-income adults living in social housing in Hamilton, Ontario, and provide a series of policy recommendations informed by these lived experiences. These policy recommendations are aimed at contributing to the policy conditions through which aging in place can be equitably available to a myriad of older adults as they age, not just those with the means to do so.

In our research, gender is positioned as a:

'multi-faceted and fluid construct, influenced in a temporal manner by social and cultural contexts and environments... Gender can be structured by, and operating within ethnicity, indigenous status, social status, sexuality, geography, socioeconomic status, education, age, disability/ability, migration status and religion, requiring an intersectional approach to implementing practices, programs and policies' (Tannenbaum et al., 2016, p. 2).

GBA+ frameworks take gender as a primary aspect of social identity and examine how such additional intersectional factors influence lived experiences, paying particular attention to how different components of social identity interact (Wyndham-West et al., 2022), power structures, and their effect on health and well-

being outcomes. Social identity factors are examined within a holistic framework and are understood to be socially constructed, elastic, and in constant production within a specific time and place (Butler and Weed, 2011). Gender-based differences are evident when seeking access to health-related services and programs, as well as having the financial support needed to secure one's health and well-being, such as having adequate food and shelter, paramedical benefits, and sufficient retirement pensions (Bartlett et al., 2018). Simply put, one's gender or intersectional identity can have a direct link to one's ability to be and stay healthy as one ages.

It is also important to note that our research primarily took place among older adults residing in social housing in Canada. In Canada, social housing is subsidized housing based on a rent-g geared-to-income (RGI) model. In Hamilton, as in the rest of the province of Ontario, RGI social housing rents are set at 30% of a household's pre-tax income from the previous year (Aldridge, 2020). While this housing might be secure, the route to securing it is anything but often marked by periods of housing precarity and homelessness. In Ontario, there is waiting list of up to 10 years in some communities. In October 2020, the waiting list in Hamilton, a mid-sized city with a population of 550,000, was 3-5 years. A total of 5-6000 households were on the list at that time, and this will have increased over the course of the pandemic (Rankin, 2020).

Our research looked at the following areas through a GBA+ lens: a) housing trajectories – the path to RGI housing, b) aging well in subsidized housing, and c) the agentive strategies (Thompson, 2005) seniors employ in pursuit of achieving independence, retaining dignity, participating in community, and seeking support, despite exclusion from full citizenship. Finally, given the timing of our research, we looked at how COVID-19 lockdowns impacted the community under study. Thus, the aim of the research was two-fold: 1) to understand the lived experiences of aging in place among low-income older adults in Hamilton, Ontario, and 2) to apply these lived experiences to multi-jurisdictional policy recommendations to provide the policy conditions through which equitable aging in place in Hamilton, Ontario, may take place. As such, while following an anthropology of policy approach that aims to produce policy development/recommendations in dialogue with affected communities (Shore and Wright, 1997), we offer a contribution to the growing body of literature on aging, housing instability, and homelessness (Grenier et al., 2016; Wyndham-West et al., 2022), including related literature on social housing and aging based in Hamilton and the province of Ontario (Sheppard et al., 2022), gender and intersectionality policy (Crenshaw, 1989; Eveline et al., 2009), and gender and housing policy (Hayden, 2002; Woolley, 2015a). While gender and intersectionality policy and gender and housing policy areas of research are much needed, both these areas do not currently meaningfully engage with the lived experiences of aging as a component of overarching equity frameworks in policy making generally or housing policy development.

### *Context: Defining/redefining aging in place and citizenship*

The WHO's *Global-age friendly cities guide* (2007) lists the following domains as essential to healthy aging: housing; transportation; respect and social inclusion; social participation; social and civic engagement; outdoor spaces and buildings; community support and health services; and communication and information. In its 2015 *World Report on Ageing and Health*, the WHO focuses on 'enabling environments' whereby cities can allow older adults to function to the best of their abilities (20). To successfully

implement WHO priorities, Remillard-Boilard posits that aging issues will need to be mainstreamed within urban policy development and redevelopment, but mainstreaming aging well within this policy sphere will also have positive spillover effects to other social and public policy realms tasked with addressing aging populations worldwide (Remillard-Boilard, 2018, p. 25).

A mainstreaming aging approach, however, reinforces a version of citizenship that is far from inclusive. As Beaman notes, Marshall refers to citizenship as a status only attributed to those with full privilege within a community and comprises three factors: 1) civil citizenship, which accords 'freedom and equality before the law'; 2) political citizenship, which allows for political participation; and 3) social citizenship, which provides 'share basic rights and welfare' (Beaman, 2016, p. 850). Without access to all three elements, individuals are considered partial citizens.

Structurally marginalized individuals are forced to create their own forms of citizenship when they are excluded from state sanctioned policy. Here, we explore the agentive and resilient practices marginalized low-income adults utilize in order to try to age well and in place. These strategies often involve practicing cultural citizenship, which Beaman describes as an act or practice through which individuals and/or collectivities attempt to gain access to full citizenship, despite their 'difference' from those who are accorded full citizenship in a society (Beaman, 2016, p. 853). We argue that the right to age in place is an important component of the Canadian government's legislated right to housing (*National Housing Strategy Act*, 2019). In order for older adults with lived experiences of discrimination to participate in society as full citizens, their right to age in place should be recognized through concrete and funded municipal and federal policy measures. While the *National Housing Strategy* (2017) does recognize housing as a fundamental human right and a critical social determinant of health and well-being and identifies priority groupings, such as senior women, as requiring particular attention, the strategy lacks concrete frameworks or recommendations through which to address this housing gap within GBA+ heuristics. GBA+ is mandated as a required policy exercise at the federal governmental level in Canada for all policy and program development at that jurisdictional level (Government of Canada, 2016).

Correspondingly, the aim of the research was to understand the lived experiences of aging in place among low-income older adults in Hamilton, Ontario, and to apply these lived experiences to multi-jurisdictional policy recommendations in order to provide the policy conditions through which equitable aging in place in Hamilton, Ontario, may take place.

### Methods of recruitment and enquiry

Several ethnographic research methods were utilized by the first author (MWW) to capture the housing experiences and perspectives of low-income older adults, including semistructured one-on-one interviews, participant observation in community spaces, and an arts-based project, all of which are discussed in more detail here.

Participants needed to be over 55 years of age, able to speak English, and meet Statistics Canada's definition of being low income, which is captured through the low-income cut-off in which a family or individual spends more than the average family or individual on basic necessities such as food, shelter, and clothing (Statistics Canada, 2022). In order to identify potential participants, multiple methods of recruitment were used. Study posters were

placed at Hamilton Public Library branches and in the lobbies of rent-gear-to-income buildings.

Additionally, MWW led in-person recruitment sessions arranged by City Housing Hamilton (the municipality's housing corporation). Participants were recruited from November 2019 until just before the Ontario-wide COVID-19 lockdown in March 2020. Of the 26 people who initially expressed interest in the project, 19 ultimately consented to participate in the research. The majority of individuals live in social housing across three buildings in central Hamilton. Two individuals withdrew from the study due to illness and being overwhelmed with housing-related challenges. Participants were provided with grocery store gift cards for their time and all study procedures were approved by the McMaster University Research Ethics Board.

MWW conducted 17 individual one-on-one interviews with participants in the local public library, in social housing common spaces, and over the telephone. These interviews ran for 45 to 90 minutes. All interviews were recording and then transcribed. MWW also spent time engaged in participant observation in these spaces, which allowed for a more nuanced understanding of context, particularly how overarching political economic forces influence individual quotidian experiences (Farmer, 2004). MWW's fieldnotes from the participant observation contain reflections on this process and detail the time spent on building relationships with community members. MWW also introduced an arts-based component, providing participants with digital tablets in order for them to capture their lived experiences through taking photographs, shooting videos, and recording written diaries. Participant observation combined with an arts-based approach in this way offers participants the opportunity to exercise agency in the research process and goes some way toward redressing power inequalities between the researcher and the participant (Adams et al., 2015).

The use of tablets allowed participants to direct and prioritize what they captured, providing an emergent space through which they could assert that their experiences were important enough to record and be considered 'data' in a university-driven research project. Finally, a private Facebook group was created where participants could write and respond to each other's comments and images, which proved an unanticipated and critical tool for communicating during the COVID-19 pandemic. This combination of methods allowed for a range of data, including ethnographic fieldnotes, interview transcripts, photo and voice images, and participants' textual/audio video diaries. However, it is important to note that this article focuses primarily on interviews, participants' written diaries, and participants' observation conducted by MWW as data points for the arts-based outputs have been explored elsewhere (see Wyndham-West et al., 2022).

Preliminary results were summarized and presented to participants, partners, and general community members through a video posted in June 2021 to garner feedback. The video was posted on both the McMaster and OCAD university websites and the project's Facebook page and featured in the City of Hamilton's housing newsletter. Feedback, in the form of email comments to the researchers and Facebook messages, was received from just over half the participants and community partners. This feedback was positive in the sense that participants felt understood and well-represented in the video, and no requests for changes in interpretation were made by participants or partners. Given the timing of this presentation, participants placed considerable emphasis on their COVID-19 experiences: a time that had resulted in increasingly acute social isolation.

**Table 1.** Participant demographic information

Participant Pseudonym	Gender	Age (years)	Education	Ethnicity (self-described)	Marital status	Occupation
Alberto	Male	68	University	Latin American (Latino)	Married	Operations manager
Alice	Female	76	Grade 10 and correspondence courses	Scottish, Pennsylvania Dutch, French, and Irish	Separated	Homemaker and customer service agent
Debra	Female	69	Grade 10 and some college	English, Irish, and French	Single	Social worker
Donald	Male	73	Grade 10 and then completed GED	English	Single	Taxi driver
Frank	Male	65–69	Bachelor's degree and diploma	Afro–Guyanese–Canadian	Married	Security guard
George	Male	70	Grade 8	Native	Single	Customer service representative
Isabelle	Female	66	College	First Nations	Single	Health care aid and medical administration
Mary	Female	64	Grade 12 and a college course	White Anglo–Saxon	Widowed	Census taker
Nancy	Female	62	High school diploma	White (adopted parents are French–Canadian)	Divorced	Manager and technician
Patricia	Female	73	Grade 10/11 and esthetician course	Canadian (German and Irish)	Widowed	Esthetician
Rebecca	Female	75	Grade 10	Canadian and British	Divorced	Server
Susan	Female	64	Grade 13	Anglo–Saxon	Married but separated	Administrative assistant
William	Male	62	College	Hungarian, Scottish, and Irish	Single	Electrician
Gretchen	Female	72	High school diploma	English	Single	Receptionist
Barbara	Female	69	High school diploma	Anglo–Saxon	Widowed	Retail salesperson
Paul	Male	70	High school diploma	Polish	Divorced	Janitor
Antonio	Male	66	High school diploma	Latin American (Latino)	Widowed	Did not work (was on the Ontario Disability Support Program)

### Demographics of participants

Of the 19 participants, all but two were in RGI housing when our research began, one was on a waiting list and received confirmation of a place in social housing during the course of our research and the other was living in private accommodation. Table 1 provides a list of participants and their basic demographic information.

### Data analysis

Analysis was undertaken in a two-part process. First, content (Elo and Kyngas, 2008), semiotic (Barthes, 1967), and critical discourse analyses (Henry and Tator, 2002) were conducted, whereby themes were extracted through an iterative–inductive process (Emerson et al., 1995) on all data collected, including fieldnotes, interview transcripts, photographic voice images, and textual/audio video diaries. NVivo qualitative software was used to assist in the management, retrieval, and coding of all data texts, including visual and video texts. Coding focused upon ‘emergent categories and open codes’ (Adams et al., 2015). Once coding was completed, predominant themes were listed and charted to assist in the data analysis process. These are reflected in Table 2. As part two, subsequently, the themes were then scrutinized for gender and intersectional influences and presentations, as well as how being low income

influenced their experiences. The process we followed involves examining the mutable categories (Thompson, 2005) of gender, intersectionality, and being low income; understanding how they are framed (Entman, 1993) by participants; and then applying these understandings to concrete data categories. We call this ‘translation’ (Callon, 1981, p. 211) – an undertaking whereby fluid concepts are mulled over within the context of power relations and prevailing cultural logics and then applying these ever-changing notions as fixed components in data analysis. While a GBA+ (Hankivsky and Cormier, 2009) framework was generally followed, current GBA+ approaches to data analysis are vague and do not have precise methodological instructions (Hankivsky and Mussell, 2019). This is somewhat intentional as context should differ per research project and heavily influence experiences of gender, intersectionality, and being low income, but this loose approach does leave an open field as to how GBA+ is applied in social science research.

Nevertheless, pragmatically in part two, themes were disaggregated as per gender, intersectionality, and being low income, as recommended by Day et al. (2017), and are featured in Figure 1. The disaggregation involved a multi-staged process of sorting data: 1) captured experiences recounted by those who self-identified as men and women (thus creating two columns of experiences), and

**Table 2.** Thematic analysis

Theme	Subthemes	Key attributes
1) Housing pathways	– Non-linear trajectories	– Can tack between owning home, renting apartment, renoviction, homelessness, and then a spot in social housing
	– Rents have been outpacing fixed incomes in the last decade	– Private sector rental is being more and more untenable for low-income older adults – Pension claw backs can result in difficulty paying rent
	– Housing precarity fairly recent in life histories, thus more housing stability is more difficult to achieve as one ages	– Aging as a low-income older adult puts one at risk of housing instability and homelessness
	– Gendered housing experiences	– Women = housing precarity due to separation, divorce, or widowhood – Men = housing precarity due to addiction (alcohol and gambling) and mental health challenges
2) Housing instability	– Renovictions	– Bed bugs used as eviction tactic = tenants evicted due to not being 'clean'; underlying motive of landlord is to remove tenant protected by rent controls and upgrade apartment to charge higher rent
	– Homelessness	– Family members illnesses and death can lead to becoming homeless
	– Constant underlying stress	– Continually worried about losing housing
3) Aging well and 'in place' – independence and dignity	– Independence as relational	– Not wanting to depend too much on family and friends, but still being close to them
	– Finding purpose in retirement	– Needed to practice skill to have a sense of accomplishment
	– Gendered concepts	– Women = independence and dignity in relation to others – Men = outside purpose, looking to recreate having a sense of achievement associated with an occupation or specialized skill
4) Aging well and 'in place' – community engagement and support	– Fear of aging alone	– Social programming (group activities) crucial to staying connected with others – Social programming a way of reconnecting with a version of one's self associated with pre-housing instability/homelessness experiences, this is a positive association and reflects feeling settled in RGI housing
	– Aging within and with community and culture	– Aging within Indigenous culture and traditions contributes to aging well – Aging with cultural endeavours – crafts, painting, writing – contributes to an overall sense of well-being
5) Social isolation and COVID-19	– Digital divide	– Lack of Internet access due to low incomes exacerbated existing isolation
	– Cancellation of group activities	– Social networks were hard to maintain without social activities

2) then to avoid essentializing gender in these experiences, we then looked at the differences within gender categories (step 2a) and commonalities between gender categories (step 2b). The charting of these data in a visual form served not only as an analytical tool but as an organizational process and aid to structure the writing of the Findings and Discussion sections. In terms of author collaboration, MWW conducted the initial coding, and themes were then discussed and refined with JD. Both MWW and JD constructed the list of policy recommendations, which are featured in the Discussion section. While MWW drafted the initial article, both MWW and JD revised the article collaboratively.

### Results: Lived experiences of housing and aging

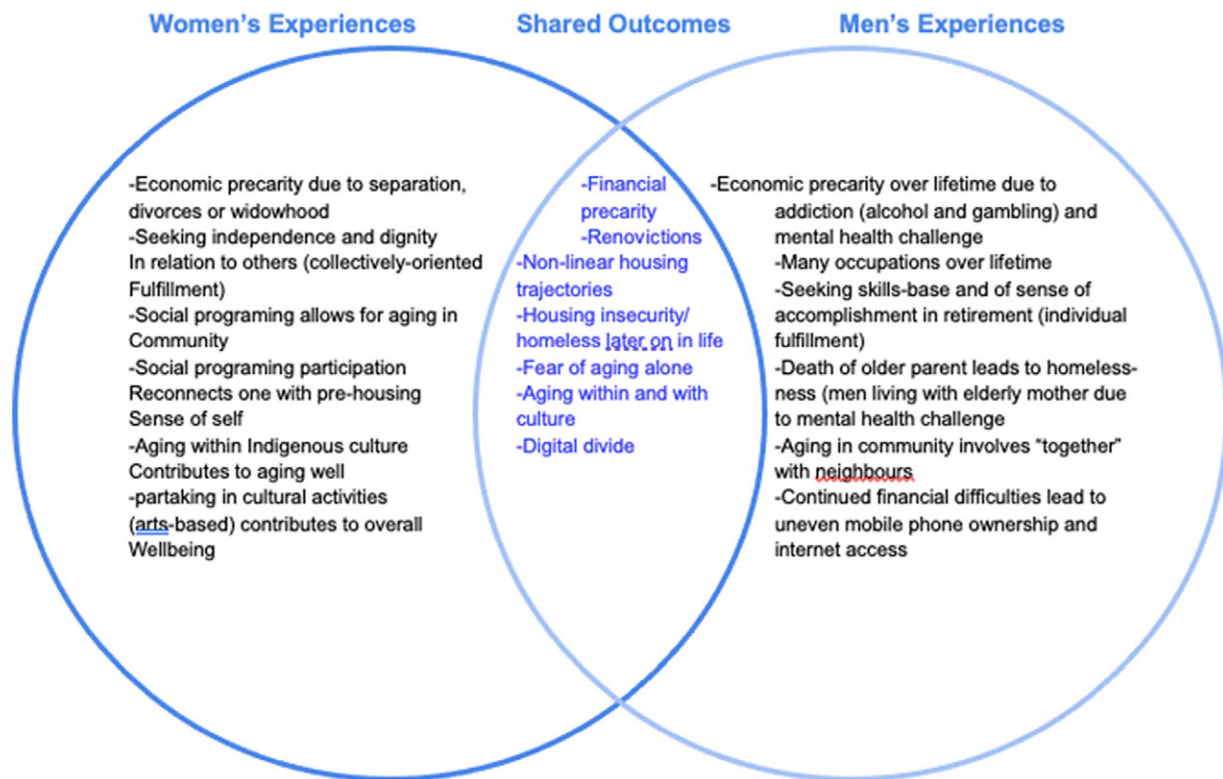
Secure housing is the first step toward aging well and in place. Most of our participants had endured long, difficult, and non-linear processes toward securing a spot in social housing, coping with instability, uncertainty, and precarious living, sometimes for many years. In the following section, we explore how gender and inter-sectional identities influenced participants' housing pathways in particular ways.

### Housing pathways and instability

Barbara, a 69-year-old widow with a high-school diploma who self-describes as Anglo-Saxon, followed a circuitous path to her current spot in RGI social housing. Her experience, in some ways, follows a housing trajectory typical among women participants, most of whom are aging on their own, independently of a spouse, whether due to death or divorce. As Barbara explained,

My husband and I owned our own home until he got sick, and it became too much for me to do – work, home care, outside jobs, as well as taking care of him, just became overwhelming. We moved to an apartment. When he passed, my finances had dropped drastically, so I was homeless for a short period of time.

In Debra's case (who is 69 years old, has a grade 10 education with a few college courses, is single, and self-describes as English, Irish, and French), her financial well-being suffered after leaving a long-term abusive marriage from which she continues to experience PTSD. Having had a middle-class lifestyle while married, she subsequently found herself living in substandard market rentals before securing a spot in RGI social housing. Debra was lucky to



**Figure 1.** Gendered and intersectional continuities and discontinuities.

find a case worker who prioritized her finding a spot in RGI housing due to her experiences of spousal abuse. She credits this housing, along with the support of her church, with providing her with the stability she has needed to heal from spousal abuse.

For these women, economic precarity is tied to both the loss of a spouse's income and the persistence of gender-based wage gaps in Ontario, despite pay equity legislation first introduced in the province in 1987 (Ramkhalawansingh, 2017). While there is much discrepancy on how wage gaps are calculated, the 2016 Canadian Census revealed that women earned 75 cents for every dollar earned by a man. That ratio falls even further with additional intersectional factors, with Indigenous women earning 65 cents on the dollar compared to non-Indigenous men, racialized women earning 67 cents on the dollar compared to non-racialized men, and newcomer women earning 71 cents on the dollar compared to non-newcomer men (Canadian Women's Foundation, 2020, p. 2). For example, a study conducted in British Columbia found that senior women were more likely to live in poverty than men due to the lifelong pay gap, and the rising cost of rental housing exacerbates women's ability to pay bills as they age (Daub et al., 2017).

Among the men in our study, it was not relationship status but lack of education, mental health challenges, and uneven work records that most often left them in financially precarious positions. William (who is 62 years of age, single, has a few college courses, and self-describes as Hungarian, Scottish, and Irish) experienced a back injury at his workplace, which put a premature end to his working life and led to depression. He has spent more than a decade on the Ontario Disability Support Program, which provides a limited monthly income. He describes his route to a spot in RGI housing as follows:

I was living with my mum and my aunt, and they gradually went through Alzheimer's and so we had to put them away before I got put

away. But that left me with no place to live. I ended up going down to the park and staying there. I was in crisis. I guess it was depression. So, I stayed at a crisis place for five days, then I ended up at the Salvation Army, then I ended up here.

George, a 70-year-old, single, and self-described Indigenous man with a middle school education, was the one person in our study still on a waiting list for subsidized housing. He described his employment history as follows:

I had grade 8 education; I didn't go to high school. Sales was easy for me. Along the way, there was bartending and cab driving. I worked at Studebaker Plant for Otis Elevator in the factory because we were lunch bucket city. I was also in real estate.

Due to this iterant work history, along with his mental health challenges, George was not able to save for retirement. As such, George spoke about difficulty keeping up with the cost of living, particularly meeting increases in housing costs while on a government old age pension supplemented by a guaranteed income certificate allocated to older adults with low incomes. 'Unless you prevail in your own savings and investments as you're getting to be a senior, you can't trust at the end that the government will be there financially', he said. Living on a fixed limited income causes George constant stress, which is exacerbated by mental health challenges, including addictions to drugs and gambling, and what his counsellor described as 'behavioural problems'.

Like many of our participants, George and William endured periods of homelessness after experiences of renoviction. Renoviction is an increasingly common problem for low-income households renting in the market sector. Broadly speaking, it refers to landlord tactics to evict tenants with the ultimate goal of making improvements to improve the profitability of their buildings (Pull, 2020), replacing old tenants with new tenants for whom rent controls do

not apply, thus increasing profitability. In many cases, this is related to 'economic ageism', which leads to older people being pushed out of gentrifying neighbourhoods (Phillipson and Grenier, 2021, p. 231/2). George describes his experience of renovation:

...it was sold...and then that's when the renovation started – repairing, replacing, and removing tenants so that they could increase if not double the rent. But primarily, bed bugs were involved... I would consider calling it a non-compliance. I had bagged and purged all my personal stuff. And to top things off, I hate to say this, but I got a stroke. So, I was in hospital when the renovation happened.

When George suffered from a stroke and prior to his release from the hospital, George was assigned a case worker who sought to arrange at-home rehabilitation services, but when she found out he was homeless, she offered him a place in long-term care. George was, however, not keen on this option. 'Once you're housed, you're off the list, you're no longer a priority', he said. 'Once you take a place, that's it. You're done'. The list George is referring to is that for a spot in an RGI social housing building in Hamilton, where he could live and age independently. George was waiting for a unit in a new RGI building that was being built for the Indigenous community at the time this research began. '...in the meantime', he said, 'where I was living, it wasn't safe'. The Native [the Indigenous Housing Association] stepped in and said, 'We'll pay for Staybridge [hotel] until you get your phone call'.

George did receive that call while we were conducting our interview. He was understandably emotional about it but paused to take in the significance of the moment:

I see nothing but good things once the duress, stress, anxiety is removed from the housing situation, then I can look at progressing my physical health...I'd like to think that because it's Indigenous that they take some preoccupation with the design...it reminds me of a lodge because it's all wood.

### *Aging well and 'in place'*

Like George, nearly all participants described maintaining their physical and mental health as central to successful aging. The concept of aging well and 'in place' was taken up in different ways according to a participant's gender and intersectional factors though, and here we focus on the often-articulated importance of independence, dignity, and community engagement.

#### **Independence and dignity: Distinct gendered practices**

Women who participated in this study offered nuanced accounts of what independence means to them, largely focusing on their ability to rely upon themselves to accomplish routine tasks. As Alice (76-year-old separated woman with grade 10 education who self-described as Scottish, Dutch, French, and Irish) stated, 'Oh, just to be able to not have to say, 'Please, can you come fix this for me. Please can you take me here'. Alice's idea of independence was relational; she wanted to be self-reliant. In fact, it was the existence of strong community ties that facilitated her independence. In a diary entry, Alice explains, 'It's nice to be as independent as we can be. It gives a sense of pride in our own worth...' (Entry, January 4<sup>th</sup>, 2020).

Patricia (a 73-year-old widowed woman with a grade 10 education who self-describes as Canadian) describes independence in terms of balancing the ability to do things on her own while also still

being reasonably close to her family in case she needed help. The ability to do her own grocery shopping and laundry and visit with friends, all contributed to Patricia's sense of independence and self-worth.

Self-worth was defined differently by male participants. Frank (a 65- to 69-year-old married man with a bachelor's degree who self-describes as Afro-Guyanese Canadian) spoke about finding a purpose in life, which could help him retain a sense of dignity after retirement. Finding activities, he could add to his daily routine to get 'fired up' about was important both in terms of filling his days and in terms of how it contributed to his sense of self. He was interested in writing, stating, 'There's nothing greater than when you can finish whatever you started, like as an artist or an art or, you know, a sense of accomplishment. The accomplishment is not the product but finishing the product'.

#### **Community engagement and support: 'Aging with culture'**

Alongside the importance participants placed on independence and dignity, they identified having a community as playing a major role in successful aging in place. Gender and intersectional identities had a bearing, however, in terms of notions of community among participants. Alberto (a 68-year-old married man with a university degree who self-describes as Latino), for instance, who immigrated from South America decades earlier, had a sense that living in multi-generational housing, as he might have back home, would best support him as he aged, stating, '[if] it's going to be like a family building — I'm going to feel more successful...surrounded by [the] youngest people. It's feeling younger, feeling that — forever young'. This sense of community was also brought up by Frank, originally from the Caribbean, who enjoyed spending time in his housing complex's neighbourhood; whether this meant entering a 'Cyber Senior' contest, watching a basketball game at a local bar, or singing karaoke, Frank understood his participation in these kinds of activities as crucial to aging successfully.

Participants felt that housing that provides activities for seniors to socialize with each other and engage as a community was fundamental to supporting them to age successfully. Activities that support socialization included exercise classes, bingo, crafting groups, planned meals with children or grandchildren, and card games. Activities were primarily organized by housing providers, such as those requiring outside agencies to visit social housing buildings; however, residents did organize localized activities, such as bingo. Susan (a 64-year-old separated woman with grade 13 who self-describes as Anglo-Saxon) wrote a journal entry on the importance of her 'ability to socialize', including participating in senior-adapted low-impact exercise classes in her building and a twice-weekly coffee hour where local university students came to visit with the residents.

Mary (a 64-year-old widowed woman with a grade 12 education who self-describes as white and Anglo-Saxon) expressed how seniors in the building come to care for one another, saying,

With talking to other seniors in the building, we actually have a group that is associated with other senior buildings...And they get together and try to figure out what is best for the seniors. They advocate for seniors with different programs... there's been dances in the games room, we are able to interact and become friends with each other...we have a lot of caring for one another.

Alice spoke about how her move to RGI social housing has allowed her to return to the activities she used to enjoy:

I've always done crafts, and sewed, and knit, and whatever, and I used to do a lot of repair work and sewing and that for the nursing home [where she used to volunteer]. In the building we have our craft classes and culinary classes. So, I have taken up crafts again and I get some respect from a certain amount of population in here.

Alice's craft work has given her standing in the RGI social housing community – residents come to her for advice and commission pieces from her, such as blankets for newborn grandchildren – and she holds an informal craft group with other female residents once a week. When asked what aging well and aging in place mean to her, Alice said that she has become more sociable in housing where she did not leave her old private sector rental often.

You have the opportunity to join groups, make friends. People go up and down the elevator and say hi and the next thing you know you're sitting down chatting or we have a book exchange, so when I'm finished, I put them out there and within an hour or two they're gone.

When asking Isabelle what aging well and in place meant to her, she discussed the importance of 'ageing with her culture'.

Where I am at situated right now culturally, we've got an amazing First Nation culture centre [nearby], the Indian Friendship Centre. So that offers many, many programs, contacts, cultural activities, and there's, like, spectacular classes that are arranged groups, so you can participate either with youth groups or senior citizen groups.

*Aging with your culture* is a concept Isabelle (a 66-year-old single woman with a college education who self-describes as First Nation) also used in her written narrative. The importance of being among community who understood aging through the lens of Indigenous worldviews was critical to her. Within her community, she is 'looked at as an elder...and a carrier of knowledge', according to her a status that would otherwise be hard to come by. Isabelle lived in a market rental so did not have access to activities in her building but felt well-served by local Indigenous organizations. For George, who would soon be moving into an Indigenous RGI residence, access to housing that provided space for ceremonial aspects of Indigenous culture such as smudging offered him support for aging well.

### Social isolation and COVID-19

While having a sense of community was especially important to participants' definitions of aging successfully and 'in place', many of them, including Isabelle and Debra, discussed their fears of aging alone and how their experience of aging had generally left them feeling socially isolated. With all the women who participated in the project being single, divorced, separated, or widowed, an emphasis on avoiding becoming socially isolated can be understood as gendered.

Both Susan and Rebecca described the loneliness they felt upon moving into senior housing.

Susan came from a large family and had never lived alone before. This was compounded by the fact that she had moved to a building in a city where she did not have any friends or family. For Rebecca, her experience of loneliness was captured in the following quote from her diary: 'I don't know how to explain it. Even though I've met a lot of nice people I feel very lonely. But I didn't want to be here, but I know this is where I must be for now'.

Maintaining community ties that might mitigate some of this loneliness requires in-person and online opportunities to socialize with other residents, family, and friends. When the COVID-19

pandemic was identified in early 2020, many of the participants described how it intimately affected their daily lives. Participants were quick to point out that they were already experiencing social isolation; COVID-19 had simply exacerbated the issue. In the early stages of the pandemic, activities that required close contact between residents were cancelled, putting a strain on participants' well-being. All common spaces were closed. The ability to maintain social distance with access to proper protective equipment placed an added financial burden on low-income seniors. In a journal entry titled 'Covid-19 Virus', Patricia wrote the following:

With this virus, the seniors have become more isolated. They have become more aggressive and argumentative therefore making themselves more isolated. Those of us who can't afford things such as TV and internet must resort to using free wi-fi on the first floor. There are many who think we are responsible for spreading the virus. We need to be careful, but we still need social interaction, or we will become depressed. We need each other to survive this fight. Free wi-fi is what enables me to attend my church, keep in touch with out-of-town friends and family, and keep up to date with the news. Please don't take this away from me.

During the early months of the pandemic, Susan wrote multiple journal entries on her volunteer work at the food bank in her building. By the time of her August 22, 2020, entry, her situation had drastically changed:

I have resigned as a volunteer at the food bank. The woman who runs it refuses to wear a facemask and totally disregards social distancing. She also is very active outside the apartment building. With the coming of fall and winter we will be spending more time indoors and I am concerned that there will be an increase in cases....I'm going outside every day now. This gives me the opportunity to see and chat with my neighbors. This won't be possible in the winter. Imagine 3-4 months stuck in a small apartment by yourself. Mental health will be a huge challenge for seniors this winter.

The somber tone of this note, after months of hopeful entries, speaks to the increasingly dire impact of the pandemic on seniors' ability to age well in place and the impact it was having on their mental and physical health.

While our participants shared many of the same challenges in terms of being able to age well in place – most notably the experience of social isolation – individual housing trajectories and agentive strategies differed markedly according to gender and other intersectional factors. Effective policy around aging in place needs to be nuanced and nimble enough to recognize these differing participant journeys and resilience strategies alongside the shared outcomes that being low income brings. We conclude by offering several municipal and federal policy recommendations to help promote equitable aging in place.

### Discussion: Gender, intersectional, and low-income influences on participant housing

#### *Experiences and accompanying policy recommendations*

Policy recommendations have been developed to reflect the on-the-ground experiences of participants –to create a dialogue between communities affected by aging, gender, intersectionality, and housing instability and policy that is being developed because of the recently introduced National Housing Strategy in Canada and its associated legislated right to housing.



These recommendations have also been drafted to reflect the jurisdictional divisions inherent in Canadian federalism and housing, as well as GBA+. Canadian federalism is generally described as decentralized with divisions of powers set out in the Constitution between federal and provincial/territorial governments. This results in differing legislative and programming mandates between federal and provincial parties, although lines can be blurred in practice as is seen in health, which comes under provincial jurisdiction but is largely funded by the federal government, so the federal government can directly influence health agendas (Wyndham-West et al. 2018). In this schemata, provincial governments are tasked with setting municipal policy and legislation.

Municipalities do not have official recognition in the decentralized federal structure as they fall under provincial jurisdiction, although divisions have become increasingly muddy with municipalities taking on unprecedented levels of decision making and program delivery as Canada has faced crises that touch all levels of government, such as the COVID-19 pandemic, the effects of an increasingly aging population, and the housing affordability crisis (Hachard, 2022). GBA+ is a framework that is solely mandated at a federal level in Canada – thus, all federal government departments developing policy must put these directives through GBA+ scrutiny before delivery and implementation (Government of Canada, 2019b). The following recommendations have been developed with a focus on federal areas of policy development to take an upstream approach to social inequity and municipal areas to address downstream delivery to mitigate the everyday effects of social inequity while aging.

### Pay equity and increasing affordable housing spots

Aging well and in place are impossible ideals for low-income seniors in need of subsidized housing to actualize until settled in a secure spot. The pathway toward that housing is clearly influenced by gendered and intersectional experiences. For female-identified participants like Barbara and Debra, housing instability arose with marital breakdowns – they simply could not earn enough on their own to keep up with an increasingly expensive rental market nor could they adequately save for retirement, given pay inequity in the workforce. In contrast, male participants, such as George and William, had peripatetic employment histories due to mental illness, addiction, workplace injury, and discrimination, which led to low incomes, housing instability, and eventual homelessness before securing spots in RGI housing.

We recommend the following federal policy measures in Canada:

- 1) Legislating pay equity for non-federally regulated organizations and companies across the country so that single, divorced, separated, or widowed women can save adequately for retirement and aging in place, particularly if they are the main caregivers and providers for their children. Attention should be paid to the wage gap as women age as it widens over time from the mid 30s to 60s, thus, for over three decades (Dowell, 2022). This trend does not appear to be abating (Aragao, 2023).
- 2) Increasing the supply of affordable rental housing spots for members of certain disadvantaged groups earlier in their lifecycle so that they might adequately save for retirement and aging in place (Dragicevic, 2023). This would include housing for
  - a) low-income women
  - b) men experiencing mental illness and addiction
  - c) urban-living Indigenous men and women

- d) those who identify as LBGTQ2+ (while LBGTQ2+ individuals were not interviewed for this paper, we would be remiss not to include this category).
- 3) Increasing the overall supply of affordable housing spots for older adults, given its role in promoting independence later in life, and decreasing reliance on long-term care (National Institute on Aging, 2020b).

### Navigating pathways to affordable housing and offering adequate cultural/social supports

Female participants on the whole equated ‘aging in place’, with ‘ageing in community’ (Thomas and Blanchard, 2009). Once housed, their sense of place developed through the web of community relationships in their buildings. ‘Place’ is less a physical construct than an emotional one, particularly for those who have experienced long periods of housing instability, like Isabelle and Alice. For Isabelle, who has been further marginalized by other intersectional factors (in this case, her Indigeneity), aging well and ‘in place’ are best described as aging *within and with community and culture*. This is achieved through the practice of cultural citizenship. Isabelle found this through participation in Indigenous cultural activities, while Alice did so through producing arts and crafts.

It is important to point out that Alice and Isabelle are not actively working to reinforce gender norms (i.e. prioritizing the communal over the individual, engaged in craft pursuits, rather than mastering fine arts) but practicing creative movement within restrictive societal structures. These creative movements demonstrate how gender is not necessarily a stable social construct but ‘a practice of improvisation within a scene of constraint’ (Butler, 2004, p. 1). As Butler states, ‘The terms that make up one’s gender are, from the start, outside oneself in a sociality that has no single author (and that radically contests the notion of authorship itself)’ (ibid.).

Male participants enacted differing strategies through which to age well and ‘in place’, for they, too, were excluded from traditional legal, political, and social markers of citizenship and conceptualizations of masculinity (Evans et al., 2011). Frank, for example, was looking for a skill-related sense of accomplishment to feel content and secure while aging in his current context. While he had not been able to secure consistent employment throughout his younger years due to systemic discrimination as a racialized immigrant, Frank nevertheless continued to seek a sense of independence, dignity, and ‘place’ within the community through meaningful employment. This was largely elusive to those men in our study, like William and George, who were additionally challenged by addiction and mental health issues.

To address these participant experiences, we recommend the following municipal policy and programming be developed in Canada:

- 1) Improved social housing wait list management and priority placement in order to shorten social housing wait times. To provide context, current Ontario policy consists of a one-time contact rule whereby if the local housing authority does not receive a response, an applicant is removed from the wait list. Housing advocates have critiqued this policy as homeless individuals and those without access to a phone on a regular basis can inadvertently be taken off a list (Baxter, 2020).
- 2) Making it easier to navigate RGI social housing application processes – develop localized navigation tools through co-design (Moll et al., 2020) with low-income older adults living in the specific municipality or region in which the tool will be

utilized. A tool would include centralized access to baseline information such as where social housing buildings are located and proximate amenities, including public transit lines, grocery shopping, and community centres; the types of apartments available (including square footage); existing social activities within a building; how long the wait lists are; how to prepare an application; and how applicants are prioritized. A digital tool would be cost-effective, but paper versions may be needed for older adults without Internet access or mobility to gain Internet access at a local library.

- 1) Being more accommodating of different household configurations and caregiving relationships when planning for and providing RGI social housing spots. This includes allowing for caregivers to share rental units, which can include multi-generational family configurations such as adult children and grandchildren (City of Hamilton, 2021), without penalizing or eliminating these configurations due to a higher than normally encountered collective incomes, therefore recognizing the benefit of an in situ caregiver to the older adults as a means to increase their quality of life and to prevent premature transfer to long-term care in cases such as dementia, as was seen in William's experiences described earlier.
- 2) Providing supports in RGI social housing for social activities that are gender-informed, recognize intersectional identities, and are, thus, socially inclusive. These supports can be delivered by housing providers or through partnerships or arranged by residents (Nguyen and Levasseur, 2022); however, it would be helpful for providers to be trained in gender-informed frameworks (such as GBA+) in order to ensure that all programming delivered in their buildings meets these criteria.

### Study limitations

We encountered several challenges while conducting the research. First, the size of study was limited as in-person recruitment was halted due to COVID-19. As a result, while we had been trying to recruit a spectrum of participants to represent various identity factors included in GBA+ frameworks (Day et al., 2017), we are missing participant representation from individuals who self-identify as LBGQTQ+ individuals. Additionally, COVID-19 suspended in-person contact with participants during lockdown periods, which made the research more difficult to complete; however, COVID-19 lockdowns did allow for older adults to record their experiences on the study tablets they already had in their possession pre-COVID-19. These data provided a unique window on social isolation among older adults in social housing during COVID-19. Additionally, in terms of these policy recommendations, it would be instructive to conduct a comparative analysis of upstream and downstream policy directives geared at creating equitable aging in place in other jurisdictions with national housing strategies, as can be found in Denmark, France, Germany, Ireland, the United Kingdom, and the United States. This is, however, out of the scope of the current research but certainly lays the path for such future research.

### Conclusion: Working towards equitable aging in place in housing-related policy

Current policies in Canada related to aging in place, which take a mainstreaming approach to aging policy, homogenize older adults, and preclude conceiving of them as diverse, fluid, and multi-

layered groupings. This mainstreaming runs counter to GBA+ principles, which examine social identity factors within a holistic framework that considers an individual's or collectivity's gender presentation, race, ethnicity, Indigeneity, immigration/refugee patterns, class, sexuality, religion, and mental and physical disability. However, one's social location, such as gender or class, does not necessarily dominate as an influencer and predictor of outcomes; all social locations intertwined will have an effect on health and well-being. George, Isabelle, Susan, Patricia, and Frank all had differing housing instability/homelessness trajectories and agentive strategies to age well and in place. Hulko posits that implementing an intersectionality frame works to unearth these 'subjugated knowledges' (Hulko, 2002, p. 232). While the *National Housing Strategy* (2017) does make mention of senior women being vulnerable to housing insecurity and recommends GBA+ be used to remedy this disadvantage, the strategy does not specifically address aging in place nor does it provide concrete GBA+ frameworks to develop such policy recommendations for going forward. Our recommended municipal and federal housing-oriented policy approaches are informed by the lived gendered and intersectional experiences of participants. These recommendations are aimed at creating the conditions through which individuals can equitably participate as full citizens as they age, as the mainstreaming approach to aging in place policy functions within a representation of citizenship that does not provide the 'space' for structurally marginalized women's and men's lived experiences. What is meant to encourage social inclusion results in social exclusion for low-income older adult women and men with a variety of intersectional presentations who have experienced housing instability and homelessness. Our findings suggest that low-income older adults commonly need to employ creative and resilient tactics, often through cultural citizenship, to secure the housing upon which aging in place depends and the housing systems upon which they depend take insufficient account of intersectional factors that affect peoples' needs. This limits their ability to live as full citizens. Aging in place policy must be flexible enough to make it possible to offer, as Golant says, '...residential alternatives in places where the need is greatest' (Golant, 2009, p. 38).

Going forward, more research is needed among larger groups of low-income older adult participants who live in a variety of contexts – urban, suburban, and rural – and present a more robust cross section of intersectional identities in order to further tease out how aging and support contexts vary across Canada and how intersectional identities are influenced by these contexts. It is at that point that a more textured and layered set of policy recommendations can be developed and implemented for roll out across the country, a promise made in the *National Housing Strategy*, which is yet to be developed and delivered. Our findings represent a step in this direction, but much more work is needed if the right to housing and aging in place is to be a reality for low-income older adults in Canada.

### References

- Adams, M., Robert, G., & Maben, J. (2015). Exploring the legacies of filmed patient narratives: The interpretation and appropriation of patient films by health care staff. *Qualitative Health Research*, 25(9), 1241–1250.
- Aldridge, H. (2020). *Policy background: How is rent-gated to-income in Ontario Changing in 2020? What housing and income security advocates need to know*. Maytree.

- Aragao, C. (2023). Gender pay gap in the US hasn't changed much in two decades. *Pew Research Center*. <https://www.pewresearch.org/short-reads/2023/03/01/gender-pay-gap-facts/>.
- Barthes, R. (1967). *The elements of semiology*. Cape.
- Bartlett, R., Gjernes, T., Lotherington, A., & Obstfelder, A. (2018). Gender, citizenship and dementia care: A scoping review of studies to inform policy and future research. *Health & Social Care in the Community*, *26*(1), 14–26.
- Baxter, M. (2020). What new rules mean for Ontarians awaiting social housing. *TVO Today*. <https://www.tvo.org/article/what-new-rules-mean-for-ontarians-waiting-for-social-housing>
- Beaman, J. (2016). Citizenship as cultural: Towards a theory of cultural citizenship. *Sociology Compass*, *10*, 849–857.
- Bell, B. (2021). Addressing Long-Term Care Staffing and Facility Issues are Just One of the Pandemic Lessons Learned - Increasing Home Care Options is also Critical. *Policy Options*, May 25. Montreal: IRPP.
- Butler, J. (2004). *Undoing Gender*. New York: Routledge.
- Butler, J., & Weed, E. (2011). *The question of gender: Joan W. Scott's critical feminism*. Indiana University Press.
- Canadian Institute for Health Information (CIHI). (2020). *Pandemic experience in the long-term care sector: How does it compare with other countries?* Canadian Institute for Health Information (CIHI).
- Canadian Women's Foundation. (2020). *Closing the gender pay gap: Canada's pay gap means women effectively work for free for the rest of the year*. Canadian Women's Foundation. <https://canadianwomen.org/blog/closing-gender-pay-gap-canadas-pay-gap-means-women-effectively-work-free-rest-year/>
- City of Hamilton. (2021). Encouraging Family Friendly Housing in Hamilton.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and anti-racist politics. *University of Chicago Legal Forum*, *1*(8), 138–167.
- Daub, S., Cohen, M., & Jenkins, J. (2017). Poverty and inequality among British Columbia's seniors. *Canadian Centre for Policy Alternatives*.
- Day, S., Mason, R., Tannenbaum, C., & Rochon, P. (2017). Essential metrics for assessing sex and gender integration in health research proposals involving human participants. *PLoS ONE*, *12*(8), e0182812.
- Dowell, E. (2022). Gender Pay Gap Widens as Women Age: Women Consistently Earn Less Than Men. *United States Census Bureau*. <https://www.census.gov/library/stories/2022/01/gender-pay-gap-widens-as-women-age.html>
- Dragicevic, N. (2023) *Building together: Improving collaboration to deliver more affordable housing*. Canadian Standards Association. <https://www.csagroup.org/article/public-policy/building-together-improving-collaboration-to-deliver-more-affordable-housing/>
- Elo, S., & Kyngas, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*(1), 107–115.
- Emerson, R., Fretz, R., and Shaw, L., (1995). Processing field-notes: coding and memoing (Chapter6). In: *Writing ethnographic field notes*. Chicago: University of Chicago Press, 142–16
- Evans, J., Frank, B., Oliffe, J. L., & Gregory, D. (2011). Health, illness, men, and masculinities (HIMM): A theoretical framework for understanding men and their health. *Journal of Men's Health*, *8*(1), 7–15.
- Eveline, J., Bacchi, C., & Binns, J. (2009). Gender mainstreaming versus diversity mainstreaming: methodology as emancipatory politics. *Gender, Work, and Organization*, *16*(2), 198–216.
- Farmer, P. (2004). *Pathologies of power: Health, human rights, and the new war on the poor*. University of California Press.
- Federal/Provincial/Territorial Ministers for Seniors Forum. (2016). *Thinking about aging in place*. Human Resource and Skills Development Canada.
- Golant, S. M. (2009). Aging in place solutions for older Americans: Groupthink responses not always in their best interests. *Public Policy & Aging Report*, *19*(1), 33–39.
- Government of Canada. (2016). Status of Women Canada, Privy Council Office and Treasury Board of Canada secretariat action plan (2016-2020) Audit of Gender-Based Analysis Fall 2015 Report of the Auditor General of Canada. <https://swc-cfc.gc.ca/gba-ac/plan-action2016-en.PDF>
- Government of Canada. (2019b). *Government of Canada's Approach – GBA+ -Gender Based Analysis Plus*.
- Grenier, A. et al. (2016). A literature review of homelessness and aging: Suggestions for a policy and practice-relevant research agenda. *Canadian Journal on Aging*, *35*(1), 28–41. <https://doi.org/10.1017/S0714980815000616>
- Hachard, T. (2022). *A seat at the table: Municipalities and intergovernmental relations in Canada*. Munk School (University of Toronto).
- Hankivsky, O., & Cormier, R. (2009). *Intersectionality: Moving women's health research and policy forward*. Women's Health Research Network of BC.
- Hayden, D. (2002). *Redesigning the American dream: The future of housing, work, and family life*. W.W. Norton Company. <https://books.google.ca/books?id=fL1pfto7TLwC>
- Henry, F., & Tator, C. (2002). The methodology of case studies and critical discourse analysis. In *Media culture: Culture studies, identities and politics between the modern and post-modern* (pp. 71–77). Routledge.
- Hulko, W. (2002). Making the links: Social theories, experiences of people with dementia, and intersectionality. In *The diversity of Alzheimer's disease: Different approaches and contexts* (pp. 231–264). CUCA-IPUB Rio de Janeiro.
- Moll, S., Wyndham-West, C. M., Mulvale, G., Park, S., Buettgen, A., Phoenix, M. et al. (2020). Are you really doing 'co-design?': Critical reflections when working with vulnerable populations. *BMJ Open*, *10*, 2020, e038339. <https://doi.org/10.1136/bmjopen2020-03339>
- National Institute on Aging (NIA). (2020a). *Bringing Long-term care home a proposal to create a virtual long-term care @ home program to support a more cost-effective and sustainable way to provide long-term care across Ontario*. Ryerson University.
- National Institute on Aging (NIA). (2020b). *An evidence informed national seniors strategy for Canada* (3rd ed.) National Institute on Aging.
- Nguyen and Levasseur. (2022). How does community-based housing foster social participation in older adults: Importance of well-designed common space, proximity to resources, flexible rules and policies, and benevolent communities. *Journal of Gerontological Social Work*, *66*(1), 103–133.
- Phillipson, C., & Grenier, A. (2021). Urbanization and ageing: Ageism, inequality, and the future of "age-friendly" cities. *University of Toronto Quarterly*, *90* (2), 225–241.
- Pull, E. (2020). Displacement: Structural evictions and alienation. *An International Journal for Critical Geographies*, *19*(1), 364–373.
- Ramkhalawansingh, C. (2017). *Know your history on pay equity*. *Policy Options* (April 11, 2017). Ottawa: Institute for Research on Public Policy.
- Rankin, C. (2020). Hamilton gets \$10.8M for Affordable Housing Units, But it has to Build Them Fast, October 30 <https://www.cbc.ca/news/canada/hamilton/hamilton-affordable-housing-rapid-initiative-1.5778404>
- Remillard-Boilard, S. (2018). The development of age-friendly cities and communities (Chapter 2). In T. Buffel, S. Handler, & C. Phillipson (Eds.), *Age-friendly cities and communities: A global perspective* (pp. 13–30).
- Sheppard, C., Pattni, N., Tharsiga, G., Austen, A., & Hitzig, S. (2022). Housing satisfaction among older adults living in low-income seniors' housing. *Journal of Gerontological Social Work*, *66*(1), 134–151.
- Shore, C. & Wright, S. (Eds.) (1997). *Anthropology of policy: Perspectives on governance and power*. Routledge.
- Statistics Canada. (2022). *Low income definitions*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/75f0011x/2012001/notes/low-faible-eng.htm> (Accessed July 24, 2022)
- Tannenbaum, C., Greaves, L., & Graham, I. (2016). Why sex and gender matter in implementation research. *BMC Medical Research Methodology*, *16*, 145.
- Thompson, C. (2005). *Making Parents: The Ontological Choreography of Reproductive technologies*. Cambridge, Mass: MIT Press.
- Thomas, W., & Blanchard, J. (2009). Moving beyond place: Aging in community. *Journal of American Society on Aging*, *33*(2), 12–17.
- Wooley, E. (2015a). *What Makes Effective supportive housing?* Canadian Observatory on Homelessness/Homeless Hub.
- World Health Organization. (2007). *Global-age friendly cities guide*. WHO.
- World Health Organization. (2015). *World report on ageing and health*. World Health Organization. <https://apps.who.int/iris/handle/10665/186463>
- Wyndham-West, C. M., Odger, A., & Dunn, J. R. (2022). A narrative-based exploration of aging, precariousness and housing instability among low-income older adults in Canada. *Cities & Health*, *6*(3), 587–602. <https://doi.org/10.1080/23748834.2021.1919976>