

Women and Girls in Hamilton

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Executive Summary

This report reviews current issues and concerns facing the over 380,000 women and girls that live in Hamilton. When assessing education, health, security, economic security, and leadership opportunities for women compared to men, the city ranks 3rd best out of 25 major cities in Canada (McInturff, 2017). However, there are still important ways to improve the lives of women and girls in Hamilton. Through reviewing primary research and secondary data, this report discusses opportunities to influence change. Some opportunities include:

- Supporting opportunities for more women to pursue positions of leadership, particularly within city governance.
- Protecting aging women in our community to ensure they are healthy and safe by supporting opportunities for them to be active, having access to health care, and having access to affordable and safe housing.
- Ensuring women and girls have access to mental health supports in a timely manner.
- Increasing funding and resources to support women and girls who experience violence.
- Funding further research and resources for marginalized women in Hamilton.

Overall, this report reviews current issues and concerns facing women and girls in Hamilton. Continuously researching, listening, and learning are critical first steps towards bettering their lives and experiences.

Introduction

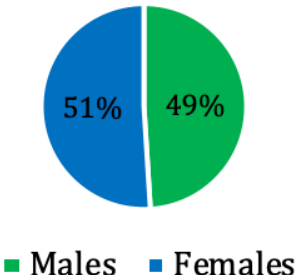
This report aims to identify gender-specific issues faced by women and girls in Hamilton at all stages in life. This is the second version of the report, building off of the first iteration written by Sarah Wayland in 2012. This updated version was written by graduate students at McMaster University who work as McMaster Research Shop Associates. The report was developed by reviewing primary (e.g. original research articles) and secondary data materials (e.g. municipal reports).

While the authors did their best to identify critical and current topics, they acknowledge that this report is not fully comprehensive. In addition, research specific to Hamilton was limited for certain topics. Specifically, research on marginalized women and girls, including but not limited to those who identify as Indigenous, LGBTQ+, and disabled, was lacking. As such, the authors identified a need for future research to investigate the intersectional experiences of marginalized women and girls in Hamilton.

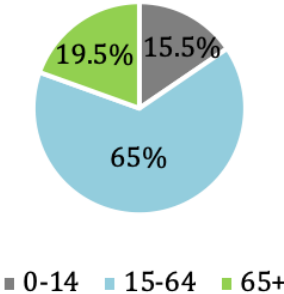
Demographics

As per the most recent census data (Statistics Canada, 2016a), the Hamilton Census Metropolitan Area (CMA – Hamilton, Burlington, and Grimsby) has a total population of approximately 748,000 people. This is over a 26,000 person increase since 2011. Of the total population in 2016, over 51% of the population are women, which is similar to the 2011 ratio. Of those women, the majority are between 15-64 years old (approximately 65%). Of those remaining, approximately 15.5% of women are between 0-14 years of age and 19.5% are over the age of 65.

Ratios of Males to Females in Hamilton (2016)



Breakdown of Females by Age (2016)



About 2% of Hamilton’s population identified as Aboriginal, with more than half identifying as women. Additionally, of the approximately 17,000 people in Hamilton who identify as immigrants, over 9,000 were women, having arrived in Hamilton between 2011 and 2016. Finally, 18% of Hamiltonians identify as a visible minority, over half of whom are women. South Asian, Black, and Chinese account for 52% of women who identify as a visible minority.

Education

The Best and Worst Places to be a Woman in Canada 2015: The Gender Gap in Canada’s 25 Biggest Cities is a report published in July 2015 by the Canadian Centre for Policy Alternatives (McInturff, 2017). The report provides an annual measure of the inequalities that exist between men and women in communities across Canada. Though Hamilton ranked 3rd out of 25 cities, the report ranked Hamilton 19 out of 25 on Education, which was calculated by assessing how many women completed high school, trades or apprenticeship certificates, college diplomas, or university certificates compared to men. For women aged 25-65 in Hamilton, about 25% report their highest level of education is a high school diploma and about 64% report have a post-secondary certificate, diploma or degree (Statistics Canada, 2016a). Importantly, 11% of women in this age category have no certificate, diploma, or degree.

Education can have implications for the health and well-being of women. For instance, households with higher levels of education have better health outcomes; only 24% of households with post-secondary graduates report being obese in comparison to 40% of households who hold less than a high school diploma (Canada Health Measures Survey Infographic, 2018).

Another relevant aspect of education is sex education. This September the provincial government mandated to revert to a curriculum first formed in 1998 (Hauen, Sept 4, 2018). This curriculum does not cover topics such as cyberbullying, same sex marriage, gender identity, social media use, or consent. Many people worry about children's health and wellbeing without learning these key topics. In August 2018, a petition with over 1800 signatures from Ontario health care workers (including physicians, social workers, and nurses) was delivered to the provincial government to voice concerns about the importance of teaching children these topics (Jeffords, 2018). Though no data was found on how this specifically influences women in Hamilton, it is critical to consider how important it is to teach these topics in order to ensure the safety and wellbeing of girls and women in our city.

Employment

Employment Rates

The employment rates in Hamilton are slightly below the national average; however, there is a greater gap between rates of employment between men and women (McInturff & Lockhart, 2015). In particular, there is a large disparity in full-time employment with only 39% of women holding full-time jobs as compared to 64% of men (McInturff & Lockhart, 2015).

Pay Gap

Despite ongoing efforts to provide equal pay to men and women, studies indicate that women tend to be paid less than their male counterparts working in the same field, even when researchers account for age, experience and number of hours worked (Bird & Jackson, 2014). In 2013, the Social Planning and Research Council of Hamilton (SPRC) reported that among full-time, full-year workers, the gap between men and women's pay was \$24,400 in 2010, which is larger than in 1976 (SPRC, 2013). This is not far off from the national average, where women earn 72% of what men earn (McInturff & Lockhart, 2015). In Hamilton, the pay gap is greatest for full-time positions, where women's incomes are only 69% of men's incomes (McInturff & Lockhart, 2015).

Interestingly, the pay gap between women and men is much smaller among Science, Technology, Engineering and Math (STEM) careers; however, there is less representation of women in these positions (SPRC, 2013). Although there is an overall improvement in working conditions for Hamiltonian women, there is a need to improve equality in opportunities, pay equity, and personal fairness across all disciplines.

Representation in Leadership

According to the 2017 EXCLerator Report, a YWCA report analyzing diversity in leadership and representation in Hamilton and Halton region, women and visible minorities are underrepresented in leadership positions across Hamilton and Halton regions. The report looked at a broad range of sectors, such as health, corporate, not-for-profit, and elected officials. It found that women were least represented in the corporate sector. Women did commonly hold leadership positions in the voluntary sector, but this work is underpaid. In fact, women working in women's rights' organizations are the lowest paid in the non-profit sector.

However, in the youth leadership sector, which includes positions on high school and university councils, close to 50% of these positions are held by both women and visible minorities (YWCA, 2017). This may suggest a shift in senior leadership makeup in the future.

More recent events at the local level may also show progress in the representation of women and visible minorities. The 2018 Hamilton municipal election brought the first women of colour onto Council and, with 7 of 15 elected officials being women, Council currently has the largest number of female counselors in its history. More women also ran compared to previous years, with women making up 30 of 89 candidates (Guevara, 2018). These changes show us that it is important to start thinking about both the barriers women face in government elections and how to continue encouraging women to run.

Future efforts should continue to support women in leadership, especially for young women looking to get involved early on. In particular, two McMaster University initiatives are worth mentioning. The Young Women in Leadership Job Shadow Program offers a one- or two-day experience for female-identifying students to shadow professionals in their area of interest. These students are able to learn from an industry expert and make connections to find employment in the future. McMaster's Leadership Summit for Women is also designed to support future female leaders in the community, connecting young women with one another and offering keynote speakers and panels designed to inspire and share experiences from current female leaders.

Employment

According to the 2016 Census, there are 92,910 people aged 65 years or older living in Hamilton. Of this population, approximately 56% are women. The census data also shows an enduring pattern of older women having longer life expectancies. For example, 76% of the people aged 100 years and over who live in Hamilton are women. Thus, it is critical to investigate specific concerns of aging women including poverty, social isolation, healthcare service deserts and home and unpaid caregiving work.

Poverty

The 2016 Census indicates that, in Hamilton, 11.6% of seniors aged 65 years and older live in poverty conditions. For older women, poverty rates increase substantially by age, and those aged 75 years and over have the highest rate in the city.

Social Isolation

The Hamilton Seniors Social Isolation Impact Plan (HSIIP) project has helped to reduce social isolation among seniors in Greater Hamilton over the past three years. Social isolation is not loneliness; it *'occurs when an individual has limited social contact and/or too few social relationships. Social isolation is not a choice—people who experience social isolation do not purposefully choose to live isolated lives'* (Weldrick, 2016, p.1). According to HSIIP, there were approximately 15,000 socially isolated seniors in the city in 2015. Another report from the Social Planning and Research Council (SPRC) of Hamilton outlined that older women have the highest rates of living alone, with the rates increasing until reaching 85 years and over. A number of factors place older women at risk for social isolation, including widowhood, living with low income, being non-English speaking, and living with limited resources or unaffordable housing.

Healthcare Service Deserts

Healthcare services deserts are areas or neighbourhoods lacking in services such as physiotherapy or health clinics. In mapping senior-directed services in Hamilton, McMaster University researchers discovered that healthcare deserts were located in areas with higher proportions of seniors. According to Dosen, Karasiuk, Marcaccio, Miljak, Nair and Radaskas (2017),

In general, the services are concentrated in the downtown area, with only one Senior Directed Service located in the Upper Hamilton area, despite the large proportion of the senior population living on the escarpment. Although the majority of the senior population is located in the suburbs of Hamilton (i.e., outside of the downtown area), there are fewer than three Senior Directed Services, or in some cases, zero, located in these areas (p. 128).

Access to healthcare services must be improved, as there are many seniors since in Hamilton and “all communities have higher rates of female seniors” (SPRC, 2016, p.40). Utilization of healthcare services also increases with age, which underscores the need for female seniors to have equal access to services.

Age-Friendly City

The City of Hamilton first implemented an Age-Friendly Strategy in 2014 and released its Age Friendly Hamilton Community Progress Report in 2017. According to the Plan, its overarching age-friendly goals are the following:

1. Housing – choices are available and affordable

2. Getting around Greater Hamilton – options enable seniors to get around Hamilton
3. Communication and Information – easy to access and understand
4. Healthy and Community Services – support aging-in-place [being able to live in one's place of choice independently]
5. Social Participation – recreation, leisure and cultural activities foster social connections
6. Civic Engagement, Volunteerism, Employment – meaningful opportunities are available
7. Age Friendly Public Service – City services champion Hamilton being an Age Friendly community

A few of these goals point to developing 'a housing resource guide for older adults to help them plan for aging and to navigate the social housing landscape in Hamilton' as well as communicating 'the availability of city services to older adults through a well-designed marketing plan in numerous languages' (City of Hamilton, 2018d).

The report included its achievements and priorities; however, gender specific details were not discussed. Given that older women comprise the majority of Hamilton's senior population, further research is needed to assess their identified needs and interests.

Health and Wellness

Physical Activity

Physical activity is beneficial to one's physical and mental wellbeing (Penedo & Dahn, 2005) across the lifespan (Heisz, Ogrodnik & Fenesi, in press). The Canadian Physical Activity guidelines recommend 60 minutes of moderate to vigorous physical activity a day for children 17 and under (CSEP) and 150 minutes of moderate to vigorous physical activity per week for adults 18 and older (CSEP). Unfortunately, no Hamilton specific data was found for physical activity participation, so the authors used data representative of Canada and Ontario.

In general, compared to males, fewer women are meeting the recommended guidelines for physical activity (Census, 2016). In Ontario, approximately 54-65% of women between 12-64 are meeting the guidelines, which is similar to national levels. The greatest differences noted between women and males occurs at age 18-34, where 72% of males but only 65% of women are meeting the guidelines. Importantly, in both Canada and Ontario there is a significant drop in physical activity performance after age 65; approximately 55% of women aged 50-64 in Ontario are meeting the guidelines compared to about 37% of women over 65—almost a 20% drop. This is a greater decline than males in this age category, where the drop is only about 10%.

Helping women become more physically active is critical to prevent cognitive decline (Fenesi et al, 2017). By 2038, research from Statistics Canada anticipates that one

million Canadians will suffer from dementia (Statistics Canada, 2016c), a class of disorders that come from brain deterioration resulting in memory loss and cognitive decline (Dudgeon, 2010). The Alzheimer Society of Canada (2016) predicts that 65% of those with dementia will be women, as women have higher risk for the disease. Research has shown that exercise may protect against dementia (Fenesi et al., 2017) and reduce the symptoms (Cai & Abrahamson, 2016). Thus, supporting ways to get older adults active—particularly women—is critical for the health of Hamilton’s aging population.

Substance Misuse

Alcohol misuse is one of the largest risk factors for death, disease, and disability in high-income countries such as Canada. The City of Hamilton has published a Community Alcohol Report in 2016 that reports statistics on alcohol use in Hamilton and its related health and safety impacts. According to 2013-14 data, in Hamilton, men tend to drink more than women; specifically, 51% of men and 35% of women exceeded the Canadian Low-Risk Alcohol Drinking Guidelines. The social determinants of health, which are a broad range of social and economic factors that influence health, such as income, education, employment, social supports, and access to services, all impact drinking patterns and the risk for alcohol related harms. (City of Hamilton Public Health Services, 2017)

Certain groups of youth have an even higher risk of experiencing alcohol-related harms, such as those who are street-involved, are in legal custody, experience mental illness and mental health challenges, have been sexually abused, identify as LGBTQ+, and identify as Indigenous. The report also highlights pregnant women as a group with a higher risk of experiencing alcohol-related harms. In 2016, 2.9% of mothers in Hamilton reported they consumed alcohol during their last pregnancy; this is higher than the 2016 provincial rate of 2.3%. This is concerning given that alcohol consumption during pregnancy can harm an unborn baby’s brain development causing permanent physical, mental and behavioural disabilities, also known as Fetal Alcohol Spectrum Disorder. Women need to be educated that any amount of alcohol consumed during pregnancy can harm an unborn baby in many ways (City of Hamilton Public Health Services, 2017).

There is no data available specific to youth substance use in Hamilton; however, the Ontario Student Drug Use and Health Survey (OSDUHS) 2017 Report provides data on Ontario students in Grades 7 to 12 on many health-related topics, such as student substance use and mental and physical health. 11,435 students were included in the 2017 survey, and findings indicate that males are significantly more likely than females to use the following eight drugs: tobacco cigarettes, e-cigarettes, hookahs, smokeless tobacco, cough medication, energy drinks, mushrooms, and LSD. While girls do not show a higher prevalence of use for any drugs, males (43%) and females (42%) were equally likely to drink alcohol and use cannabis (20% vs. 18%) (Centre for Addiction and Mental Health, 2017).

With respect to alcohol and drug intake in Hamilton, it appears that youth and pregnant women are at an increased risk for alcohol-related harms, and therefore preventative services targeted at these groups would be beneficial.

Cannabis

On October 17, 2018, Cannabis became legal to buy, possess and use for non-medical purposes in Canada. With legalization, a number of public health measures are being implemented. In Hamilton, a proposed public health strategy for non-medical cannabis was released in September 2018. The report highlights that youth, pregnant women, and those with a history of mental health issues are most at risk of harm from cannabis use, and therefore the strategy proposes targeting these groups with multiple education and awareness campaigns.

Physical and Mental Health

A Canada-wide study ranked Hamilton 6th best out of 25 cities in terms of overall health (McInturff, 2015). Life expectancy in Hamilton is similar to the Canadian average, with women living slightly longer lives than men (83 years on average compared with 78 for men), as is typically the case. Women were slightly more likely than men to rate their health as very good or excellent (58% compared with 56% of men), but they were more likely to report high levels of stress in their lives (24% compared with 18% among men). Rates of screening for cervical cancer are average, with 68% of women reporting they had a Pap smear in the last three years. These findings indicate that the physical health of women in Hamilton is relatively equal to that of men, however they face an additional burden when it comes to stress (McInturff, 2015).

Girls across Ontario have been found to be more than twice as likely as males to report elevated stress, poor mental health, seeking mental health counselling, thoughts of suicide, and being prescribed medication for anxiety or depression (“The Mental Health and Well-Being of Ontario Students”, 2017). Specifically, girls are significantly more likely than boys to report:

- Poor physical health (e.g. being inactive)
- Poor mental health and low self-esteem (e.g. belief that they are too fat and wanting to lose weight, symptoms of psychological distress, suicidal ideation and attempt, elevated stress)
- Using more medications (opioid pain relievers, tranquilizers, anxiety, depression)
- Experiencing bullying at school and online

Girls also spend more hours daily on social media and experience more symptoms of problematic technology use (“The Mental Health and Well-Being of Ontario Students”, 2017). This long list of challenges faced by teenage girls in Ontario highlights the significant gap in mental health services for this age group.

In March 2018, the Hamilton Spectator released an article urging the government to address the long wait times for children's mental health services. It was estimated that more than 12,000 Ontario children are waiting as long as 18 months for mental health treatment. Given that 70% of mental health issues begin in childhood or adolescence and that suicide is the second leading cause of death of among Canadian youth, this service crisis is of large significance and support is needed in this area (Frketich, 2018).

Furthermore, it is important to consider that some groups face additional mental health challenges and barriers to accessing needed mental health services, such as LGBTQ+ youth. These youth face stigma around their mental health issues, but also around their gender identity and/or sexuality. A CBC News article has highlighted that many psychiatrists and social workers in Canada are undertrained and uninformed about LGBTQ issues, especially as they relate to gender. This is a significant issue because based on Rainbow Health Ontario, the risk of suicide for lesbian, gay and bisexual youth is estimated to be 14 times higher than their heterosexual peers. Lesbian, gay and bisexual individuals are also 1.5 times more likely to have depression and anxiety. Furthermore, 77% of the transgender people in Ontario have seriously considered suicide, and 45% have attempted it. Trans youth were at the greatest risk in this Canadian study. Therefore, when approaching the issue of mental health service gaps in Hamilton, one should be aware of the additional mental health challenges and barriers faced by LGBTQ youth (Craggs, 2012).

Mental health and substance use among Indigenous peoples in Canada have been identified as health priorities by the Ontario and Canadian government (Philpott, 2017; Firestone et al., 2015). For example, First Nations youth are five to seven times more likely to die by suicide than non-Indigenous children. Data specific to Hamilton Indigenous youth is lacking, however, a recent study conducted in 2015 in Hamilton found high rates of depression (39%), PTSD (34%), suicide ideation (41%) and attempts (51%) in First Nation adults. Further, around 50% of respondents reported marijuana use in the previous 12 months, and 19% reported the use of cocaine and opiates. Therefore, First Nations adults living in Hamilton experience a disproportionate burden of mental health and addictions.

Motherhood and Family Life

Mothers play an important role in family life, one that has evolved over time. According to the Vanier Institute of the Family, a research-based nonprofit organization focused on the well-being of Canadian families, the total fertility rate (i.e. the number of children per women) in Canada is declining (The Vanier Institute of the Family, 2014). Across Canada, an increasing proportion of mothers are balancing family responsibilities with work. In 2014, 21% of single-earner couple families in Canada were supported by the mother (Battams, 2017).

In Ontario, despite an increase in the number of mothers in the workforce, there exists a “mommy tax,” an estimated wage gap of 12% in 2009, between women who have children and women who do not. On the other hand, the amount of time mothers are spending with family is also increasing: in 2010, Canadian women reported they spent an average of 7 hours per day with family (up from 6.7 hours in 1986) (The Vanier Institute of the Family, 2016). According to the Statistics Canada General Social Survey, Ontario women spend more time than men on unpaid work activities, including household chores, care of household children, and shopping for goods or services (Statistics Canada, 2015).

Lone-Parent Families

In 2016, there were 210,825 families in the Hamilton Census Metropolitan Area. Of these families, 45% were couples with children, though the number of families without children has increased more significantly since 2011. Of total families, 14% are lone-parent families led by women, representing the majority (80%) of total lone-parent families. The number of lone-parent families led by women increased by 6% since 2011 (Statistics Canada, 2016d).

Marriage/Divorce

As of 2016, approximately 28% of women over the age of 15 in the Hamilton CMA were single (never married), 48% were married, and 8% were living in a common-law relationship. Between 2011 and 2016, the number of divorced or separated women increased by 6%. Widowed women make up 80% of all widowed individuals (Statistics Canada, 2016d). In Canada, 70% of separated or divorced mothers reported that their household was the primary residence of their children (Battams, 2017).

Young Mothers

While the average age of first-time mothers in Canada is rising (28.5 in 2011, from 24.3 in 1974) (The Vanier Institute of the Family, 2016), it is important to recognize the prevalence of teen pregnancy in Hamilton. The Code Red BORN project made evident the relationship between teen pregnancy and poverty and education. Hamilton's lower city (between Sherman and Wentworth) had the highest rate of teen pregnancy. Compared to a wealthy Burlington neighbourhood (The Orchard) where there were zero teen pregnancies, in Hamilton's lower city the rate of teen pregnancy in 2006-2010 was 14.2% (Pecoskie & Buist, 2011). In Sherman-Wentworth, the median household income is less than \$36,000 and 27% of families are lone-parent families led by women.

Children born to teen moms often end up being teen parents themselves (Pecoskie & Buist, 2011), reflecting a need for adequate support programs for young pregnant women and new parents. Adverse childhood experiences (such as physical and emotional abuse, neglect, and substance misuse in the household) increase the odds of teen pregnancy and also have negative effects on the health of both the mother and newborn (Smith, Gotman, & Yonkers, 2016). Young mothers alone also have unique health risks in pregnancy, as they are more likely to give birth to a low birthweight baby.

Having a child at a young age can also limit their ability to complete high school. At Hamilton's Maternity Centre, located in the downtown core, 80-85% of the women who visit are teens (Pecoskie & Buist, 2011).

Child Care

Parents rely on different childcare arrangements for their children, especially with a rising number of working mothers. Childcare affordability continues to be a significant issue for middle-income families as well as low-income families. The cost of childcare in Hamilton can be prohibitive, as Ontario has some of the highest childcare fees in the country (Macdonald & Friendly, 2017). A 2014 estimate reported that 21% of a woman's income in Hamilton goes to childcare (Macdonald & Friendly, 2017).

Between 2014 and 2017, the median cost for preschool fees in Hamilton increased by 15.3%. According to the Canadian Centre for Policy Alternatives (Macdonald & Friendly, 2017), Hamilton's median monthly childcare costs are \$1062 for infants (0-24 mo), \$1052 for toddlers (18-36 mo), and \$931 for preschoolers (2.5-5 years), which are high compared to national averages. Also, 69% of Hamilton childcare centers have a waitlist.

In Hamilton, families can apply for a childcare subsidy for children aged 0-12 years through the City of Hamilton (City of Hamilton, 2018b). Families are eligible if they meet at least one of the following:

- Live in Hamilton, be a Canadian Citizen, Permanent Resident or Refugee.
- Work or attend school a minimum of 20 hours/week
- Participate in an approved employment assistance activity through Ontario Works
- Have received approval through the childcare referral process (illness, disability, high-risk family).

Though there is often a waitlist for this support, priority families (such as families with a child with special needs and families with young parents) will receive an immediate subsidy. The amount of the subsidy is based on the annual household income and the number of children requiring care at different ages.

Additional support can come from the Child Care Affordability Plan, which can support families who do not qualify for the subsidy (City of Hamilton, 2018c). This reduces childcare costs for children aged 0-4 years by \$10 a day at qualifying childcare centers.

While support for childcare costs exists in Hamilton, it is important to recognize that this service comes at a high cost for families in the city. These supports should continue, especially as provincial funding for the Child Care Affordability Plan past 2019 remains uncertain.

Caregiving

Outside of childcare, women may also need to provide care to family members with a long-term health condition, a disability, or aging needs. These informal caregivers are disproportionately women, who are more likely to experience negative consequences as a result of this increased time devoted to caregiving than men (Fast, 2017). The tasks commonly attributed to women, such as personal care and meal preparation, are time-consuming and less flexible; therefore, women commonly reported missing at least one full day of work (30%); retiring early, quitting or losing their job (6%); or turning down a job offer or promotion (5%) (Battams, 2017).

Older women in Hamilton are among half of Canadian seniors who engage in unpaid caregiving work in their homes. The City of Hamilton was one of the locations selected as part of The Canadian Longitudinal Study on Aging (CLSA). In 2018 the study found that 44% of its 50,000 participants were “aged 45 to 85” and the “highest number of caregivers were women or those between the ages of 55 to 64.” The CLSA report indicates that older women who are providing care to others experience “depression and financial difficulties at a higher rate than non-caregivers” and are at higher risk of social isolation and loneliness (Frketich, 2018).

The changing dynamic among motherhood, family life, caregiving, and work continues to put unique pressures on women. As more women balance their time across these various roles, it is important that communities support women through parenting support or childcare so that they can pursue their desired life activities.

Poverty and Homelessness

In 2015, Hamilton’s poverty rates were reported as just below the national average, with 13% of women living below the Low Income Measure (McInturff & Lockhart, 2015). The added systemic barriers women encounter in the workforce make them more likely to be economically insecure and may also contribute to poverty and homelessness (Pike & Mayo, 2018).

In addition to being more susceptible to poverty than men, women experience poverty more intimately as it endangers women’s safety and security (Statistics Canada, 2016b). Women who leave a partner to raise children on their own are more likely to live in poverty than if they were to stay with their partner (Townson, 2009). This may cause them to stay in abusive relationships in order to avoid the threat of poverty for themselves and their children (Townson, 2009).

While single-parent families are on the rise in Canada, 81.3% of them are headed by women, and the median income for single-parent families led by a woman with children under 6 was only 50% of the income of male single-parent families (Statistics Canada, 2016b). Poverty among children is a predictor for poor health outcomes, such as asthma, diabetes, and mental health issues, as well as cognitive problems that impact

their performance in school (Singer, 2003). Thus, helping women living on a low income also helps their children, working towards ending the cycle of poverty.

Furthermore, poverty is a pertinent barrier to proper housing for many Canadians. Currently, 78% of Hamiltonians report not having enough money to meet their housing needs (City of Hamilton, 2018a). A Point in Time Count by the City of Hamilton in 2016 provided valuable insight on women's experiences of homelessness. Compared to their male counterparts, women reported higher rates of violence and exploitation since being homeless. More women report emotional, physical, psychological or sexual trauma in childhood or later contributing to their state of homelessness, which may be further complicated by substance use or mental health problems related to the trauma (Pike & Mayo, 2018). Also, women are more likely to report child welfare interventions and foster home experiences prior to their homelessness than men in Hamilton (Pike & Mayo, 2018). Interestingly, the survey reports that 12% of women experiencing homelessness were pregnant (Pike & Mayo, 2018). Without proper housing, pregnant women are at a greater risk of losing their babies to the child welfare system, thereby propagating the cycle of homelessness (Pike & Mayo, 2018). Also, 26% of women experiencing homelessness are women with physical disabilities as they face barriers in accessing housing with accommodations (Pike & Mayo, 2018).

The Women's Housing Planning Collaborative (WHPC) investigated the important, yet largely invisible, issue of poverty and homelessness among Hamiltonian women in 2012. In February 2018, they released a community report highlighting the progress and impact of WHPC initiatives on resolving the crisis over the past five years. In line with Canada's National Housing Strategy (2017) directive, government funding investment for homelessness services increased by \$2.1 million across all demographics, with services and systems for women receiving \$1.7 million or 80% of the total funds (Pike & Mayo, 2018). In response to this, the City of Hamilton allocated \$40 million over 10 years towards implementing new affordable housing and improving quality of social housing (Pike & Mayo, 2018).

In 2015, 20 shelter beds were added to two locations and a "by-name list" was implemented to assign priority to people using shelter services or experiencing homelessness (Pike & Mayo, 2018). Additionally, community programs have been pivotal in supporting women experiencing homelessness to access appropriate resources and services. Between April 2015 to January 2018, Hamilton's Supporting Our Sisters (SOS) program housed 140 women with high risk factors, such as mental illness, substance use and incidents of violence, of which 105 remained in the housing for more than a year (Paddon, 2018).

Most of the government funding was used for emergency response, yet the city's shelter beds continue to operate at 109% capacity as of December 2017 (Pike & Mayo, 2018). Shelter staff still turn people away approximately 19 times per night across Hamilton (Pike & Mayo, 2018). Evidently, there is a need for more funding for long-term solutions, including homelessness prevention, transitional housing, housing subsidies, and improved support for women to stay housed (Pike & Mayo, 2018).

Violence Against Women

Hamilton was ranked 5th in terms of security for women among all Canadian cities. The rates of sexual assault and intimate partner violence reported to the police in Hamilton are lower than the Canadian average. The police recorded 293 incidents of sexual and domestic violence against women in 2013. In comparison, the city that ranked 1st in security for women, Kelowna, British Columbia, had 55 incidents of sexual and domestic violence perpetrated against women reported by police in 2013. However, both of these statistics are not indicative of the actual levels of violence since 90% and 70% of all incidents of sexual and domestic violence, respectively, go unreported (McInturff, 2015).

The most accurate method of measuring sexual and domestic violence is through self-reporting surveys. Current Hamilton surveys do not sample a large enough portion of the population to provide estimates at the municipal level; therefore, police-reported crime-rates are used. On a provincial scale, 6.2% of Ontarians report having experienced domestic violence in the past five years and 2.4% report having experienced a sexual assault in the same period. Therefore, it is clear that in Hamilton, and even in cities with the lowest levels of police-reported sexual assault and intimate partner violence, the impact of this issue is significant and still not well reported (McInturff, 2015).

In April 2016, the Social Planning and Research Council of Hamilton prepared a report called *Violence Against Women Services in Hamilton: Assessing Gaps and Barriers in Service* (Pike, Fox, & Bamsey, 2016). It was prepared for the Woman Abuse Working Group, which is a coalition of more than twenty agencies working in Hamilton to end violence against women (VAW). This report provides VAW shelter, counselling, and transitional housing and supports data from the Ministry of Community and Social Services (MCSS) for 2013-14. Below is a summary of this comprehensive report, specifically revolving around the four major themes that emerged from surveys and focus group discussions.

Accessibility of VAW Services

Increased accessibility is needed among VAW services. There is a lack of services for women from marginalized groups, including LGBTQ people, people with disabilities, Aboriginal women, Francophone women, non-English speaking women, rural women, women with mental health concerns, and women with addictions. Resources for women who are single and without children are also in need of attention. More information is required from the members of these communities to better understand their needs. A large asset to the community is the 24-hour helplines with multi-lingual services for crisis and other anonymous supports. One need identified through this research is the necessity of more variation in business hours for services, such as offering evening and weekend appointments. The research also demonstrates that around 67% of callers requesting shelter space were referred away or declined because the service had reached capacity. Therefore, there is a high demand for VAW shelter space that is not currently being met (Pike, 2016).

Though VAW services within Hamilton aim to be diverse and inclusive, some areas are lacking. Housing services are considered to have low barriers for access, both socially and physically, but tailoring services to one group does not make housing entirely accessible and safe for all women. For example, women who are recovering from addiction may find it a barrier to share space with women who are still using drugs in housing services with harm reduction practices. Such considerations are important for understanding the barriers faced by different groups trying to access VAW services (Pike, 2016).

Mental health was also noted as a significant challenge among women accessing VAW services. Although there are multiple counselling supports for women in the community, these services involve long waitlists and are often only shorter-term services. In the 2013-14 fiscal year, 1127 women who experienced abuse requested counselling at one of the six MSCC-supported services. Therefore, even though women are being connected to counselling services, there are significant challenges in wait times and in receiving longer term supports (Pike, 2016).

Coordination Among VAW Services

Furthermore, those surveyed highlighted the need for better coordination among VAW services, including Hamilton Police Services and legal supports. Women stated they needed assistance in navigating the numerous systems and VAW services they interact with. A “no wrong door” approach wherein women would be able access the shelter system and related services regardless of which agency they contact initially is recommended. The Transitional Support Worker and Diverse Communities System Navigator (DCSN) was a position that applied a holistic model of wrap-around service delivery that addressed women’s needs in navigating the system. However, pilot funding ended and was not renewed, and therefore the DCSN position no longer exists in Hamilton (Pike, 2016).

Training

There is a need for increased training among various VAW service providers. Such training should include more education for VAW agencies and staff about accommodating the needs of women with mental health and addictions. More training for legal professionals about the needs of VAW clients would also be beneficial (Pike, 2016).

Funding

There is also a lack of funding for VAW services. There were concerns raised around the working conditions for staff, including concerns about job security, poor wages and benefits, and overburdened staff in VAW services. There is a comprehensive list of specific recommendations with each of the identified themes, which can be used to further understand the many areas needing improvement (Pike, 2016).

Overall, the findings of this comprehensive research study (Pike, 2016) indicate that many respondents considered VAW services in Hamilton effective, but that there is a great need for additional supports for women facing domestic and/or sexual violence in Hamilton.

Sherman Community Engagement Research

In January 2015, the SPRC and Hamilton's Neighbourhood Action Strategy worked together to discuss street level sex work in the Sherman Neighbourhood in Hamilton. Regular meetings with residents were held to discuss a wide range of safety issues in the area. The respondents indicated a significant issue of sex work in the area, noting that many were fearful for women, particularly young women, who some believed were being encouraged or prepared for sex work. Residents felt unsafe in the neighbourhood with the possibility of being mugged or assaulted. There were also concerns around stigmatization of women who may be approached for prostitution (Pike & Clause, 2015).

A focus group with women at a drop-in program who have been, are at risk of, or are currently involved in street level sex work was conducted at The Elizabeth Fry Society. Their unmet needs and additional supports were compiled and are presented below. The results found that a number of supports could be provided to prevent, treat, reduce harm, and help with enforcement services around street level sex work. Some examples include: women needing increased social assistance rates and affordable housing; access to community centers with stronger supports for women and children's programming; increase supports for criminalized women, women facing addictions or using drugs, and women with mental health issues; more access to 24-hour support lines and spaces for women to access support; more accessible counselling support for women and youth; improved hours for women programs; and more education for police about responding to mental health issues, addiction, and survivors (Pike, 2015).

In sum, there are large similarities between the two reports on violence against women and sex work in Hamilton. Notably, longer service hours are needed, more counselling services, improved access for marginalized groups, and education for police forces.

Opportunities to Influence Change

In this report, we reviewed the major issues impacting women and girls in Hamilton. We hope this information can help inform philanthropic decisions to address these concerns. Below are a few opportunities that Women 4 Change could consider to improve the lives of women and girls in Hamilton:

- Funding further research and resources for marginalized women in Hamilton including (but not limited to) indigenous women, LGBTQ+ women, black women, and disabled women.

- Although there is an overall improvement in working conditions for Hamiltonian women, there is a need to improve equality in opportunities, pay equity, and personal fairness across all disciplines.
- There is an existing gap in women holding leadership positions, but trends in younger women suggest that shifts may be coming. It is important to continue to support young women in leadership to create changes in the future. Supporting initiatives like McMaster's Job Shadowing program can help.
- The changing dynamic among motherhood, family life, and work continues to put unique pressures on women. As more women balance their time across these various roles, it is important that we support the different types of activities in which they choose to partake with services, such as those targeted at young mothers and childcare subsidies.
- Building capacity to support older women must continue to be a city-wide priority. For instance, getting older adults active is critical to support healthy aging. Considering initiatives that provide older women opportunities to participate in sports is a suggestion for future investment. In addition, a number of issues that senior women in Hamilton face intersect with one another, including social isolation, poverty, unpaid caregiving work and access to healthcare services. Hamilton's Age-Friendly Plan could include gender specific details to address the needs and interests of older women.
- For a number of substances, such as alcohol and illicit drugs, women tend to abuse less than men; however, women are at increased risk of additional harms, such as hospitalizations for cannabis use. Supporting education and awareness campaigns that target women specifically is suggested.
- Girls experience elevated stress and poor mental health compared to their male counterparts. There are significant unmet needs in this area, with evidence of high burden of illness and long wait times in Hamilton for mental health services. LGBTQ+ and Indigenous youth are also at even higher risk for poor mental health and substance misuse. More services should be made available for these populations that face additional challenges and stigma.
- There is a need for more funding for long-term solutions to poverty and homelessness, including homelessness prevention, transitional housing, housing subsidies, and improved support for women to stay housed.

There is a significant need for violence against women (VAW) services in Hamilton. More funding is needed as many women requesting shelter space are declined due to a lack of capacity among VAW shelters in Hamilton. There is also a need for making VAW services more accessible for marginalized populations, improving coordination between VAW services, and improving training among VAW workers.

Conclusion

Overall, the objective of this report was to bring to light current issues and concerns facing women and girls in Hamilton. Continuously learning, researching, and funding initiatives to support the lives of women and girls will contribute to helping Hamilton grow and thrive as a community.

Bibliography

- Aboriginal Health Centre (2018). Aboriginal Mental Health & Addiction Services. De dwa da dehs ney>s Aboriginal Health Centre. Retrieved from: <https://aboriginalhealthcentre.com/services/mental-health/>
- Alzheimer Society of Canada. Report summary prevalence and monetary costs of dementia in Canada (2016): A report by the Alzheimer Society of Canada. *Health promotion and chronic disease prevention in Canada : Research, policy and practice*, 36(10), 231–232.
- Bakht, L., Camplin, B., Mayo, S., & Wetselaar, R. (2011). *A profile of vulnerable seniors in Hamilton*. The Social Planning and Research Council of Hamilton. Retrieved from <http://www.sprc.hamilton.on.ca/wp-content/uploads/2011/09/Profile-of-Vulnerable-Seniors-in-Hamilton-Full-Report-Corrected-January-2013.pdf>
- Battams, N. (2017). A Snapshot of Women, Work and Family in Canada. *Statistical Snapshots*. The Vanier Institute of the Family.
- Bird, K., & Jackson, S. (2014). The Women & Diversity EXCLeratory Project.
- Cai, Y., & Abrahamson, K. (2015). How Exercise Influences Cognitive Performance When Mild Cognitive Impairment Exists: A Literature Review. *Journal of psychosocial nursing and mental health services*, 54(1), 25-35.
- Canada's National Housing Strategy. (2017). Retrieved from <https://www.placetocallhome.ca/pdfs/Canada-National-Housing-Strategy.pdf>
- Canadian Society for Exercise Physiology. [Canadian Physical Activity Guidelines] [Infographic]. Retrieved from http://csep.ca/CMFiles/Guidelines/CSEP_PAGuidelines_0-65plus_en.pdf
- Centre for Addiction and Mental Health (CAMH) (2017). Drug Use Among Ontario Students: Highlights from the Ontario Student Drug Use and Health Survey (2017 OSDUHS Drug Use Report). CAMH. Retrieved from: <https://www.camh.ca/-/media/files/pdf---osduhs/summary-drug-use-report---2017-osduhs.pdf?la=en&hash=CE004A289552A7889929450F68EE075F5FB73EAF>
- Centers for Disease Control and Prevention. (2018). *Confronting Opioids*. Retrieved from: <https://www-cdc-gov.libaccess.lib.mcmaster.ca/features/confronting-opioids/index.html>
- City of Hamilton. (2018a). Point in Time Connection. Retrieved from <https://www.hamilton.ca/social-services/housing/point-in-time-connection>

- City of Hamilton. (2018b). *Apply for Financial Support for Child Care*. Retrieved from <https://www.hamilton.ca/social-services/early-years-and-child-care-services/apply-financial-support-child-care>
- City of Hamilton. (2018c). *Child Care Affordability Plan*. Retrieved from <https://www.hamilton.ca/social-services/early-years-and-child-care-services/child-care-affordability-plan>
- City of Hamilton. (2018d). *Age Friendly Hamilton*. Retrieved from <https://www.hamilton.ca/city-initiatives/strategies-actions/age-friendly-hamilton>
- City of Hamilton Public Health Department. (2018). Hamilton Opioid Information System - Deaths. City of Hamilton Public Health Reporting. Retrieved from: <https://www.hamilton.ca/public-health/reporting/hamilton-opioid-information-system-deaths>
- City of Hamilton Public Health Services, Mental Health and Harm Reduction Program Team (2017). City of Hamilton Community Alcohol Report. Hamilton, ON: City of Hamilton Public Health Services.
- Craggs, S. (2012). Mental health tougher for queer youth in Hamilton. *CBC News*. Retrieved from: <https://www.cbc.ca/news/canada/hamilton/headlines/mental-health-tougher-for-queer-youth-in-hamilton-1.1258892>
- Dosen, K. M., Karasiuk, A. A., Marcaccio, A. C., Miljak, S., Nair, M. H., & Radauskas, V. J. (2017). Code grey: Mapping healthcare service deserts in Hamilton, Ontario and the impact on senior populations. *Cartographica*, 52(2), 125–131. <https://doi.org/10.3138/cart.52.2.5103>
- Dudgeon, S. *Rising Tide: The Impact of Dementia on Canadian Society*. (2010). doi:9780973352221
- Fast, Janet. (2017). *Women, Caregiving and work in Canada*. The Vanier Institute of the Family.
- Fenesi, B., Fang, H., Kovacevic, A., Oremus, M., Raina, P., & Heisz, J. J. (2017). Physical exercise moderates the relationship of apolipoprotein E (APOE) genotype and dementia risk: a population-based study. *Journal of Alzheimer's Disease*, 56(1), 297–303.
- Firestone, M., Smylie, J., Maracle, S., McKnight, C., Spiller, M., & O'Campo, P. (2015). Mental health and substance use in an urban First Nations population in Hamilton, Ontario. *Canadian Journal of Public Health*, 106(6), e375–e381.

- Frketich, J (2018, May 23). Report highlights growing burden of care for seniors. *The Hamilton Spectator*. Retrieved from <https://www.thespec.com/news-story/8624254-report-highlights-growing-burden-of-care-for-seniors/>
- Frketich, J. (2018). Waits as long as 18 months for children's mental health. *The Hamilton Spectator*. Retrieved from: <https://www.thespec.com/news-story/8293558-waits-as-long-as-18-months-for-children-s-mental-health/>
- Guevara, S. (2018 Oct 26). Hamilton elects largest number of female councillors in city history. *CBC News*. Retrieved from <https://www.cbc.ca/news/canada/hamilton/hamilton-women-council-1.4879450>
- Hamilton Seniors Isolation Impact Plan. (2018). About. Retrieved from <http://socialisolation.ca/about/>
- Hauen, J. (2018, September 4). The differences between Ontario's interim sex-ed curriculum and 2015's. *The Globe and Mail*. Retrieved from <https://www.theglobeandmail.com/canada/article-the-differences-between-ontarios-interim-sex-ed-curriculum-and-2015s/>
- Heisz, J., Ogrodnik, M., Fenesi, B. The Effects of Physical Activity on Cognition in Adults. In M. Ansel (Ed.), *APA Handbook of Sport and Exercise Psychology*. In Press.
- Jeffords, S. (2018, August 7). Horwath, health care workers ask PC government to stop repeal of sex-ed curriculum. *Global News*. Retrieved from <https://globalnews.ca/news/4374043/pc-government-sex-ed-curriculum/?fbclid=IwAR0vhWSEzSSWoyW9mnSwg2MeBtkJABOCVIO5oct0s9ApbO35GsizGME-2YE>
- Macdonald, D., & Friendly, M. (2014). The Parent Trap: Childcare fees in Canada's big cities. *Canadian Centre for Policy Alternatives*. Retrieved from https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2014/11/Parent_Trap.pdf
- Mayo, S. (2017). Indications of Social Isolation Among Hamilton's Seniors. The Social Planning and Research Council of Hamilton. Retrieved from <http://socialisolation.ca/project/indicators-of-social-isolation/>
- Macdonald, D., & Friendly, M. (2017). Time Out: Child care fees in Canada in 2017. *Canadian Centre for Policy Alternatives*. Retrieved from <https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2017/12/Time%20Out.pdf>
- McInturff, K., & Lockhart, C. (2015). The Best and Worst Places to be a Woman in Canada 2015. *Canadian Centre for Policy Alternatives*. Retrieved from

[https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2015/07/Best and Worst Places to Be a Woman2015.pdf](https://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2015/07/Best%20and%20Worst%20Places%20to%20Be%20a%20Woman2015.pdf)

Ontario Agency for Health Protection and Promotion. (2018). Opioid-related morbidity and mortality in Ontario. *Public Health Ontario*. Retrieved from: <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx#ageSex>

Ontario Council of Agencies Serving Immigrants. (n.d.). The Well: LGBTQ Community Wellness Centre of Hamilton. *Positive Spaces Initiative*. Retrieved from: <http://www.positivespaces.ca/community-links/well-lgbtq-community-wellness-centre-hamilton>

Paddon, N. (2018). More support needed to address women's homelessness in Hamilton. *The Hamilton Spectator*. Retrieved from <https://www.thespec.com/news-story/8131481-more-support-needed-to-address-women-s-homelessness-in-hamilton/>

Pecoskie T., & Buist, S. (2011 Nov 19). Mothers too soon: Groundbreaking analysis exposes relationship between poverty and teenage pregnancy. *The Hamilton Spectator*. Retrieved from <https://sogc.org/wp-content/uploads/2012/09/BORN2.pdf>

Penedo, F. J., & Dahn, J. R. (2005). Exercise and well-being: a review of mental and physical health benefits associated with physical activity. *Current opinion in psychiatry*, 18(2), 189–193.

Perrier, C. (2017, January). Bell Let's Talk about Indigenous mental health. *CBC News*. Retrieved from: <https://www.cbc.ca/news/indigenous/bell-lets-talk-about-indigenous-mental-health-1.3957509>

Philpott, J. (2017, July). Canada committed to improving mental health in Indigenous communities: Philpott. *Toronto Star*. Retrieved from: <https://www.thestar.com/opinion/commentary/2017/07/18/canada-committed-to-improving-mental-health-in-indigenous-communities-philpott.html>

Pike, D., & Clause, R. (2015). Community Engagement Process on Street Level Sex Work in the Sherman Hub. *SPRC Hamilton*. Retrieved from: <http://www.sprc.hamilton.on.ca/wp-content/uploads/2015/01/Community-Engagement-on-Street-Level-Sex-Work-in-the-South-Sherman-Hub.pdf>

Pike, D., Fox, M., & Bamsey, H. (2016). Violence Against Women Services in Hamilton: Assessing Gaps and Barriers in Service. The Social Planning and Research Council (SPRC). Retrieved from: <http://www.sprc.hamilton.on.ca/wp-content/uploads/2016/07/Violence-Against-Women-Services-in-Hamilton-Assessing-Gaps-and-Barriers-in-Service.pdf>

- Pike, D., & Mayo, S. (2018). How's the Weather Now? *Social Planning and Research Council of Hamilton*. Retrieved from <http://www.sprc.hamilton.on.ca/wp-content/uploads/2018/02/HtW-SPRC-2018-digital.pdf>
- Richardson, E. (2018). A Public Health Strategy for Non-Medical Cannabis. City of Hamilton, Public Health. Retrieved from: <https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=167751>
- Singer, R. (2003) The Impact of Poverty on the Health of Children and Youth. *Campaign 2000*, 11-12. Retrieved from http://campaign2000.ca/resources/letters/Poverty_healthbackgrounder.pdf
- Smith, M. V., Gotman, N., & Yonkers, K. A. (2016). Early childhood adversity and pregnancy outcomes. *Maternal and Child Health Journal*, 20(4), 790–798.
- Social Planning and Research Council of Hamilton (SPRC). (2013). Recession Impacts: Gender, Income & Employment. *Hamilton's Social Landscape Bulletin*. Retrieved from <http://www.sprc.hamilton.on.ca/wp-content/uploads/2013/03/SPRC-Recession-Bulletin-Gender-Income-Employment-March-2013.pdf>
- Statistics Canada. (2015). Table 45-10-0014-01 Daily average time spent in hours on various activities by age group and sex, 15 years and over, Canada and provinces. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=4510001401>
- Statistics Canada. (2016a). Census Profile, 2016. Hamilton. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3525&Geo2=PR&Code2=35&Data=Count&SearchText=Hamilton&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=3525&TABID=1>
- Statistics Canada. (2016b). Income composition in Canada, National Household Survey, 2011. Retrieved from <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-014-x/99-014-x2011001-eng.cfm#a6>
- Statistics Canada. (2016c) Leading causes of death, total population, by age group and sex, Table 13-10-0394-01. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310039401>
- Statistics Canada. (2016d). Portrait of Children's Family Life in Canada, 2016. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016006/98-200-x2016006-eng.cfm>
- Statistics Canada. (2018, October 24) [Obesity in Canadian Adults, 2016 and 2017] [Infographic]. Retrieved from

<https://www150.statcan.gc.ca/n1/en/pub/11-627-m/11-627-m2018033-eng.pdf?st=e02bfuSq>

The Mental Health and Well-Being of Ontario Students. (2017). Centre for Addiction and Mental Health. Retrieved from: <https://www.camh.ca/-/media/files/pdf---osduhs/mental-health-and-well-being-of-ontario-students-1991-2017---summary-osduhs-report-pdf.pdf>

The Vanier Institute of the Family. (2014). Mothers in Canada. *By the Numbers*. The Vanier Institute of the Family.

The Vanier Institute of the Family. (2016). Timeline: Fifty years of women, work and family in Canada. The Vanier Institute of the Family.

Townson, M. (2009) Canadian women on their own are poorest of the poor. *Canadian Centre for Policy Alternatives*. Retrieved from <https://www.policyalternatives.ca/publications/commentary/canadian-women-their-own-are-poorest-poor>

Weldrick, R. (2016). What is Social Isolation? Hamilton Seniors Isolation Impact Plan. Retrieved from <http://socialisolation.ca/project/what-is-social-isolation/>

YMCA. (2017). EXCLerator Project: Women & diversity and community leadership. Retrieved from http://ywcahamilton.org/system/assets/attachments/000/001/121/original/Full_EXCLERATOR-report_FINAL.pdf