What Is Behind the Fluctuations in Seniors' Poverty Rates in Canada from 1976-2019?

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Abstract

In this article we consider the factors driving variations in poverty rates among Canadian seniors from 1976-2019. Using the international poverty line which is defined as living with less than 50 percent of national median income—measured in Canada through the Low-income measure after tax (LIM-AT)—senior poverty rates declined from 1980 to the mid-1990s but have since increased. Yet according to the Canadian government's official poverty indicator, the Market Basket Measure (MBM), senior poverty rates remain very low. We investigate these differences in poverty rates over time and consider the implications for seniors' health and well-being. We find that increasing LIM-AT poverty rates are being driven by growing income inequalities *among* seniors resulting from differential access to Canada's pension plan, employer-sponsored and private pension plans as well as growing income inequalities *between* seniors and the working-age population. The MBM is not sensitive to these growing inequalities. We consider these findings within a political economy lens that places Canada's undeveloped public pension system within the liberal welfare state's preference for the private rather than public provision of economic resources. We conclude with recommendations for research and action to ensure Canada's growing senior population is provided with the conditions and means necessary for health and well-being.

Keywords: senior poverty, income inequality, retirement income, Low-income measure, Market Basket Measure, political economy

Résumé

Dans cet article, nous examinons les facteurs à l'origine des variations des taux de pauvreté chez les aînés canadiens de 1976 à 2019. En utilisant le seuil de pauvreté international (défini comme vivant avec moins de 50 pour cent du revenu médian national) mesuré au Canada par la mesure de faible revenu après impôt (MFR-ApI), nous notons que les taux de pauvreté des personnes âgées ont diminué de 1980 jusqu'au milieu des années 1990, mais ont augmenté depuis. Pourtant, selon l'indicateur officiel de la pauvreté du gouvernement canadien, soit la mesure fondée sur un panier de consommation (MPC), les taux de pauvreté des personnes âgées demeurent très faibles. Nous étudions ces différences dans les taux de pauvreté au fil du temps et examinons les implications pour la santé et le bien-être des personnes âgées. Nous constatons que l'augmentation des taux de pauvreté de la MFR-ApI est dictée par les inégalités de revenu croissantes parmi les personnes âgées résultant de l'accès différentiel au Régime de pensions du Canada, aux régimes de pensions d'employeur et aux régimes de pensions privés ainsi que par les inégalités de revenu croissantes entre les personnes âgées et la population en âge de travailler. La MPC n'est pas sensible à ces inégalités croissantes. Nous examinons ces résultats quant au système de retraite public sous-développé du Canada dans une optique d'économie politique où l'État-providence libéral favorise l'approvisionnement des ressources économiques privées plutôt que les ressources économiques publiques. Nous procurons aussi des recommandations de recherche et d'action pour nous assurer que la population âgée croissante du Canada bénéficie des conditions et des moyens nécessaires à la santé et au bien-être.

Mots-clés : pauvreté des personnes âgées, inégalité des revenus, revenu de retraite, mesure de faible revenu, mesure fondée sur un panier de consommation, économie politique

Introduction

Using the international poverty line which is defined as living with less than 50 percent of national median income—measured in Canada through the Low-income measure after tax (LIM-AT)—poverty rates for Canadian seniors have fluctuated widely from 1976-2019. The poverty rate for seniors in 1978 was 32% and then dramatically declined to 3.9% by 1995. Since then, it has been steadily increasing and reached 15.2% in 2019 (Statistics Canada, 2021a).

This increase is concerning as seniors living in poverty are likely to experience a range of challenges that threaten their health and well-being (Quesnel-Vallée, Willson, & Reiter-Campeau, 2015). As with most issues concerning resource distribution, public policy is both the source of the problem as well as the means of addressing it. Making sense of the poverty rate of Canadian seniors is complicated by the presence of two competing measures of poverty that result in contrasting rates. These are the Low-income measure after tax (LIM-AT) indicator, similar to the international standard of "having less than half the median disposable income", and the federal government's official poverty line which is based on the Market Basket Measure (MBM) (Aldridge, 2017).

Since Canada's population aged 65 and older is expected to double by 2041, it is crucial to come to some understanding of the extent of poverty and its health effects on Canadian seniors, the factors driving these poverty rates, and the public policy measures that can reduce them (Government of Ontario, 2017).

To make sense of the widely divergent poverty rates among Canadian seniors calculated by the LIM-AT and the MBM over time, we apply a political economy lens to explore how Canada's preference for a private rather than public pension provision—a feature of Canada's liberal welfare state—is shaping the distribution of economic security among its seniors. We first define key concepts and then—using the LIM-AT measure—explore how seniors' poverty rates have been fluctuating over the past four decades. We then consider the emerging discrepancy between the rates returned by the LIM-AT and the MBM and provide evidence that the LIM-AT more accurately represents the situation of seniors in Canada. Furthermore, we suggest further means of ascertaining the actual lived experiences of Canadian seniors who identify as either living in poverty by the LIM-AT or the MBM (or both) and the public policy implications that would emerge from these analyses.

Background

Defining Poverty

There is a consensus among international organizations such as the United Nations, the Organisation for Economic Cooperation and Development (OECD), and UNICEF, as well as researchers and advocates, that there are two forms of poverty: absolute and relative (Gordon and Pantazis, 2018). In 1995, the World Summit on Social Development defined absolute poverty as deprivation of basic human needs, "including food, safe drinking water, sanitation facilities, health, shelter, education, and information" (United Nations, 1995). It also considered the lack of access to social services.

The World Summit uses the term "overall poverty" (now almost always referred to as relative poverty, the term used in this paper) to refer to the lack of income and resources necessary to participate in the activities considered to be customary in society. This includes accessing amenities and services and being involved in civil, social, and cultural life. Townsend (1979) argues that individuals live in poverty if their resources are severely below the average family or individual, whereby they lack the ability to participate in the activities, customs and living patterns deemed typical for members of a particular society (Townsend, 1986).

UK researchers succinctly define absolute poverty as individuals lacking the necessities to "keep body and soul together" and relative poverty as "not being able to have and do those things most people take for granted" (Gordon, 2000, p. 75). Both absolute and relative poverty entail material and social deprivation and the inability to participate in society, with absolute poverty stressing deprivation and relative poverty stressing participation. Considering both the magnitude of relative poverty in Canada and the clear health effects that result from it, researchers and advocates consistently call for use of relative rather than absolute measures of poverty (Campaign 2000, 2018; Jackson, 2018). Williamson and Reutter concluded as early as 1999:

> Evidence about the relationship between income inequality, or relative poverty, and health makes it clear that policy efforts to enhance the health of Canadians by reducing poverty will be most effective if they increase the proportion of Canadians who are able to participate in society. The development and implementation of such policies are rooted in a commitment by policy makers to the assumption that poverty is relative in nature. If, on the other hand, policy makers adhere to an absolute conceptualization and operationalization of poverty, resulting policies will aim only to ensure that Canadians' most basic food, shelter and clothing needs are met. Even though such policies are better than having no policies and programs that aim to reduce poverty, policies that are based on an absolute conceptualization of poverty are incompatible with evidence about the crucial role that meaningful participation in society plays in health (p. 362).

Measuring Poverty in Canada

The primary measure of relative poverty employed by researchers and advocates has been the LIM-AT whereby an individual or family with less than 50% of the median disposable income is living in poverty (Statistics Canada, 2015a). For many years Statistics Canada produced two measures of "low income": the Low Income Cut-Offs (LICOs) and the Low Income Measure (LIM), each in two forms, pre-tax and after-tax (Giles, 2004), with the LICOs use gradually declining. The LIM-AT is similar to the yardstick used by international organizations such as the United Nations, OECD, and UNICEF, and researchers engaged with the Luxembourg Income Study. Falling below this line does not allow access to health-sustaining levels of food, housing, health services, education, or recreation (Townsend, 1979). The LIM-AT is adjusted for household size, allowing analyses for all sized households (Statistics Canada, 2015a). Data for the LIM-AT is available from 1976 (Government of Canada, 2016).

The Market Basket Measure (MBM) was developed in 2003 by Human Resources and Skills Development Canada to complement the LIM-AT by providing a measure of low income based on the cost of a basket of goods that provide a modest standard of living (Hatfield et al., 2010). In 2018, the MBM was adopted as Canada's official poverty line (Wilkins & Kneebone, 2018). It provides disposable income thresholds for 50 regions across Canada for a basic basket of goods (see Figure 1)(Statistics Canada, 2017). To adjust for different family sizes, the square root of the family size is applied. The base year for the MBM was modified in 2020 from 2008 to 2018 resulting in an increase in poverty rates for 2015 and 2016 (Aldridge, 2020). These have since returned to levels of 5.6% for 2018 and 5.4% for 2019.

Setting the MBM Thresholds

The MBM thresholds (2011-base) used by the Census Program reflect the cost of purchasing the following items:

• A nutritious diet as specified in Health Canada's 2008 National Nutritious Food Basket.

• A basket of clothing and footwear required by a family of two adults and two children.

• Shelter cost as the median cost of two-or three-bedroom rental units including electricity, heat, water and appliances.

• Transportation costs, using public transit where available or costs associated with owning and operating a modest vehicle where public transit is not available.

• Other necessary goods and services.

Note. Statistics Canada (2017). Market Basket Measure (MBM). https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/pop165-eng.cfm

Data for the MBM has been available since 2006 (Government of Canada, 2017). It has been suggested that the MBM has many elements of an absolute approach to defining and measuring poverty (Campaign 2000, 2020; Jackson, 2018). There is evidence that Canada's public pension system brings seniors without other sources of income close to this threshold.

Old Age Security, Employment Pensions, and Private Pensions in Canada

As retirement results in significant loss of income for most seniors, the availability of pensions is critical to seniors' health and well-being. Canada's government pension system consists of the following: 1) Old Age Security (OAS); 2) Guaranteed Income Supplement (GIS); and 3) the Canada/Quebec Pension Plan (C/QPP) (Government of Canada, 2021). Retirement funds may also be available through a Employer-Sponsored Registered Pension Plan (RPP) and an individual Registered Retirement Savings Plan (RRSP).

OAS is a universal flat rate benefit wherein amounts are clawed back based on income. The OAS is provided to seniors over the age of 65 at a maximum amount of $7,517. The amount received depends on how long one has lived in Canada after age 18. The GIS is available to seniors who are single, widowed or divorced with an income below $18,984 or below $25,104 if they have a spouse/common-law partner receiving the full OAS pension. While the maximum amount of the GIS for a single, widowed, or divorced pensioner without any income is $7,517 per year, this amount decreases sharply, by 50 cents for every dollar, if a person has other income sources.

The CPP is a benefit based on years of residence and employment in Canada and based on the contributions made during one's working life. To receive the maximum CPP payment, a senior needs to have contributed the maximum CPP contribution for 40 years (Government of Canada, 2019a). In 2019, the maximum CPP payout was $13,854 per year. The average benefit received by most eligible individuals, however, is $8,149 per year as the majority of Canadians have not contributed the maximum over their working life. For those in Quebec, the maximum annual benefit is $14,427 for those aged 65, increasing to $20,586 for those over the age of 70 years. OAS benefits are taxable and implemented through the Old Age Security Pension Recovery Tax which primarily affects high-income earners (Government of Canada, 2022).

A single senior with no other income outside of the CPP and GIS would get the full monthly GIS payment of $11,228 a year. The total amount including the CPP would be $18,746 yearly. The LIM-AT threshold for poverty for a single person in Canada is $23,513 while the MBM threshold is $18,724 for Halifax, $20,095 for Vancouver, and $20,681 for Toronto. To put this in perspective, the GIS and CPP income amount of $18,746 is well below the LIM-AT threshold of $23,513 and closer to the MBM threshold in each instance.

Registered Pension Plans (RPP) provide income to retired employees of a company where either the employer and/or employee may contribute funds. As of 2020, more than 6.5 million Canadians are receiving this benefit. However, it is not a requirement for employers to offer these plans and 65% of employed Canadians are not benefiting from them. As a result, retirement income is reduced compared to those with a plan (Ambachtsheer and Nicin, 2020). Between 1977 and 2011, such coverage declined from 52% to 37% for men, while showing a slight increase for women - from 36% to 40% (Statistics Canada, 2015b).

Registered Retirement Saving Plans (RRSPs) are individual savings and investment plans available for those earning income and filing a tax return. Individuals can contribute up to 18% of earned income annually into the RRSP, to a cap that is adjusted annually until age 71. RRSPs encourage saving for retirement when young, yet most Canadians do not make contributions due to low incomes during their working years. In 2019, 54% of Canadians with income above $80,000 made RRSP contributions, but the figures were much lower for those with income less than $20,000 (2.3%), $20,000-39,999 (10%), $40,000-$59,999 (27.8%), and $60,000-$79,999 (39.6%) (Statistics Canada, 2021a). As detailed below, inequalities in access to these plans are driving up seniors’ LIM-AT poverty rates.

Since RRSP contributions are deducted from taxable incomes and their growth in value is not taxable, these programs involve a significant reduction in tax revenues representing a significant, though indirect, expenditure by federal and provincial governments (Philipps, Brooks, & Li, 2011. These tax expenditures are not immediately obvious in reviews of government expenditures and have been cited as responsible for declines in various social programs.

There are also some provincial/territorial benefit programs for seniors. In Ontario, the Ontario Guaranteed Annual Income System (GAINS) provides a monthly, non-taxable benefit to low-income Ontario seniors (Government of Ontario, 2022). These payments range from $2.50 to $83 a month and are provided on top of OAS and GIS payments from the federal government. In British Columbia, the Senior’s Supplement is a provincial top-up to the Government of Canada’s Guaranteed Income Supplement payment similar to GAINS (Office of the Seniors Advocate, 2022). The maximum BC Senior’s Supplement is $120.50 per month for senior couples and $99.30 a month for a single person. Other provinces have similar programs.

LIM-AT Rates over Time

Life expectancy in Canada continues to rise, increasing the average length of non-income years of retirement for Canadians (Canadian Association of Social Workers, 2012). In 1977, the poverty rate for seniors using the LIM-AT was almost 35% (Statistics Canada, 2021a). In response, pressures arose to increase support provided through Canada’s pension system to prevent seniors from experiencing poverty (Kwan & Walsh, 2018; Schirle, 2013). Resulting pension reforms significantly reduced seniors’ poverty rates during the 1980s to the mid-1990s. However, since then, rates have increased to the 2019 LIM-AT rate of 15.2% (Jackson, 2018) (e Figure 1).

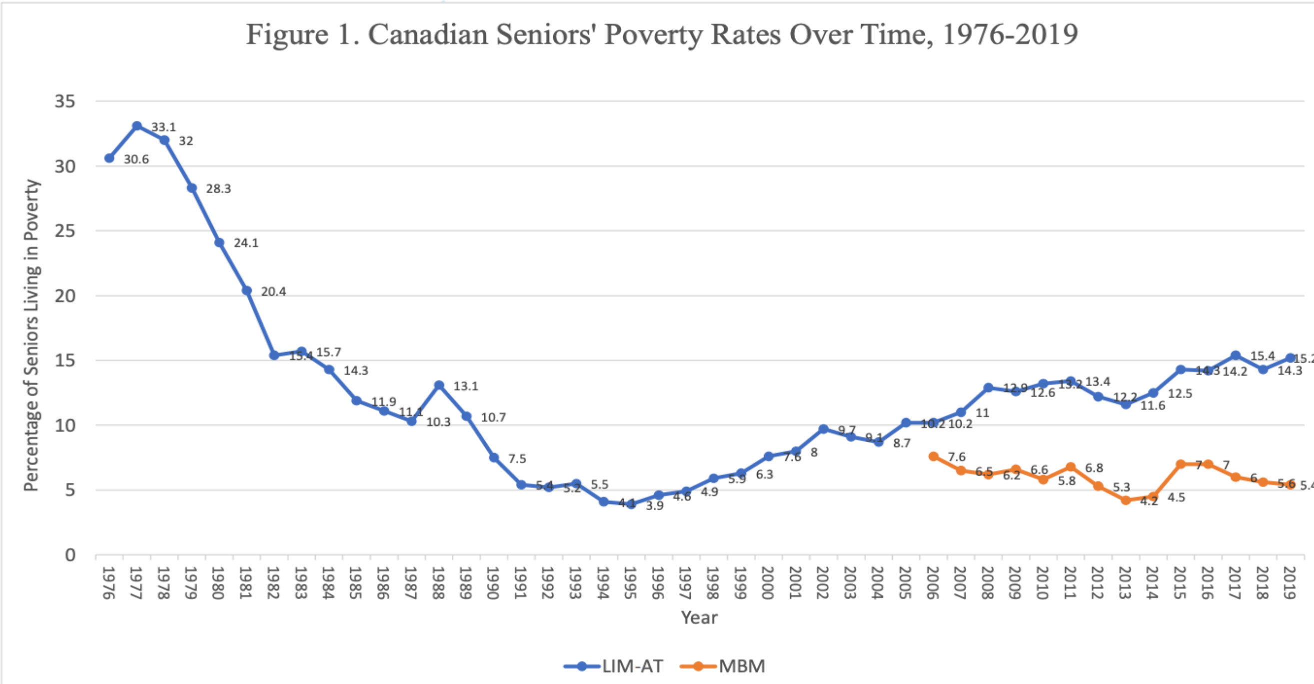


Figure 1. Canadian Seniors' Poverty Rates Over Time, 1976-2019

Note. Statistics Canada. (2021a). Low income statistics by age, sex and economic family type. https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110013501

Explaining the Decline in LIM-AT Poverty Rates (Late 1970s-1995)

The primary explanation for the decline in Canadian seniors' poverty rates from the late 1970s to 1995 is improvements in Canada's pension system. There was also increasing availability of workplace pensions for many seniors during this period, lowering overall poverty rates (Kwan & Walsh, 2018; Schirle, 2013).

Osberg (2001) called the reforms to Canada's pension system a "major success story" in reducing seniors' poverty rates to less than 6% by the early 1990s. Schirle (2013) describes how reforms increasing OAS, GIS and CPP benefits reduced seniors' poverty rates using the LICO, a measure similar to the LIM-AT. These benefits came to provide a larger portion of seniors' income, from 8% in 1980 to 20% in 1995. Schirle (2013) concluded:

> The predominant (and perhaps least surprising) message that can be derived from this study's results is that retirement income policies remain central to understanding the structure of senior poverty. Although the results presented here do not eliminate the possibility that behavioral factors contributed to changes in the effect of characteristics like age, education, or independent living on the likelihood of poverty, the decomposition results for the 1977-79 to 1994-96 period clearly align with substantial changes in the generosity of GIS and CPP or Quebec Pension Plan (pp. 535-536).

During the period from the late 1970s to 1995, workplace pension plans also contributed to the decrease in senior poverty rates. In 1977, the number of workers covered by a pension plan was as high as 46.1%, but has shown a downward trend, declining to 39.4% in 2009 and only 37.2% in 2018 (Statistics Canada, 2021b).

Explanations for Increasing LIM-AT Rates from 1996-2019

The decline in poverty rates using the LIM-AT ended in the mid-1990s and has since increased. Explanations for this include the growing income inequality among seniors themselves and growing inequality between seniors and the working-age population to which the LIM-AT is sensitive. The sources of these growing income inequalities among seniors is the differential access to government-offered, employer-based, and private pension plans. The growing income inequality between seniors and the working-age population is itself a result of policy drift by which benefits from Canada's pension system do not keep up with income gains of the working-age population (Myles and Banting, 2013).

Growing Income Differences among Seniors

The availability of employer-supplied pension plans declined from 1995 to 2009 at which point 39.4% of workers were covered by a pension plan, and further declined to 37.1% in 2019. In 2018-2019, pension coverage for women workers edged up 0.3 percentage points to 40.0%, while the pension coverage rate for men declined 0.5 percentage points to 34.5%, resulting in the average of 37.1% (Statistics Canada, 2021b).

Two-thirds of these employer pension plans are defined benefit plans such that, overall, 25% of seniors have this type of plan (Biefer, 2020). Jobs have also changed over time with more "non-traditional" positions that usually contribute less to CPP, thereby reducing available benefits upon retirement (Osberg, 2001). The Canadian senior demographic also shows an increasing proportion of recent immigrants to Canada who are less apt to be eligible for government pension benefits (Curtis and McMullin, 2019).

Curtis and McMullin (2019) specify the sources of growing income inequality among seniors from 1991-2011, which included a dearth of employer and private pension plans and lack investment income leading to stark income differences between well-off seniors and those in lower income quintiles. Additionally, seniors in the bottom two income quintiles were especially disadvantaged by these emerging income differences. One surprising finding is that the amount of OAS/GIS benefits, though intended to supplement those with the lowest income, was found to be well below other seniors. Curtis and McMullin (2019) explain this by arguing that the lowest quintile is occupied by many Canadian immigrants who do not meet OAS/GIS residency requirements.

During the late 1970s and up until the mid-1990s, most seniors were Canadian-born and lived in Canada throughout their lifetime, putting them at an advantage for qualifying for government pension benefits upon older age. However, since then, there has been a rise in the number of senior immigrants in Canada such that by 2016, 31% of the population aged 65+

identified as immigrants (Kei et al., 2019). These senior immigrants are more vulnerable to financial risk with 25% experiencing poverty according to the LIM-AT. Many do not meet the 10 year residency requirement to receive OAS or GIS benefits and even with minimum residency their limited work history in Canada only qualifies them for partial pensions or, in some cases, none at all, thereby increasing income inequality amongst the senior population (Kei et al., 2019; Brotman, 1998).

Curtis and McMullin (2019) conclude that "Canada's 'stable' public pension framework now only marginally reduces economic insecurity" (p. 66). This conclusion, however, is in contradiction to MBM rates of senior poverty which have remained low.

Growing inequality among seniors, therefore, is also being driven by the varying availability of both public and private pensions to Canadian immigrants versus those born in Canada (Curtis and Lightman, 2017). During the period 1991-2011, income from personal saving plans and investments sharply declined for both native-born and immigrant Canadians. In contrast, native-born and immigrant men who had lived in Canada for over 40 years had major increases in private employer pensions such as RPPs. Meanwhile, the RPP income for all other immigrant populations either remained the same or declined. This resulted in a growing gap in private pensions between native-born men and immigrant cohorts in Canada, with gaps being greatest for women and newer immigrants (Curtis and Lightman, 2017). As employer and private pension plans mature, income inequalities increase (Curtis and McMullin, 2019).

Growing Income Differences between Canadian Seniors and the Working-Age Population

An additional driver of increases in LIM-AT poverty rates among seniors is that OAS and GIS benefits do not keep up with the growth in incomes of working-age Canadians (Milligan, 2008). This failure is due to seniors' government plans being pegged to inflation which falls behind gains in incomes of the working-age population. Since the LIM-AT is calculated in relation to the income distribution of the entire population, it identifies growing numbers of seniors as living in poverty.

In addition, gender roles were still prominent in the late 1990s and early 2000s such that many women were not able to access employer-based pension plans because they did not have paid employment (Canadian Association of Social Workers, 2012; Kaida and Boyd, 2011). During this time, they also lacked opportunities to contribute to the CPP (Canadian Association of Social Workers, 2012).

In summary, the significant increase in LIM-AT poverty rates among seniors is a function of two trends. The first is the growing income inequality amongst seniors due to differential availability of funds from employer-sponsored pension plans, private pension plans, OAS and CPP. The second is that seniors' incomes are not keeping pace with the incomes of Canada's working-age population.

MBM Poverty Rates over Time

In contrast to the increasing seniors' rates returned by the LIM-AT, MBM poverty rates for seniors are consistently lower. The MBM is based on a basket of goods determined to allow a modest lifestyle. The question of what constitutes a modest lifestyle does not have any formal or fixed criteria and is open to debate. The MBM rates reflect the judgment of civil servants—albeit informed by consultations with others—rather than the lived experience associated with incomes below, at, or above MBM cut-offs (Campaign 2000, 2020).

The decision to accept MBM poverty rates as Canada's official poverty line has, not surprisingly, spurred debate and is especially relevant to the situation of Canadian seniors where there is a discrepancy between poverty rates returned by the LIM-AT and MBM. As seen previously in Figure 1, the MBM rates for seniors remained stable throughout the early 2000s. As of 2019, the MBM rate for seniors was 5.4% suggesting that very few seniors in Canada experience poverty. However, high LIM-AT rates suggest the opposite.

Campaign 2000 offers one of the most detailed critiques of the MBM as Canada's official measure of poverty (Campaign 2000, 2020). From a practical standpoint, the MBM requires frequent and expensive revision to remain relevant while the LIM-AT measure is easily calculated from ongoing income surveys. More importantly, Campaign 2000 views it as a measure of absolute poverty, focused on physical subsistence based upon experts' judgments without the consideration of social and cultural participation common to relative measures of poverty such as the LIM-AT. It also sees the MBM as underestimating housing costs. In relation to health effects, Campaign 2000 restates the argument provided earlier by Williamson and Reutter (1991) that relative measures are more useful as predictors of health as they are more sensitive to the negative social and health effects associated with exclusion from participation in society. Finally, they suggest:

> Populating a market basket requires many decisions about what foods to eat, what clothes to wear and what furniture to purchase. The basket designers' preferences may not match with those of many Canadians but become central to defining adequate income (Campaign 2000, 2018b, p. 5).

Implications of Using the MBM

Jackson (2019) also criticizes the MBM as a measure of absolute rather than relative poverty. It aims to bring people up to the poverty line, but there is no further discussion on moving them beyond it so that they can have the opportunity to live a comfortable life:

> While both measures are useful, a basic needs measure like the MBM only tells us that low income people can survive. The LIM tells us how many people are distant from the social mainstream.

Biss (2018) agrees, stating: "The basket includes categories one would expect to see under an umbrella of basic needs: housing, food, clothing and transportation, plus 'other expenses'." Both

Jackson and Biss believe that the MBM focuses on severe material deprivation, whereas the LIM is a more inclusive measure that draws attention to inequalities that seniors face with regard to engagement in society. Schirle (2013) appears to validate these concerns suggesting Canada's public pensions reduce absolute poverty rates—best represented by the MBM—but not relative poverty rates detected by the LIM-AT:

> More recently, there have been no substantial changes to these programs, and the results for the 1994-96 to 2006-08 periods suggest that while existing policy and pensions continue to be effective for alleviating **absolute** poverty among seniors, it has not been effective in terms of alleviating **relative** poverty among seniors (emphasis added) (p. 518).

Many seniors who rely on Canada's OAS and GIS as their primary source of income may be kept out of MBM-defined poverty but not LIM-AT relative poverty. The MBM assumes the great majority of seniors are doing well – the LIM-AT does not agree with this assumption.

There is little data to suggest which measure most accurately identifies a poor quality of life. One possible validating indicator of each measure comes from an Angus Reid national survey on the extent and effects of living in poverty in Canada (Angus Reid Institute, 2018). Respondents were asked if they were experiencing, or had experienced, each of the poverty-related issues provided in Table 1.

Angus Reid then calculated a summary score for each respondent based on whether these experiences were "ongoing, pretty much all your life" (score 1); took place "from time to time" (score 2); were "more recent and started happening just the past few years" (score 3); and if they happened "long ago when you were a kid and not since then" (score 4). This ranged from 10, where all items are "ongoing in my life", to 50, where the response was "no" to all items. Those scoring 10 – 35 were identified as *Struggling*; those scoring 36 – 40 were *On the Edge*; those scoring 41 – 49 are the *Recently Comfortable*; and those scoring 50 are the *Always Comfortable.*

The results for Canadian seniors aged 65 and above are illuminating. Findings indicated that 4% of seniors over the age of 65 were *Struggling* and 6% were *On the Edge.* However, when specifically asked about satisfaction with their personal financial situation, 22% of seniors were not satisfied.

Table 1

*Percentage of Seniors Indicating Various Poverty-Related Experiences Over Ti*me

Experience	Ongoing	More Recent	Time to Time	Long Ago, Not Since
Not able to pay a utility bill (such as hydro, water, heat, phone, etc.)	0	1.5	4.3	5.1
Have to borrow money for essential things like groceries or transportation	1.2	1.2	2.6	3.8
Not able to buy new clothes when you need them	2.1	5.5	8.3	7.1
Late paying your rent or mortgage	0.1	0.7	0.5	4.7
Can't afford good quality groceries, have to buy what's cheap	3.0	6.5	6.5	11.1
Use a food bank or some service providing free food	0.4	0.6	1.1	2.0
Not able to afford warm enough winter clothing (coat/boots)	1.2	2.6	2.9	2.7
Don't have the money to go to a movie or similar outing	3.2	4.9	7.6	11.3
Live in a place that doesn't meet your needs (too small, far away, etc.)	3.5	2.9	1.4	6.2
Use a "pay day loan" type service that offers access to cash but at higher interest rates	0.1	0.6	1.3	2.3
Not able to afford to go for dental care	6.5	11.8	5.7	8.4

Note. Angus Reid Institute. (2018). What does poverty look like in Canada? Survey finds one-in-four experience notable economic hardship. http://angusreid.org/poverty-in-canada/

The ordering of the items in the table that was created from information extracted from the Angus Reid data suggests combining the three categories of "more recent", "time to time", and "ongoing" to provide an illustration of current situations. In order to categorize the Angus Reid items, we applied Gordon's (2000) definition of absolute poverty—referring to living conditions in which individuals lack the basic necessities of life to "keep body and soul together" (p. 75)—and relative poverty wherein people do not have those things that most people take for granted (either because one can't afford to participate in usual activities or because one is discriminated against in other ways).

When looking at items that appear to represent absolute poverty, figures for seniors are as follows: 5.8% aren't able to pay a utility bill; 5% have to borrow money for essential things; 6.7% can't afford warm winter clothing; and 7.8% don't live in a place that meets their needs. Each of the above issues has an affinity with the MBM rate of poverty. However, looking at items suggesting relative poverty, figures of 15.9% are returned for those not able to buy new clothes when needed; 16% can't afford good quality groceries (we see this as reflective of relative poverty; not being able to afford food would be indicative of absolute poverty); and

15.7% don't have money to go to a movie or similar outing – all of which bear similarity to the LIM-AT poverty rate. The 24% who are not able to afford dental care is ambiguous as it is not clear whether it is referring to basic or comprehensive dental care.

These figures, if you combine the rate for the *Struggling* and *On the Edge* categories, amount to 10% of seniors, suggesting the LIM-AT may be a more valid measure of poverty than the MBM. The MBM also returns poverty rates similar to moderate and severe food insecurity, a good proxy for absolute poverty (rates of 7.1% for seniors 65-74 years and 3.6% for those over 75 years). The Canadian Community Health Survey found households with senior incomes as their primary source of income (those without significant private pensions) had overall food insecurity rates of 14.5% in 2017-18, while combined moderate and severe rates were 10.2% (PROOF, 2021).

The MBM May Underestimate Seniors' Housing Costs

MBM housing costs may not accurately reflect true costs and therefore underestimate poverty rates. There were reports that conducted a review of the MBM's housing figures which revealed that 93% of respondents stated that housing costs were "too low," compared to 6% who said it was "about right" and 1% saying it was "too high" (Biss, 2018). In one report, it was noted:

> For the basket measure's shelter component, a family of four living in Toronto would pay $14,502 in rent in 2017, averaging out to $1,208 per month. To offer context, according to Canadian Mortgage and Housing Corporation figures, the average monthly rent for a three bedroom or more unit in the city that year was $1,595, with higher rents in the city's core and lower rents outside (Lim, 2019).

And as explained in another report:

> Housing costs, for example, are calculated at unrealistically low levels. In Vancouver, the basket's estimated cost for a two-bedroom apartment is $1,400. According to a recent Pad Mapper survey, the cost of a two-bedroom unit in the city can be upwards of $3,160 per month, varying with location (Biss, 2018).

There is ample evidence demonstrating that housing costs pose a serious economic challenge for many seniors. According to the 2016 census, 14% of urban seniors were experiencing affordability issues where they were paying more than 30% of pre-tax income on housing in comparison to 8.7% of rural seniors (Statistics Canada, 2021c). Affordability issues were especially common (39.7%) in households where seniors are living alone. Statistics Canada (2021d) states: "In recent years, the sharp rise in housing costs that affected senior renter households living in census metropolitan areas (CMAs) in Ontario, Saskatchewan, Alberta and British Columbia may have contributed to increasing the number of households in core housing need."

In summary, figures returned by the LIM-AT indicate a troubling rise in poverty rates, a situation that policymakers citing MBM-generated poverty rates can ignore (Falvo, 2019). Housing costs may be higher than prescribed by the MBM, providing further evidence of MBM underestimating the dire financial situation of many seniors. Clearly, this illustrates how critical it is that we examine the meaning of these two poverty measures for seniors living with chronic low income.

Implications for Senior's Health and Well-being

Seniors' health is both a reflection of their current living conditions as well as the accumulation of experiences and circumstances across the life course (Quesnel-Vallee, Willson, and Reiter-Campeau, 2015). Numerous studies have documented that living in poverty—or what Statistics Canada had traditionally referred to as low income (Fellegi, 1999), measured by LIM-AT, LICOs or MBM—has profound adverse health effects for children and adults in general (Raphael, 2020) . However, there is rather less information on the health and well-being of seniors living in poverty (Ibid). The extensive report *Trends in Income-Related Health Inequalities in Canada* (Canadian Institute for Health Information, 2016) only breaks out seniors' data for two measures—influenza vaccination rates and hospitalizations for falls—and finds that seniors in the lowest income quintile are the least likely to receive influenza immunizations and are the most likely to be hospitalized for falls (seniors living in poverty, however defined, would be expected to perform even worse). The report *Key Health Inequalities in Canada: A National Portrait* does not present any breakout data on seniors (Public Health Agency of Canada, 2018).

However, there is a strong connection between mortality rates for cardiovascular disease and type 2 diabetes related to income (Tjepkema, Wilkins, and Long, 2013). Since most of these deaths occur in those over the age of 65, seniors in the lowest income quintile clearly have the worst health outcomes. Prus (2007) finds that income-related inequalities on the Health Utilities Index (HUI) increase especially sharply for Canadians over 65 years of age. Finally, Dinca-Painetscu et al. (2011) found that amongst seniors over 60 years of age, those with no income or income less than $30,000 (close to or living in poverty) had type 2 diabetes rates of 16.4% compared to 13.2% for seniors with income of $30,000-80,000 and 8% for those with income over $80,000. These figures suggest that health incomes are clearly related to LIM-AT-defined poverty rates. But do either the HUI or LIM-AT identify levels at which seniors can thrive (i.e., do more than just meet basic needs)? Research from the Wellesley Institute in Toronto suggests this may not be the case.

Wellesley Institute Thriving Retirement Indicator

The Wellesley Institute report entitled *Thriving in the City: What does it cost?* proposed a framework for thriving in retirement that suggests that both measures of seniors' poverty rates underestimate the resources necessary for health and well-being. The report defines thriving as follows (Kumar, 2017):

> The ability to thrive involves more than just physical health. Social and economic needs are important facets of health and well-being that are often overlooked in current policy approaches…connecting with one's community and family, investing in education and employment, and building financial security are essential for achieving good health across the life course (p. 1).

Their extensive review of seniors' needs indicates that in order to thrive one must have the necessary funds required for food and nutrition, shelter, transportation, physical activity, health care, personal care, social participation and various contingencies (Um et al., 2018). Included in their definition of thriving, the Wellesley Institute also considers the ability for seniors to feel a sense of security by being able to comfortably manage unexpected life events or changes in health. They then identified the cost of thriving in retirement by breaking down the costs of each domain (food and nutrition, shelter, transportation, etc.) for those living in the GTA.

At the time of the study, the cost of thriving in retirement was calculated between $32,947 and $33,509 for an adult 65-74 years of age without significant limitations (Laher, Kumar, Um, and McKenzie, 2018). These figures were well above the minimum guaranteed income for adults receiving $18,551 provided by OAS and GIS. Both the LIM-AT poverty figure of $22,133 and the MBM poverty measure of $20,681 for a single person in Toronto were well below the thriving indicator. For those who fall short of the "thriving retirement income" (between $32,947 and $33,509), they suggest that senior health and well-being may be compromised. The Wellesley Institute reports that 44% of Toronto and Mississauga seniors are living below the thriving threshold.

They suggest that seniors whose incomes fall below the thriving level are more likely to miss doctor's appointments and treatments, not obtain prescription drugs, skip dental care and forgo social outings and gatherings. All this could take a toll on senior's health and cause existing chronic conditions to worsen and new ones to arise (Laher, Kumar, Um, McKenzie, 2018).

These findings beg the question: what might be learned by paying close attention to the actual lived experiences of seniors living in poverty? Ultimately this is not a normative judgment, but one that can be informed by systematic examination of the life circumstances of seniors in general. To date, these studies do not exist.

Analysis: The Political Economy of Seniors' Poverty in Canada

We consider the rise in senior poverty rates using the LIM-AT within a political economy analysis – that is, examining how political, economic and social structures influence societal distribution of the resources necessary for health. There are two key elements in our analysis: Canada's increasing preference for private provision of pensions and the federal government's decision to adopt the MBM poverty indicator. Both, we argue, are offspring of Canada as a liberal welfare state where the central institution for the provision of economic and social security is the market rather than the state (Saint Arnaud and Bernard, 2003).

Welfare States

Esping-Andersen (1990) describes different forms of the welfare state by which a nation provides economic and social security to its members. These welfare states reflect historical traditions, dominant political ideologies, and the balance of power and influence among different societal sectors such as business, organized labour and civil society (Bryant and Raphael, 2020).

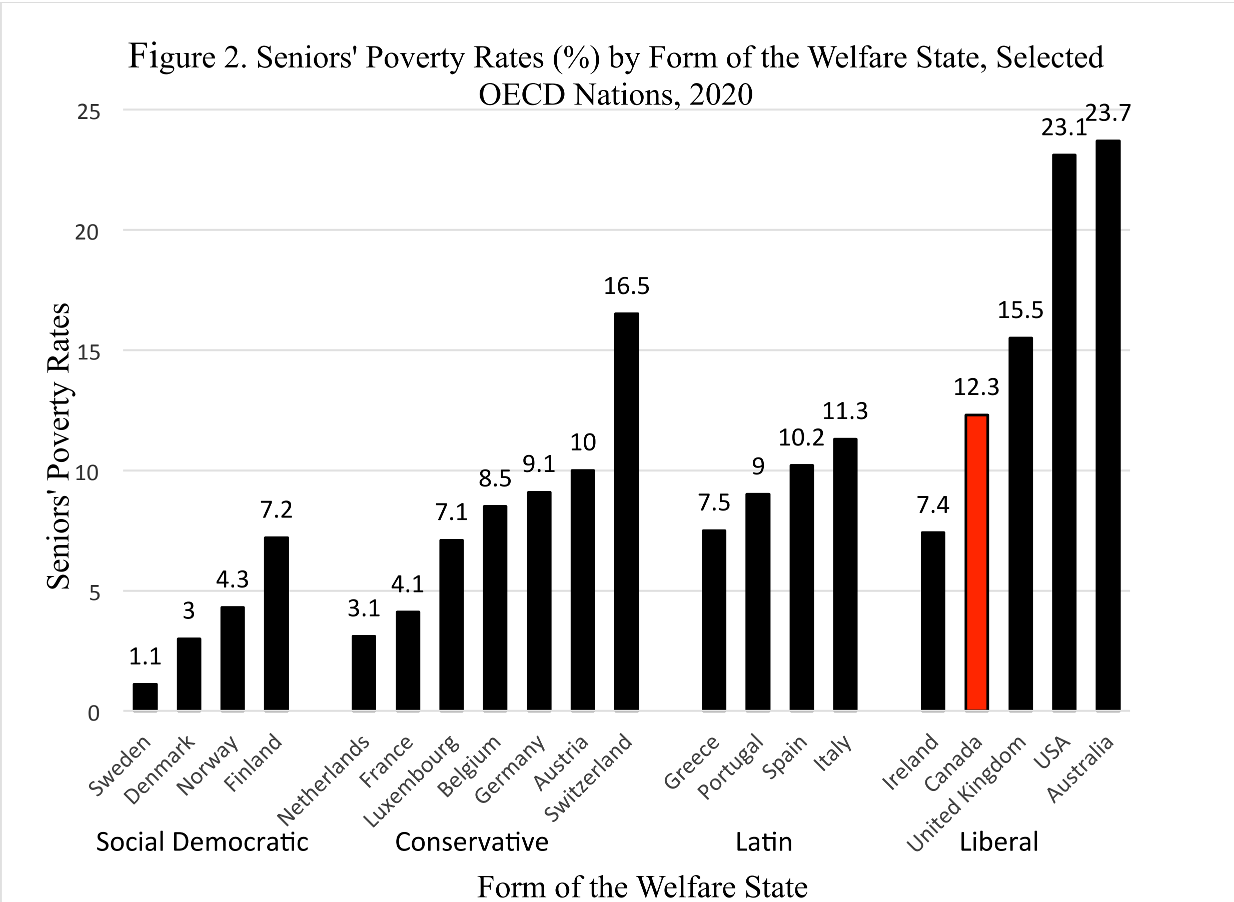
The social democratic welfare state (for example, Finland, Sweden, Denmark and Norway) emphasize universal welfare rights with generous benefits and entitlements. Their political and social history is one of political dominance by social democratic parties of the left, a result of political organization initiated by industrial workers and farmers that later came to include the middle class (Esping-Andersen, 1985). Through universal provision of a range of benefits, these states secured the loyalties of a significant proportion of the population (Esping-Andersen, 1990). The key feature of this welfare state is greater social expenditures—possible through generally higher taxation rates—that provide universal benefits across the life course.

The conservative welfare state (for example, Belgium, France, Germany, the Netherlands and Switzerland) also offers generous benefits through social insurance plans based on employment (Esping-Andersen, 1990). Emphasis is on supporting the primary wage earner, usually males. Their political and social history is one of political dominance by Christian Democratic parties whereby traditional church and family values merge with the conservative upholding of status differences.

Nations identified as Latin welfare states (for example, Greece, Italy, Spain and Portugal) are less developed and even more family-oriented versions of the conservative welfare state (Bambra, 2007; Saint-Arnaud and Bernard (2003)). Benefits are usually less generous and programmes more fragmented than is the case for conservative welfare states. These nations are of special contemporary interest as they are experiencing severe financial crises that led to the adoption of harsh austerity measures that have health implications for their populations.

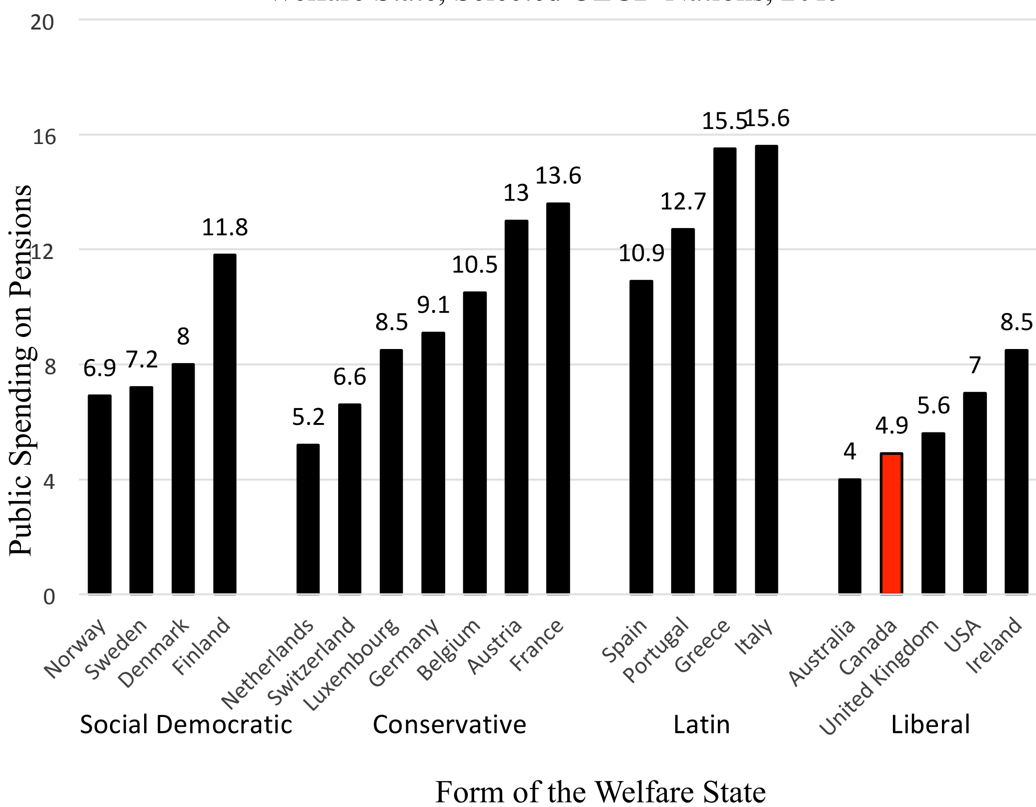
The liberal welfare states (for example, Australia, Canada, Ireland, the UK and the USA) provide modest benefits and the state usually provides assistance only when the market fails to meet citizens' most basic needs (Esping-Andersen, 1990). Their political and social history is one of dominance by business interests resulting in reliance on the employment marketplace rather than the state for economic and social security. Means-tested benefits are targeted to the least well-off and social expenditures are low, while the well-off (or wealthy) benefit from lower tax rates.

As a result of these features, seniors' poverty rates differ among welfare states. Canada's poverty rate is higher than all social democratic, conservative and Latin welfare states with the exception of Switzerland (Figure 2). Against all OECD nations, Canada ranks 19th of 36 nations in managing seniors' poverty rates (OECD, 2021a). Figure 3 shows Canada's spending on public pensions is lower than all social democratic, conservative and Latin welfare states as well as all liberal welfare states with the exception of Australia (OECD, 2021b).



Note. OECD (2021a). Poverty rate. https://data.oecd.org/inequality/poverty-rate.htm

Figure 3. Public Spending on Pensions (% of GDP) by Form of the Welfare State, Selected OECD Nations, 2019



Note. OECD (2020b). Pension spending. https://data.oecd.org/socialexp/pension-spending.htm

Among all OECD nations, Canada's public pension spending of 4.9% is well below the OECD average of 7.7%, ranking it 30th of 38 nations. There is a public policy preference towards private pension plans, manifested in tax benefits for registered retirement pension plans and tax-free savings accounts (Myles and Banting, 2013). Since many Canadians do not have cash available for such accounts, this public policy preference favours the wealthy.

The second element related to Canada's political economy is the Canadian government's decision to adopt the MBM instead of the LIM-AT as the indicator of poverty. The links between Canada's political economy and this decision is less obvious than the relationship between Canada's political economy and the pension provision. Liberal welfare states such as Canada do rather less to assure economic and social security amongst their citizens, and the dominant ideological inspiration of "liberty" has the state taking a limited role in resource distribution. Rather than decreasing inequality, liberal welfare states are focused on minimal interventions and efforts to mitigate high poverty rates by establishing a social minimum. Namely, it collects fewer revenues through taxation, ceding much of what constitutes old age support to the marketplace. On the other hand, the Low Income Measure (LIM), being closer to a relative measure of poverty based on the concept of equality, is a concept generally absent from liberal welfare state ideology and practice.

Given such dispositions and the dominant role of liberal political parties in Canada (the social democratic NDP has never held national power), the selection of the MBM, which is closer to an absolute rather than relative measure of poverty, is consistent with the liberal welfare state's residual approach to social provision and establishing assistance levels as a social minimum. Of course, a pure political calculus by the governing Liberals may also be involved in selecting the MBM as it consistently returns poverty rates 25-50% lower than the LIM-AT, buffering the government's image.

Research Gaps and Implications for Research and Policy

We have examined the implications of having two primary measures of seniors' poverty which return such divergent rates. One problematic public policy area we have identified is Canada's favoring private over public pension provision, an approach that contributes to growing inequality among seniors and between seniors and the working-age population. Another is the amounts provided by public pension plans which are amongst the lowest of many OECD nations. Since many immigrant seniors do not meet criteria for receiving benefits necessary for financial security, the continuing increase in older immigrants is setting the stage for greater income inequalities and LIM-AT-detected poverty rates among seniors.

Evidence suggests the MBM is best seen as a measure of absolute poverty and the LIM-AT as a measure of relative poverty. The international community and most Canadian researchers and advocates see relative poverty as a more useful indicator for identifying potentially health threatening situations (Ivanova, Daub, Marcy, and Jenkins, 2017; Social Planning Toronto, 2020). The LIM-AT measure detects the inability to participate in the customary activities of society; the MBM detects severe material and social deprivation.

Canada's exclusive use of the MBM would be problematic for maintaining seniors' health and well-being. We need further evidence of the implications of each method of measurement for seniors' lives especially in relation to health and well-being. If Williamson and Reutter's 1999 conclusion that policies "based on an absolute conceptualization of poverty are incompatible with evidence about the crucial role that meaningful participation in society plays in health" (p. 362) proves accurate for seniors, Canada's preference for the MBM—and its favouring private over public provision of pension supports to seniors—requires review and modification.

Conclusion

This paper provides explanations for the fluctuation in seniors' LIM-AT poverty rates over the last four decades. We suggest the MBM primarily serves as a measure of absolute poverty and underestimates the health-threatening situations many seniors experience. These findings are embedded in Canada's liberal welfare state with its preference for private provision of economic and social security. Public policy directions—especially important as Canada's aging population grows—should aim to provide *all* Canadian seniors, not only the well-off, with the means of maintaining health during their retirement years.

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