PhiLab

Cahier de recherche

Social Justice Philanthropy and Seniors: An Exploratory Report

Adam Saifer

Montréal
August 2025

philab.uqam.ca
PhiLab

Description du réseau PhiLab

Le réseau canadien de recherche partenariale sur la philanthropie (PhiLab), anciennement Laboratoire montréalais de recherche sur la philanthropie canadienne, a été pensé en 2014 dans le cadre de la conception de la demande de financement du projet développement de partenariat CRSH intitulé "Innovation sociale, changement sociétal et Fondations subventionnaires canadiennes". Ce financement a été reconduit en 2018 sous le nom "Evaluation du rôle et des actions de fondations subventionnaires canadiennes en réponse à l'enjeu des inégalités sociales et des défis environnementaux". Depuis ses débuts, le Réseau constitue un lieu de recherche, de partage d'information et de mobilisation des connaissances des fondations canadiennes. Des recherches conduites en partenariat permettent la coproduction de nouvelles connaissances dédiées à une diversité d'acteurs : des représentants gouvernementaux, des chercheurs universitaires, des représentants du secteur philanthropique et leurs organisations affiliées ou partenaires.

Le centre de recherche (Hub) mère se situe dans le centre-ville de Montréal, sur le campus de l'Université du Québec à Montréal (UQÀM).

Le Réseau regroupe des chercheurs, des décideurs et des membres de la communauté philanthropique à travers le monde afin de partager des informations, des ressources et des idées.

PhiLab Network Description

The Canadian network of partnership-oriented research on philanthropy (PhiLab), previously called the Montreal Research Laboratory on Canadian philanthropy, was thought up in 2014 as part of the conception of a funding request by the SSHRC partnership development project called "Social innovation, social change, and Canadian Grantmaking Foundations". From it's beginning, the Network was a place for research, information exchange and mobilization of Canadian foundations' knowledge. Research conducted in partnership allows for the co-production of new knowledge dedicated to a diversity of actors: government representatives, university researchers, representatives of the philanthropic sector and their affiliate organizations or partners.

The project's headquarters are located in downtown Montreal, on the Université du Québec à Montréal (UQAM) campus.

The Network brings together researchers, decision-makers and members of the philanthropic community from around the world in order to share information, resources and ideas.

Résumé

Ce rapport exploratoire examine la manière dont la philanthropie sociale aborde – ou ignore – les enjeux sociaux et économiques vécus par les aîné·es au Québec. Malgré une prise de conscience accrue des inégalités depuis la pandémie, les fondations canadiennes continuent de marginaliser les personnes âgées dans leurs stratégies de financement. Le rapport met en évidence quatre enjeux principaux : pauvreté, isolement social, abus et logement inadéquat, souvent exacerbés par des politiques publiques néolibérales et des réformes structurelles défavorables. L'analyse inclut une perspective intersectionnelle, soulignant que les discriminations liées à l'âge se croisent avec d'autres formes d'oppression (racisme, sexisme, statut migratoire, etc.). Une cartographie de 40 fondations québécoises révèle un soutien limité, malgré quelques initiatives notables. Le rapport appelle à intégrer le vieillissement dans les priorités des fondations, à soutenir les soignant·es, et à développer des interventions co-construites avec les communautés concernées.

Mots-clés

Vieillissement • philanthropie • inégalités sociales • intersectionnalité

Abstract

This exploratory report examines how social justice philanthropy addresses—or ignores—the social and economic issues faced by seniors in Quebec. Despite increased awareness of inequalities since the pandemic, Canadian foundations continue to marginalize older adults in their funding strategies. The report highlights four main issues: poverty, social isolation, abuse, and inadequate housing, often exacerbated by neoliberal public policies and unfavorable structural reforms. The analysis includes an intersectional perspective, emphasizing that age discrimination intersects with other forms of oppression (racism, sexism, immigration status, etc.). A mapping of 40 Quebec foundations reveals limited support, despite a few notable initiatives. The report calls for integrating aging into the priorities of foundations, supporting caregivers, and developing interventions co-constructed with the communities concerned.

Key words

Aging • philanthropy • social inequality • intersectionality

Social Justice Philanthropy and Seniors: An Exploratory Report

Research Paper

Produced by
Adam Saifer

Under the supervision of
Jean-Marc Fontan

August 2025

TABLE OF CONTENTS

1. Introduction

The COVID-19 pandemic has revealed—and intensified—deep-rooted racial, gender, and class disparities in Canadian society (Public Health Agency of Canada, 2021; Siddiqui et al., 2021). In response, philanthropic foundations, as well as the sector at large, have instituted significant reforms in grantmaking policy and practice to meet the needs of socially and economically marginalized communities (Saifer et al., 2021). However, while the COVID-19 pandemic has motivated philanthropic foundations to take significant steps toward equity and social justice grantmaking, it has also revealed the extent to which the sector has ignored a large—and growing—segment of the population that faces severe social, economic, and political marginalization: Canadian seniors[1].

Grantmaking foundations' widespread disregard for the social and economic issues faced by Canadian seniors is increasingly troubling given the COVID-19 context, which has exposed an ongoing crisis in seniors' programs and seniors' care that can be attributed to sustained public policy failures. Perhaps most notably, this included cuts to long-term care facilities, where there has been a sharp decrease in available beds, an increasing patient-to-staff ratio, and shrinking wages for facility staff over the past two decades (Molinari & Pratt, 2021). The consequences of these policy failures within long-term care in the early months of the pandemic were shocking: while only 1% of Canadians live in long-term care, over 80% of early COVID-19 related deaths occurred in these facilities (Chung, 2020).

Beyond long-term care facilities, however, studies show widening forms of inequality between Canadian seniors and the general Canadian population, especially when viewed in the context of declining public social supports (Biggs, 2014). At the same time, we are witnessing the legitimization of new governance practices through the proliferation of "active aging" paradigms (van Dyk, 2014) and "age-friendly cities" programs (Joy, 2021). While celebrated by some, critics argue that these initiatives and accompanying neoliberal ideologies have contributed to the increased precarity and vulnerability of many seniors in Canada (Grenier et al., 2017).

To this point, Canadian philanthropic sector research and practice has failed to integrate questions of aging and age into discussions around philanthropy's response to inequality and injustice. However, studies in the field of social gerontology highlight how the social and economic challenges tied to aging in Canada are compounded by other forms of marginalization such as poverty, racism, sexism, citizenship status, settler-colonialism, and disability (e.g., Beatty & Berdhal, 2011; Ferrer et al., 2017; Haq & Penning, 2019). Likewise, we know very little about what currently exists in terms of philanthropic interventions that target seniors in Canada, in which domains the philanthropic sector is best positioned to intervene around these issues, and—just as importantly—where philanthropic interventions may limit or harm existing movements for equity, inclusion, and justice for seniors. This exploratory report begins to address these research gaps.

[1] For the purposes of this report, we will use the Government of Canada's definition of seniors: individuals aged 65 and older.

1.1. Research Questions

This exploratory study is guided by the follow overarching research question:

How are philanthropic foundations intervening in the social and economic issues faced by seniors in Quebec?

To get at this larger question, we explore a number of sub-questions:

- What social and economic challenges and barriers are faced by seniors in Quebec?
- How are these challenges and barrier associated with aging shaped by social, economic, cultural, and political context?
- What is the extent of current philanthropic practice around seniors' issues in Quebec? Are there any trends, patterns, and barriers within this field of philanthropic intervention?

To do this, this research employs a series of methodological approaches to provide an overview of these topics:

1.2. Methodology

As an exploratory project, each task/sub-objective within this project draws on methods most appropriate for that task:

Objective 1:

- Explore the social and economic challenges and barriers faced by seniors in Canada
- Analyze how these challenges and barriers are shaped by social, economic, cultural, and political context

Method

We met this objective in two parts.

First, we conducted a comprehensive literature review of the scientific and grey literature around the social and economic dimensions of aging, in Canada. We relied primarily on the critical gerontology literature and political economy of aging literature, as well as secondary empirical data on the social and economic experiences of aging across Canada. This secondary data primarily came from university-affiliated research institutes, Statistics Canada [StatsCan], government-affiliated research projects (federal and provincial), and grassroots organizations that work on the frontlines with seniors.

Second, we reviewed and examined the social and economic supports provided for Quebec seniors at the federal, provincial, municipal, and community levels. To further illuminate the political and institutional contexts within which seniors' philanthropy intervenes in Quebec, we conducted a

comparative policy analysis across provinces, with a focus on services and benefits provided in Quebec and Alberta. In doing so, we not only illuminated the existing gaps in government and community support that philanthropy should target—we also showed how these gaps are not universal across provincial contexts. As a result, grantmaking foundation strategy must carefully consider the provincial political context within which they seek to act.

Objective 2:

- Document the state of the field of philanthropic practices addressing social and economic issues faced by seniors in Quebec.

Method:

As with Objective 1, we approached this objective in two parts.

First, we used existing CRA data (T3010 forms) to document, categorize, and analyze the state of current philanthropic grantmaking practice around seniors' issues in Quebec, using a representative sample of 40 grantmaking foundations. To construct our sample, we conducted a keyword search on *charitydata.ca* to find grantee organizations (i.e., registered charities) that work with seniors. We used the following keywords: *aînés*/seniors; *vieillissement*/aging; 50+, *intergénérationnel*/intergenerational; *palliatif*/palliative; *popote roulante*/Meals on Wheels; and *gériatrie*/geriatrics. We then added a filter to limit the search to organizations working in the province of Quebec. These search filters allowed us to find organizations working in our desired field and compile a list of their philanthropic donors. From this donor list, we selected 63 grantmaking foundations working in the following action areas: (1) palliative care; (2) long-term care; (3) social isolation; (4) autonomy development; and (5) research. We manually went through this sample to select foundations where seniors' organizations occupied a significant place in their funding programs. The result was a sample of 40 grantmaking organizations that we used to build our analysis of the state of the field.

Second, we engaged in a thorough review of the scientific literature—mainly from the disciplines of psychology and sociology—on aging, ageism, and social gerontology. In doing so, we created a typology of theoretical explanations for ageism, which we further divided into micro-, meso-, and macro-level perspectives. We selected and summarized key theories, then brought them into conversation with the philanthropy literature to offer theoretical explanations for philanthropy's neglect of the social and economic challenges faced by seniors in Canada and Quebec. Taken together, these two methods provide an empirical and theoretical account of the current state of philanthropic support (and neglect) of seniors' issues in Quebec.

1.3. Report Overview

The remainder of this exploratory report will be organized as follows.

Section 2 draws on empirical studies to provide a summary of the social and economic challenges faced by seniors in Canada, with a particular emphasis on poverty, social isolation, abuse, and housing. We then introduce intersectionality as a lens through which philanthropic actors should both understand and address these challenges and barriers.

Section 3 offers an overview of the political and institutional context within which grantmaking foundations targeting seniors' issues are operating. After breaking down the federal, provincial, municipal, and community divide of programs for seniors, we conduct a comparative study of differences across provinces in this domain, with a focus on Quebec and Alberta.

Section 4 draws on social gerontological theories from the disciplines of psychology and sociology to theorize societal attitudes toward aging—specifically, "successful aging" and "ageism"—and the specific ways in which it can be used to explain the philanthropic sector's engagement witgh seniors' issues.

Section 5 provides a macro-level overview of Quebec foundations support of seniors' issues. This includes both detailed information on 40 major grantmaking foundations and their makeup, as well as the specific kinds of organizations and causes they fund.

Section 6 concludes with a summary of the study, as well as key takeaways from the research, and recommendations for areas of intervention for grantmaking foundations moving forward.

2. Empirical Context – Social and Economic Challenges

This section provides a brief overview of the main social and economic challenges faced by seniors in Canada. While certainly connected to physical and psychological health—as both cause and effect—these challenges are fundamentally social, insofar as they are shaped by the broader political and institutional contexts within which they are embedded. Drawing on interdisciplinary social gerontology literature, as well as Statistics Canada data, this section focuses on four specific areas of concern for seniors in Canada:

- low-income and/or poverty;
- social isolation and loneliness;
- elder abuse and harm; and
- housing and long-term care.

After providing a summary of each of these issues, we will introduce Kimberle Crenshaw's (1989) concept of intersectionality as a framework for thinking about how these social and economic challenges intersect with other forms of oppression and power in society. We then turn to the research on intersectionality and aging to highlight some examples of why experiences of aging should be understood in their relation to race, gender, sexuality, and citizenship status. Finally, we will conclude by discussing how an intersectional framework can be applied to philanthropic interventions around seniors' issues in Quebec and the wider Canadian context.

2.1. Low-Income and/or Poverty

According to Statistics Canada data (2022), the percentage of low-income[2] seniors in Canada has grown steadily since the mid-1990s. For example, in 1995 3.9% of Canadian seniors qualified as low-income. By 2012, however, this number had grown to 12.1% and, in 2020, it reached 15% (Statistics Canada, 2022). Perhaps more startling, however, is the fact that seniors across Canada are becoming low-income at a much faster rate than the rest of the population. In fact, as poverty rates have for seniors increased, low-income rates for Canadians under-65 have decreased (Shillington, 2016).

It is important to note two things about these trends. First, low-income rates are not uniform across the entirety of the Canadian seniors' population (Statistics Canada, 2021). Rather, low-income rates are highest for:

- seniors who live alone;
- women over 80;
- seniors from visible minority groups; and
- seniors who are immigrants.

These differences in poverty rates can be attributed to the ways that gender, race, citizenship status, and disability, for example, correlate to poverty (e.g., Fuller & Vosko, 2008; Maroto & Pettinicchio, 2020).

Second, these trends emerged out of a particular political and cultural context. Specifically, they coincided with the implementation of a range of "neoliberal" social and economic policies (Harvey, 2007), ushered in with Liberal Party Finance Minister Paul Martin's 1995 budget. This budget dramatically reduced public expenditure, slashed social programs, and fundamentally restructured federal involvement in social and health policy in ways that disproportionately impacted the poor (McBride & Whiteside, 2011). In addition to privatization of seniors' care and defunding of public services that seniors depend on, the 1990s and neoliberalism institutionalized an ideology of radical individual responsibility. This ideology of individual responsibility—or "responsibilization" (Joy,

[2] Statistics Canada produces its poverty statistics using an OECD measure called low-income measure after tax [LIM-AT]. The LIM-AT tells us what proportion of individuals have after-tax incomes that are less than 50% of the median after-tax income of comparable families.

2021)—informed the redesign of healthcare policy in general, and paradigms of what healthy aging should look like more specifically.

When in poverty, seniors are uniquely vulnerable to its effects (Kwan & Walsh, 2018). Seniors have a much higher demand for housing, community services, and acute care services than any other age group in Canada. And yet, poverty directly impacts the ability of seniors to meet these needs, such as consuming a healthy diet, paying for adequate housing, affording necessary medications, or accessing support services and care. Research further shows that the lack of access to these essential goods and services due to poverty has a significant negative impact not only on the physical health of seniors, but on their mental health as well (McIntyre et al., 2016).

Lastly, it is important to note that older adults lack the financial security and independence to change their circumstances in ways that other age demographics do. First, seniors disproportionately rely on fixed income sources like government subsidies and pension plans (National Seniors Council, 2009). Moreover, older adult women often lack the same access to these fixed sources of income because of career paths that may have involved exiting the labour market—or taking on part-time work—to care for children and/or family (Ivanova, 2017). Second, for many seniors, age-related illnesses or conditions make it impossible to continue to work for an income, making them increasingly dependent on fixed income sources. According to Statistics Canada, 89% of Canadian seniors had at least one chronic condition in 2009, with arthritis and rheumatism being the most common.

2.2. Social Isolation and Loneliness

Older adults are at heightened risk for social isolation—the *objective* state of having few social relationships or infrequent social contact with others—and loneliness—the *subjective* feeling of being isolated. According to a 2017 report by the National Seniors Council, 16% of Canadian seniors experience social isolation, 6% of seniors report spending little or no time with someone with whom they could undertake enjoyable activities, and 17.3% report feeling excluded often or some of the time.

Risk factors for social isolation and loneliness can be both health-related (e.g., loss of mobility, hearing, vision, and memory), or social (e.g., loss of family and friends) (Donovan & Blazer, 2020). It should be noted that these risk factors have been magnified during the COVID-19 pandemic due to elevated health risks associated with contracting the virus as an older adult (Center for Disease Control, 2021), as well as both state-mandated—and voluntary—forms of social distancing which disproportionately burden seniors (MacLeod et al., 2021). Increased risk of exposure on public transit, as well as the closing of public gathering places like libraries and other community spaces, for example, disrupt day-to-day social activities of many older adults. In this way, social isolation and loneliness exist at the nexus of the physiological, psychological, and social dimensions of aging.

Social isolation and loneliness have a profound impact on health and wellbeing. According to the National Institute on Health and Aging (2019), social isolation and loneliness can lead to higher levels

of the stress hormone cortisol, changes in immune response, disrupted sleep, and increased risk of heart attacks, as well as poorer cognitive functioning. Social isolation is also a risk factor for suicide among seniors.

2.3. Elder Abuse and Harm

It is estimated that 20% of Canadian seniors experience some type of elder abuse: the financial, physical, psychological, sexual, systemic, and/or spiritual abuse of seniors (Canadian Network for the Prevention of Elder Abuse, 2017). However, experts believe that this number may be higher due to under-reporting, confusion about the definition of "abuse," a lack of public awareness around the issue of elder abuse, and inherent limitations to victimization surveys and police statistics.

Elder abuse is similar in many ways to abuse in other kinds of relationships: abusers are frequently known to the victim and use their power over the victim to get what they want. In 2018, for example, 33% of senior victims of police-reported violence in Canada were victimized by a family member such as a child, spouse, sibling, or other family member (Savage, 2018).

Patterns of abuse or neglect are often rationalized by the need to "care for" the older person, exacerbated by the increasing social isolation of the victim, and perpetrated by individuals who are emotionally and/or financially dependent on the victim (Seniors First BC, n.d.). For these reasons, certain groups seniors are at greater risk of various forms of elder abuse including:

- older seniors;
- females;
- isolated seniors;
- seniors that are dependent on someone;
- seniors living in an institutional setting; and
- seniors who are frail or have a physical disability.

Data suggests that seniors in Canada are at particular risk of financial crimes and harms as well. The National Survey of Mistreatment of Older Canadians (2015), for example, estimates that financial abuse is experienced by 2.6% of Canadian seniors. However, this rate is believed to be growing. According to a 2018 public inquiry by the Canadian Radio-Television and Telecommunications Commission, 75% of seniors report have experienced misleading or aggressive sales practices.

2.4. Housing

Housing is a significant area of concern for older adults in Canada. Currently, 1 in 4 seniors in Canada lives in sub-standard housing (Puxty et al., 2019). Specifically, 19.5% live in unaffordable housing (i.e., rent >30% before tax income); 4.5% live in inadequate housing (i.e., needs major repairs); and 2.5%

live in unsuitable housing (i.e., not enough bedrooms). These statistics are far higher for seniors who live alone (42.8%), as well as seniors living alone with a child, family member, or roommate (~32%).

Rates of sub-standard housing differ by province. Quebec fairs better than the national average in this regard. For example, 9.3% of senior-led houses in Quebec are "sub-standard", versus a national average of 14%. Likewise, this rate is also higher in Ontario (17%,) Manitoba (11.4%), Saskatchewan (17.6%), Alberta (16%), and BC, (15.1%). In Montreal, however, the percentage of senior-led houses in substandard condition is far higher than the provincial rate at 13.6% (Puxty et al., 2019).

Related to this issue of sub-standard housing is a crisis of affordability in seniors' housing in Canada. The combination of a rapidly expanding seniors' population, limited investment in private purpose-built rental housing, and declining investment in government-funded social housing has resulted in long and growing wait lists for social housing and housing subsidies (Martine, 2022). While housing affordability affects all those living in Canada, it uniquely affects seniors who have significant extra daily costs and unique housing needs, especially those with health conditions or who require additional assistance (Puxty et al., 2019).

2.5. COVID-19 and Long-term Care

According to the Canadian Institute for Health Information (2021), approximately 198,220 people lived in Canada's long-term care facilities in 2021. Long-term care facilities provide care for Canadians with medical or physical needs who require access to 24-hour nursing care, personal care, and other therapeutic and support services. They are a mix of publicly and privately owned facilities that are governed by provincial/territorial legislation.

During the first wave of the COVID-19 pandemic, Québec had the highest COVID-19 mortality rate in Canada and one of the highest in the world. From March to November 2020, 92% of deaths occurred amongst those over 70 years of age. However, 88.3% of these deaths occurred in shared living environments, including CHSLDs and seniors' residences. These rates were considerably higher than the ones observed over the same period in British Columbia, which implemented a significantly different approach to managing the crisis (Harris & Burke, 2020). In total, more than 5,000 Quebec seniors succumbed to COVID-19 in the spring of 2020 (Stevenson, 2022).

This was a product of long-term public policy failures. For example, after the 2008 financial crisis, the Quebec Government decreased the number of beds in CHLSDs resulting in the number of beds per older adult dropping by 17%. This led to more stringent admission criteria, growing wait lists, and a stronger reliance on unpaid family caregivers (Beland & Marier, 2020). Furthermore, in 2015, CHSLDs were merged with hospitals and other health and social service institutions. As a result, CHSLDs loss their separate boards of directors and their own management, and dozens have come under the governance of enormous administrative entities.

These reforms also resulted in a shortage of nurses and mid-level and clinical managers. Poor working conditions and uncompetitive salaries led to a shortage of client-care attendants (Montpetit, 2020). In the early months of the pandemic, CHSLDs were criticized for having shared bathrooms for residents, inadequate ventilation systems, no air conditioning, and a lack of additional rooms for end-of-life care or isolation in case of infection (Hébert, 2021).

2.6. Intersectionality and Aging

While the social and economic challenges that seniors face should be viewed as urgent equity issues in their own right, researchers have documented how aging intersects with other forms of inequality that are more "visible" within the philanthropic sector. Racism, sexism, homophobia, ableism, and citizenship status impact the experience of aging. Likewise, the experience of aging impacts how these forms of oppression are differently felt across Québec and Canada. As Calasanti, Slevin, and King (2006) note, "Old age does not just exacerbate other inequalities but is a social location in its own right, conferring a loss of power for all those designated as 'old' regardless of their advantages in other hierarchies" (p. 17).

The concept of "intersectionality" is helpful for understanding this complexity.

The term intersectionality was first coined by legal scholar Kimberle Crenshaw in 1989 to suggest how the intersection of racism and sexism factors into the lives of Black women in ways that cannot be captured fully by looking at race or gender separately. As a social scientific lens, however, the main value of intersectionality is that it can reveal disadvantages and discrimination faced by subgroups (e.g., Black women) that might go undetected using one social category at a time (e.g., race or gender). Applied to the category of older adults, an intersectional lens highlights how "systems of discrimination based on age, gender, ethnicity, and social class intersect across the life course to lead to varied older age outcomes, causing us to rethink taken-for-granted concepts such as retirement, adjustment to old age, and healthy ageing" (Holman & Walker, 2020, p. 246).

Without diving into specific forms of discrimination and oppression experienced by various equity-seeking groups, it is illuminating to highlight some examples of how these forms of marginalization intersect with aging in the Canadian context.

2.6.1. Indigenous Seniors

Indigenous seniors experience higher level of unemployment, poverty, and food insecurity (Bartlett et al., 2012; Brooks-Cleator et al., 2019) than non-Indigenous seniors, as well as higher rates of substandard housing, which are linked to poor health outcomes (Habjan et al., 2012). Additionally, historical and ongoing policies of state-sanctioned isolation through the Indian Residential School System, the Sixties Scoop, and contemporary foster care practices, contribute to social isolation from community, family, culture, and identity. Indigenous communities, particularly in rural areas, also have less access to residential and community services, as well as culturally appropriate activities

(Employment and Social Development Canada, 2022). This is magnified through the life course as capacity for travel off-reserve or from rural areas becomes increasing difficult.

2.6.2. Immigrant Seniors

Seniors who emigrated from non-English/French speaking countries with different cultural traditions experience significantly higher levels of social isolation and loneliness than Canadian-born seniors who share English or French as a first language. Lack of proficiency in English and/or French can affect the ability of seniors to have social interactions outside of the family and their home (Johnson et al., 2021). Moreover, some cultures have very different perspectives on aging and what it means to grow old, as well as the degree to which collectivism or family orientation is valued. As a result, some immigrant seniors may lose major social roles within their families which can make them vulnerable to isolation (Hossen, 2012). Finally, research shows that citizenship status can be an important factor affecting social isolation, particularly for undocumented immigrants who cannot access services, as well as refugees who may immigrate without family or social support (Johnson et al., 2021).

2.6.3. LGBT Seniors

As with other demographic groups, LGBT seniors are not monolithic. As Blank et al., (2009) show, there are several factors that influence the process of aging within LGBT communities including, "degree of outness, discrimination, gender identity and performance, and sexual behaviours" (p. 182). Nevertheless, most LGBT seniors have faced a lifetime of discrimination in housing and employment, and a lack of legal recognition, which translates to high levels of economic insecurity as they age (Emlet, 2016). For example, before 2005 and the passing of the Federal Civil Marriage Act (or the 2002 amendment of the Civil Code of Quebec to allow civil unions), same-sex couples were denied many of the financial and family protections afforded to opposite-sex couples.

Connected to this, LGBT seniors are at heightened risk for social isolation and loneliness. This can be attributed to several reasons including the fact that they are twice as likely to live alone and have less children than cisgender heterosexual seniors (Emlet, 2016). As well, as Orel (2014) notes, a substantial number of LGBT seniors—gay and trans people in particular—died from HIV/AIDS, which eroded community networks and the families that LGBT folks were forced to build if rejected by the families they were born into.

Research shows that many LGBT people have grown older convinced that it is safer to keep their sexual orientation or gender identity secret (Foglia & Fredriksen-Goldsen, 2014). As a result, many LGBT seniors are reluctant to be open about their sexual orientation or gender identity in social or medical settings, thereby creating feelings of isolation.

Finally, specific cultural norms within the LGBT community can differently impact LGBT seniors. For example, gay male culture places a lot of value on youth and physical attractiveness (Schope,

2005)–a phenomenon called "accelerated aging". This can create feelings of isolation in gay male seniors as they grow older (Hostetler, 2012).

2.7. Conclusion

In this section, we provided a summary of some of the social and economic challenges faced by seniors in Canada. We primarily focused on four areas—poverty, social isolation, abuse, and housing—before introducing intersectionality as a lens through which to understand these challenges and barriers.

Understanding the scope of the social and economic issues facing seniors in Canada—as well as the ways in which they intersect with other forms of oppression—is fundamental for philanthropic work in this domain. Beyond providing concrete data around where and how foundations can intervene, an intersectional lens can help grantmakers tailor programs to specific communities and better understand the heterogeneity of challenges facing older adults. By illustrating how aging and the life course is differently experienced, philanthropic foundations can also better integrate culturally relevant aspects into their programming, particularly for programs that emphasize things such as community building and socialization. Related to this, an intersectional lens highlights the importance of designing programs alongside beneficiaries and communities that understand nuances of this kind of work.

Finally, our review highlights that, while there exists a robust and growing literature on the social and economic lives of seniors, we know very little about the ways in which the philanthropic sector can, and should, intervene in these areas. While the remainder of this report begins to bring these literatures into conversation with the field of Canadian philanthropy, much more research is required around, for example, the integration of aging into DEI philanthropy work, philanthropy's relationship to seniors viz a viz the state, and the role of philanthropy in supporting care workers—both informal/familial and formal/professional.

3. Political and Institutional Context

The previous section provided important insight into the social and economic challenges faced by seniors in Quebec and Canada. However, these challenges—and the role that philanthropic intervention can play in addressing these challenges—can only be understood when framed in relation to the political and institutional context within which they take shape. This context includes: (1) the supports and services that exist for seniors; (2) how these supports and services are administered; and (3) how these supports and services differ by regional and local context. Knowledge of this context is essential to making sure that grantmaking foundations work in harmony with other sectors rather than "doubling up" existing efforts. It also allows grantmaking foundations to conceptualize their role and purpose around seniors by framing their work in relation to a robust state and community-based organizations.

This section proceeds as follows. We begin with a detailed overview of how seniors' programs are administered at the federal, provincial, municipal levels, and community levels. As most programs are

administered and funded at the provincial level, we offer a comparative analysis of these supports and programs offered in Quebec and Alberta. In addition to being the focus of this study, the province of Quebec provides the most extensive set of programs and supports for seniors in Canada. Alberta, on the other hand, is the most austere and hand's off of the Canadian provinces. We therefore detail the various aspects of these supports and programs in each province, as well as how they are administered. In doing so, we not only bolster our understanding of the empirical context (i.e., social and economic *as well as* political and institutional) within which grantmaking foundations interested in seniors' issues can intervene, we also highlight the specific considerations that must be taken when designing philanthropic interventions across provincial contexts.

This section concludes with a summary of the findings, and their relevance to grantmaking foundations.

3.1. Seniors Programs and Supports – An Overview

In Canada, income assistance programs and social programs for seniors are legislated, funded, and administered at all levels of government: federal, provincial/territorial, and municipal. Big income supports, such as the Canadian Pension Plan, Old Age Security, and the Guaranteed Income Supplement, are administered at the federal level, while healthcare and housing programs and services are administered at the provincial/territorial level. Community and recreation programs, library programs, transit programs, accessible infrastructure, and some social housing programs are managed at the municipal level, though these programs are typically mandated at the provincial/territorial level. Nonprofit and charitable organizations play a significant role implementing frontline supports and services for seniors—particularly those who are most vulnerable. These organizations are typically funded through municipal grants and contracts, philanthropic donations, and membership fees.

3.1.1. Federal Supports

The federal government oversees the main "big income supports" for seniors in Canada. These are: the Canadian Pension Plan, Old Age Security, and the Guaranteed Income Supplement. The Canadian Pension Plan [CPP] retirement pension is a monthly taxable benefit that replaces part of an individual's income when they retire. To qualify for CPP, an applicant must be at least 60 years old, and have made at least one valid contribution to the CPP. Old Age Security [OAS] pension is a monthly payment to Canadians 65 years and older, increasing by 10% at age 75. Low-income seniors may also qualify for the Guaranteed Income Supplement, which provides additional funds on top of OAS.

In addition to the three big income supports, Employment and Social Development Canada hosts the New Horizons for Seniors Program. This federal grants and contributions program provides funding for projects that target seniors and their communities by promoting volunteerism among seniors; engaging seniors as community mentors; expanding awareness of elder abuse; supporting social inclusion of seniors; and providing capital assistance for programs that support seniors. The program offers two levels of support: (1) community-based projects can receive $25,000 in grant funding for

one year; (2) organizations leading pan-Canadian projects can receive between $500,000 and $5 million over 3-5 years for a collective impact initiative.

3.1.2. Provincial/Territorial Supports

Provincial and territorial governments in Canada are responsible for most of the large scale supports and programs for seniors in the areas of health and housing, as well as provincial-level tax credits. These supports aim to assist seniors with physical, hearing, and visual impairments; with renovating a home, paying rent, and long-term care; and with specific tax credits. Healthcare supports and programs are administered by each provincial public health unit and, as such, differ significantly by province. These differences reflect what services are already available to all citizens. For example, Quebec provides free pharma care to all of its citizens, while Alberta offers a program covering the price of drugs for seniors. The nature of these supports differs by province as well, reflecting the cultural and institutional norms of the province. For example, both Quebec and Alberta administer a program that provides seniors with mobility devices to assist with motor impairments. However, while the province of Quebec provides equipment free of charge through RAMQ, the government of Alberta offers a lump sum payment that the beneficiary can apply toward necessary equipment.

Additionally, all provinces and territories have some form an age-friendly community planning framework, intended to help municipalities and community organizations plan, implement, and sustain community programs that foster age-friendly, inclusive, and accessible communities. These frameworks differ by province/territory but follow a similar overarching model as laid out by the World Health Organization. They are based around eight overlapping domains: (1) outdoor spaces and public buildings; (2) transportation; (3) housing; (4) social participation; (5) respect and social inclusion; (6) civic participation and employment; (7) community support and health services; and (8) communication and information. As part of these age friendly initiatives, provincial/territorial governments may offer grants to support organizations and initiatives engaged in age-friendly program development and implementation.

3.1.3. Municipal Supports

Municipal programs and services for seniors follow mandates laid out by provincial/territorial governments through legislation. However, there exists flexibility at the municipal level as to how to realize these mandates. As a result, there is significant variety across municipalities when it comes to seniors' programs and services.

In general, municipalities are responsible for administering services around health, housing, transportation, social planning, and recreational programs. Municipalities are in charge of:

- local public health programming and services (e.g., advanced cancer screening services and consultative services for vulnerable seniors);
- paramedic services; social housing for vulnerable seniors and long-term care homes;

- accessible transit/paratransit and seniors transit discounts; and
- accessible infrastructure.

Additionally, municipalities fund a range of recreational programs for seniors within libraries and community centres focused on social isolation, volunteering, lifelong education, and health and safety.

3.2. The Role of Nonprofits and Charities

While funded at the federal, provincial, and municipal levels, a significant portion of senior supports and programming—outside of the big income supports like CPP, OAS, and GIS—are implemented by nonprofit organizations and charities. This decentralization of support for seniors follows a larger trend in public administration ushered in in the mid-1990s in Canada that is often referred to as "neoliberalization." Under the banner of "efficiency," governments not only introduced austerity measures and privatization, but they also shifted former public sector responsibilities onto the market, nonprofit organizations and charities, and individuals. In doing so, governments fostered a contract-based relationship with nonprofits and charities. Nonprofits and charities would receive government contracts and funding to do the work, while also receiving varying levels of support from individual donors, corporations, and philanthropic foundations.

Within this context, nonprofits and charities take on two primary responsibilities as it comes to providing supports for seniors: (1) community support services; and (2) civic engagement services.

3.2.1. Community Support Services

Community support services help seniors remain in their own homes and provide long-term care in an institutional setting for those who are no longer able to age in their own homes. Within this category, there are further sub-categories that cater to seniors with varying levels of autonomy based on their social, economic, and physical capacities.

For example, nonprofits and charities provide social and recreational programming to combat social isolation, thereby facilitating aging in place. This includes, for example, intergenerational groups, communal meals, education programs, and arts programs. Nonprofits and charities also provide personalized home-based supports for seniors who are aging in place but require some assistance. These include various services like homemaking, nutrition counselling, case management, and meals on wheels, for example. Finally, there are a range of nonprofits and charities that provide intensive supports for seniors that are struggling with more severe illness such as dementia.

3.2.2. Civic Engagement Services

Nonprofits and charities are also on the front lines of providing programs and services that foster senior citizen civic engagement. This can take a direct form of senior citizen committees that inform community programming, develop workshops to develop senior autonomy, and engage in policy

advocacy work. Likewise, nonprofits and charities play an equally important—albeit indirect—role in fostering civic engagement through enabling senior citizens to deliver programming through volunteerism.

3.3. Seniors Programs and Supports – Provincial Level Comparison

This section provides a comparison of the specific programs and supports offered to seniors Quebec and Alberta. Cross-provincial policy comparisons reveal both the political (i.e., policy) and institutional (i.e., cultural) differences between provinces, as well as the ways in which the political and the institutional shape one another.

At a more practical level, understanding the political and institutional context at the provincial level can be used to inform the strategic role that grantmaking foundations inhabit in relation to beneficiaries, the state, and community organizations working on seniors' issues.

3.3.1. Quebec

As is the case across most domains of public and social policy, Quebec provides an extensive range of supports and services that either directly or indirectly target seniors in need. [see TABLE 1]. These include supports in the areas of health, housing, income, and community care. Moreover, this supports the province's goal of following the World Health Organization's model of Active Ageing, which is implemented through Quebec's *Age-Friendly Municipalities Support Program.*[3]

Concrete health supports are provided by the Régie de l'assurance maladie du Québec [RAMQ] that aid seniors experiencing challenges around mobility, hearing, and eyesight. In most cases, RAMQ provides these assistive aids directly to the beneficiary. In other words, assistance is provided by the government in the form of an actual piece of technology, rather than in the form of a lump sum payment or a tax credit.

The government also provides significant housing support through the Societé d'habitiation du Québec [SHQ]. Some of the SHQ programs directly target seniors such as the *Grant for Seniors to Offset a Municipal Tax Increase,* which provides financial assistance to seniors whose residence has increased significantly in value. Other SHQ programs, while not explicitly targeting seniors, serve a large senior's population due to prevalence of disability, low-income, and housing insecurity among the elderly. *The Residential Adaptation Assistance Program*, for example, provides financial assistance to individuals with a disability who need to adapt their home in order to meet their specific needs.

Revenue Quebec [RQ] offers a series of tax credits that directly target seniors to improve their economic and social wellbeing at home and in the community. These range from tax credits for home

[3] https://www.quebec.ca/famille-et-soutien-aux-personnes/personnes-agees/aide-financiere-organismes/municipalite-amie-des-aines

support services to tax credits that cover registration fees for physical, artistic, cultural, or recreational activities. RQ also offers programs that support seniors in the workplace. *The Tax Credit for Career Extension,* for example, eliminates the income tax of experienced workers to encourage them to remain in or to return to the labour market. Though they take a different approach that RAMQ (direct goods and services) and SHQ (grants), RQ tax credits similarly adopt a holistic view of the person, supporting the social, physical, and economic wellbeing of seniors at different stages of the aging process.

It is important to note that while many community care programs for seniors are instituted by nonprofit and charitable organizations under the direction of municipalities, the Quebec government funds several community programs that directly target seniors' autonomy in the community. These programs range from Meals on Wheels and Paratransit to various forms of Home Care Support

Table 1: Supports and Services Available to Seniors in Quebec

Name	Domain	Description
Program for Devices That Compensate for a Physical Deficiency	Health (RAMQ)	Provides devices that compensate for a person's motor impairment including orthoses, prostheses, canes, standing aids, wheelchairs, and posture assist.
The Hearing Devices Program	Health (RAMQ)	Provides devices to assist with hearing for hearing impaired such as a hearing aid or an assistive listening device.
The Optometric Services Program	Health (RAMQ)	Provides optometric services for seniors such as a full eye examination, treatment of eye problems, or eyeglass prescriptions.
The Visual Devices Program	Health (RAMQ)	Enables individuals with low vision or who are functionally blind to borrow reading, writing and mobility aids, as well as certain aids for daily living. The program also provides financial assistance for acquiring and looking after a guide dog.
The Financial Assistance Program for Domestic Help	Health (RAMQ)	Enables eligible individuals to receive a reduction in the hourly rate charged when they use domestic help services.
The Low-Rental Housing Program	Housing (SHQ)	Enables low-income households to live in a subsidized dwelling. Selected households pay rent equal to 25% of their income.
Public Long-term Care	Housing (CLSC)	Provides temporary or permanent lodging, assistance, support and monitoring, as well as psychosocial, nursing, pharmaceutical, medical and rehabilitation services to adults who are no longer able to remain in their natural living environments.
The Grant for Seniors to Offset a Municipal Tax Increase	Housing (Revenue Quebec)	Provides financial assistance to seniors whose residence has increased significantly in value.
The RénoRégion Program	Housing (SHQ)	Provides financial assistance to low- or modest-income owner-occupants in rural areas for major home repairs
The Rent Supplement Program	Housing (SHQ)	Enables households and individuals with low incomes to live in privately owned rental dwellings or dwellings belonging to housing cooperatives or non-profit organizations, while paying rent similar to that paid for low-rental housing
The Residential Adaptation Assistance Program	Housing (SHQ)	Provides financial assistance to owners of a dwelling occupied by a person with a disability for the purpose of carrying out adaptation work to meet the person's needs.
The Shelter Allowance Program	Housing (SHQ)	Provides financial assistance to low-income households that devote too large a proportion of their budget to housing.
Home Care Support	Community	Offers professional care and services (e.g., nursing care, psychosocial services, occupational therapy, physiotherapy, rehabilitation services, nutrition services, and medical services, etc.); personal care services (e.g., hygiene, dressing, transfer or food services, administration of medication, etc.); services for informal caregivers (e.g., presence, supervision, respite, etc.); and equipment loans.
Meals on Wheels	Community	Delivers hot meals to homes, thereby helping some people remain in their home and providing others with respite.
Paratransit	Community (Ministry of Transportation)	A public transportation service that meets the needs of persons with a disability that causes significant mobility limitations.
The Independent Living Tax Credit for Seniors	Income (Revenue Quebec)	A refundable tax credit paid to seniors who incurred expenses for the purchase, lease or installation of eligible equipment in their home.
The Senior Assistance Tax Credit	Income (Revenue Quebec)	A refundable tax credit paid automatically to eligible individuals who filed an income tax return
The Tax Credit for Career Extension	Income (Revenue Quebec)	A non-refundable credit that eliminates the tax payable on a part of the income of experienced workers to encourage them to remain in or to return to the labour market.
The Tax Credit for Caregivers	Community (Revenue Quebec)	A refundable tax credit paid to a person who, without remuneration, provides assistance to an eligible care receiver.
The Tax Credit for Home-support Services for Seniors	Community (Revenue Quebec)	A refundable tax credit based on certain expenses incurred to obtain home-support services
The Tax Credit for Seniors' Activities	Community (Revenue Quebec)	A refundable tax credit that can be claimed by seniors who paid fees to register for physical, artistic, cultural or recreational activities.

Additionally, the *Age-Friendly Quebec Program* financially supports community organizations engaged in initiatives aimed at adapting living environments to seniors' real-life situations, while the *Programme Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité* offers financial assistant to community organizations to hire and retain outreach workers that can offer assistance to seniors in vulnerable and at-risk situations. Finally, the Association québécoise des centres communautaires pour aînés is a provincial association representing community centres for seniors across Québec. It plays a key role in representation and support for approximately 60 centres.

3.3.2. Alberta

Alberta's approach to supporting seniors shares some similarities with Quebec's approach. The province boasts programs in the areas of health, housing, and tax/income benefits. Health supports cover, to some degree, issues related to dental, eyesight, disability, and prescription medication. Housing supports exist to help seniors in need of long-term care, as well as seniors who require some support in order to continue living at home and within their communities, whether through home care services or reduced bus pass rates.

Despite this breadth in services and programs, the provincial government, unsurprisingly, approaches these supports through a framework of austerity and individual choice. Unlike in Quebec, much of Alberta's seniors' programs are means-tested. For example, to qualify for the monthly *Alberta Senior's Benefit*, a senior cannot earn an annual income of more than $29,285—a figure that is right around the federal government's low-income cut-off. Likewise, a senior couple's combined annual income cannot be more than $47,545. Other programs like *The Residential Access Modification Program* (which helps Albertans with mobility challenges modify their homes so they can enter and move around more easily) and the *Seniors Self-contained Housing Program* (which provides apartment-style housing to seniors who are able to live independently with or without assistance) also rely on low-income cut-off limits.

Another distinct difference from the Quebec context is Alberta's reliance on lump sum payments which highlight Alberta's emphasis on small government and individual choices. For example, *The Special Needs Assistance for Seniors program* provides a lump-sum payment to eligible seniors with low income towards the cost of appliances and specific health and personal supports. Another unique feature of these programs is the use of low-interest equity loans as opposed grants. *The Seniors Home Adaptation and Repair Program*, for example, provides low-interest home equity loans to help senior homeowners finance home repairs, adaptations, and renovations. The program provides a maximum loan amount of $40,000, which must be repaid upon the sale of the property. *The Seniors Property Tax Deferral Program*, on the other hand, allows eligible senior homeowners to defer all or part of their property taxes through a low-interest home equity loan. Participants in this program must repay the loan, with interest, when they sell their home.

Finally, while Alberta maintains a series of health programs for seniors, these programs tell us less about their seniors' programming, and more about the lack of programs and supports for non-seniors' populations. For example, Alberta guarantees free prescription drugs to its seniors' residents; however,

this is only necessary because the province does not offer a public option for the general Albertan population.

In addition to highlighting the province's austerity mindset, a review of these supports demonstrates how Alberta does not adequately adopt an Active Aging Framework to the same degree as Quebec. By focusing exclusively on those in need (either the sick, disabled, or impoverished), Alberta's seniors programs do little to support the holistic lives of seniors who can live health and active lives within their communities, and contribute much to their communities as well.

3.4. Conclusion

In this section, we provided an overview of the political and institutional context within which seniors' philanthropy is embedded. This context includes the types of programs and services that exist for seniors, as well as which levels of government are responsible for their management and administration. It includes the heterogeneity of these programs and services across provincial/territorial contexts, both in terms of breadth and mode of implementation. Additionally, this context refers to the role that community organizations and charities play in fulfilling formal government mandates as well as supporting seniors at the level of community and place.

Philanthropic foundations in Quebec are entering a political and institutional environment with a well-established and well-funded array of support for helping seniors. These include income support, health, housing, and community supports; a robust active ageing framework; strong university research networks; and a large and integrated network of community-led nonprofit and charitable organizations. The province of Quebec is distinct in terms of both the extent of its programs, as well as its style of implementation. This distinction is most apparent when compared to other large provinces such as Alberta which adopts a much more austere and *laisse faire* approach. By adopting a more hands-off approach that invest specifically in areas of urgency, Alberta's programs engage with seniors purely as sick, poor, unhoused, and in need of emergency intervention. This framing can be juxtaposed with Quebec's approach which strives to support seniors as well-rounded and contributing members to society.

Despite these programs and supports, Quebec seniors continue to face significant social and economic challenges, particularly in light of the COVID-19 pandemic. This means that grantmaking foundations need to be strategic, collaborative, and informed in their philanthropic interventions. Foundations need to determine—alongside government and community stakeholders, as well as gerontological research—how to best intervene as a partner in ways that builds on the strengths of philanthropy: flexibility, agility, and experimentation. This is a unique, exciting, and complex context. But grantmaking foundations can ultimately play an impactful role as funders, advocates, convenors, innovators, and collaborators.

4. Theoretical Context – Social Gerontology

The process of human aging cannot be understood as merely the gradual deterioration of physiological systems and mental/cognitive functions. Aging is also a social phenomenon. Simply put, we do not grow old in isolation. Rather, experiences of aging are embedded within complex social contexts (Ayalon & Tesch-Römer, 2018). These contexts are shaped by social networks that consist of our friends, family, and community (e.g., Gardner, 2011); by social and economic policies pertaining to issues such as housing, employment, healthcare, and other social services (Grenier et al., 2020); and by cultural systems, including social attitudes and stereotypes that condition how we think about aging and the elderly (Twigg & Martin, 2015). Moreover, experiences of aging are not homogenous; they are shaped by race, class, gender, citizenship status, and ability, as well as other identities, social locations, and lived experiences (Calasanti & King, 2015).

Social gerontology is the study of these fundamentally social aspects of aging.

This exploratory report adopts a social gerontological lens to examine the current state of philanthropy and philanthropic intervention around seniors' issues in Quebec, as well as the broader Canadian context. However, to understand the social contexts within which aging occurs—as well as the philanthropic sector's current relationship with seniors' issues—it is essential to understand how dominant beliefs, values, and assumptions around aging shape these contexts, both in terms of how successful ageing is understood, as well as what social and cultural forces interfere with these models of successful aging.

In this section, we provide an overview of major theoretical perspectives on "successful aging", as well as micro-, meso-, and macro-level theories of ageism. In the process, we bring these theories into conversation with the philanthropic context, to explore the sector's neglect of seniors' issues, alongside its potential role and function to combat ageism and support successful aging.

4.1. Successful Aging

The concept of "successful aging"—also referred to as "healthy aging," "active aging," "productive aging," and "aging well"—does not have a singular definition in the scholarly literature. This can be attributed to disciplinary and conceptual differences, which manifest as tensions between: (1) objective biomedical models of successful aging; and (2) subjective psycho-social models of successful aging.

Biomedical models view successful aging in terms of longevity (i.e., living a long life), while minimizing physical and mental deterioration and disability (Bowling & Dieppe, 2005). More specifically, these models pay attention to: the absence of chronic disease and risk factors of disease; good health; and high levels of independent physical functioning, performance, mobility, and cognitive functioning. Rowe and Kahn's (1998) foundational definition views successful aging as the maintenance of high physical, psychological, and social functioning in old age without major diseases. Critics, however, have pointed out that this definition—as well as biomedical models in general that emphasize longevity

alongside the absence of disease and disability as criteria for successful aging—is unrealistic and paradoxical. As Andersen-Ranberg et al., (2001) put it: "healthy centenarians do not exist, but autonomous centenarians do."

Unlike biomedical perspectives, psychosocial approaches to successful aging emphasize subjective life satisfaction with one's past and present life; positive relationships, social integration, and reciprocal participation in society; and psychological resources (Bowling & Dieppe, 2005). By psychological resources, we are referring to things like a positive outlook and feelings of self-worth; a sense of control over life; autonomy and independence; and effective coping and adaptive strategies in the face of changing circumstances.

In this sense, successful aging must be viewed as a dynamic process that takes shape over the life course. It demands we use past experiences, tools, and strategies to cope with present circumstances as we age. In other words, adaptive psychological and social mechanisms can compensate for limitations in physiological health as we age (Batles and Baltes, 1990). Of course, this is not to suggest that physical health and functioning are not important components of successful aging. What it does suggest, however, is that neither biomedical models nor subjective models tell the whole story of what successful aging looks like, and what can hinder or limit it. It also demands we understand how society is structured in ways that hinder successful aging and why philanthropy has neglected seniors' issues. In the following section with do this by exploring the phenomenon of ageism.

4.2. Ageism

In a general sense, ageism refers to: "negative or positive stereotypes, prejudice, and/or discrimination against (or to the advantage of) elderly people on the basis of their chronological age or on the basis of a perception of them as being 'old' or 'elderly' (Iversen et al., 2009, p. 15). However, institutionalized perceptions about old adults impact far more than our one-on-one individual interactions. Ageism factors into the construction of organizational practices, as well as social and economic policies at the state level. In other words, ageism plays a major role in the structuring of society based on the assumption that everyone is young, thereby failing to respond appropriately to the needs of older people (Ontario Human Rights Commission, n.d.). In this way, ageism not only justifies and sustains inequalities between age groups through legitimizing concrete policies and behaviours, but also by reinforcing the belief that distinct age groups exist and are fundamentally different. Emphasizing both cultural and structural dimensions, Bytheway and Johnson (1993) emphasize three key aspects to ageism: (1) the stigmatization of older people; (2) the use of age to deny resources and opportunities to older people; and (3) the interpersonal consequences faced by older people due to society's denigration of them.

It is important to note that definitions of "old age" and attitudes toward aging are not set in stone. They are socially constructed (Blaakilde, 2002) and change over time (Nelson, 2005). For example, the invention of the printing press removed the role of seniors as keepers of stories, history, and culture. The industrial revolution demanded that workers move to cities where the jobs were, which made

large extended families less feasible. Perhaps most notably, ongoing advancements in medical technologies have dramatically extended life expectancy, and our perceptions of old age and growing older. Likewise, attitudes toward ageing—and, therefore, manifestations of ageism—differ across cultural and national context. Interestingly, while lay assumptions typically hold that ageist attitudes are more prevalent in Western individualist societies (vs. Eastern collectivist societies, for example), a 2015 cross-cultural meta-analysis indicated that the reality may not be as clearly divided (North & Fiske, 2015).

The scientific literature provides many different theoretical explanations for ageism. These theories emerge from difference disciplines, including social and developmental psychology, sociology, and political studies. In addition to helping explain ageism in an abstract sense, these theories are useful for understanding philanthropy's current level and form of engagement with seniors' issues, as well as the complex social and political context within which seniors' philanthropy is situated. These theories can be categorized according to their level of analysis: micro-level theories, meso-level theories, and macro-level theories.

4.3. Theories of Ageism – Micro-Level

Micro-level theories focus on individual-level explanations for ageism. These come primarily from the disciplines of social psychology and developmental psychology.

4.3.1. Terror Management Theory

Terror Management Theory holds that anxiety around mortality and death drives people to adopt cultural worldviews, values, and beliefs that protect their self-esteem, worthiness, and sustainability, and that allow them to believe that they play an important role in a meaningful world. Older adults serve as a constant reminder of our mortality and vulnerability, and the deep fear that we are living an insignificant life that will be erased by death (Martens, Goldenberg, & Greenberg, 2005).

Implications for Philanthropy: Terror Management Theory can help explain why philanthropy, despite its commitment to addressing pressing societal inequities and injustices, continues to neglect the social and economic challenges faced by seniors. Philanthropic engagement in the realm of innovation and youth culture may provide donors with a sense that they are an important part of a future world that is sustainable, thereby interrupting deep-seated discomfort and anxiety around their own aging and mortality. Moreover, considering philanthropy's secondary function as a form of branding and reputation risk management (Hogarth, Hutichinson, & Scaife, 2018), philanthropy geared toward seniors' issues may have similar anxiety-producing effects on the public.

4.3.2. Social Identity Theory

According to Social Identity Theory, individuals form group identities based around general "in-group" criteria (e.g., nationality, religion, race), which they use to differentiate themselves from "out-

groups." In this sense, group memberships are the basis for the individual identity of group members, as well as their relationship with other groups. Individuals want a positive social identity and achieve this goal by demonstrating biases which create distinctions between their in-group and other out-groups (Tajfel, 1981).

Implications for Philanthropy: Social Identity Theory has implications for philanthropy's treatment of seniors' issues. Research has shown that donors give more readily either to causes that support their in-group, or to causes that were supported by others that come from their in-group (e.g., Drezner, 2018; Shang, Reed, & Croson, 2008). However, age functions as a unique form of social identity, insofar as older adults can develop ageist attitudes toward other seniors as well as themselves (Kotter-Grühn & Hess, 2012). Specifically, expressing ageist sentiments may allow some seniors to differentiate themselves positively from those they believe to be "truly old" or "old and in need of assistance" (Bodner, 2009). By neglecting seniors' issues, philanthropists—many who fall into this category of older adult—define themselves in relation to, but separate from, the elderly who are "in need of assistance."

4.4. Theories of Ageism – Meso-Level

Meso-level theories focus on groups and organizations as the mechanism of ageism. These theories tend to focus on segmentation within the workplace and the labour market, as well as within specific institutional contexts like education and healthcare settings.

4.4.1. Age Segregation Theory

Age Segregation Theory highlights the ways in which contemporary Western societies segment biographical time (e.g., young, middle-age, and old) and assign persons who are in different life phases to separate social institutions and arenas. As a result, age becomes central to the granting of rights and duties, which is structured through formal laws and policies. Age segregation follows pre-planned life scripts: (a) education, (b) family creation and work, and (c) retirement. However, this three-part life course leads social isolation, passivity, and discontinuity in old age. As increasingly larger numbers of people reach old age healthy and educated in modern societies, there is structural lag in major social institutions that deny older adults the opportunity for productive engagement in larger society (Hagestad & Uhlenberg, 2006).

Implications for Philanthropy: Philanthropy is deeply shaped by this institutional, spatial, and cultural age segregation. In a concrete sense, philanthropic work targeting seniors' issues is always already entering a political context that has left seniors behind. This is further magnified by the commonly held, yet false, assumption that philanthropy is a replacement for the state, rather than a partner of the state. As a result, seniors' philanthropy is not only fighting an uphill battle within the context of an austerity state, but additionally an austerity state that is lagging in providing opportunities for seniors. On a more philosophical level, society's segregation by age reinforces the assumption that seniors are a separate group, to be kept distinct from middle age and youth cultures and spaces. In doing so, seniors

are viewed as existing outside or apart from the social world and community settings. This can help explain philanthropy's emphasis on palliative care and disease research, and its neglect of the social and community aspects of aging.

4.4.2. Intergenerational Conflict Theory

The term conflict theory refers to a broad range of sociological approaches that understand society as unequal and characterized by groups competing with one another for access to limited resources (e.g., workers vs. management, or global north vs. global south). Intergenerational conflict theory, specifically, approaches the question of ageism through the lens of conflict between younger generations and older generations. North & Fiske (2013) define three bases for intergenerational conflict, which are exacerbated by the expectations that younger generations have of older generations: (1) expectations for the transfer of resources from the older to the younger generations; (2) minimal consumption of shared resources by older generations; and (3) age-appropriate symbolic identity maintenance—in other words, older generations should not attempt to "cross the line" and become culturally indistinguishable from younger generations.

Implications for Philanthropy: Intergenerational Conflict Theory highlights two different, albeit interconnected, rationalizations for philanthropy's neglect of seniors' issues. First, while scarcity is manufactured through social and economic policies, the sector nonetheless functions as a resource-scarce environment where grantees must compete with one another for limited grants. If grants are limited, philanthropists may feel that they can "get more bang for their buck" if they grant resources to youth rather than elders, as these investments will create greater impact overall (in a Utilitarian sense). Second, philanthropic actors may act according to the belief that older generations are responsible for the social, economic, and environmental problems that their grantmaking is responding to. While this is another false rationalization—vulnerable seniors likely were not in elite positions of power in their younger years—it nonetheless may function to support the belief that older adults squandered their opportunity to remake society in equitable and just ways.

4.5. Theories of Ageism – Macro-Level

Macro-level theories focus on institutionalized cultural values that denigrate older people, as well as in concrete political and economic policies that impact experiences of aging.

4.5.1. Modernization Theory

Modernization Theory proposes that, through advancements in technology and medicine, seniors have lost their social status (Cowgill & Holmes, 1972). This occurs in a number of ways. First, the theory suggests that as larger numbers of older adults live longer, old age is no longer indicative of "survival of the fittest." Rather, old age is associated with frailty, morbidity, and disability. Second, the accumulation of knowledge by seniors over the life course no longer carries the same value due to new technologies that allow anyone to have access to all information instantaneously. Moreover,

younger generations have a better grasp of these technologies, and typically have access to more education than older generations. Third, urbanization leads younger generations to move to cities, leaving older parents and family behind, so the degree of intergenerational contact decreases. All in all, modernization theorists describe the decreasing status of seniors as well as increase in power and status of younger generations who are seen as holding the knowledge and skills valued by modern society (Tavernier, Naegele, & Hess, 2019).

Implications for Philanthropy: Modernization Theory may further explain the logic behind philanthropy's focus on health research and palliative care as its primary field of intervention. As societies modernization, seniors are no longer seen as social beings that hold value in society as holders of knowledge and wisdom. Rather, they are reduced to their (deteriorating) physical and psychological traits, as well as their inability to function as social and technologically adept individuals. As younger generations overtake seniors as primary holders of knowledge and value in modern societies, the notion that seniors are a societal burden becomes further entrenched. Seniors are constituted as a dependent of society, rather than an asset to society, and are either ignored, or treated as sick bodies.

4.5.2. Political Economy of Old Age

Political Economy of Old Age refers to a range of perspectives that explore the complex and dynamic relationship between the situation of seniors and the social and political organization of labour, retirement, and social assistance (CITE). These scholars highlight how state policies function to construct older workers as unattractive and a burden, rather than as capital to the economy and welfare systems. For example, Townsend's (1981) notion of the "structured dependency of old age" looks at the role of the state and society in creating a dependent senior's population. He argues that 20th century phenomena of fixed retirement ages (mandatory or socially sanctioned), pensions at near-poverty levels, isolated residential care, and delivery of community services have created forms of social dependency among old adults which are artificial and contribute to the institutionalization of ageism. These institutions function in service of the economy in capitalist societies (Walker, 1981), by reallocating jobs to younger generations, increasing production capacity, lowering expectations regarding the state's responsibility for aging workers.

Implications for Philanthropy: Like other theories, structured dependency theory can help us understand how philanthropy operates within a context of institutionalized ageism, wherein seniors are framed as dependents in need of charity, rather than valuable social persons existing within a political context that has rendered them nonvaluable. Additionally, a political economy lens can illuminate how the political economy of old age is intertwined with the political economy of philanthropy. Philanthropy is founded on capitalist modes of accumulation through business practices that require an expendable senior's population, whether that be through retirement ages, or shrinking pensions. Likewise, this lens reminds us that philanthropy is incentivized through tax exemptions that take away from public expenditure.

4.6. Conclusion

In this section, we provided a series of theoretical tools for understanding the current state of philanthropic intervention in the social and economic challenges facing older adults in Canada. A social gerontological lens differs from mainstream physiological and psychological lenses to studying aging, in that it focuses on how aging is always embedded within social, political, cultural, and institutional contexts. Models of successful aging, while sometimes conflicting, provide a conceptual basis for strategizing the areas in which philanthropy currently intervenes and/or should intervene. Likewise, theories of ageism point to the societal forces that create barriers to successful aging, while also giving insight into philanthropy's own neglect of seniors' issues.

The above scholarly research, and the theories and theoretical models they inform, have significant implications for philanthropic work around seniors' issues.

If, as Baltes and Baltes (1990) note, "the objective aspects of medical, psychological, and social functioning and the subjective aspects of life quality and life meaning seem to form a Gordian knot that no one is prepared to untie at the present time" (p. 7), where does that leave philanthropy? On the one hand, it suggests that there are numerous and diverse manners in which philanthropy can intervene to foster successful aging and combat ageism in a holistic sense. In other words, there is value is focusing on biomedical and psychosocial aspects of aging. Likewise, there is value funding healthcare institutions, research centres, community organizations, and palliative care programs, for example. There are benefits to working with organizations large and small and focusing on both urgent care and long-term systems change through advocacy work. At the same time, it suggests that philanthropic strategizing in this domain should probably be less concerned with determining which area of investment is most important to maximizing successful aging and combatting ageism, and much more about how philanthropy—as an institution with unique strengths and limitations—is best positioned to intervene.

5. Overview of Seniors' Philanthropy in Quebec

In this section, we provide a field-level examination of philanthropic grantmaking activity around the social and economic challenges faced by seniors in Quebec. Rather than looking at the totality of grantmaking foundations in Quebec, however, we approach this analysis through a more targeted study of 40 foundations.[4] We seek to highlight the giving habits of key grantmaking foundations in the field, develop an understanding of how these organizations engage in this domain, examine what their strategies are for doing so, and where, specifically, they choose to concentrate their interventions. In doing so, we draw a portrait of what seniors' philanthropy in Quebec looks like as, as opposed to providing an abstract macro-level overview of how many foundations give (the minority) and how many fail to give (the majority). Moreover, this field-level approach provides insight into how the issues and challenges faced by seniors are understood by Quebec philanthropy, and where gaps in

[4] For our method of selection, see section 1.2. Methodology

support may exist. Finally, this analysis helps provide context for the final section of this report, which will involve in-depth case studies of three of these organizations.

5.1. The 40 Foundations – An Overview

Our sample consists of 40 philanthropic foundations that operate in Quebec (though not necessarily exclusively) and support charitable organizations that work to combat the social and economic challenges faced by seniors identified in section two of this report—2. Empirical Context. A detailed breakdown of the sample including, but not limited to, assets, staffing, expenditure, revenue, areas of focus, and mission can be found in Appendix A of this report.

Of the 40 grantmaking foundations selected, 29 are private foundations and 11 are public foundations. With few exceptions (most notably, the Luc Maurice Foundation), the private foundations share a similar history and mechanism of asset accumulation, as well as a similar relationship to Quebec seniors. Assets are donated by a wealthy individual or family whose wealth was derived from a business or businesses with no direct connection to seniors. Additionally, philanthropic assets are accrued through endowment investment returns and the disposition of stock assets, as well as yearly donations primarily from the founder of the foundation, or their family. These private foundations, for the most part, give to a variety of causes of which seniors is just one. The extent to which they focus on seniors varies by foundation, both in terms of dollar amount and percentage of annual expenditure, as well as area of impact (e.g., research, palliative care, or community programs).

Nevertheless, there are several private foundations that focus specifically on the plight of seniors in Quebec. For example, the Mirella and Lino Saputo Foundation prioritizes issues faced by seniors, as well as people with disabilities and immigrants. Likewise, the Carmand Normand Foundation focuses on helping seniors and people with mental health issues. The Saputo Foundation and Carmand Normand Foundation are interesting cases because their giving, as well as their organizational documents, demonstrate an explicit and focused relationship with the social and economic challenges faced by seniors, despite there being no obvious connection between this field of philanthropic intervention and the foundation's founder(s). The Saputo Foundation is the product of Saputo Inc.—a dairy company—while the Carmand Normand Foundation is the philanthropic vehicle of Carmand Normand, whose career was in the finance sector.

The public foundations within this sample are far more heterogenous as a group. With a few notable outliers (e.g., the Azrieli Foundation), the public foundations give to this cause, on average, at a far higher rate than the private foundations in our sample. Moreover, their specific organizational form and mission is connected to the manner in which they engage with seniors' issues. These can be broken down into three primary categories:

- Large community foundations (e.g., Centraide du Grand Montréal), which target the most vulnerable in society. As seniors suffer from disproportionate levels of poverty and social

exclusion, these community foundations support many grassroots organizations working on issues affecting seniors in a particular city, community and, in some cases, internationally (e.g., Mission Inclusion).

- Public foundations directly connected to long-term care homes (e.g., Grace Dart Foundation), whose entire philanthropic mission is in service of their seniors' clients and is viewed as a direct continuation of their "business" activities. These foundations almost exclusively fund organizations working with seniors. However, unlike other grantmaking foundations, they often prioritize issues of autonomy and socialization for all seniors, rather than focusing exclusively on the most vulnerable in the form of palliative care, long-term care, and health research.
- Local community foundations that focus exclusively on seniors' issues without any connection to a larger business or social service (e.g., The Lindsay Memorial Foundation).

As a whole, the public foundations in our sample foreground seniors' issues in their philanthropic work far more than the private foundations (c.f., The Saputo Foundation, the Luc Maurice Foundation, and Carmand Normand Foundation). The public foundations also tend to intervene at the community level, working with charitable organizations that support a holistic idea of seniors, while private foundations (excluding the exceptions noted above) are more likely to support palliative care centres, long-term care homes, and health research initiatives.

5.2. Areas of Action

While wide ranging, the specific areas of intervention prioritized by the grantmaking foundations in our sample reflect the social and economic needs of seniors identified in our literature review, as well as biomedical and/or psychosocial models of "successful aging." Through an examination of the mission statements of the seniors-focused charities supported by the foundations, we identified 17 primary areas of action within our sample:

- Long-term care
- Social isolation
- Social innovation
- Community-building
- Palliative care
- Art therapy
- Research (health)
- Research (social)
- Education programs
- Health interventions (physical)
- Health interventions (cognitive)
- Financial insecurity
- Home support
- Autonomy development
- Technology support
- Resource finding
- Emotional support

We can further group these 17 areas of intervention into five fields of action where foundations are most active:

1. Palliative care
2. Long-term care
3. Social isolation
4. Building autonomy
5. Research

It should be noted that the two most common groupings of interventions within the sample are social isolation and palliative care involving 77.5% and 70% of the foundations. Interestingly, these areas are also representative of two opposing philosophies and approaches to understanding seniors as a community (biomedical model v. holistic model), as well as where philanthropy is best positioned to intervene.

Palliative Care: Foundations focused on palliative care provide grants to palliative care facilities and/or charities that either provide palliative care at home or work to improve end-of-life care quality. While one of the main areas of intervention for grantmaking foundations, palliative care stands as a site of major debate within the field, with some grantmaking foundations asserting that seniors' issues should be understood as distinct from palliative care/end-of-life care issues, as they can affect people of all ages (though disproportionately affecting older adults). As a result, we see a number of private foundations exclusively funding palliative care initiatives, while neglecting organizations that work to better the daily lives of healthy or autonomous older adults. Likewise, some major donors in this field have made a conscious effort *not* to support palliative care initiatives, focusing instead on improving lives of autonomous seniors in a holistic way that treats them as full social beings, rather than the inherently sick or infirm.

Long-Term Care: Philanthropic support of long-term care homes or centres can be seen as a response to a major challenge faced by Quebec seniors: inadequate housing. This need has become additionally prominent within the COVID-19 context, as long-term care homes have faced new challenges to maintaining quality of care. Support for long-term care involves donations to charitable organizations affiliated with private long-term care homes or specific CHSLDs, highlighting the entanglement of philanthropy and the state, as well as the belief that philanthropy should fill in the gaps in state services. Interestingly, while long-term care is typically understood as occurring within the walls of an institution, some foundations further understand the support of long-term care as involving services, activities, and initiatives in the community that benefit residents of long-term care facilitates beyond the formal institutional structure.

Social Isolation: In the literature, social isolation and loneliness are identified as two of the primary impediments to successful aging, caused by physical limitations and/or social ostracization. Unlike investments in palliative care and long-term care, which focus on funding specific institutions of housing and care, philanthropic interventions around social isolation target a range of community organizations working with seniors. These range from the delivery of hot meals and communal meals to intergenerational activities and art programs within neighborhood community centers, to courtesy calls and socialization visits. The purpose of these programs is less about the specific activity, and more about how the activity integrates seniors into their communities as social beings. Unsurprisingly, community foundations, as well as long-term care-affiliated foundations, are more closely connected to programs and initiatives targeting social isolation. Nevertheless, it is worth noting that, across the sample, there was a tendency to support specific community organizations (e.g., *Les Petits Frères de Pauvres* and *Santropol Roulantes*). This suggests that there is a tendency for grantmaking foundations to

partner with community organizations that have been "vetted" and rendered "legitimate" by other philanthropic actors.

Autonomy Development: Philanthropic support of autonomy development is achieved primarily through supporting charities that offer services that allow seniors to continue to age in place (i.e., live at home) and avoid regular dependence on more formal institutions like CLSCs. In this way, autonomy development further provides seniors with the tools to engage in programming that combats social isolation. This includes health services and personal assistance at home; food programs and meal deliveries; transportation; tax clinics; and shopping assistance, for example. This can also include programs that provide equipment (beyond state-provided equipment) to facilitate the personal autonomy of seniors. Autonomy development is often paired with socialization programs by community organizations, by creating opportunities for collective activities such as cooking, gardening, eating, or learning. In this sense, philanthropic foundations working in the field of social isolation are also typically working in the field of autonomy development as well—they are two sides of the same coin.

Research: The philanthropic sector has a long and established history of supporting university and medical research, particularly in relation to serious illness and disease, which disproportionately affects older adults. However, there exists, as well, a whole world of research targeting seniors' issues specifically (i.e., not general medical issues). Many of the philanthropic foundations in our sample are invested in this domain of research, which can be broadly categorized into two streams: (1) health research; and (2) social research. Health research takes a biomedical lens to successful aging and focuses on issues related to aging and health including, for example, recovery from falls, or living with Alzheimer's. Social research focuses on the psychosocial aspects of successful aging, such as how to curb social isolation, the impact of intergenerational programs, or how to better support successful aging in place. Again, philanthropic support of research bolsters the distinction we see in the sector between framing seniors as social beings embedded in community, and a biomedical model that sees seniors as already sick and infirm.

5.3. Conclusion and Analysis

In this section, we provided a field-level overview of seniors' philanthropy in Quebec. Using a sample of 40 organizations, we highlighted the kinds of grantmaking foundations intervening in this area, as well as their areas of focus. This field-level analysis reveals several important trends within the field of seniors' philanthropy in Quebec.

Foundations linked to long-term care homes are leaders in the field

Of the 40 foundations in our sample, four are directly affiliated with the field of long-term care: the Grace Dart Foundation, the Berthiaume Du Tremblay Foundation, the Luc Maurice Foundation, and the Father Dowd Foundation. While they differ in many ways (public v. private long-term care; public v. private foundation), each of these foundations works almost exclusively in the domain of seniors'

issues. This is distinct from every other foundation in the sample which either (1) focuses on seniors' issues alongside two or three other grantmaking priorities; or (2) approaches seniors' issues as one of many of causes that they support. The foundations linked to long-term care are also deeply engaged with bottom-up community organizations that offer socialization programs for seniors, rather than—or in addition to—investing their finances and energies in top-down health research or palliative care initiatives, for example. This suggests a desire to improve the lives of their clients and the communities within which they are embedded, highlighting the continuation between philanthropic giving and business operations.

Public foundations prioritize community-based forms of support for seniors

The majority of public foundations within our sample prioritize community-based forms of support for seniors rather than institutional forms of support such as palliative care centres, long-term care homes, and top-down research networks. Grantmaking tends to be spread amongst a number of charitable organizations, rather than focused in one or two large donations. This likely reflects the public foundations' accountability to the community at large that they serve, rather than the particular interests and commitments of a small board of non-arm's-length directors who have a mandate to follow their own passions and areas of interest.

Private foundations, on the other hand, prioritize institutional forms of support

While there are notable exceptions (e.g., the Saputo Foundation and the Carmand Normand Foundation, for example), many large private foundations focus their giving almost exclusively on long-term care, palliative care, and health research. Often, this involves a single large donation to a major organization in their field of choice. While certainly important, such an approach contributes to a biomedical framing of seniors that ignores older adults and their social value until they are sick, infirm, and approaching end-of-life care. It is therefore not surprising to see that private foundations that support palliative care initiatives frequently ignore all other areas of intervention around seniors. This equating of aging with suffering is visible in the rhetoric that foundations use to describe their work. For example, the Sibylla Hess Foundation states on their website: "The aging population is one of the phenomena that will scar Quebec society over the coming decades. This implies increased responsibility of the community to the particular suffering it can cause." Figuring out how to navigate this binary between biomedical and psychosocial models of successful aging will be a major challenge for philanthropic foundations.

Private foundations making an impact in the field have committed to seniors' issues as an organizational priority.

Albeit rare, some private foundations are at the forefront of positive change for seniors in Quebec including, for example, the Saputo Foundation, the Carmand Normand Foundation, the Blain-Favreau Foundation. Each of these private foundations have identified seniors' issues as one of their main priorities not only through their philanthropic work, but also through their mission statements

and website content. This commitment is necessary for private foundations as they lack the built-in community accountability mechanisms of public foundations, and can create foundation priorities based on the non-arm's-length board's personal interests. As a result, we see two very different kinds of private foundations working in this field: (1) foundations that have identified seniors' issues as a core organizational priority and are active in multiple areas in the field; and (2) foundations that include some seniors' organizations as part of their wider portfolio and tend to focus on institutional forms of support.

6. Conclusion

The current study began with an exploratory research question:

How are philanthropic foundations intervening in the social and economic issues faced by seniors in Quebec?

The broad nature of this question was deliberate, reflecting the dearth of knowledge around the intersection of philanthropy and seniors' issues, in both research and practice. In the early stages of this research, however, we realized that in order to answer this exploratory question—and, moreover, generate answers with practical and analytical value—we needed to develop an understanding of the complex social, political, and material context within which seniors' issues and grantmaking philanthropy intersect. In doing so, we would not only establish the value of philanthropy for seniors as a theoretical object of study, both also its moral and ethical imperative as a mode of philanthropic practice.

As a result, we added the following sub-questions:

- What social and economic challenges and barriers are faced by seniors in Quebec?
- How are these challenges and barrier associated with aging shaped by social, economic, cultural, and political context?

In this way, the purpose and contributions of this report became two-fold.

First, we engaged with the empirical and theoretical research on the social, economic, and political lives of seniors in Quebec, further bringing these literatures into conversation with the field of grantmaking philanthropy. We drew on empirical studies in the fields of political science, sociology, and social and developmental psychology, as well as theoretical social gerontological work on models of "successful aging" and "ageism." We scrutinized the political and institutional contexts within which we age and within which Quebec philanthropy intervenes and integrated an intersectionality lens to highlight the moral and ethical imperatives of this work for those who care about social justice.

Second, we provided a field-level overview of the current state of philanthropy for seniors in Quebec, as well as three exploratory case studies of granting making foundations engaged in the philanthropy

for seniors' space. Over field-level overview uncovered key trends and priorities, important organizations involved, and gaps in practice. Our exploratory case studies focused on the approaches and strategies mobilized individual foundations, the challenges and barriers they have encountered doing this work, and the key learnings derived from their experience in this field. These case studies were highly revealing, both in terms of content, as well as in establishing the importance of case study research in this field moving forward.

This exploratory research shows that the field of philanthropy for seniors exists at the intersection of many forces: of external prejudice and internal feelings of mortality; of austerity policies, public expenditure, and demographic changes; of intersectionality and differing cultural and community norms and values; of foundation and corporate reputation management and our public healthcare system. Ageing is a universal human experience, and so it should not surprise us that it cuts across our social, cultural, political, and material worlds.

This report can also serve as an important resource for grantmaking foundations engaged in philanthropy for seniors, as well as foundations who are interested in the field, but have yet to take action. For foundations already involved, this report provides: (1) a deep dive into the context into which they're intervening; (2) an overview of foundations with whom they can and should partner; (3) an analysis of the social, economic, and cultural forces they are facing off against; and (4) some potential strategies for advancing their work on philanthropy for seniors. For grantmaking foundations new to philanthropy for seniors, this report provides (1) an introduction to the field and its moral and ethical justification; (2) a review of the economic and social issues that seniors face, and (3) a breakdown of the various areas and causes that more-established foundations are currently targeting. In addition, this report highlights several ways forward for both researchers and practitioners in the field of philanthropy for seniors:

6.1. Implications for Researchers

The academic study of philanthropy for seniors is a completely nascent field. Researchers have yet to integrate the extensive empirical and theoretical of social gerontology into the philanthropic context. As a result, this study raises several provocations for researchers of philanthropy in general, and social justice philanthropy more specifically.

- **Comparative approaches.** The form that philanthropy for seniors takes is very context specific. The social and economic lives of seniors, as well as the social and public policies that provide a safety net for seniors, are shaped by social, cultural, economic, and political forces. Researchers working in Quebec would benefit from examining philanthropy for seniors practices in other regional and national contexts. What strategies are they using? Where are they intervening? How do they work with government and community organizations? How do different social and public policies around seniors impact the work that philanthropy does and needs to do? And how do cultural attitudes around aging and philanthropy impact the field?

- **Private-public partnerships.** Researchers should ask: how are grantmaking foundations currently working with government, at municipal, provincial, and federal levels? Are there examples of successes? Challenges? What does this reveal about the role of philanthropy in the larger social change ecosystem? How can foundations better align with government in ways that take advantage of their particular strengths rather than doubling up this issue?

- **Grassroots insights.** Partnership research—specifically, partnership research with a social justice lens—values the knowledge, insights, and experiences of grassroots community actors. Centering senior voices and activist voices is important in this context to fight ageism and stereotypes of senior, on the one hand, as well as to offer philanthropy's power and influence to contribute to public policy change that benefits seniors.

- **Social justice foundations.** There is a growing academic literature on philanthropy for social and economic justice. However, these approaches do not typically integrate age and ageing into their models and frameworks. Researchers should examine why this is the case. Why are social justice foundations ignoring age in their work despite evidence that it is a driving force behind stigmatization and marginalization?

6.2. Implications for Practitioners

- **Building networks.** Even though too few grantmaking foundations in Quebec are seriously engaged in philanthropy for seniors, there is an emerging network of foundations pushing the boundaries of this work in both the research and practice space, through shared learnings and strategies, new partnerships, and collaborative events. Foundations working in this time would benefit by continuing to build a network of like-minded foundations across Canada and, perhaps even, internationally. At this point, there is no "handbook" for how to do this work—it really is a time for experimentation. And learning from other foundations' experiments and experiences is key in this journey.

- **Community Partnerships.** There is an incorrect assumption that seniors, as a demographic group, are not actively engaged in organizing for their rights. While many seniors face physiological and cognitive barriers to this work, there are networks of seniors and their allies, organizing on the ground. Grantmaking foundations would benefit from building connections with these groups and learning form their experiences. Grantmaking foundations have their strengths. However, being embedded in community organizations and activist organizing is not one of them. By establishing these relationships, foundations will be better positioned to respond to the needs and struggles of seniors.

- **Ageing and DEI Approaches.** Foundations are increasingly integrating DEI approaches into their grantmaking strategies, hiring decisions, and overall organizational development. These

approaches seek to mitigate structural inequities, as well as philanthropy's own role in perpetuating inequities, with a particular emphasis on race, gender, sexual orientation, disability, and (sometimes) class. However, ageing should be integrated into DEI frameworks, both in terms of how specific structural barriers impact seniors, as well as how ageing intersects with other forms of marginalization.

- **Advocacy Role.** Philanthropy for seniors is closely intertwined with the gaps and limitations of public policy because seniors are more dependent on social supports than any other age demographic. While grantmaking foundations must play a significant role in addressing these gaps by taking advantage of philanthropy's inherent agility, flexibility and ability to give targeted help, they can also take a more active role in advocating for seniors through supporting public policy reforms.

References

Andersen-Ranberg, K., Schroll, M., & Jeune, B. (2001). Healthy centenarians do not exist, but autonomous centenarians do: A population-based study of morbidity among Danish centenarians. *Journal of the American Geriatrics Society*, *49*(7), 900-908.

August, M. (2022). Securitising seniors housing: The financialisation of real estate and social reproduction in retirement and long-term care homes. *Antipode*, *54*(3), 653-680.

Ayalon, L., & Tesch-Römer, C. (2018). *Contemporary perspectives on ageism*. Springer Nature.

Baltes, P. B., & Baltes, M. M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. *Successful aging: Perspectives from the behavioral sciences*, *1*(1), 1-34.

Bartlett, J. G., Sanguins, J., Chartrand, F., Carter, S., Temmer, J., & McKay, D. (2012). There's No Place Like Home'—The Experience of Metis Aging in Place. *Winnipeg, Manitoba Metis Federation*.

Beatty, B. B., & Berdahl, L. (2011). Health Care and Aboriginal Seniors in Urban Canada. *International Indigenous Policy Journal*, *2*(1), 1-16.

Béland, Daniel, and Patrik Marier. "COVID-19 and long-term care policy for older people in Canada." *Journal of Aging & Social Policy* 32.4-5 (2020): 358-364.

Biggs, S. (2014). The promise of a long life? Cultural adaptation to productive aging, spiritual empathy, and a sustainable future. *Journal of religion, spirituality & aging*, *26*(2-3), 96-108.

Blank, T. O., Asencio, M., Descartes, L., & Griggs, J. (2019). Aging, health, and GLBTQ family and community life. In *Older GLBT family and community life* (pp. 7-31). Routledge.

Bodner, E. (2009). On the origins of ageism among older and younger adults. *International Psychogeriatrics*, *21*(6), 1003-1014.

Bowling, A., & Dieppe, P. (2005). What is successful ageing and who should define it?. *Bmj*, *331*(7531), 1548-1551.

Brooks-Cleator, L. A. (2019). *First Nations and Inuit older adults and aging well in Ottawa, Canada* (Doctoral dissertation, Université d'Ottawa/University of Ottawa).

Bytheway, B. (1993). *Ageism*. McGraw-Hill Education (UK).

Calasanti, T., & King, N. (2015). Intersectionality and age. In *Routledge handbook of cultural gerontology* (pp. 193-200). Routledge.

Calasanti, T., Slevin, K. F., & King, N. (2006). Ageism and feminism: From" et cetera" to center. *NWSA journal*, 13-30.

Canadian Institute for Health Information. (2021). *Long-Term Care Beds in Canada — Data Table*. Ottawa, ON: CIHI; 2021.

Chung, A. M. (2020, July–August). *COVID-19 and long-term care. British Columbia Medical Journal, 62*(6), 206. British Columbia's Council on Health Promotion.

Cowgill, D. O., & Holmes, L. D. (Eds.). (1972). *Aging and modernization*. New York: Appleton-Century-Crofts.

Crenshaw, K. W. (1989/2013). Mapping the margins: Intersectionality, identity politics, and violence against women of color. In *The public nature of private violence* (pp. 93-118). Routledge.

Donovan, N. J., & Blazer, D. (2020). Social isolation and loneliness in older adults: review and commentary of a national academies report. *The American journal of geriatric psychiatry*, *28*(12), 1233-1244.

Drezner, N. D. (2018). Philanthropic mirroring: Exploring identity-based fundraising in higher education. *The Journal of Higher Education*, *89*(3), 261-293.

Emlet, C. A. (2016). Social, economic, and health disparities among LGBT older adults. *Generations*, *40*(2), 16-22.

Ferrer, I., Grenier, A., Brotman, S., & Koehn, S. (2017). Understanding the experiences of racialized older people through an intersectional life course perspective. *Journal of aging studies*, *41*, 10-17.

Foglia, M. B., & Fredriksen-Goldsen, K. I. (2014). Health disparities among LGBT older adults and the role of nonconscious bias. *Hastings Center Report*, *44*(s4), S40-S44.

Fuller, S., & Vosko, L. F. (2008). Temporary employment and social inequality in Canada: Exploring intersections of gender, race and immigration status. *Social indicators research*, *88*, 31-50.

Gardner, P. J. (2011). Natural neighborhood networks—Important social networks in the lives of older adults aging in place. *Journal of aging studies*, *25*(3), 263-271.

Grenier, A., Hatzifilalithis, S., Laliberte-Rudman, D., Kobayashi, K., Marier, P., & Phillipson, C. (2020). Precarity and aging: A scoping review. *The Gerontologist*, *60*(8), e620-e632.

Grenier, A., Phillipson, C., Rudman, D. L., Hatzifilalithis, S., Kobayashi, K., & Marier, P. (2017). Precarity in late life: Understanding new forms of risk and insecurity. *Journal of Aging Studies*, *43*, 9-14.

Habjan, S., Prince, H., & Kelley, M. L. (2012). Caregiving for elders in first nations communities: social system perspective on barriers and challenges. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *31*(2), 209-222.

Hagestad, G. O., & Uhlenberg, P. (2006). Should we be concerned about age segregation? Some theoretical and empirical explorations. *Research on aging*, *28*(6), 638-653.

Haq, K. S., & Penning, M. J. (2020). Social determinants of racial disparities in cognitive functioning in later life in Canada. *Journal of aging and health*, *32*(7-8), 817-829.

Harris, K., & Burke, A. (2020, May 28). The long-term care crisis: How B.C. controlled COVID-19 while Ontario, Quebec face disaster. CBC News. https://www.cbc.ca/news/politics/long-term-care-crisis-covid19-pandemic-1.5589097

Harvey, D. (2007). *A brief history of neoliberalism*. Oxford University Press.

Hébert, R. (2020, January 14). *Quebec's long-term care institutions need urgent, comprehensive reform*. Policy Options. https://policyoptions.irpp.org/magazines/january-2020/quebecs-long-term-care-institutions-need-urgent-comprehensive-reform/

Hogarth, K., Hutchinson, M., & Scaife, W. (2018). Corporate philanthropy, reputation risk management and shareholder value: A study of Australian corporate giving. *Journal of Business Ethics*, *151*, 375-390.

Holman, D., & Walker, A. (2021). Understanding unequal ageing: towards a synthesis of intersectionality and life course analyses. *European journal of ageing*, *18*(2), 239-255.

Hossen, A. (2012). Social isolation and loneliness among elderly immigrants: The case of South Asian elderly living in Canada. *Journal of International Social Issues*, *1*(1), 1-10.

Hostetler, A. J., & Paterson, S. E. (2017). Toward a community psychology of aging: A lifespan perspective. In M. A. Bond, I. Serrano-García, C. B. Keys, & M. Shinn (Eds.), *APA handbook of community psychology: Methods for community research and action for diverse groups and issues* (pp. 605–622). American Psychological Association. https://doi.org/10.1037/14954-036

Ivanova, I., Daub, S., Cohen, M., & Jenkins, J. (2017). *Poverty and inequality among British Columbia's seniors*. Vancouver, BC: Canadian Centre for Policy Alternatives.

Iversen, T. N., Larsen, L., & Solem, P. E. (2009). A conceptual analysis of ageism. *Nordic psychology*, *61*(3), 4-22.

Johnson, S., Bacsu, J., McIntosh, T., Jeffery, B., & Novik, N. (2021, September). Competing challenges for immigrant seniors: Social isolation and the pandemic. In *Healthcare Management Forum* (Vol. 34, No. 5, pp. 266-271). Sage CA: Los Angeles, CA: SAGE Publications.

Joy, M. (2021). Neoliberal rationality and the age friendly cities and communities program: Reflections on the Toronto case. *Cities*, *108*, 102982.

Kahn, R. L., & Rowe, J. W. (1998). Dr. Rowe and Dr. Kahn reply. *The Gerontologist*, *38*(2), 151-151.

Kotter-Grühn, D., & Hess, T. M. (2012). The impact of age stereotypes on self-perceptions of aging across the adult lifespan. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *67*(5), 563-571.

Kwan, C., & Walsh, C. A. (2018). Old age poverty: A scoping review of the literature. *Cogent Social Sciences*, *4*(1), 1478479.

Leclerc, K. (2024). *The poverty rate and low-income situation of older persons in Canada: An intersectional analysis*. https://www150.statcan.gc.ca/n1/pub/45-20-0002/452000022024002-eng.htm

MacLeod, S., Tkatch, R., Kraemer, S., Fellows, A., McGinn, M., Schaeffer, J., & Yeh, C. S. (2021). COVID-19 era social isolation among older adults. *Geriatrics*, *6*(2), 52.

Martens, A., Goldenberg, J. L., & Greenberg, J. (2005). A terror management perspective on ageism. *Journal of social issues*, *61*(2), 223-239.

McBride, S., & Whiteside, H. (2011). Austerity for whom?. *Socialist Studies/Études Socialistes*.

McIntyre, L., Dutton, D. J., Kwok, C., & Emery, J. H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. *Canadian Public Policy*, *42*(3), 274-286.

Molinari, N., & Pratt, G. (2023). Seniors' long-term care in Canada: A continuum of soft to brutal privatisation. *Antipode*, *55*(4), 1089-1109.

Montpetit (March 27, 2020). How to make sense of the number of COVID-19 cases in Quebec. *CBC News*. Retrieved from: https://www.cbc.ca/news/canada/montreal/covid-19-cases-quebec-statistics-canada-1.5511950

National Council of Seniors. (2009). *Report of the National Seniors Council on Low Income Among Seniors*. Human Resources and Skills Development Canada.

National Institute on Aging. *(2019). Social isolation, loneliness in older people pose health risks*. Report. Retrieved from https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks

National Seniors Council (2017). *Who's at risk and what can be done about it? A review of the literature on the social isolation of different groups of seniors* [Departmental performance report]. https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2017/review-social-isolation-seniors.html

Nelson, T. D. (2005). Ageism: Prejudice against our feared future self. *Journal of social issues*, *61*(2), 207-221.

North, M. S., & Fiske, S. T. (2015). Modern attitudes toward older adults in the aging world: a cross-cultural meta-analysis. *Psychological bulletin*, *141*(5), 993.

Ontario Human Rights Commission. (n.d.) Ageism and age discrimination (fact sheet). Retrieved from https://www3.ohrc.on.ca/en/ageism-and-age-discrimination-fact-sheet

Orel, N. A. (2017). Families and support systems of LGBT elders. *Annual Review of Gerontology & Geriatrics*, *37*(1). DOI:10.1891/0198-8794.37.89

Pettinicchio, D., & Maroto, M. L. (2021). Combating inequality: the between-and within-group effects of unionization on earnings for people with different disabilities. *The Sociological Quarterly*, *62*(4), 763-787.

Public Health Agency of Canada. Social inequalities in COVID-19 mortality by area- and individual-level characteristics in Canada, January to July/August 2020. Ottawa, ON: PHAC; 2021.

Puxty, J., Rosenberg, M. W., Carver, L., & Crow, B. (2019). Report on housing needs of seniors. *Ottawa: Federal/Provincial/Territorial Ministers Responsible for Seniors*.

Saifer, A., Fontan, J. M., Duprez, C., Sidorovska, I. G., & Litalien, M. (2021). Examining the COVID-19 Response of Canadian Grantmaking Foundations: Possibilities, Tensions, and Long-Term Implications. *Canadian Journal of Nonprofit & Social Economy Research/Revue canadienne de recherche sur les OSBL et l'économie sociale*, *12*.

Savage, L. (2018). Section 3: Police-reported family violence against seniors in Canada, 2018. *Statistics Canada*. Retrieved from: https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018/03-eng.htm

Schope, R. D. (2005). Who's afraid of growing old? Gay and lesbian perceptions of aging. *Journal of Gerontological Social Work*, *45*(4), 23-39.

Shang, J., Reed, A., & Croson, R. (2008). Identity congruency effects on donations. *Journal of Marketing Research*, *45*(3), 351-361.

Shillington, R. (2016). An analysis of the economic circumstances of Canadian seniors. *Broadbent Institute*: Toronto, ON. Canada.

Siddiqi, A., Chung, R., Ansloos, J., & Senior, P. (2021). *Addressing economic racism in Canada's pandemic response and recovery*. Ottawa, Ontario: Broadbent Institute.

Statistics Canada. (2022). Table 98-10-0102-01 Low-income status by age, gender and year: Canada, provinces and territories, census metropolitan areas and census agglomerations with parts. DOI: https://doi.org/10.25318/9810010201-eng

Stevenson, V. (2022, May 19). Quebec must rethink how it treats elders, says coroner after damning report. *CBC News*. Retrieved from: https://www.cbc.ca/news/canada/montreal/quebec-must-rethink-how-it-treats-elders-says-coroner-after-damning-report-1.6459383

Tajfel, H. (Ed.). (2010). *Social identity and intergroup relations* (Vol. 7). Cambridge University Press.

Tavernier, W. D., Naegele, L., & Hess, M. (2019). A critical perspective on ageism and modernization theory. *Social Inclusion*, *7*(3), 54-57.

Townsend, P. (1981). The structured dependency of the elderly: a creation of social policy in the twentieth century. *Ageing & society*, *1*(1), 5-28.

Twigg, J., & Martin, W. (2015). The challenge of cultural gerontology. *The Gerontologist*, *55*(3), 353-359.

Van Dyk, S. (2014). The appraisal of difference: Critical gerontology and the active-ageing-paradigm. *Journal of aging studies*, *31*, 93-103.

Walker, A. (1981). Towards a political economy of old age. *Ageing & Society*, *1*(1), 73-94.

Appendix A - Structural and Operational Attributes of Sampled Organizations

Name	Type	Year of creation	Area of operation	Staff	Assets (2020)	Revenue (2020)	Expenditure (2020)	Expenditure on Seniors Causes	Nature of the intervention with seniors	Mission	Website
La Fondation Berthiaume Du Tremblay	Public	1967	Montréal	Fulltime: 3	~11 million	Investment Income: ~$516,000 Donations: ~$16,000 Gifts from Registered Charities: ~$156,000 Disposition of Assets: $114,000 Other Income: ~1.57million (rental of buildings)	Charitable Activities: ~1.18 million Management and Admin: ~$726,000 Grants: ~1.99 million	1. Résidence Berthiaume Du Tremblay (1.21million) 2. Privileges ($486,000) 3. Le Quartier des générations ($261,000) 4. Intergénérations Québec ($3,800) 5. Association Québécoise des centres communautaires pour ainés($2,500)	Long-term care Social isolation Social innovation Community programs	Employ and use, as a priority, the corporation's resources and assets for the construction of facilities and the administration of one or more shelters for elderly people in need. Establish and promote, for the benefit of these individuals, all types of services related to the institution's work that promote their well-being.	https://www.berthiaume-du-tremblay.com/
Fondation Blain-Favreau	Private	2012	Montréal	0	~4 million	Investment Income: ~$155,000	Management and Admin: ~$22,000 Grants: $160,00	1. Les Petits Frères des Pauvres ($45,000) 2. Société des soins palliatifs à domicile du Grand Montréal ($25,000) 3. Mission Inclusion ($25,000) 4. Fondation Novo ($20,000) 5. L'Arche Montreal ($20,000)	Social isolation Palliative Care Poverty Long-term care	The foundation's assets will be allocated to elderly people who are disadvantaged, in shelter, hospitalized, or unable to care for themselves, with the aim of providing them with assistance.	N/A
Fondation Father Dowd	Public	1982	Montréal	0	~2 million	Investment Income: ~$69,000 Disposition of Assets: $26,000	Management an Admin: ~16,000 Grants: ~$79,000	1. Saint Columba House ($7,500) 2. Lasalle D+D 50+ Centre ($10,000) 3. New Hope senior citizens' centre ($25,600) 4. Dr Clown Foundation ($2,500)	Social Isolation Community engagement Art therapy	The mission of the Foundation is to serve the Community, particularly the physical and financial well being of the English Speaking Catholic Senior Citizens of the Montreal Archdiocese.	http://fatherdowdfoundation.org/
George Hogg Family Foundation	Private	1978	Montréal	Fulltime: 1 Part-time: 1	~36 million	Investment Income: $574,000 Disposition of Assets: ~$900,000	Management and Admin: $252,000 Grants: 1.46 million	1. N.D.G. Senior citizens' council INC. ($10,000) 2. New Hope senior citizens' centre($15,000) 3. NOVA Montreal ($35,000) 4. NOVA West Island ($55,000) 5. Teresa Dollar palliative care residence foundation ($32,000)	Social isolation Community programs Longterm care Palliative Care	The George Hogg Family Foundation sees its primary role as being a provider of seed funding and a supporter of programs, policies and institutions that benefit health, education and welfare of the citizens of Montreal.	http://georgehoggfamilyfoundation.com/
Fondation Grace Dart	Public	1973	Montréal	Fulltime: 1	~27 million	Investment Income: $1.7 million Donations: ~$11,500 Gifts from other charities: ~$7,500 Disposition of Assets: ~4.6 million (loss)	Charitable Activities: ~$8,000 Management and Admin; ~$483,000 Grants: ~$3.4 million	1. Fondation Nova ($460,000) 2. Les Petites Frères ($445,000) 3. McGill University - Dementia Education Programme ($250,000) 4. Grace Dart Extended Care Centre ($254,000) 5. Fondation Grieca ($226,000) 6. Association Lavalloise des Personnes Aidantes ($100,000) 7. Fondation Dr. Clown ($100,000) 8. Le Pas de la Rue ($57,000) 9. St. Andrews Presbyterian Homes Foundation ($50,000) 10. Le Centre Communautaire Almaqe ($50,000) 11. Le Centre Ressources troisième âge Lachine (La Théière) 12. Le Conseil de Aînés et Aînées de N.D.G. ($45,000) 13. Les Aidants Naturels du Haut St-Laurent ($44,000) 14. Le Carrefour Montrose ($39,000) 15. Maison du Pèni ($37,000) 16. La Porte Jaune ($35,000) 17. New Hope Senior Citizens Centre ($25,000) 18. Fondation Bulachon Alzheimer ($25,000) 19. Nova West Island ($25,000) 20. Fulford House Quebec ($25,000) 21. Centre LaSalle D&D 50+ $25,000) 22. La maison d'Aurore - Projet : La ruche d'art des aînés ($25,000) 23. Centre communautaire des aînés de Soulanges ($22,000) 24. Acte d'amour ($25,000) 25. Centre Scarna ($16,000) 26. Centre communautaire le rendez-vous des aînés ($16,000) 27. Nova Hudson ($10,000) 28. Centre des aînés de Pointe-St-Charles ($7,000) 29. RésOlidaire - Centre de services et d'activités pour Aînés ($5,000)	Long-term care Health and Illness Social isolation Community engagement Art therapy	The Grace Dart Foundation distributes all funds to eldercare centres of Montréal primarily to fund asset purchases not paid for by the government of Quebec and other non-subsidized expenses.	https://fondationgracedart.com/
Fondation Gustav Levinschi	Private	1967	Montréal	N/A	~11 million	Investment Income: $208,000 Disposition of Assets: $1,6 million Other Income: $2.2 million (rental of land)	Management and Admin: ~$322,000 Grants: ~ 772,000	1. Fondation Institut de Gériatrie de Montréal ($12,500) 2. West Island palliative care residence ($17,000) 3. Centre de soutien Ent'Aidants ($500) 4. Dr. Clown Foundation ($500) 5. Fondation société de soins palliatifs à domicile($1,000) 6. NDG Senior citizens' council ($3,000) 7. NOVA Montreal ($1,000) 8. NOVA West Island ($1,000) 9. New Hope Senior Citizens Centre ($1,000) 10. La Porte Jaune ($500)	Research Health Care Art therapy Long term care Community programs Social isolation	N/A	N/A
Lindsay Memorial Foundation	Public	1984	Montréal	N/A	~5 million	Investment Income: ~$163,000	Management and Admin: ~$59,000 Grants: $160,000	1. Saint-Antoine 50+ Community Centre ($29,000) 2. N.D.G. Senior citizens' council INC. ($20,000) 3. Alzheimer Groupe INC. ($20,000) 4. Lachine senior citizens' ressources INC. (THE TEA POT) ($15,000) 5. Dr Clown Foundation $15,000) 6. Centre des aînés Côte-des-Neiges ($12,000) 7. Teresa Dollar palliative care residence Foundation INC. ($12,000) 8. NOVA West Island ($10,000) 9. Thomas More Institute (Senior's Outreach Program) ($7,500)	Community programs Art therapy Palliative Care Long term care Education	The purpose of the foundation are as follows: (a) to operate exclusively as a charitable organization to administer and employ its property, assets, and rights for the sole purposes of providing funding to organizations or programs that focus on relieving poverty, advancing education, promoting health, lessening isolation and loneliness, and improving the quality of life of the elderly population in Montréal and surrounding areas.	https://www.lindsaymemorialfoundation.org/
Fondation Luc Maurice	Private	2017	Québec	Fulltime: 1	~143,000$	Investment Income: $6,000 Donations: ~$1.33 million	Charitable Activities: ~$132,000 Management and Admin: ~$6,000 Grants: ~$1.2 million	1. Fondation Institut de Gériatrie de Montréal ($10,000) 2. Fondation Ages ($25,000) 3. Les Petits Frères ($25,000) 4. Fondation Elizabth et Roger Patent ($16,666) 5. Intergénérations Québec ($5,000) 6. Fondation Bulachon Alzeimer ($20,000) 7. Fondation Berthiaume Du Tremblay ($25,000) 8. Fondation Cap Diamant ($10,000) 9. Fondation de la société des soins palliatifs à domicile ($100,000) 10. Fondation Maison de soins palliatifs Vaudreuil-Soulanges ($5,000) 11. Maison de soins palliatifs St-Raphaël ($125,000)	Research Social isolation Health Palliative Care Long term care	For purely social, charitable, and philanthropic purposes, and without any pecuniary interest on the part of its members: -receive and maintain one or more funds and allocate all or part of the capital and income derived from that capital, from time to time, to navsgiand donees as defined in subsection 149.1(1) of the Income Tax Act (Canada) who contribute to the well-being and improvement of the quality of life of seniors. Receive donations, bequests, and other contributions of a similar nature in cash, securities, or real estate; administer such donations, bequests, and contributions; organize fundraising campaigns for charitable purposes.	https://fondationlucmaurice.org/en/
Fondation Choquette-Legault	Private	2017	Québec	N/A	~24.4 million	Donations: ~$1.9 million Investment Income: ~$547,000	Management and Admin: ~$202,000 Grants: ~$784,000	1. Fondation La Tavernie ($100,000) 2. Fondation Santé Canneau ($90,000) 3. Fondation médicale des Laurentides et des Pays-d'en-Haut ($75,000)	Palliative Care Long term care (equipment for elderly autonomy)	The foundation aims to encourage, assist, and financially support registered charities in the fields of education, health, social development, the arts, and the environment, with a particular focus on children and social support for disadvantaged people.	https://fondationchoquettelegault.com/
Fondation Rossy	Private	2004	Canada	N/A	~$828.7 million	Donations: ~ 20 million Investment Income: ~$4.2 million Disposition of Assets: ~155.5 million	Charitable Activities: ~$806,000 Management and Admin: ~$586,000 Grants: ~23.4 million	1. Cedars home for elderly ($113,000) 2.Maison de soins palliatifs St-Raphaël ($10,200) 3. West Island palliative care Foundation ($101,101)	Long term care Palliative Care	To receive and maintain fund(s) and apply from time to time all or part thereof and/or revenue therefrom for charitable purposes to qualified donees within the meaning of the income tax act. To carry out charitable activities to support the advancement of healthcare in Canada, including, among others, the prevention and treatment of cancer in Québec.	N/A
Fondation François Bourgeois	Private	2000	Québec	N/A	~$17.2 million	Donations: ~$913,000 Investment Income: ~$599,000 Disposition of Assets: ~$24,700	Grants: $1.47 million	1. Fondation Âges ($25,000) 2. Fondation de la massothérapie ($15,120) 3. La Maison echo du coeur ($5,000) 4. Fondation de la Maison Michel-Sarrazin ($5,000) 5. Fondation Bulachon alzheimer ($4,500) 6. Fondation Dr. Clown ($2,500)	Art therapy Health Long term care Community programs Social Isolation	The foundation's goal is to provide financial assistance to organizations whose purpose is to provide appropriate health care and education services. It evaluates the applications it receives and awards grants to organizations that meet its criteria. The foundation gives preference to organizations that care for people with physical, mental, and intellectual disabilities, as well as people in institutions.	WWW.FONDATIONFRANCOISBOURGEOIS.COM/
Fondation J.L Lévesque	Private	1967	Montréal (et des universités francophones au Canada)	Fulltime: 1	~$104.4 million	Investment Income:~2.94 million Disposition of Assets: 1.5 million	Management and Admin: ~$688,000 Grants: ~$3.1 million	1. Résidence de soins palliatifs ($175,000) 2. Fondation de la Maison du Pèni ($40,000) 3. Fondation Pallia-Vie ($25,000) 4. Fondation Dr. Clown ($10,000) 5. NOVA West Island ($5,000)	Palliative Care Long term care (equipment for elderly autonomy) Art therapy	Provide financial support in the form of grants for health services, education, and other areas in accordance with the objectives outlined in the founding documents.	N/A
Fondation Jules et Paul-Émile Léger (Mission inclusion)	Public	1982	Quebec and International	Fulltime: 35 Part-time: 10	~10.7 million	Donations: ~2.9 million Gifts from other charities: $2.3 million Government: ~$720,000 Investment Income: ~$1.1 million	Management and Admin: ~$1.2 million (2019) Fundraising: ~1.6 million Grants: ~$4.45	1. Le Cardinal Léger et ses oeuvres (~$1.8 million) 2. Secours aux aînés ($158,000)	Social isolation Financial insecurity Physical and cognitive health	Mission Inclusion supports, in Quebec and around the world, innovative and mobilizing actions for the well-being of vulnerable or marginalized people.	https://missioninclusion.ca/
Fondation Mirella et Lino Saputo	Private	1980	Québec (+ quelques organismes Canadiennes)	Fulltime: 2 Part-time: 3	~493.2 million	Donations: ~$9.3 million Investment Income: ~$13 million Disposition of Assets: ~$21 million	Charitable Activities: ~$618,000 Management and Admin: ~$81,000 Grants: ~$10.8 million	1. Association lavalloise des personnes aidantes ($90,000) 2. Fondation Âges ($312,000) 3. Hébergement la C.A.S.A. Bernard Hubert ($75,000) 4. Les petits frères des pauvres ($10,000) 5. Privileges ($78,000) 6. Un et un font mille ($75,000) 7. Fondation héritage 2000 ($30,000) 8. Mérépan (?) 9. Recherche action Bas St-Laurent (?) 10. Carpe Diem ($40,000)	Research (health + social) Long-term care Poverty Arts Social Isolation	Work towards improving the social and economic well-being of older people, people with disabilities, and people from immigrant backgrounds.	N/A
Fondation Jacques Francoeur	Private	1988	Québec	Fulltime: 1	~22,6 million	Investment Income: ~$386,869 Disposition of Assets: ~1.4 million	Charitable Activities:~$62,863 Management and Admin:~$124,945 Grants:~$753,806	1. Sercovie INC. ($30,000) 2. Maison Alfamo ($11,305) 3.Maison Saint Columba ($8,582) 4. Popote roulante de Salaberry-De-Valleyfield ($8,000)	Palliative care Social Isolation Community programs Home support	Support charitable organizations that work with the most disadvantaged and in educational and socio-cultural settings.	https://www.fondationjacquesfrancoeur.org/
Fondation de la Famille Birks	Private	1995	Québec (+ quelques organismes Canadiens)	Fulltime: 1	~29.7 million	Investment Income: ~$484,780 Disposition of Assets: ~$925,805	Charitable Activities:~$121,851 Management and Admin:~$166,(079 Grants:~$1.2 million	1. NOVA Montreal ($10,000) 2. Les petits frères des pauvres ($10,000) 3. Residence de soins palliatif Teresa Dellar ($10,000) 4. Santérnrd Roulant $7,000	Palliative Care Community Programs Home Support	Enhance the quality of life of the disadvantaged and the sick by providing funding to organizations which maintain traditional moral values in the field of education, health and human services.	https://birkfamilyfoundation.org/

Centraide du Grand Montréal	Public	1966	Montréal	Fulltime: 102 Part-Time: 34	~60.5 million	Donations: ~$54.1 million Gifts from other charities: ~$4.3 million Investment income: ~$515,963	Charitable activities: ~$4.2 million Management and Admin: ~$3.9 million Fundraising: ~$6.2 million Grants: ~$44.5 million	1. Action Centre-Ville ($119 600) 2. Association pour Aînés résidants à Laval ($91 920) 3. Bureau de la communauté Haïtienne de Montréal ($157 900) 4. Camp BNai Brith ($175 000) 5. Carrefour communautaire Montrose ($62 700$) 6. Centre communautaire Almaqe ($100 000) 7. Centre communautaire des aînées et aînés de Longueuil ($79 400) 8. Centre communautaire le Rendez-vous des aînés Laval ($73 100) 9. Centre communautaire Saint-Antoine 50+ ($104 550) 10. Centre Cummings ($95 000) 11. Centre des aînés du réseau d'entraide de Saint-Léonard ($81 440) 12. Centre du Vieux Moulin de Lasalle ($106 000) 13. Centre Eva Marsden ($111 700) 14. Chez-nous de Mercier-Est ($120 000) 15. Comité d'animation du troisième âge de Laval ($65 600) 16. Corporation de l'Etincelle ($161 965) 17. Maison des grands-parents de Villeray ($75 000) 18. Projet Changement ($172 731) 19. Ressource 3e âge Lachine ($114 950$) 20. Santropol Roulant ($125 000)	Social Isolation Community Programs Home support	Raise awareness of the most important social issues, such as poverty and social exclusion, and empower everyone to improve the living conditions of the most vulnerable people while building inclusive communities.	https://www.centraide-mtl.org/
Fondation Marcelle et Jean Coutu	Privé	1991	Québec	Fulltime : 2 Part-time: 1	~622 million	Donations: ~$27,344 Investment income: ~$22 million Disposition of assets: ~$2.5 million	Charitable activities: ~$121,042 Management and Admin: ~$2.9 million Grants: ~$22.8 million	1. SAC Anjour ($150 000) 2. Centre communautaire Hochelaga ($150 000) 3. Santropol Roulant ($60 000) 4. Club intervention la Petite Patrie ($5 000).	Social Isolation Community programs	It strives to improve the living conditions of the most vulnerable members of our society, in Québec and in developing countries.	https://fmc.org/
Fondation R. Howard Webster	Privé	1948	Canada	Fulltime : 15	~175.6 million	Investment income: ~$3.4 million Disposition of assets: ~$3.3 million	Grants: ~$6.1 million	1. Teresa Dollar Palliative Care Residence Foundation Inc. ($200 000) 2. Grace Village Care Foundation ($100 000) 3. Nova West Island ($75 000) 4. Santropol Roulant ($25 000).	Palliative care Social Isolation	The R. Howard Webster Foundation makes grants to outstanding Canadian charitable organizations offering unique and inspiring programs or projects for the benefit, improvement and development of Canadian society.	https://www.rhowardwebsterfoundation.ca/about-us/mission-funding-areas/
La Fondation Familiale Trottier	Privé	2000	Canada	Fulltime: 5	~237.5 million	Investment income: ~$5.3 million Disposition of assets: ~$12.1 million	Management and Admin : ~$1.5 million Grants: ~$18.6 million	1. La Fondation de la résidence de soins palliatifs Teresa-Dell ($750 000) 2. Santropol Roulant ($107 250)	Palliative care Social Isolation	Their mission is to support organizations that advance scientific research, promote education, improve health, protect the environment, and mitigate climate change.	https://www.fondationtrottier.com/
Fondation Familles Lauzon et Provencher	Privé		Québec († quelques organismes Canadiens)	n/a	~1.5 million	Donations: ~$470,827 Investment income: ~$85,824	Charitable activities: ~$97,218 Management and Admin: ~$9,660 Grants: ~$200,000	1. La Maison Aube-Lumière ($7 550) 2. Les soins palliatifs La rose des vents de l'Estrie ($4 000) 3. Fondation Vitae ($3 500) 4. Société d'aiheisment de l'Estrie ($2 500). 5. Fondation des petits frères des pauvres ($2 000) 6. The Whalen Home Foundation ($1 000)	Palliative care Long-term care Social Isolation Research	The foundation has set the following objectives: poverty relief, advancement of education, improving health, advancing religion and other purposes beneficial to the community.	N/A
Fondation de la Famille Zeller	Privé	1950	Québec	N/A	~23.6 million	Investment income: ~$775,504 Disposition if assets: ~$554,492	Grants: ~$1 million	1. Santropol Roulant ($15 000) 2. West Island palliative care residence Foundation ($15 000) 3. Cummings Jewish Centre for seniors Foundation ($10 000) 4. NOVA Montréal ($10 000) 5. CAP Saint-Barnabe ($7 500) 6. NDG Seniors citizens' council ($7 000) 8. McGill University council on palliative care ($7 000) 9. Yellow Door ($7 000).	Social Isolation Palliative care Community programs	Funding other charities and foundations that provide philanthropic benevolent and charitable endeavors of any and every kind nature.	https://zellerfamilyfoundation.ca/fr/
Fondation J.A Desève	Privé	1966	Québec	Fulltime: 7	~222.7 million	Investment income: ~$3.8 million Disposition of assets: ~$5.3 million Other: ~$6.8 million	Management and Admin: ~$2.1 million Grants: ~$8.6 million	1. Fondation des petits frères des pauvres ($125 000) 2. Société des soins palliatifs à domicile du Grand Montréal ($100 000) 3. Résidence Le Monarque ($80 000) 4. Entraide de la paroisse Saint-Noël-De-Jésus ($150 000) 5. Centre des Aînés Côte-des-Neiges ($15 000) 6. Pallia-vie ($15 000).	Palliative care Long term Care Community programs Social Isolation	The distribution of donations in the province of Quebec "to charitable, educational, social assistance, and scientific research organizations, including medical and social research." The foundation pays particular attention to organizations whose mission is to provide direct assistance and support to individuals.	https://www.jadesve.com/
Fondation du Grand Montréal	Public	1999	Montréal	Fulltime: 16 Part-time: 6	~249.9 million	Gifts: ~$15,2 million No tax receipt gifts: ~$30,6 million Investment income: ~$15,2 million Disposition of assets: ~$188,469 Sale of goods and service: ~$1.2 million Other: ~$4 million	Charitable activities: ~$614,723 Management and Admin: ~$2.7 million Fundraising: ~$579 719 Other: ~$394,38 Grants: ~$33,5 million	1. West Island Palliative Care Residence Inc. ($177 440) 2. MADA Community Center Inc. ($145 000) 3. Relais communautaire de Laval ($98 003) 4. Société de Soins palliatifs à Domicile du Grand Montréal ($82 500) 5. Société Ressources-Loisirs de Pointe-aux-Trembles Inc.($75 000) 6. Hébergement La C.A.S.A. Bernard-Hubert ($75 000) 7. Centre communautaire Rendez-vous 50+ ($74 981) 8. Un et un font mille ($500)	Palliative Care Long-term care Community programs	FGM serves and listens to its community. In collaboration with its partners, it mobilizes philanthropic resources, disseminates knowledge, catalyses initiatives, and supports the community in order to advance the Sustainable Development Goals in Greater Montreal.	https://fgmf.org/
Hagen Family Foundation	Privé	2005	Montreal	N/A	~ 99 551	Gifts: ~$201 500	Grants: ~$193 750	1. Teresa Dollar palliative care residence ($75 000) 2. Fondation Maison de soins palliatifs ($33 500)	Palliative care	To foster and promote relief of poverty, the advance of education, and the advancement or other purposes of a philanthropic, artistic, social professional or like nature which are charitable and beneficial to the community.	N/A
Fondation Famille Donald Quane	Privé	2001	Québec	N/A	~3.1 million	Investment income: ~$74,538	Management and Admin: ~$36,685 Grants: ~$205 000	1. Maison de soins palliatifs Vaudreuil-Soulanges ($5 000)	Palliative care	N/A	N/A
Fondation Carmand Normand	Privé	2008	Québec	N/A	~6.3 million	Investment income: ~$306,838 Disposition of assets: ~$131,874 Other: ~$57,745	Management and Admin: ~$18,500 Grants: ~$257,975	1. Centre des aînés Côte-des-Neiges ($10 000) 2. Fondation des petits frères des pauvres ($10 000) 3. Réseau d'information des aînés du Québec ($9 000) 4. Association des bénévoles du CHSLD Vigi Les Chutes ($5 540) 5. Accueil Notre-Dame INC. ($5 000) 6. Centre d'action bénévole St-Siméon/Port Daniel ($6 000) 7. Service d'aide communautaire Anjou ($5 000) 8. Centre d'action bénévole St-Jean-sur-Richelieu ($4 400) 9. Arts d'amour ($3 500) 10. Maison des toumesols ($3 000) 11. Forum des citoyens aînés de Montréal ($3 000) 12. Centre polyvalent des aînés Rimouski-Neigette ($2 845) 13. Société alzheimer ($2 000)	Social Isolation Palliative care Housing/long-term care Community programs Research	The Carmand Normand Foundation provides support for the material and non-salary aspects of innovation projects. Our support aims to spark the initiative that will launch or bring to fruition a project that significantly changes the lives of certain groups of individuals who need special assistance. In its desire to help, the foundation has chosen to contribute in the following two areas of activity: Assistance to seniors; Assistance to people with mental health issues.	https://www.fondationcarmandnormand.ca/index.html
Fondation Courtois	Privé		Montréal	N/A	~183,6 million	Investment income: ~7.4 million	Grants: ~$11.9 million	1. Fondation Institut de gériatrie de Montréal ($1,228,500)	Research	The Foundation's main activity is to identify recognized diseases that it wishes to support financially and to supervise the use of this financial assistance. Recognized diseases work in the fields of scientific research, museums, hospitals, and nature conservation, or any other purpose that benefits the community, particularly in the areas of the environment and scientific research.	https://www.cermofic-uqam.ca/a-propos/la-fondation-courtois/
Fondation Chopin Pilladeau	Privé		Québec	N/A	~1.6 million	Gifts: ~1 million Investment income: $1,372	Management and Admin: ~$80,350 Other: ~$10 000 Grants: ~$566 000	1. Fondation des petits frères des pauvres ($37 500) 2. Société pour les arts au milieu de vanié ($12 000)	Social isolation Art therapy	N/A	N/A
La Fondation Azrieli	Public	1989	Canada + inter	Fulltime: 24	~2.3 billion	Gifts: ~6.8 million Investment income: ~33.9 million Disposition of assets: ~2.5 million	Charitable activities: ~22.9 million Management and Admin: ~4.9 million Grants: ~67.9 million	1. Cummings Jewish Centre For Seniors Foundation ($718 455) 2. Société pour les arts en milieu de vanié ($45 000)	Art therapy Social Isolation Community programs	Inspired by Jewish values and the vision and resilience of our founder, David J. Azrieli z"l, the mission of Azrieli philanthropy is to improve the lives of present and future generations through Education, Research, Healthcare and the Arts mainly in Canada and Isreel.	https://azrielifoundation.org/
Hewitt Foundation	Privé	2017	Québec + quelques CAN	N/A	~299.1 million	Investment income: ~7.7 million Other: ~ 18.4 million	Grants: ~10.2 million Other: ~7.5 million	1. West Island palliative care residence ($275 000) 2. Fondation santé urbaine ($219 000) 3. West Island community chanes ($75 000) 4. Centre communautaire Hochelaga ($5 000) 5. Société alzheimer de Montréal ($5 000) 6. La SAMS ($2 500)	Palliative care Art therapy Research Community programs Long-term care	The Hewitt Foundation promotes change through donations, investments, and collaboration with registered Canadian charities, private foundations, governments, and all Canadians to innovate and improve the communities in which we live, including Indigenous communities.	https://hewittfoundation.ca/
Fondation Ariane Rioux & Réal Plourde	Privé		Québec	N/A	~14.5 million	Gifts: ~$20 001 Investment income: ~$98 583 Disposition of assets: ~$588,843 Other: ~$395,292	Grants: ~$447,000	1. Maison de soins palliatifs de Laval ($70 000) 2. Fondation de la Maison Desjardins de soins palliatifs ($25 000) 3. Centre de bénévolat Mouvon Laval ($10 000) 4. Fondation source bleue ($5 000) 5. Association québécoise de soins palliatifs ($5 000) 6. Fondation Pallia-Vie ($2 000).	Palliative care Home support	N/A	N/A
Fondation Monique et Bernard Casavant	Privé	2017	Québec	N/A	~1.6 million	Gifts: ~1.5 million Investment income: ~$1,959	Management and Admin: ~$864 Other: ~$12,278 Grants: ~$16,778	1. Fondation Pallia-Vie ($9 978) 2. Maison de soins palliatifs de la Rivière du Nord ($2 500)	Palliative care Home support	N/A	N/A
Fondation Lise et Richard Fortin	Privé	2014	Québec	N/A	~20.6 million	Investment income: ~$141,524 Disposition of assets: ~$696,206 Other: ~$125,20	Management and Admin: ~$7,866 Grants: ~$637,700	1.Le centre d'action bénévole de Boucherville ($30 000) 2. Fondation source bleue ($33 000) 3. Maison de soins palliatifs de Laval ($25 000) 4. Les petits frères ($10 000)	Palliative care Home support Social Isolation Community programs	Financial assistance to various recognized charitable organizations whose activities were mainly focused on social services, education, and health care. More specifically, to alleviate the suffering of people at the end of their lives by helping to make hospices suitable for their needs. To help children aged 12 and under who are victims of sexual abuse receive care tailored to their reality. To help young adults who have grown up in disadvantaged environments take control of their lives so that they can function adequately in society. To promote university education and research. To contribute to the prevention of alcohol and drug use among school-age youth.	N/A
Fondation Sibylla Hesse	Privé	2007	Québec + quelques CAN + Université américaine	Fulltime: 4	~67.1 million	Investment income : ~1.7 million Disposition of assets: ~$765,731 Other: ~$843,913	Charitable activities: ~$71,000 Management and Admin: ~$573,515 Grants: ~$2.1 million	1. Fondation de l'Institut de gériatrie de Montréal ($10 000) 2. Centre de bénévolat de Laval ($10 000) 3. Maison de soins palliatifs du Sault-Saint-Louis ($10 000) 4. Fondation Palli-Ami ($2 000).	Research Palliative care Community programs	Contribute to the fight against suffering and to the affirmation and fulfillment of the individual.	https://fondationhesse.com/
Fondation Yvon Boulanger	Privé		Montréal	N/A	~1.9 million	Gifts: ~$1 000 Investment income: ~$57,746	Grants: ~$58 000	1. Tel-Aide + Tel-Jeune ($2 000) 2. Fondation des petits frères des pauvres ($2 000) 3. Société alzheimer ($1 000) 4. Fondation Palli-Ami ($1 000).	Social Isolation Research Palliative care Home support	N/A	N/A
Centraide des Laurentides	Public	1962	Québec	Fulltime: 24 Part-time: 17	~5.7 million	Gifts: ~$1.5 million Gifts from other charities: ~$1.3 million Other gifts: ~$19,852 Federal government: ~$2.3 million Regional government: $16,582 Investment income: ~$6,051 Rent: ~$86,819 Fundraising: ~$109,446 Sales: ~$979,643 Other: ~$173,007	Charitable activities: ~$1.6 million Management and Admin: ~$322,122 Grants: ~$3.36 million	1. Centre d'entraide Thérèse-de-Blainville ($120 680) 2. L'Arre-e du quartier ($90 000$) 3. Centre d'aide d'Argenteuil ($77 000) 4. Centre de la famille du Grand St-Jérôme ($60 000) 5. Centre d'action bénévole Solange-Beauchamps ($49 000) 6. Café de rue solidaire de Terrebonne ($45 000) 7. Centre d'action bénévole d'Argenteuil ($43 362) 8. Maison Alzh alzheimer des Laurentides ($39 975) 9. Maison de la famille des Pays-d'en-Haut ($30 300) 10. Sercan ($30 000) 11. Services communautaires de la paroisse St-Eustache ($29 495) 12. Entraide bénévole des Pays-d'en-Haut INC. ($22 000) 13. Café Communautaire l'Entre-Gens ($6 000)	Medical support Palliative care Social Isolation Home support Community programs Autonomy development Long term care Technology support	Mobilize the community and gather resources to contribute to the development of supportive communities and improve the living conditions of vulnerable individuals, in partnership with community organizations.	https://www.centraidelaurentides.org/
Fondation de la Famille Lemaire	Public	2002	Québec	N/A	~28.5 million	Gifts: ~$500 000 Investment income: ~$642,121 Other: ~$6 million	Management and Admin: ~$45,764 Grants: ~$996,000	1. Fondation Institut de gériatrie de Montréal ($150 000) 2. Fédération québécoise sociétés d'alzheimer ($50 000) 3. Fondation CLSC Saint-Cœur ($15 500) 4. Fondation Sainte-Croix ($10 000) 5. Fondation Du CSSS Des Sources ($7 500) 6. Société alzheimer Centre-du-Québec ($3 000) 7. Fondation de la société des soins palliatifs à domicile ($2 500)	Research Long term care Palliative care Medical support	Support organizations or projects in the field of health and education in Quebec.	https://fondationfamillelemaire.com/fr/
Fondation des anciens de Pointe-Claire	Public	2017	Montréal	N/A	~$207,776	Gifts: ~$138,989	Grants: ~$93,000	1. City of Pointe-Claire aid for seniors ($6 000) 2. West Island palliative care services ($4 000) 3. NOVA West Island ($3 000) 4. CLSC Lac St-Louis and Pierrefonds Foundation ($2 000) 5. Parkinson Canada INC. ($2 000).	Research Palliative care Community programs Medical support	N/A	N/A
Fondation Pierre et Gisèle Laberge	Privé	1998	Québec	N/A	~2 million	Investment income: ~$41,256 Disposition of assets: ~$53,032 Other: ~$146,975	Management and Admin: ~$26,600 Grants: ~$95,000	1. Maison Notre-Dame du Saguenay ($12 500) 2. Fondation de ma vie ($10 000) 3. Palli-Aide ($5 000) 4.Services budgétaires et communautaire de Chicoutimi ($4 000) 5. Société alzheimer de la Saguenie ($2 000) 6. Société parkinson ($1 000) 7. Deuil-02 ($1 000).	Resource finding Emotional support Palliative care Research Community programs Social Isolation	Offering scholarships and professional development grants, making donations to other charitable organizations, and providing financial assistance to people living below the poverty line.	N/A