



2016 Census: Canadians 65+ now outnumber its children ... BUT Seniors have outnumbered children in Kingston since 2008!

This is an historic moment in Canadian society. The implications of the increasing pace of population aging for the future are enormous. How will we assure that those "65+" citizens, who have so much to contribute to our communities, experience personal and collective wellbeing as they continue to age?

Think of the impact on pension plans, health care, the labour market, social services, future housing needs, public transportation, and consumer trends. Then factor in fewer workers and a shrinking tax base, and the subsequent pressures on government revenues available to provide the services required.

Put simply: In 2016, 2 of 10 residents in the Kingston Census Metropolitan Area (CMA) were 65+. By 2026, 3 of 10 residents are projected to be 65+.

Vital Signs® 2017 attempts to understand what the implications of this shift in demographics will be for us who live in the Kingston area. We hope to stimulate some productive reflection on the impact of aging, both individually and collectively, and how we might plan better to make dignified, responsible, and optimal choices for health, housing, and end of life.

Why is this important? Look around your community. See how seniors make it work through volunteering, contributing time and talent, and often sharing their wealth with the organizations that enrich our whole community. Some are not so fortunate: how should their future wellbeing be assured?

Think of *Vital Signs*® 2017 as a call to action. It is not too early to start to plan; you are aging now. You are part of the solution, too.

2026: 47% more senior Kingstonians than in 2016 ... Will we be ready?



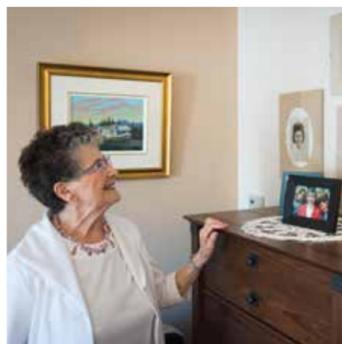
Are we planning well?

(see Page 2)

How will individuals, families, communities, and governments creatively cope with the conditions of a rapidly aging population? Individuals, starting at an early age, can start to plan for their years as older adults.

Questions:

- Are you planning to stay in your home as you age?
- Are you financially prepared for a life expectancy of 80+ years?
- Do you have a ready support network?



Are we housed well?

(see Page 3)

"Home is where the heart is."

Contemporary seniors' health-care policy, emphasizing safely aging in place, recognizes the benefits of staying in your home. But this might not be the best choice for everyone.

Questions:

- Are you aware of the various programs that can help you age at home?
- Do you know how long you may have to wait to get into a retirement or long-term care facility of your choice?
- Do you know the difference between a retirement home and long-term care home?



Are we healthy and well?

(see Page 4)

Wellness is a must for successful aging. The first steps are to assure that you eat well, and maintain good physical and mental health.

Questions:

- Are you taking advantage of older adult activity centres to exercise your body, stimulate your mind, and nurture your spirit?
- Do you monitor your state of wellness?
- How many times have you fallen in the last year?



Are we dying well?

(see Page 5)

None of us can avoid the inevitable, but it is possible to establish some conditions that will make it easier for family, friends and ourselves.

Questions:

- Have you had *the* conversation with your family about your wishes and intentions?
- Do you have a Will and Powers of Attorney for Property and Personal Care? See <https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poa.pdf>
- Do you have an Advance Care Plan? See <http://www.seniors.gov.on.ca/en/advancedcare/>

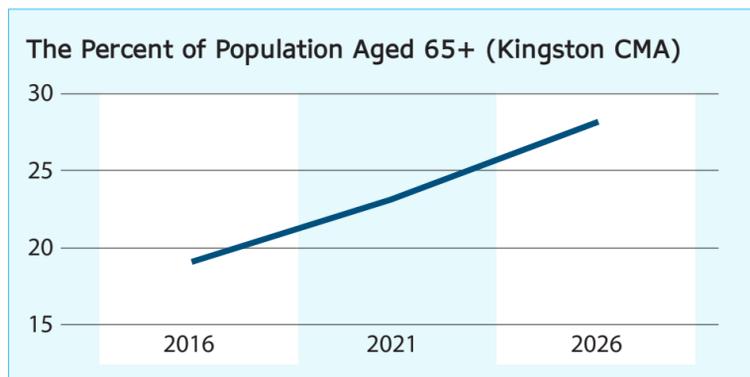
Are we planning well?

A huge increase in 65+ population within a decade in Kingston!



Engagement – a resident of Trillium Retirement and Care Community with children from the Kingston Day Care Centre

“Demography lies at the core of everything. It drives all key issues in our society,” observes Dr. Peter Kirkham, Kingston resident and former Chief Statistician of Canada. As with most communities in Canada, Kingston is aging fast. Based on projections using the 2016 Census data for Kingston CMA, the 65+ age cohort is projected to rise to 27% of the population by 2026, up from 19% in 2016.



In raw numbers, this represents an increase from roughly 31,000 to 46,000 residents – this means 15,000 more residents 65+ in our midst. By 2026 the entire CMA population will total roughly 170,000, a modest increase from the current tally of 161,000.

Over the next decade, the region’s working-age population (15-64) is expected to decline from 66% to 59%, a drop from 106,000 to less than 100,000 individuals. Kingston’s youth population is projected to remain relatively flat.

How are we going to house, provide services, and care for this relatively large and increasing number of 65+ residents while the working age population drops by 6,000?

Kingston and Area’s demographic trends suggest that as individuals, families, and communities, we need to be planning appropriately. Related to employment, we must plan for potential labour shortages as the working-age population shrinks. Donna Gillespie, CEO, Kingston Economic Development Corporation (KEDCO), notes that older small-business owners are already experiencing difficulty finding suitable “successors.”

The City of Kingston has a *Workforce and In-migration Strategy* targeted at filling gaps. City Council has acknowledged that by 2021 the “available jobs will exceed the actual population aged between 20 and 74 years old,” meaning that in-migration from other regions of Canada and beyond will be required to meet job demands. There is potential for labour shortages in the areas of elder care (e.g., staff for seniors’ residences, such as chefs, servers, cleaning, building maintenance), home maintenance, homemaking, personal support work, exercise and wellbeing, and health care (e.g., nurses, physiotherapists, geriatricians, palliative-care specialists).

Another strategy will be for the area to attract and better retain immigrants, as an influx of younger foreign workers could help support the growing older population. The work of the Kingston Community Health Centres (KCHC) Immigrant Services (orientation, mentoring, English-language support) helps improve retention. The “Community Connections” programs at the KCHC supported 435 unique clients in the 2016/2017 fiscal year.

There will be opportunities for new, creative entrepreneurs to emerge who can provide the wide range of services seniors will require for active aging. Existing businesses can innovate the delivery of their services by reaching seniors where they live. New public and private partnerships have the potential to alleviate some of the stress and strain facing individuals and families as they navigate complex issues related to seniors’ housing, health and wellbeing, and end-of-life.

Are plans in place for aging?

As individuals:

- Do you have a financial plan that would accommodate the costs associated with aging (e.g., personal support workers, long-term care)?

As families:

- What support systems are available to alleviate the stress of care work on caregivers?

As communities:

- Do we have strategies in place to keep seniors healthy, active, and engaged?



Friendship – residents of Trillium Retirement and Care Community

Where will your home be?

Housing as a Continuum

Single-family Home

Apartment Condominium

Seniors' Apartments

Retirement Residence

Long-term Care

Palliative Care

An RBC-Ipsos-Reid survey conducted in 2013 found that 83% of Canadians wanted to grow old in their family home. Nonetheless many will have to transition from being independent to living with family or friends, or into a retirement residence or long-term care facility. Housing choices are subject to availability, cost, transportation networks, accessibility, and social support.

You may encounter unfamiliar bureaucracy or a strong profit-oriented corporate culture, as well as a host of new terms: vacancy rates, waitlists, assisted living, long-term care, etc.

A useful resource to guide your decision-making is *Thinking About Aging in Place* available at: <https://tinyurl.com/y9v4gt5h>

Aging-in-place: to remain in the same home or community and live safely, independently, and comfortably, regardless of your age or ability level.

Vacancy rates and waitlists

Selected data indicates the following for our area:

Apartments

- Vacancy rate (Kingston, 2016): One/two bedroom – less than 3%; and
- Cost: Average \$942/\$1,119 and up.

Rent Geared to Income social housing: Waitlists for City of Kingston

- "Senior specific" building: 1 – 4 years;
- Regular building: 5 – 8 years; and
- Cost: To be eligible to receive a subsidy, households must have maximum annual incomes of \$25,000 for bachelor units, \$31,000 for one-bedroom apartments.

Housing with supports

(Health Care, Personal Care, etc.)

Assisted Living

- 90 aging-in-place living situations funded by the South East Local Health Integration Network (SE LHIN); and
- Cost: From roughly \$250 per day. (Government funded)

What is assisted living?

If you are identified as a high-risk senior and would like to age in your home, the assisted living service is designed to provide the appropriate supports: personal care, essential homemaking, and an emergency response system. Personal Support Workers (PSW) play crucial roles in providing these services in your home.

Long-Term Care

Long-Term Care homes* are government-subsidized residences where adults can live and receive help with most or all daily activities. Nursing and personal care are available 24 hours.

* A Long-Term Care home is not the same as a retirement home.

Frontenac County: Fairmount Home, April 2017:

- 128 available beds, 9 beds on average available each month, 353 patients waiting.

Kingston: Arbour Heights, Extendicare,** Providence Manor, Rideaucrest Home, Trillium Retirement and Care Community,** April 2017

- 927 available beds, 38 beds on average available each month, 1,388 patients waiting.

** *Extendicare and Trillium Retirement and Care Community are private but identified as "Funded Health Service Providers" under the SE LHIN, so effectively public/private.*

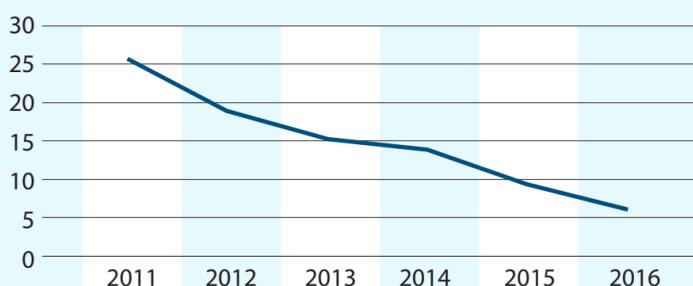
- Cost: The Ontario Ministry of Health and Long-Term Care funds personal and nursing care in long-term care homes, while residents pay for accommodation costs. Accommodation rates are set by the Ministry.
 - Long-stay basic: \$1,819.53/month;
 - Long-stay semi-private: \$2,193.54/month; and
 - Long-stay private: \$2,599.11/month.

Retirement residences for seniors:

(market-driven, for-profit):

- 809 units in 2016 in the Kingston CMA.
- Cost: Average rent for a bachelor/private room, one meal included: \$3,203 (services extra).

Vacancy Rate for Seniors' Rental Housing in % (Kingston CMA)



The vacancy rate for seniors' rental housing has been declining steadily since 2011. Source: Canada Mortgage and Housing Corporation.

The Oasis alternative: A model for the future?



Active living – PSW with her fitness class

"Growing old is not a health issue, but just another chapter in life," says Christine McMillan, the driving force behind Oasis, a successful local alternative to long-term care homes and purpose-built for-profit retirement residences.

In this model, some 50 Oasis members live in a "group supportive living residence," paying market-value apartment rents. This approach, including catered meals, programming, and communal spaces, has helped to eliminate the depression and poor health that results from social isolation experienced by many seniors in other settings. A PSW assists with the delivery of the Oasis activities and provides services to the individual members.

The SE LHIN presently contributes \$130,000 annually to support the PSW and catered meal costs.

The Oasis leadership believes that the project is saving the government roughly \$500,000 per year by enabling members to age-in-place in their own apartments and avoid moving into long-term care homes.

Did you know?

City of Kingston Homemaking Program:

- Offers subsidized homemaking services (e.g., bathroom and kitchen cleaning, vacuuming, meal preparation, laundry); and
- Currently has 89 clients (mostly seniors), with a waitlist of 60 referrals.

Kingston-Frontenac Renovates Program:

- Up to \$3,500 available to make homes more accessible and up to \$10,000 for emergency repairs available to eligible homeowners.

City of Kingston's Secondary Suite Program:

- Forgivable loans available for development of affordable secondary housing units (e.g., in-law suite, basement apartment).

Are we healthy and well?

“The greatest wealth is health.” (Virgil)

The Roman poet says it all. To age well is to look at health holistically, maintaining physical and mental health with good nutrition, activity and by being engaged in family and community. There are many organizations, initiatives, and services within Kingston, Frontenac, Lennox & Addington (KFL&A) to help seniors keep healthy and well, creating conditions to age well in their homes. Active aging is the goal.

Active aging: “optimizing opportunities for health, participation, and security in order to enhance quality of life as people age.”

Source: World Health Organization
http://www.who.int/aging/active_aging/en/

Let’s prevent those falls!

Rhonda Lovell, RN, KFL&A Public Health

Falls impact all age groups. Risk factors for a fall include age, chronic illness, low income, lack of physical activity, poor nutrition, medications, poor building design, and visual impairment. Falls are a pressing issue in our area, especially for older adults.

- One in three older adults is likely to fall each year.
- In 2015, over 2,500 adults aged 65 and older visited the emergency department and almost 500 were hospitalized for falls in KFL&A.
- 40% of nursing home admissions in adults aged 65 and older can be related back to a fall.

In addition to the risk of injury, hospitalization, and death, for older adults, falling can also lead to depression, mobility problems, and loss of independence.

The good news is most falls are predictable and preventable.

KFL&A Public Health’s Fall Prevention Ambassadors are older adult volunteers who provide free presentations in the community, offering practical tips on how to reduce the risk of a fall. Presentations are held at retirement residences, church groups, community organizations, etc. Since the program began in 2004, the ambassadors have:

- Contributed 4,663 volunteer hours to fall prevention awareness; and
- Reached 8,456 people through presentations and displays.

The Victorian Order of Nurses (VON) offers Exercise & Fall Prevention (EFP) programs in KFL&A. This 12-week program combines education and exercise and is also an important opportunity to socialize.



Keeping fit – The Oasis Chair Fitness Class

Making wellness a priority for active aging-in-place

The Frontenac Paramedics Services (FPS) partners with the Kingston Health Sciences Centre to provide wellness clinics. It serves seniors connected with North and South Frontenac Community Services and the Wolfe Island Medical Centre.

Wellness clinics are also being provided for people living in social or supported housing in the City of Kingston. In the future, home visits may be provided in rural areas for at-risk seniors, patients with mental illness, patients living in isolated areas or with multiple chronic diseases, and frequent 911 callers.

“The intended outcome of these ... initiatives is to assist seniors or other vulnerable individuals to live safely and independently at home” says FPS Chief Paul Charbonneau.

Funding is provided by the County of Frontenac and the SE LHIN.



Volunteering – serving lunch at the Seniors Centre in Kingston

Seniors – the backbone of volunteerism in our community

Jean Lawson, Seniors Association Kingston Region

Volunteers are involved in almost every aspect of what we do in KFL&A – as educators, fundraisers, organizers, drivers, leaders, greeters, and neighbours helping neighbours. They provide skills, insight, and vision. In short, they help us create the organizations that make us a community. The majority of volunteers in the community are seniors/retired individuals with experience and time to offer.

At the Seniors Association Kingston Region (membership 4,400), more than 700 volunteers support programs and activities at the Association’s three centres. Over 600 of the volunteers are seniors.

The 700 volunteers contribute some 50,000 volunteer hours per year.

Getting “out and about”

Frontenac Transportation Services for residents of North, Central and South Frontenac Townships has 41 volunteer drivers. They provided 18,377 hours of service and drove 748,683 KM over a recent 12-month period.

Total trips: 9,218 Seniors trips: 6,881 (75% of all trips)

Nutrition

Good health is impossible without good nutrition.

Did you know?

- The Seniors Centre served 44,000 meals in the last 12 months.
- The VON distributed 40,102 meals in the last 12 months.
- Other meal programs seniors use include: Lunch by George, Martha’s Table, St Vincent de Paul, and the Salvation Army.

Seniors’ use of food banks 2016

Kingston (Partners in Mission Food Bank)	Ontario	Canada
12%*	5.9%	5.3%

*February - December 2016

Why so much higher use? Kingston has a proportionately higher percentage of seniors. The Executive Director of the Food Bank suggests that many of those laid off, when major manufacturers closed over the last 30 years, are now seniors with limited pension benefits.

Memory loss and dementia

Prevention is the key.

Not all memory loss signifies a more serious problem. Some memory loss is a normal part of aging and does not mean that one is developing dementia. More importantly, there is much that we can do as we age to help prevent or limit the effects of memory loss and dementia:

- Walk 30 minutes a day; increase the heart rate modestly 5 days per week; 2 strength training sessions per week.
- Manage vascular and cardiac diseases and improve management of chronic conditions such as diabetes;
- Correct hearing and vision loss;
- Manage medications and drug interactions;
- Eat well; and
- Keep your brain active: have good conversations with family and friends, do word/math games, and participate in lifelong learning.

Talk with your family physician, nurse practitioner or other health-care provider to learn more about these issues and how to take steps that would be helpful.

The Alzheimer’s Society is an excellent resource for those living with dementia and for their caregivers: www.alzheimer.ca/en

Are we dying well?

A personal reflection on aging

Duncan Sinclair, One-time Vice-Principal, Queen's University



Actively enjoying Buck Lake

Of the things none of us can escape, taxes claimed more of my attention until a few years ago when I realized I had better get ready for the end of my life. I sat down with my family and had a good talk about my finances, the inheritance of my property and other resources, and especially what I wanted done if I became incompetent to make my own decisions. Then I made an appointment with my lawyer to bring my Will up to date, prepare documents giving my son power of attorney for financial affairs and for personal care, and to create an advance directive instructing physicians and other caregivers on what I want and, more importantly, don't want done during the process of dying.

The complex family

Wendy Griesdorf, Estate Litigation and Mediation

As we face a growing demographic of older adults, a rise in estate and incapacity litigation is a natural outcome. These cases need justice to mobilize quickly and address problems proactively. Our current system is retrospective and burdensome. This is unfortunate.

Two recent reports from the Ontario Law Commission on *Small Estates* and *A Framework for the Law as it Affects Older Adults* advocate change. However, with our government lacking resources for judicial redesign, it is incumbent on families themselves to find ways to abate natural tensions over incapacity and dying. There are several things individuals can do:

1. While healthy, develop goals of care and a broad financial plan for the declining health years. Add specificity when health events require more detailed plans of care.
2. Discuss these goals with supportive family and seek input on who is able to assist in implementing your wishes. Because miscommunication lies at the core of most estate litigation, maintain an open dialogue on the practical aspects of your wishes, including compensation to fiduciaries. Hold planning meetings with tender affection and consider professional mediators for complex families and situations.
3. While healthy, consider consolidating and slowly downsizing real and personal property holdings. Document your gifts so that any suspicion as to your intentions can be avoided. Use these gifts to foster family harmony rather than discord.



One family – five Kingston generations

Being prepared for life's end is only sensible and fair to the survivors.

In the meantime, I am enjoying my eighth decade and hope to continue doing so. My recipe, reinforced by my physician, is to stay as active as possible mentally and physically, bearing in mind always the moderating limits of an aging body. I read the newspaper every day, a book every week, and never let too many days pass without getting together with the family or other people for stimulating conversation, usually over a meal or an outing together. I garden, play golf, take a half-hour's walk or paddle in the kayak in the summer months and curl, snow-shoe, or walk in the cold weather. The Seniors Centres also offer an enormous menu of interesting things to do.

At some point, I know that I will no longer be able to live safely alone in my own home, my wife having died two years ago. Happily, my son wants me to move in with him when the time comes but if he didn't have room or if I lived far away from my friends and community, I would opt to live in a retirement home. Sadly, not everybody can afford assisted living; more affordable housing is needed. Ontario needs especially to beef up home and community care services considerably so a lot more of us can stay longer where we really want to be as we age – in our own homes.

Palliative care

Florence Campbell, Honorary Life Member, Community Foundation for Kingston & Area

“... only between 16 and 30% of Canadians who need palliative care have access. 70% of people want to die at home, yet 70% die in hospitals.” (Retired Senator Sharon Carstairs, palliative pioneer and champion.)



Companionship

Palliative care is not always well understood. The World Health Organization defines palliative care in part as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness...” Some might need palliative care for years, others for a few days.

Hospice Kingston, along with devoted volunteers, provides on-going services of Home Care, Day Wellness, Caregiver Support, Grief and Bereavement Support, and Volunteer Services.

Interestingly, Kingston is the only city of its size in Ontario that has never had a community residential hospice facility. After 34 years of operation, Hospice Kingston is fundraising to open a new ten-bed facility in 2019. In the meantime, it will continue to provide its on-going services.

- Hospice Kingston served 421 patients in 2016-2017.
- Total volunteer hours for 2016-2017 were 13,014.

Palliative care at home

The SE LHIN (Home and Community Care) is responsible for arranging and co-ordinating government-funded palliative care for patients in their homes. The Palliative Care Medicine Program (Queen's University) community physicians receive over 200 new referrals annually and provide approximately 1600 visits per year.

Kingston General Hospital

The Palliative Care Medicine Service at Kingston General Hospital is a team of health-care professionals and volunteers who provide primary palliative care for patients in three Complex Palliative Medicine beds.

Providence Care Hospital

The new Providence Care Hospital includes an End-of-Life Care Unit, consisting of ten private rooms and two fully-furnished family rooms. The unit will admit an estimated 150 patients per year.

How well are we aging?

The following data provides some additional indicators related to aging in KFL&A.

Community belonging

- In 2013 and 2014, 60.5% of KFL&A adults aged 65 and older stated that their sense of community belonging was "somewhat strong." (Data source: Canadian Community Health Survey (CCHS)).

Mental health

- In 2013 and 2014, 70.7% of KFL&A residents aged 65 years and older rated their mental health as "excellent" or "very good." (Data Source: CCHS).

Fall-related injuries

- Adults aged 65 and older have the highest rate of emergency department visits and hospitalizations resulting from falls;
- Falls account for 85% of all injuries resulting in hospitalizations and 40% of nursing home admissions in adults aged 65 and older;
- Women over the age of 85 are three times more likely than men to be hospitalized for a fall; and
- Most falls happen at home, and are due to slips, trips, or stumbles involving stairs, beds, or other furniture.

Active living

- In 2013 and 2014, 47.6% of KFL&A residents aged 65 years and older reported being active or moderately active during leisure time. (Data source: CCHS).



Active living – attending to her garden.

Nutrition

- In 2013 and 2014, 40.1% of KFL&A residents aged 65 years and older consumed vegetables and fruit five or more times per day (met *Canada's Food Guide* recommendations). (Data source: CCHS).

Did you know?

KFL&A Public Health provides many health statistics for the KFL&A region at: <https://www.kflaph.ca/en/research-and-reports/Facts-and-Figures.aspx>

Alternate Level of Care (ALC)

ALC patients at the Kingston Health Sciences Centre (KHSC):

- July 31, 2016: 88 patients of whom 50 were waiting for a bed at a long-term care facility; and
- July 31, 2017: 69 patients of whom 30 were waiting for a bed at a long-term care facility.

ALC patients typically no longer need to be in an acute-care hospital, but are waiting to move to a more appropriate care setting, such as a Long-Term Care home, retirement home or a rehabilitation facility.

KHSC received special funding this year to focus on the philosophy called "Home First" with the goal of getting the patient back in their home, with the right community support, while they wait to move to their next destination.

Costs for seniors' care

The costs associated with housing as we age and require services can vary quite dramatically. Some of these costs might be offset by funding from multiple sources such as government programs, insurance, and charitable organizations.

An individual may be required to pay the following approximate costs.

Approximate costs for care

Home care	\$36/hour
Basic support provided by a PSW to enable staying in your home.	
LTC bed	\$1,800 – \$2,600/month
Co-payment paid by the resident for room and board (the amount depends on the type of accommodation such as semi-private vs private).	
ALC bed in hospital	\$2,000/month
The patient is charged a co-payment to contribute to the cost of their meals and accommodation.	
Private seniors' residence	\$3,200+++ /month
\$3,200 covers basic room rental and meal plan. Additional services are available at added costs, which can mount up significantly.	



The Community Foundation for Kingston & Area strengthens our community by connecting the generosity of donors with the energy and ideas of people and charities addressing important community needs.

The Foundation encourages individuals and organizations to establish and help to grow permanent endowments, which then allow us to invest in our community in perpetuity.

Together, we have been making meaningful and lasting impacts to our community since 1995; granting over \$10 million to date.

We are one of 191 Community Foundations across Canada

Did you know?

In Fall 2016 and Spring 2017, the Foundation awarded \$341,882 in charitable grants of which \$39,948 was granted to organizations delivering services to seniors.

Community Foundation for Kingston & Area

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Reference sources used in preparation of *Vital Signs* 2017 together with supplementary reports and prior years' *Vital Signs* are available at: <http://www.cfka.org/publications/>

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