

A Profile of Vulnerable Seniors in the
United Counties of Prescott and Russell,
Lanark County, and Renfrew County



**United Way
Centraide**

Acknowledgements

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- Lanark County Situation Table
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- North Lanark Community Health Centre, part of Lanark Renfrew Health & Community Services
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- County of Renfrew
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- March of Dimes
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- North Renfrew Long-Term Care Centre
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Message from the President and Regional Advisory Council Chairs

In 2017, the four United Ways of Prescott-Russell, Ottawa, Lanark County and Renfrew County came together to share administrative resources so we could enhance our capacities and deliver even greater impact within the local communities we serve. In this same year we also produced our first piece of public policy—a report entitled **A Profile of Vulnerable Seniors in the Ottawa Region**.

The purpose of the 2017 report was to support United Way Ottawa and its local community partners to better plan for an aging population. A key incentive behind the report was linked into the United Way Ottawa's promise to its donors and its community to put its resources where they are needed most and will have the greatest impact. The report represented an essential tool which allowed us to do just that: to make investments with the confidence that they would go toward helping those seniors who needed us most.

It was during the writing of this first report that it became even more clear to us that the needs of vulnerable seniors in our rural communities required deeper study, particularly given that rural Ontario is aging faster than the provincial average and, perhaps now more than ever, seniors are “aging in place”: choosing to live in their current home and within a familiar community for as long as possible, even if their health changes.¹ In fact, a comparison of census data from 1991, 1996, 2001, and 2006 demonstrates that the willingness of seniors to move to urban areas has actually decreased progressively over time.²

With this decrease in migration to urban centers it is clear that our rural communities need to be ready to address the complex needs of this particular aging population.

This report, **A Profile of Vulnerable Seniors in the United Counties of Prescott and Russell, Lanark County, and Renfrew County**, represents one of the first times Ontario's rural seniors, and particularly those who are vulnerable across a variety of domains, are the focus of study. This is important because rural communities are not the same as urban or even suburban communities. Moreover research, and even the tools of study, are generally biased toward urban centres. Density, and “distance to density” present their own challenges, but rural communities also tend to demonstrate greater cohesion and engagement, more flexibility and innovation in solution-making. Therefore, identifying and understanding the precise root of issues and drawing upon the assets available at the local level enables more targeted and effective interventions and investments. The application of a “Rural Lens” is essential to all rural community planning and solution creation and is therefore embedded into each of the recommendations set out in this report. It is both our challenge and our strength.

As our population ages and the need for resources grows, community partners and all levels of government will need to work with greater collaboration and in more mutually reinforcing ways if we hope to meet the demands of this seismic demographic shift.

When combined, these two reports—considering both urban and rural seniors against cross-sectoral dimensions of vulnerability—tell a powerful story about today’s challenges, as well as those that lie ahead. They lay bare the gaps and clearly point to new and emerging pressures. It is here that the four United Ways and partners truly have an opportunity to advocate powerfully and ensure public resources are directed where they are needed most and will deliver maximum impact. Together, we can create better outcomes for our region’s vulnerable seniors—today and tomorrow.



Michael Allen
President & CEO,
United Way Ottawa



Helen McIntosh
Chair, United Way Lanark
County Advisory Council

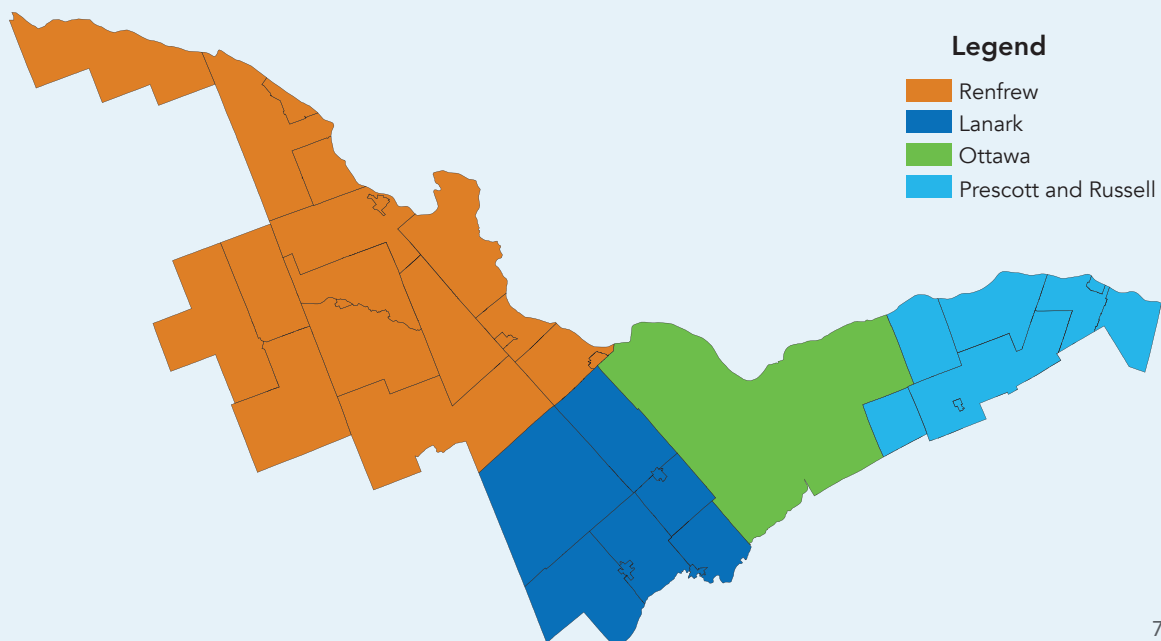


Denis Vaillancourt
Chair, United Way
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Figure 1: Map of the United Counties of Prescott and Russell, City of Ottawa, Lanark County, and Renfrew County



1.0 Introduction

This report is intended to raise awareness of some of the key challenges that vulnerable seniors currently face in the rural regions supported by the United Ways of Prescott–Russell, Lanark County, and Renfrew County.^a It is also aimed at highlighting where we can expect new pressures to arise in these rural regions in the near future. Up-to-date information is essential to ensure that our donors' resources are targeted where they are needed most and will have the greatest impact.

In terms of scope, this report is not intended to comprehensively address the myriad factors that may put a senior at risk of poor outcomes.^{b,c} Rather, it highlights some of the key cross-sectoral factors, such as low income, that are most commonly associated with an increase in vulnerability. In our review of the data and literature, it was clear that several dimensions of vulnerability, particularly those that are health-related, have been well articulated and studied. Similarly, the social determinants of health are well understood. What is lacking, however, is a clear definition of vulnerability at the population level that would allow a community to plan appropriately across the health, social, and community sectors. This report aims to move us toward such a definition, so that communities collaborate across a full continuum of support and care, working cohesively to fill existing gaps and prepare for a demand that will only grow.

From a methodological point of view, this report illuminates one of the greatest challenges in studying rural communities: most accepted tools and methods were created to accommodate larger populations. This has been noted by many. For example, in their consideration of Ottawa's rural neighbourhoods, the Ottawa Neighbourhood Study researchers acknowledged that, due to sparse population, obtaining a clear picture of any one particular rural community was challenging, as amalgamating data from a larger geographical area is required to obtain more statistically accurate socio-economic and health data.³ The challenge becomes even greater when one is looking at much smaller percentages of the population within these small communities, such as seniors. How can we adequately plan for the needs of a vulnerable—yet relatively tiny—proportion of the population

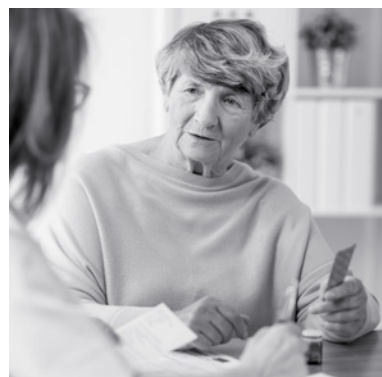
^a See also the 2017 report that focuses on Ottawa seniors entitled *A Profile of Vulnerable Seniors in the Ottawa Region* published by United Way Centraide Ottawa (<https://www.unitedwayottawa.ca/wp-content/uploads/2017/06/A-Profile-of-Vulnerable-Seniors-in-the-Ottawa-Region-EN.pdf>). Please note that some sections of this report borrow from the language used in that earlier report, authored and developed by Heather MacKinnon, a human rights lawyer generously seconded to the United Way Ottawa from the Department of Justice Canada.

^b Poor outcomes can include declining physical and mental health, more frequent hospital visits and stays, shortened life span, victimization that encompasses various types of elder abuse (physical or emotional harm, financial harm, fraud), less independence, and a diminished quality of life.

^c The topic of elder abuse was raised several times during the community consultations that contributed to the development of this report. Elder abuse is a real and growing concern. The World Health Organization reports that 15.7% of all people aged 60 years and older are subjected to abuse. Further, it suggests this figure is likely underestimated, as many cases of elder abuse go unreported. It also notes that “the numbers of people affected are predicted to increase, as many countries are experiencing rapidly aging populations” (http://www.who.int/ageing/projects/elder_abuse/en/). However, there is no research to date that points to some seniors or groups of seniors being more vulnerable to this threat than others. While seniors experience many challenges as they age, this report is intended to identify those characteristics and social groupings that make some seniors more vulnerable than the general population of people over the age of 65.

when traditional research and statistical methods nullify the significance of such small data points?

While imperfect, in the interest of taking some initial steps to look at the needs of vulnerable seniors in our rural communities, a “mixed methods” approach was adopted for the purposes of this report. Relevant and recent statistics were used in addition to select primary sources together with information from pre-existing secondary literature focused on predictors of vulnerability among the senior population. Additionally, this report draws on the results of consultations with local and community stakeholders, which are essential to gaining a better understanding of the rural-specific considerations that are relevant to this subpopulation. They also provide a vital snapshot of vulnerable groups of seniors in our rural regions—who they are, how they are doing, and where they can be found.



More particularly, this report builds upon recent work by our community partners, such as the Council on Aging of Ottawa’s *Seniors Housing Bundle*⁴ and their report outlining a framework to measure the age-friendliness of Ottawa;⁵ the Ottawa Senior Pride Network’s Housing Survey; and research by the Champlain Local Health Integration Network. Also considered in the course of drafting this report were various reports reflecting rurality by the Rural Ontario Institute, as well as resources and reference reports shared by our rural partners, including community planning reports such as the Community Plan for Safety and Well-being for Lanark County and the Town of Smiths Falls and various studies and reports highlighting the health of the francophone population aged 65 and over in Ontario.^d

This report also discusses general statistical trends relevant to seniors in our rural regions based on data from Statistics Canada and pinpoints where vulnerable seniors are living by, for instance, using maps and census data from the National Household Survey and the 2011 and 2016 censuses. Wherever possible, the data presented focuses on seniors in municipalities in our rural regions but, in some cases, provincial or national data is also provided.

Finally, this report also includes a series of regional profiles that highlight the specific characteristics of the United Counties of Prescott and Russell, Lanark County, and Renfrew County. This approach allows us to consider the particular circumstances of these smaller communities, while still remaining mindful of larger statistical trends as well as the findings of research related to the aging population in general.

^d For instance, see The health of the francophone population aged 65 and over in Ontario: A region-by-region portrait based on the Canadian Community Health Survey (2014), http://www.rrasfo.ca/images/docs/publications/2014/Ontario_Franc_65_Report_March_28_2014_final_2.pdf, and The impact of language barriers on patient safety and quality of care: Final report (2015), <https://santefrancais.ca/wp-content/uploads/SSF-Bowen-S.-Language-Barriers-Study.pdf>.

What all of this has reinforced is that an understanding of place is critical. Among Canadian researchers who study rural communities, it is consistently acknowledged that rural areas are not the same as urban areas, and that differences exist between rural areas, as well. Therefore, to improve outcomes for vulnerable seniors living in our rural communities, rural issues and perspectives must be thoroughly considered whenever initiatives are being developed or adapted. The United Ways of Prescott–Russell, Ottawa, and Lanark County and Renfrew County and the regional councils in our region’s rural counties intend to use the information in this report to guide our future investments and partnership initiatives at the local and regional level. We also trust that this report will serve as a tool for policy-makers to adapt programs and services to meet emerging needs within this rural context so that all seniors in rural Ontario receive the support they require.

2.0 The Importance of Place: Defining Rurality and Its Implications for Our Region’s Seniors

Place matters. No matter how we define where we live—a house, a road, a neighbourhood, a town, a country—where we live is always a complex interplay of “social, economic, demographic, structural, and geographic” factors.⁶

In recent years, the need to understand the role that place plays in people’s lives has become increasingly relevant to those who design public policy and to the effective delivery of community services and supports. Many Canadian rural studies experts argue that consideration of place is absolutely essential to rural community planning.

In Canada today, as in most Western countries, we are primarily urban dwellers. According to Statistics Canada, more than 80% of us live in cities; in the province of Ontario, that number climbs to approximately 89.7%.^e In this context, being rurally located is a marginalized state of being, relative to the overall population. But what exactly does it mean to be “rural”?

Many will point out that there is no single definition of rural. In Ontario, for example, some researchers argue there are five types of rural regions/communities that can be identified: “urban fringe communities, agriculture communities, cottage country

^e These figures are based on Statistics Canada’s definitions of urban and rural. For information on how Statistics Canada defines these terms, see <https://www.statcan.gc.ca/eng/subjects/standard/pcrac/2016/introduction>. In 2016, 89.7% of the population of Ontario lived inside a census metropolitan area or census agglomeration. That represents 12,062,321 people. See Focus on Geography Series, 2016 Census, available from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-pr-eng.cfm?Lang=Eng&GK=PR&GC=35&TOPIC=1>.

^f In *Strengthening rural Canada: fewer and older: The coming demographic crisis in rural Ontario*, Dr. Bakhtiar Moazzami discusses the longstanding debate regarding whether rural is a geographical concept or a social representation of a culture and way of life, and notes that various definition of rural exists, each emphasizing different criteria such as population size, population density, and labour market context.

communities, the mining and mill towns of northern Ontario, and Aboriginal communities.”⁷ Different definitions of rural result in different estimates of the rural and urban population.⁸ Similarly, how one defines rural has implications for drawing conclusions with respect to general population trends.

For instance, in general, rural regions across Canada are facing population decline but again, the specific type of rural region is important to note. Rural areas adjacent to urban centres tend to experience population growth, while more isolated rural communities face more rapid decline. This is important to understand, because population loss reduces the tax base that small municipalities and townships access to deliver services and build and maintain infrastructure. Further, as the federal and provincial governments address the challenges of fiscal deficits, smaller communities are vulnerable to the “rationalization” of government services to larger centres. While this may not be of much concern to those living near larger urban centres, it is a significant issue for those in more remotely located communities. Finally, at its most extreme, depopulation negatively impacts a community’s social and cultural fabric: there is less human capital to run businesses, to volunteer, or to provide leadership. Therefore, not only does place matter—in this instance, size does too.

Overall, researchers generally agree there are two consistent dimensions that all rural communities share:

- low density; and/or
- (long) distance to density.^{9,10}

If you reside in an area where these two dimensions overlap, you can be considered “really rural.”¹¹

Perhaps not surprisingly, it is these two specific dimensions of rural living that make traditional approaches to service provision most challenging. In other words, individuals who live in sparsely populated areas that are also located a fair distance from relatively populated centres are likely to face certain challenges in terms of access to infrastructure, services, and support compared with those living within or close to highly populated areas.

Why is this important to our consideration of vulnerable seniors in the regions of the United Counties of Prescott and Russell, Lanark County, and Renfrew County? In Ontario, seniors are more likely to live in urban or suburban spaces than in rural areas. This fact alone means that local governments and community champions within our rural regions will need to be dedicated in their advocacy on behalf of rural seniors and even more so for those seniors who are vulnerable. Just like living alone is not, in and of itself, a condition of vulnerability, aging in a rural setting does not make seniors more vulnerable, per se. For many seniors, rural living brings many positive benefits. However, like living alone, living rurally can exacerbate conditions like poor health, lower income, and isolation because accessing services and supports is made more challenging due to a rural community’s lower population density and higher distance to density.

It is also important to understand that the geographic realities and unique composition of the population in the United Counties of Prescott and Russell, Lanark County, and Renfrew County, coupled with resource limitations, point toward a need for strategic and efficient implementation of policies pertaining to seniors. Factors such as “[d]istance, density, institutions, social norms, populations, and heritage are different within rural as opposed to urban areas.”¹² In turn, general research and statistical trends alone are insufficient to position us to effectively target the needs of seniors in our rural regions. Rather, what is also required is drawing on local knowledge of these specific rural communities and harnessing this intelligence in a way that will help ensure that policy implementation in these areas is efficient and targets areas where interventions are most needed.⁹

To be clear, this is not to say that senior levels of government should take a hands-off approach, nor does the literature support an entirely local approach. On the contrary, effective, sustainable rural strategies must include a partnership between top-down state actors and bottom-up community interests. Given the diversity of rural communities, there is no “one size fits all” solution. Bureaucratic and sectoral silos often fail to account for capacity, resources, and collective efficacy and may even “undermine the formal and informal structures”¹³ upon which local residents rely.^h Therefore, the importance of collaborative processes and interventions to achieve the greatest impact in rural areas should not be underestimated.ⁱ

If effective strategies to meet the specific needs of our regions’ seniors are critical, then it is our most vulnerable seniors who will need these strategies the most. While the United Ways of Prescott–Russell, Ottawa, Lanark County, and Renfrew County intend to use the information in this report to guide our future investments and partnership initiatives, we also hope this report will serve as a tool for policy-makers to co-create or adapt programs and services to meet the specific and, at times, unique needs of seniors in our rural regions.

⁹ As is explained by Reimer and Markey in *Place-based policy: a rural perspective*, “Harnessing local knowledge of place and priorities produces efficiencies in the policy process and helps to ensure the appropriateness of selected interventions.”¹²

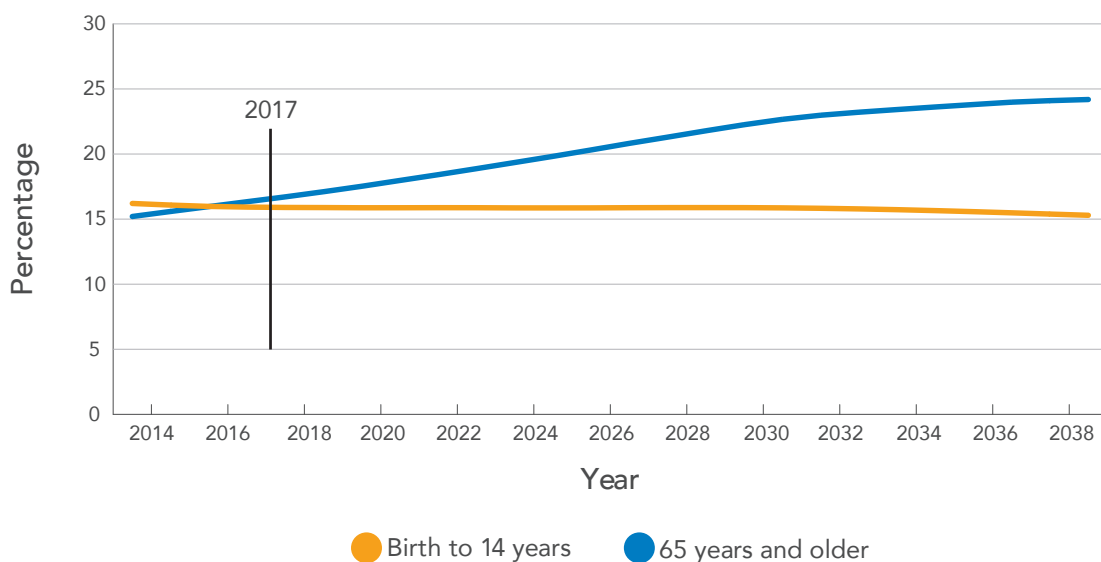
^h Indeed, as one regional stakeholder noted, there is a common sentiment in rural communities that “nothing is done for us, without us.” In other words, collaboration with existing systems, services, programs, and groups in rural communities is essential to build trust and move forward in a way that will result in the greatest impact for rural areas.

ⁱ Again, as Reimer and Markey explain in *Place-based policy: A rural perspective*, “Being strategic about implementing place-based policy means designing collaborative processes and interventions that use limited resources (both state and local capacity) to achieve the greatest impact for rural development.”¹²

3.0 A Socio-demographic Overview of Seniors in Our Rural Regions

The demographic profile of Ontario is changing rapidly; 2016 was the first time the census indicated that the percentage of people in Ontario over the age of 65 was greater than the percentage under the age of 15.¹⁴

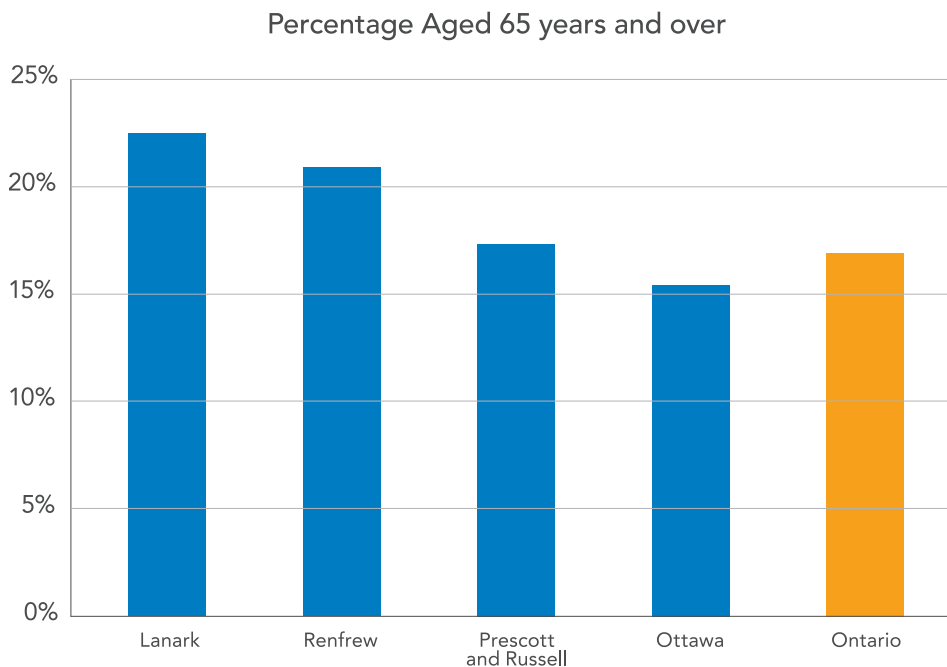
Figure 2: Current and Projected Distribution of Ontario Residents Aged 14 Years and Younger and 65 Years and Older, 2013 to 2038



Source: Statistics Canada (2014). Projected population by projection scenario, age, and sex at July 1. Canada, provinces and territories, annual (persons).

In 2016, seniors aged 65 and over comprised 16.4% of the total population of the area supported by the United Ways of Prescott–Russell, Ottawa, Lanark County, and Renfrew County. As the baby boomer cohort ages, however, the percentage of individuals in this age group is projected to almost double by 2026. Estimates indicate that the number of seniors in our collective region will grow from 196,020 in 2016 to approximately 282,973 by 2026.

This dramatic increase will have a number of implications for our regional communities. Since the projected increase in the percentage of seniors will not be evenly distributed across our region, this demographic shift will be more pronounced in some areas than in others. For instance, it is anticipated that the United Counties of Prescott and Russell will see its senior population increase 58.1% from 2016 to 2026, whereas this population in Renfrew County is projected to increase by 41.9%.¹⁵

Figure 3: Seniors' Population in Our Collective Region Relative to Ottawa and Ontario

Source: Statistics Canada. 2016 Census of the Population.⁶⁷

In 2016, there were 196,020 people aged 65 and older living in Prescott–Russell, Ottawa, Lanark County, and Renfrew County representing 16.4% of the total population.¹⁶

3.1 Knowledge of Official Languages

The knowledge of official languages among residents in our rural regions also varies greatly among our counties. According to the 2016 Census, Prescott and Russell have the highest rate of residents who can converse in both French and English (67%). Further, 11% of the residents in Prescott and Russell report being able to conduct a conversation in French only.¹⁷ In sharp contrast, Renfrew has the lowest rate of individuals who can speak both French and English (12%), with a substantial majority of residents able to conduct a conversation in English only (87%).¹⁸ In Lanark County, 85% of the population can converse in English only, 14% are able to converse in French and English, and less than 1% of the population is able to converse in French only.¹⁶

In addition, in both Prescott and Russell and Lanark County, approximately 3% of the total population reports a mother tongue other than one of the official languages, whereas the reported figure is 4% in Renfrew County.¹⁶ This is important to keep in mind, as linguistic diversity can affect access to health care and other social services as people age. Specifically, proficiency in multiple languages is cognitively demanding; therefore, non-primary languages are vulnerable to the effects of cognitive decline. Thus, seniors who develop dementia may resort back to their mother tongue or lose proficiency later in life, making it hard for them to communicate with and be understood by health care staff. This can increase their risks of social isolation.¹⁹

4.0 Factors that Contribute to Vulnerability Among Seniors

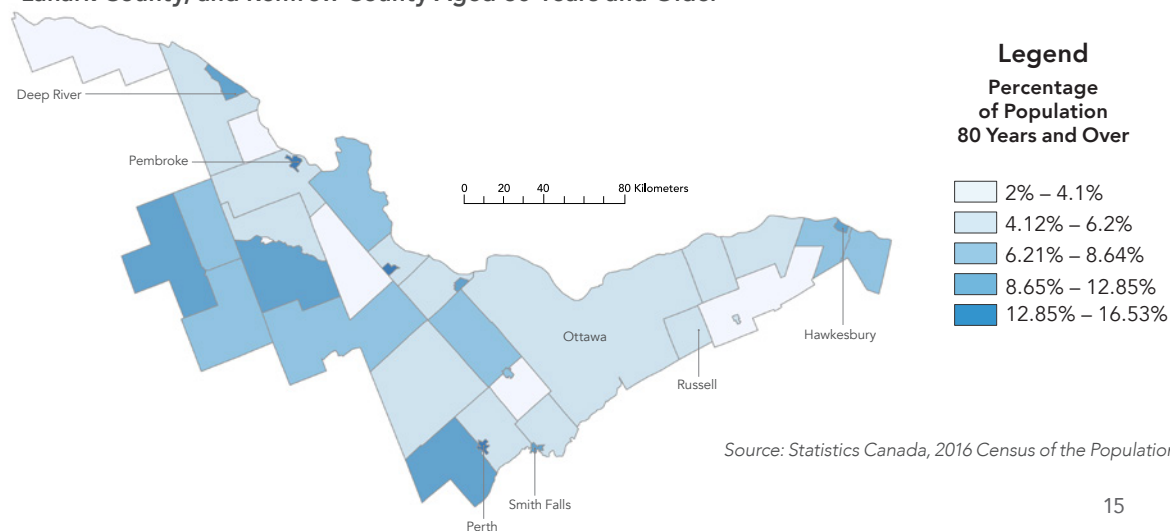
“Vulnerability” has been defined in many different ways depending, in part, on whether a health care, social services, or other lens is used to assess the needs of an individual. The lack of a common definition is one of the difficulties associated with identifying which seniors require additional assistance, and what type of multi-dimensional supports will be most effective for them. In this report, the term “vulnerable seniors” is used to describe individuals who face additional barriers, on one or more dimensions, to fully participating and aging well in their communities. While seniors face many challenges as they age, this section of the report highlights some of the cross-sectoral factors, like low income and living alone, that are most commonly associated with an increase in vulnerability and, in turn, a heightened risk of poor outcomes for this population.

4.1 Being 80 Years Old or Older

One of the factors that contributes to the vulnerability of seniors is being 80 years old or above. As seniors get older, they are more likely to experience a decline in health, which can include having one or more disabilities.²⁰ They are also more likely to become socially isolated.²¹ As a result, counties with a higher proportion of older seniors can expect to face increasing demands for services, as these residents will likely require additional supports to assist with the tasks of daily living, such as meal preparation, personal care, or transportation.

Within the United Counties of Prescott and Russell, Lanark County, and Renfrew County, data from the 2016 Census indicates there were 12,760 seniors aged 80 years and older at that time,¹⁶ and there were 6,470 seniors aged 85 and over. This cohort will likely continue to grow over the course of the next several years. Additionally, 1.9% of seniors in the United Counties of Prescott and Russell are over 85 years of age, whereas the corresponding number for both Lanark County and Renfrew County is 2.8%.¹⁵

Figure 4: Percentage of Population in the United Counties of Prescott and Russell, Ottawa, Lanark County, and Renfrew County Aged 80 Years and Older



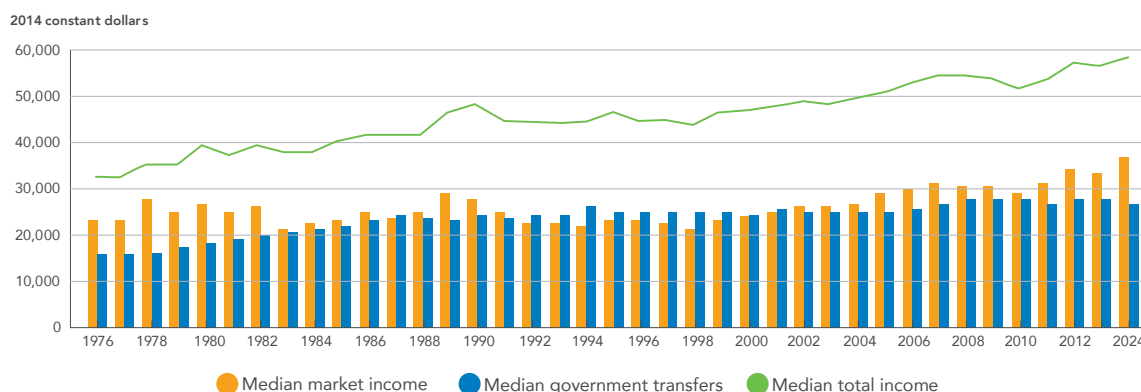
In all cases, there is a larger percentage of women over the age of 85 years in our rural regions than senior men. More specifically, 2.6% of the population in the United Counties of Prescott and Russell are women over the age of 85 years (while senior men make up 1.3%). The relevant percentages for Lanark County and Renfrew County are 3.6 % versus 1.9% and 3.7% versus 1.8%, respectively.

4.2 Low Income

One of the most significant factors contributing to the vulnerability of seniors is low income. Researchers have repeatedly identified income as one of the most important determinants of overall health and well-being.²² Individuals with a low income may not have enough money for nutritious food or for their rent or mortgage payments, or they may live in homes that need significant repairs. Generally, seniors do not experience a dramatic decrease in income when they reach age 65, so those who are living on a low income have often been struggling with economic insecurity for years.²³

Over the last four decades, there has been an incline in the income levels of seniors across Canada generally, with the income of families whose major income earner was 65 years or older (senior families) rising steadily from 1976 to 2014.²⁴ In fact, from 1976 to 2014, senior families saw their median after-tax income steadily rise, up 66.7% from \$32,700 to \$54,500 (2014 dollars).²⁴

FIGURE 5: Median Market Income, Government Transfers, and Total Income for Senior Families (1976 to 2014)



Source: Statistics Canada, Survey of Labour and Income Dynamics, Canadian Income Survey, CANSIM Table 206-0021.

From 1976 to 1995, the increase in the median after-tax income of senior families was mainly attributable to government transfers and the effectiveness of Canada's retirement income system.²⁴ During this period, the amount that seniors received from government transfers rose 61.8%, from \$15,700 to \$25,400.²⁴ Over the same period, the median market income (i.e., total income before tax minus income from government sources) of senior families grew at a slower pace, up 7.0%, from \$22,700 to \$24,300.²⁴ In contrast, from 1995 to 2014, market income became the main source of income gains for senior families, increasing 43.2% to \$34,800 in 2014, while the amount that seniors received through government transfers was relatively stable, rising 3.9% to \$26,400 in 2014.²⁴

Today, the main sources of income for low-income seniors are Old Age Security (OAS)^j and the Guaranteed Income Supplement (GIS), which provides additional money to OAS recipients who have little or no other income. Single seniors with the lowest incomes also now receive additional benefits in the form of a higher GIS top-up, which was introduced by the federal government in 2016. According to estimates from Employment and Social Development Canada, this measure will lift approximately 13,000 seniors out of poverty across Canada.²⁵

While these increases are positive, this group of seniors still remains vulnerable, as their level of income continues to be quite low.^k

Therefore seniors, on the whole, may be better off than they were in the past in terms of their income levels, the reality is that, for over two decades, income gaps have been widening between those seniors who actually are low-income compared with other Canadians.

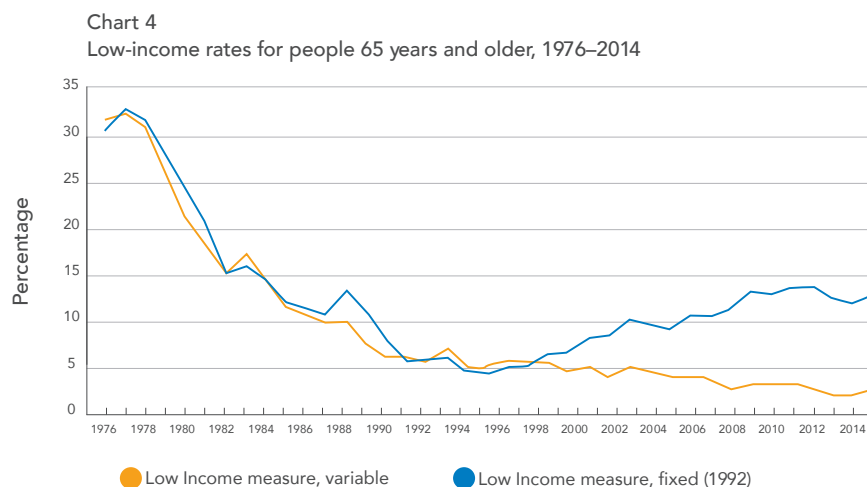
According to Statistics Canada's low-income measure after tax (LIM-AT),^l the low-income rate for seniors fell substantially between 1976 and 1995, from 30.6% in 1976 to a low of 3.9% in 1995. However, the rate rose during the next two decades, hitting 12.5% in 2014. In comparison, according to the fixed LIM-AT threshold,^m the low-income rate for seniors fell steadily between 1976 and 2014, from 31.8% in 1976 to a low of 1.8% in 2014. Thus, the income of lower-income seniors rose faster than inflation and, in real terms, seniors are better off now than in the past.²⁴ However, what these two measures taken together actually reveal is that while low-income seniors are now generally better off financially than in the past in terms of their real income levels, the income gap has been widening between low-income seniors and other Canadians since the mid-1990s.²⁴

^j The OAS is a monthly benefit provided to individuals over the age of 65 who have lived in Canada for at least 40 years after the age of 18. Seniors who are not eligible for a full OAS pension may receive a partial pension if they have lived in Canada for at least 10 years since the age of 18. Government of Canada [Internet]. Old Age Security: Overview [updated 2016 Aug 31; cited 2017 May 1]. Ottawa (ON): Government of Canada; 2016. Available from <https://www.canada.ca/en/services/benefits/publicpensions/cpp/old-age-security.html>.

^k For instance, the median, after-tax income for seniors living alone in Ontario in 2015 was \$29,507, with approximately 19.5% of these seniors reporting an after-tax income in the \$20,000 to \$24,999 range and nearly 40% having a reported after-tax income under \$24,999 (see Statistics Canada 2016 Census of Population, Catalogue no. 98-400-X2016131). At least some seniors with these modest incomes may be vulnerable. See the Report of the National Seniors Council on low income among seniors.²³

^l The LIM-AT allows us to compare income levels to contemporary living standards. The principle underlying the LIM-AT thresholds is the following: if a family's income is below half of the median family income in a given year, then that family is considered to be in low income for that year.²⁴ Statistics Canada LIM-AT thresholds produced from the 2016 Census are available in Table 4.2, Low-income measures thresholds (LIM-AT and LIM-BT) for private households of Canada, 2015, available from http://www12.statcan.gc.ca/census-recensement/2016/ref/dict/tab/t4_2-eng.cfm

^m An LIM-AT with a fixed low-income threshold compares seniors' income levels with a threshold that is fixed (in real terms) at some point in the past, independent of changes in living standards. In this case, the LIM-AT thresholds are fixed at their value in 1992 and then indexed for inflation using the Consumer Price Index. Changes in the low-income rate under these fixed LIM-AT thresholds reveal whether incomes of lower-income individuals are keeping up with or falling behind inflation.

FIGURE 6: Low-Income Rates for People Aged 65 Years and Older, 1976 to 2014

Source: Statistics Canada, Survey of Labour and Income Dynamics, Canadian Income Survey, CANSIM Table 206-0021.

In the case of at least some of our rural regions, the percentage of seniors living on a low income, based on the LIM-AT, is actually higher than the provincial average. For instance, the percentage of low-income seniors based on the LIM-AT is reported to be 14.5% in Prescott and Russell and 13.6% in Renfrew County,ⁿ which is higher than the provincial average of 12%. Further, while under the provincial average, Lanark County's LIM-AT scores reveal there is a greater percentage of seniors living on a low income in that region than there are in the City of Ottawa, which abuts the county.

FIGURE 7: Number and Percentage of Individuals Aged 65 Years and Older Living Below the Low-Income Measure After Tax in 2016

Census Division/ Subdivision	Individuals Aged 65 and Older Living on a Low Income Based on the Low-Income Measure After Tax (LIM-AT)	
	Number	Percentage (%)
Prescott and Russell	2,015	14.5
Renfrew County	2,650	13.6
Lanark County	1,510	10.8
Ottawa	12,455	9.4
Ontario	253,755	12.0

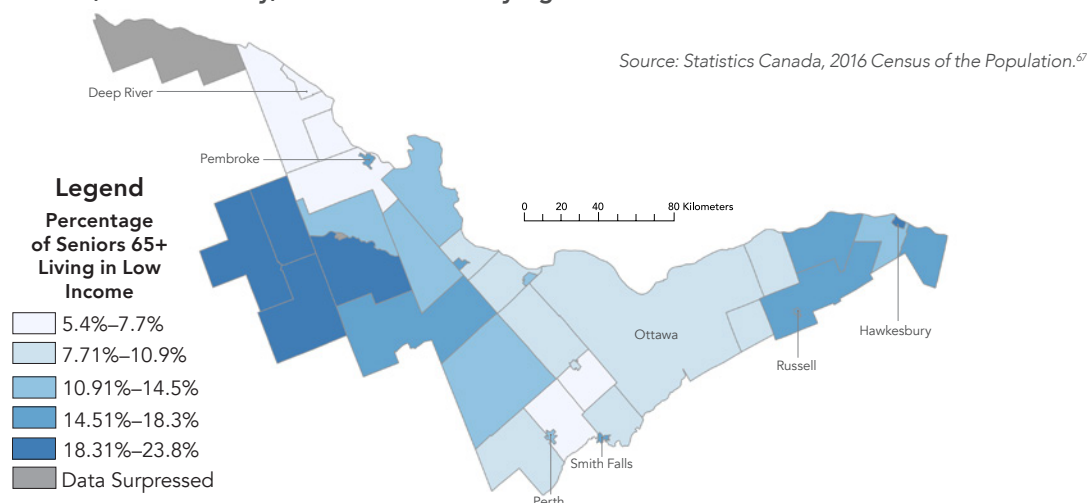
Statistics Canada, 2016 Census of Population.⁶⁷

Looking within the counties this report examines, we can see that in places like Brudenell and Lyndoch and Raglan, located in Renfrew County, almost 40% of seniors are struggling to make ends meet relative to their fellow county residents.

ⁿ The LIM-AT average in Ontario is 12%.

Additionally, high percentages of low-income seniors (ranging from approximately 13% to 18%) can be found in Laurentian Hills, Admaston/Bromley, Champlain, Hawkesbury, and East Hawkesbury within their respective counties.

FIGURE 8: Percentage of Low-Income Residents in the United Counties of Prescott and Russell, Ottawa, Lanark County, and Renfrew County Aged 65 Years and Older



Of course, such figures, by themselves, do not paint a complete picture of poverty among the seniors in our rural regions. This is due, in part, to the reality that our traditional ways of measuring poverty and its impact are done through an urban lens, which is unable to fully take into account some of the unique features of rural living, as well as its social and economic implications. Understanding these social and economic implications is also difficult given the lack of national studies on rural poverty and its various features and characteristics.²⁶

Additionally, the above figures do not reflect such matters as the disproportionate rate of poverty among certain groups of seniors,^o which correlates to an increased risk that they will experience poorer health outcomes and social isolation. The circumstances of these groups are considered in more detail in subsequent sections of this report.

4.3 Living Arrangements

4.3.1 Housing

Seniors in rural areas often face specific housing challenges caused by their desire to remain in their home and the fact that houses in rural areas are often older. It is important to recognize that to effectively remain at home, also known as aging in place, certain adaptations need to be made to the home to increase accessibility and prevent injury. Renovations such as adding stair lifts or ramps and modifying bathrooms have been found to increase the quality of life for seniors, as these changes enable them to remain in their community.

^o Certain vulnerable groups of seniors are much more likely to live in poverty, including: senior women, newcomer seniors, and Indigenous seniors. See Towards a poverty reduction strategy: A discussion paper on poverty in Canada.²⁵

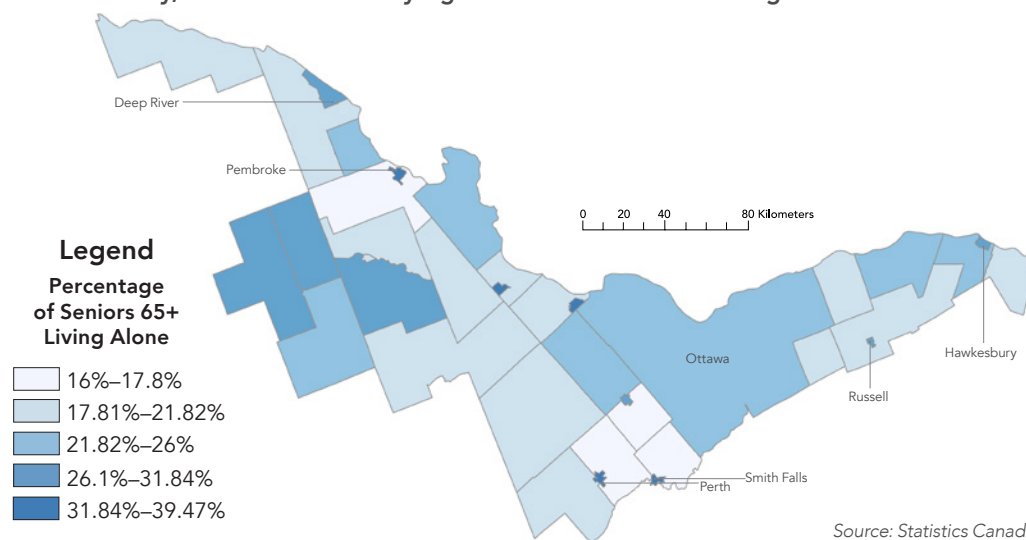
Seniors who are able to remain in their community are less likely to become socially isolated, as they continue to remain engaged in various activities. However, renovations and modifications to a home can be costly, especially when the home is older.^P

While the value of aging in place is slowly gaining recognition, much more awareness is needed to inform seniors, both rural and urban, how they can overcome cost barriers associated with home modifications.^Q For instance, community organizations and 211 Ontario (a helpline and online database of Ontario's community and social services) can play an important role by ensuring that eligible seniors are informed of the federal and provincial grants available to offset the costs of home modifications and to encourage eligible seniors to apply. The ability of seniors to remain at home is a benefit for all, as this gives seniors the opportunity to remain socially connected to their communities.

4.3.2 Living Alone

Seniors living in rural areas are less likely to live alone compared with the overall senior population. As with many of the other factors that contribute to vulnerability, the proportion of seniors living alone varies widely within our counties. For example, according to data from the National Household Survey, 39.4% of seniors in the municipality of Perth live alone, whereas only 16% of seniors in the nearby rural Township of Montague live alone.²⁷

FIGURE 9: Percentage of Population in the United Counties of Prescott and Russell, Ottawa, Lanark County, and Renfrew County Aged 65 Years and Older Living Alone



Source: Statistics Canada, 2011 Census of the Population.⁶⁷

^P See generally Report of the federal/provincial/territorial ministers responsible for seniors. *Age-friendly rural and remote communities: A guide*. Available from http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/healthy-sante/age_friendly_rural/AFRRC_en.pdf; Canada Mortgage and Housing Corporation. Chapter 8: Seniors' housing in the Canadian Housing Observer 2011. Available from <https://www03.cmhc-schl.gc.ca/catalog/productDetail.cfm?cat=122&itm=22&lang=en&fr=1536769426744>.

^Q See generally the Canada Mortgage and Housing Corporation's Accessible and Adaptable Housing website pages, including specific publications on aging in place. Available from <https://www.cmhc-schl.gc.ca/en/developing-and-renovating/accessible-adaptable-housing/aging-in-place>.

It is important to note that not all seniors who live alone are vulnerable. Some seniors live alone by choice and remain active and independent. However, living alone does increase seniors' vulnerability,²⁸ particularly if they do not have family members to rely on if they need assistance as they get older. Seniors living on their own are also more at risk of becoming socially isolated.²⁹

4.3.3 Homelessness

Assessing the status of homelessness in our rural regions is made challenging by the fact that homelessness often "looks" different in rural settings relative to urban homelessness. The causes of homelessness in rural Ontario are often similar to the issues found in larger urban areas: poverty, mental illness, addictions, inadequate or precarious housing, and domestic violence. However, in rural communities, the absence of shelters and other supports means that homelessness is largely "hidden": people living in temporary, provisional accommodation or in a situation that is not sustainable.³⁰

The degree to which homelessness or hidden homelessness impacts seniors within our region is not yet fully known, but a recent study looking at homelessness in rural and northern Ontario noted that both "population aging and poverty among older adults [are] significant."³⁰ This suggests we need more accurate data on homelessness among seniors within our rural regions. Additionally, if rural homelessness follows trends similar to those demonstrated in Ottawa,⁷³ it is clear there is a need to look more closely at the experiences of senior women living in our regions so that we can position ourselves strategically to address the particular needs of this subgroup of our region's population.

4.4 Access to Services and the Diversity of Services Available

As noted above, rural communities are defined by their density and distance from higher-density centres. An aging population increases the demand for services like health care as well as more community-based supports that allow a senior to overcome vulnerabilities and age in place. However, the challenges of providing services and supports within a rural context are multi-faceted and compounding. The growing rural–urban gap tests the ability of government decision-makers to fund services in sparsely populated areas.³¹ It is also often more challenging to attract and retain the skilled staff needed to deliver such services in these areas.⁷ Finally, factors such as youth out-migration and an aging population shrink the tax base and limit what local communities can effectively resource and maintain on their own.

⁷ For instance, as noted by Stacey McDonald in Ontario's aging population: Challenges and opportunities,³¹ the 2001 Romanov Report Building our values: The future of health care in Canada identified access to health care in rural areas and remote communities as a major problem due to both distance and retention of health workers.

At present, the most common means by which a senior gains access to the services and support they require is by travelling to a service delivery location, which makes access to transportation an important factor affecting rural seniors' health and well-being.^{32,33} In rural regions, transportation access primarily means having access to a personal vehicle,³⁴ since public transportation options like buses and taxi-type services are either limited or non-existent. Transportation difficulties in rural communities may be particularly acute for senior women. This is because they are less likely to drive or to have a driver's licence compared with their male counterparts,^s and they also tend to live longer than men.³⁵

Even with access to a vehicle, function often declines as individuals age. Reduced vision and slower reaction time, for example, may eventually lead to seniors losing their driver's licence. Adding to this, poor weather conditions may be felt even more in rural areas, given the characteristics of the roads in these areas and the fact they may not be serviced as frequently as roads and highways in more densely populated areas. Finally, the distance that a senior must travel from home to access required services and supports can often prove to be a barrier, particularly with respect to proactive support seeking.^t Due to time, expense, or discomfort caused by travelling long distances, many seniors tend to "put off" addressing issues until they reach a critical stage.

Connecting to the services and supports^u they need, when they need them, is a key challenge for all rural seniors.

^s For instance, in 2009, three-quarters of all seniors had a driver's licence. However, in the 85-and-over age group, 67% of men compared with only 26% of women had a driver's licence. See Statistics Canada's Profile of seniors' transportation habits, available from <https://www150.statcan.gc.ca/n1/pub/11-008-x/2012001/article/11619-eng.htm#a5>.

^t It is worth noting that the Champlain Local Health Integration Network (LHIN) has actually calculated the proportion of people living 15, 30, 40, 60, or more minutes from various health services (unpublished Champlain LHIN Analysis, 2009).

^u One issue not discussed in this report but which results in an increase in vulnerability is the issue of food insecurity. As noted by Professor Al Lauzon, there is no one cause of food insecurity; it is linked to, among other things, issues related to limited finances, restricted physical access, and limited capacity to prepare nutritious food. While this important issue is not specifically discussed in this report, it is certainly recognized that services and supports need to take into account the relationship between rurality and access to nutritious food. Thus, this issue is included more generally and broadly within the terms "services and supports" as used in this report. See "Food Insecurity and the Rural Elderly" by Al Lauzon (LinkedIn Pulse). Available from <https://www.linkedin.com/pulse/food-insecurity-rural-elderly-al-lauzon/>.



5.0 Vulnerable Groups of Seniors

5.1 Women

Senior women are more likely to be vulnerable than men for reasons ranging from their longer life expectancy to more systemic issues, such as their increased likelihood of being victims of abuse and their typical pattern of wage earning. These vulnerabilities may be compounded for those who are also members of disadvantaged groups, such as Indigenous women or women who have recently relocated to Canada (some of the challenges faced by these groups are addressed later in this report).

While women have a longer life expectancy than men, this difference only becomes readily apparent once seniors reach a higher age range. In 2015, the number of women in Canada aged 65 to 74 years only slightly outnumbered men in this age group.²⁸ The gap starts to widen at age 75, however, as the differences in mortality and life expectancy become increasingly evident: on July 1, 2015, 922,000 of the 1.5 million people in Canada over the age of 80 were women.²⁸ Accordingly, there are more women living past the age of 80, when health typically becomes more fragile and individuals need more support to continue living independently.

This reality is certainly reflected in the United Counties of Prescott and Russell, Ottawa, Lanark County and Renfrew County. More particularly, an examination of the data relating to seniors aged 80 years and older in these regions reveals that 62% of this subpopulation is female.

FIGURE 10: Distribution of the Population Aged 80 and Over by Sex in the United Counties of Prescott and Russell, Ottawa, Lanark County, and Renfrew County



Source: Statistics Canada, 2016 Census of the Population. ⁶⁷

The regional profiles section of this report examines the distribution of the population aged 65 years and older by age and sex in the locations covered herein. As discussed in that section, certain parts of our region have a more unbalanced gender distribution of seniors than others.

As noted above, senior women are also more likely to be victims of domestic violence than senior men.^v For instance, it has been reported that six in 10 (60%) senior victims of family violence were female, a rate 26% higher than that of male seniors (66 versus 52 per 100,000).³⁶

This finding is consistent with the greater risk of family violence victimization in general, and spousal violence victimization in particular, that women face. Among senior female victims of family violence, one-third (33%) were victimized by a spouse, followed by an extended family member (28%) or a grown child (27%).³⁷ Moreover, these numbers may not fully capture the extent of this issue.^w This problem may be exacerbated in rural areas, where it has been noted that older individuals may have a stronger desire to maintain autonomy and privacy regarding family matters, including abuse.³⁷

It is worth noting that in Canada, historically, deeds or titles to land were allocated almost exclusively to males;^x it was not until the late 1970s, when changes to provincial matrimonial property^y legislation came into effect, that women were able to benefit from laws requiring the equal division of property. It is difficult to know the precise implications of this part of our history for women living in rural areas. However, it is possible that unequal division of property, particularly family farms, stemming from the dissolution of a marriage earlier in their lives contributed to a lower economic status for many senior women in rural areas.^z

^v The authors of this report were deliberate in making a distinction between gender-based abuse and elder abuse, even while it is acknowledged that, for some, it is one and the same.

^w In an empirical examination of elder abuse: A review of files from the Elder Abuse Section of the Ottawa Police Service by Lisa Ha and Ruth Code (2013), the authors found that a majority of victims (70%) were female and that the issue of underreporting was significant. The desire to maintain family relationships, fears and anxieties about institutionalization and loss of independence, financial dependency, disability, and illness were cited as possible explanations for the small proportion of analyzed cases (17%) that resulted in charges (see http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/r13_1/r13_1.pdf).

^x While the famous “persons case” (Edwards v. A.G. of Canada [1930] A.C. 124) that declared women to be “persons” (and, thus, not property) represented an important gain for women, it did not erase the economic inequities on farms or ensure that women who spent their lives working on the “family farm” were recognized as equal owners of the farm. Rather, established patterns of male land ownership and of farms being passed from fathers to sons often remained deeply embedded in rural communities.

^y These changes, made largely in response to the divorce case of Murdoch v. Murdoch [1975] 1 S.C.R. 423 deemed that matrimonial property acquired during a marriage was to be divided equally upon separation or divorce. However, section 4(2) of the Ontario Family Law Act (R.S.O. 1990, Chapter F.3) still provides that when an asset other than a matrimonial home is received during the marriage as a gift or inheritance from someone other than a spouse, then the value of the asset is ignored during the financial division process. Thus, if a farm owner can prove that a property was transferred to them as a gift or inheritance, they will be able to exclude the value of the property from the division of assets—even if the property was obtained during the course of their marriage.

^z Arguably, the effects of this patriarchal system of land ownership may have been felt most in rural farming communities, where the economic well-being of women was often entirely invested in the farm, as few alternatives for off-farm income existed.

We also know that women are more likely to have significantly lower income levels than men. While it is true that women's participation in the labour force has been on the rise for decades, women typically are more likely than men to work part-time and to experience more interruptions in their paid employment over the course of their working lives as they tend to take more time off to provide care to family members. As a result, they have fewer opportunities to contribute to a pension or accumulate other savings for retirement. Senior women are particularly affected by low levels of retirement savings due to longer periods of being outside of the labour market during their prime working years.

To some extent, the impact of these caregiving responsibilities has been taken into account in the Canada Pension Plan (CPP) which contains specific measures to ensure that parents, primarily mothers, will not be penalized with lower pension benefits when they retire if they took time off from the paid workforce to care for young children earlier in their careers. However, these measures will not compensate for long-term underemployment due to family responsibilities. Women also continue to be less likely to have access to private pensions and registered retirement savings plans (RRSPs) or other savings due to lower earnings or interruptions in their employment history.

For women living in rural areas, the situation can be even more acute. Today in Canada, unemployment rates are typically much higher among rural women, and rural women are more likely to work part-time and seasonally than their urban counterparts. Because of this, women in rural areas are less likely to qualify for Employment Insurance (EI) or EI-funded training and, thus, are over-represented in low-income situations. These challenges are particularly pronounced for Indigenous women, who make up a large part of the rural and remote population in Canada.^{aa}

Finally, senior women who are not living in an economic family^{bb} are most vulnerable to economic insecurity. Over the last two decades across Canada, the prevalence of those living on a low income increased the most for this group of seniors, rising from 9.3% in 1995 to 28.2% in 2015.²⁸ This increase is particularly noteworthy because senior women are more likely to live alone than senior men, especially at older ages. For example, in 2011, 24% of women aged 65 to 69 lived alone compared with 40.2% of those aged 80 to 84, due in part to men's lower life expectancy.²⁸

^{aa} On this, see generally "Introduction: Women in rural, remote and northern communities: Key to Canada's economic prosperity," Status of Women Canada, <http://www.swc-cfc.gc.ca/initiatives/wnc-fcn/intro-en.html>.

^{bb} Statistics Canada uses the term "economic family" to refer to two or more individuals living in the same household who are related to each other by blood or marriage or through a common-law, adoptive, or foster relationship. Individuals who live alone or with non-relatives are not considered to be living in an economic family.

5.2 Seniors with Disabilities

The 2012 Canadian Survey on Disability was intended to capture individuals who “not only have difficulty or impairment due to a long-term condition or health problem, but also experience a limitation on their daily activities.”³⁸ Not surprisingly, the survey revealed that the prevalence of individuals who reported having a disability increased with age.^{cc} Thirty-three percent of seniors aged 65 years and older reported having some type of disability, but this figure rose to 43% for individuals who were 75 years of age or older.²⁰ In particular, the prevalence of sensory disabilities (seeing and hearing) and physical disabilities (pain-related, flexibility, dexterity, and mobility) were most likely to increase with age.²⁰ Half of all seniors with disabilities indicated they began experiencing limitations on their activities prior to reaching age 65.

One of the leading causes of disability among seniors is dementia, which is more likely than cancer, cardiovascular disease, or stroke^{dd} to cause disability later in life.³⁹ Recently, a panel of population health experts convened by the Alzheimer Society of Canada defined dementia as “progressive impairments in memory and other cognitive functions...at the severe end of a spectrum of cognitive disorders.” Many seniors with dementia actually have complex care needs, as dementia is often comorbid with other conditions.^{40,41,42}

Based on the data from the Canadian Study on Health and Aging, an estimated 564,000 people in Canada were living with dementia in 2016. This number is expected to rise to 937,000 by 2031, and more than 65% of those individuals will be women.³⁹ In addition to anticipated increases in the number of individuals with dementia, the Public Health Agency of Canada (PHAC) has reported that the number of Canadians diagnosed with other neurological disorders like Parkinson’s disease will increase significantly by 2031 as well, as a result of our aging population.⁴³ PHAC also projected that, by 2031, more Canadians living with a neurological condition will experience severe disability.

One of the main challenges for seniors with disabilities is economic insecurity, particularly for those whose disabilities affected them during their working lives. Since individuals with disabilities are more likely to be underemployed or unemployed for periods during their working lives, they are less likely to be able to accumulate savings for retirement. While individuals with disabilities are generally more likely to have lower incomes than individuals without disabilities, this gap is not as significant for seniors.²⁰ This finding is due in part to those seniors who developed a disability later in life and thus did not impact their ability to save for retirement.²⁰

^{cc} The only exception to this finding was with respect to mental health–related disabilities, which decreased from ages 65 to 74. Arim (2015)²⁰ indicated that this result should be interpreted with caution because seniors who are institutionalized were excluded from this survey.

^{dd} Note, however, that some individuals develop dementia as a result of a stroke.

In addition, most seniors rely on government benefits that are not dependent on employment history. Accordingly, lower wages or periods of unemployment during the working lives of individuals with disabilities will not affect the amount of these government benefits.

Even though the gap in income levels may not be as wide as it is at earlier ages, seniors with disabilities are still more likely to live on a low income than seniors without disabilities. In 2011, 80% of seniors with disabilities reported receiving only non-employment income, while 11% reported having no income.²⁰ One of the main factors contributing to their economic insecurity is the high percentage of unattached seniors in this group.⁴⁴

People living with disabilities in rural regions face additional challenges. Limited access to accessible housing, transportation and mobility barriers, lack of employment opportunities, and reduced access to specialized health care are a few of the issues people living in rural areas face.^{ee} Research suggests that people with disabilities participate in their communities less and have few opportunities to take advantage of community resources, which contributes to greater vulnerability.^{ff} Given the anticipated rise in the number of seniors, and the associated increase in the number of individuals who will acquire more severe disabilities, ensuring that our community can provide them with the supports they need will become increasingly essential as our rural population ages.

5.3 Seniors as Caregivers

In 2012, an estimated 3.3 million Ontario residents provided support to a family member, friend, or neighbour.⁴⁵ Almost one-third of caregivers^{gg} reported providing care for people with age-related problems. However, the actual proportion may be higher, as another reported reason for providing care was for “other health problems,” which included conditions related to aging.⁴⁵

^{ee} See generally: Dorothy Forbes and Dana Edge, Canadian home care policy and practice in rural and remote settings: Challenges and solutions, *Journal of Agromedicine* 14, no. 2 (May 7, 2009), Proceedings of the Sixth International Symposium: Public Health and the Agricultural-Rural Ecosystem, doi:10.1080/10599240902724135; Joyce Tryssenaar and Mary Tremblay, Aging with a serious mental disability in rural Northern Ontario: Family members' experiences. *Psychiatric Rehabilitation Journal*, Vol. 25(3), Win 2002, p. 255–264, <http://dx.doi.org/10.1037/h0095017>; P. Panazzola and B Leipert (2013), Exploring mental health issues of rural senior women residing in southwestern Ontario, Canada: A secondary analysis photovoice study, *Rural and Remote Health* 13:2320, available from <http://www.rrh.org.au>. See also Andria Caruthers, Disability in rural America, in Community Commons. Available from <https://www.communitycommons.org/2017/02/disability-in-rural-america>.

^{ff} See generally Research that leads to solutions for rural Americans with disabilities, RTC: Rural (Research and Training Center on Disability in Rural Communities), University of Montana Rural Institute, available from http://rtc.ruralinstitute.umn.edu/www/wp-content/uploads/RTC-Rural_ResearchSummary_2017.pdf.

^{gg} In this report, the term “caregiver” is used to describe a person who takes on an unpaid caring role for some one who needs help because of a physical or cognitive condition, an injury, or a chronic life-limiting illness.

Stress associated with providing care for aging family members has increased significantly in recent years. This is particularly true for caregivers who have been providing care over a long period so their family members could remain in their own homes; in Ontario, the percentage of long-term caregivers who reported being distressed or unable to continue providing care doubled from 15.6% in 2009-2010 to 33.3% in 2013-2014.⁴⁶

Seniors who are providing care to other family members may be particularly vulnerable, as they often have health issues of their own to manage at the same time.⁴⁷ At a national level, the 2012 report *Portrait of Caregivers* by Maire Sinha⁴⁸ showed that while seniors are the least common group of caregivers, they are also the most likely to spend the highest number of hours providing care. The report suggests this may be partly explained by the fact that senior caregivers are more likely to provide care to spouses. Caregivers providing care to a spouse or an adult child with a chronic illness or disability spend the most time providing care and are more likely to be the primary caregiver. The additional time that seniors tend to spend providing care is particularly noteworthy, as the inability of caregivers to cope with their responsibilities increases with the number of hours of care provided, as does the impact on the caregiver's health.⁴⁹

Dementia^{hh} is particularly challenging for caregivers. According to the Alzheimer Society of Ontario, caregivers of family members with dementia provide 75% more care than other caregivers and report nearly 20% higher levels of stress.⁵⁰ Not surprisingly, the demands on caregivers tend to increase as the disease progresses. These findings have important implications for the future, as the number of people living with dementia in Canada is projected to almost double by 2031.⁵¹ In light of the dramatic

^{hh} In addition to individuals diagnosed with Alzheimer disease, the number of people who are affected by dementia as a result of a stroke or Parkinson's disease is increasing significantly.

ⁱⁱ In fact, overall, Indigenous seniors have a tendency to age more quickly compared with the rest of the Canadian population.



shift in the demographic profile of Ontario, the number of seniors who require care, and the complexity of their health care needs, will likely continue to rise.⁴⁶

Compared with their counterparts in urban centres, seniors in rural regions are more likely to rely on informal primary caregivers, such as family members. This can be attributed to seniors wishing to remain in their communities and with rural regions having limited health care services. It has been found that the cost of aging can be quite specific in rural regions, and more costly; rural caregivers face costs 43.7% higher⁵² than their urban counterparts due to transportation expenses and higher costs for prescription medication. It has also been found that informal caregivers in rural areas miss an average of 41.42 hours of work (per six months) in order to carry out their caregiving responsibilities, a difference of 21.9% compared with caregivers in urban regions who miss an average of 32.25 hours of work (per six months).⁵²

Caregivers will play an increasingly essential role and failure to address their needs will have significant implications for vulnerable seniors. Ensuring that caregivers, particularly those who are seniors themselves, have the support they require to continue providing care will be a vital component of our communities' response to the growing needs of our senior population.

5.4 Diversity Among Seniors

Increasingly, seniors come from many different backgrounds. This raises implications for policy-makers and service providers, both in terms of the type of services needed and the training required to ensure that all services are provided in an inclusive and culturally appropriate manner.

5.4.1 Indigenous Seniors

Out of all provinces, Ontario has the largest Indigenous population.⁵³ Even so, Indigenous people are a minority population. According to the 2016 Census, in the United Counties of Prescott and Russell, Lanark County, and Renfrew County just slightly over 5% of the total population identified as Indigenous in 2016, and this includes Pikwàkanagàn (Golden Lake 39), a First Nations reserve located within Renfrew County. Indigenous seniors represent a tiny fraction of this group, as Indigenous people are relatively young compared with the non-Indigenous population.

While Indigenous seniors represent only a tiny fraction of the population within our rural regions, they also represent a particularly vulnerable subpopulation. It has been noted that compared with the larger Canadian population, a significantly larger proportion of Indigenous seniors live on low incomes and are in poorer health, with multiple chronic conditions and disabilities.⁵⁴ In addition, a recent report from the Standing Senate Committee on Social Affairs, Science and Technology indicated the First Nations population has a 34% higher rate of dementia, with an age of onset approximately 10 years youngerⁱⁱ than the rest of the Canadian population.⁴¹

Moreover, many Indigenous seniors continue to be affected by the lasting legacy of residential schools and the widespread placement of Indigenous children in the child welfare system during the 1960s.⁵⁴ In fact, Indigenous seniors tend to be more socially isolated due in part to the impact the residential school experience has had on whole communities. Some Indigenous families are less able to provide care for seniors as they continue to struggle with their own challenges.⁵⁴

In 2013, the Health Council of Canada also reported that Indigenous seniors have significant mistrust for mainstream institutions as a result of their historical experiences and the continuing discrimination they face in Canadian society.⁵⁴ The resulting reluctance of Indigenous seniors to seek assistance from health care providers, or to access other services, creates particular challenges for communities to ensure these seniors receive the culturally appropriate help they need as they age.^{jj,55} Many Indigenous seniors delay seeing a health care professional about their symptoms until they are seriously ill because they are afraid their diagnosis could mean being sent away for care and not returning to their community.⁵⁴ Even when Indigenous seniors do see health care professionals in a more timely way, if care is not culturally safe, or is perceived as such, an Indigenous senior may not return for an appointment or continue a treatment plan.⁵⁴

As noted above, a significantly larger proportion of Indigenous seniors live on a low income compared with non-Indigenous seniors. Part of the generally poorer health outcomes for this population can be attributed to the greater prevalence of low-income circumstances among Indigenous seniors. In 2011, 23% of Indigenous seniors living in population centres^{kk} across Canada were living on a low income compared with 13% of non-Indigenous seniors.⁵⁶ Long-term care facilities are therefore inaccessible for a large portion of Indigenous seniors, simply due to cost. However, Indigenous seniors who can afford long-term care are also at a disadvantage, as less than 1% of First Nations reserves in Canada have a retirement home. As a result, Indigenous seniors who require care generally move to urban centres.⁵⁷ Relocation for long-term care may have mental health and cultural implications, contributing to a sense of isolation. Transportation barriers include cost and limited public transportation options in rural areas.

5.4.2 LGBTQ2 Seniors

To understand some of the challenges faced by LGBTQ2 seniors today, it is important to consider the historical context in which they grew up. Most of today's LGBTQ2 seniors reached adulthood when homosexuality was still a criminal offence in Canada and still classified as a mental disorder by the American Psychiatric Association.⁵⁸ It was not until 1996 that protection against discrimination based on sexual orientation was included in the Canadian Human Rights Act. (See appendix for a table of landmark events that have had a particular impact on these groups.) Many seniors who grew up in this environment remain fearful of disclosing their sexual orientation or gender identity.⁵⁸ As a result, estimates of the number of LGBTQ2 seniors are likely conservative and it is difficult to obtain an accurate picture of the unique needs of these groups.

While research relating to the lives and needs of LGBTQ2 seniors is already sparse, it is nearly non-existent for those living in more rural settings. Royal Roads University Ph.D. candidate Robert Beringer reports finding only two Canadian studies and is therefore currently focusing his doctoral research on LGBTQ2 aging in rural and

^{jj} As has been noted by Clark and Leipert,⁵⁵ studies that examine rural, minority, and ethnic populations demonstrate a common theme, namely, increased social supports provided by family and friends coupled with decreased uses of formal social supports due to racism and cultural insensitivity.

^{kk} Statistics Canada defines a population centre as "an area with a population of at least 1,000 persons and no fewer than 400 persons per square kilometre."



small-town settings in Canada. The only regional data available comes from the Ottawa Senior Pride Network. Its 2015 study found that Ottawa LGBT seniors are four times more likely than other Ottawa seniors to be single or to have never married, and 67% do not have children.⁵⁸ This data suggests that as LGBT^{II} seniors age, they may have less access to support from family members than other Ottawa seniors. The survey results tend to support this assumption, as only 10% of Ottawa's LGBT seniors indicated that family members would be able to care for them in their own homes if they needed

this type of assistance. In Ottawa, the Senior Pride Network found that only 45% of the LGBT seniors surveyed felt they would be accepted by a long-term care facility and its staff, fearing they would be “forced back into the closet” in residential care.

Of the scant data we do have on rurally located LGBTQ2 seniors, there is some evidence they may be less inclined to utilize community-based support services, particularly those rooted in faith-based institutions.^{mm,59} Generally stated, many faith groups have traditionally not been accepting of homosexuality, meaning LGBTQ2 seniors may not feel comfortable accessing the services of these providers—no matter how these institutions may have evolved.^{55,60,61,62,63}

5.4.3 Newcomer Seniors

For the purposes of this report, the term “newcomer senior” refers to seniors who arrived in Canada in 2006 or later. In general, the proportion of newcomers who are 65 or older is small. For example, in 2011, only 3.3% of recent arrivals to Canada were over the age of 65.⁶⁴

One of the main risk factors for newcomer seniors is their low levels of income.²³ This group is likely to be heavily dependent on the income of their families, as their eligibility for government benefits is significantly restricted. Seniors who have been in Canada for less than 10 years are generally not eligible for OAS benefits. In addition, even after living here for more than 10 years, any benefits they receive under this program are prorated, so they can obtain only partial payments. Access to provincial assistance is also limited, as sponsorship agreements generally prevent immigrant seniors from collecting social assistance for a number of years after they arrive in Canada. The lack of access to government benefits is particularly problematic for

^{II} The Government of Canada uses LGBTQ2 (Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit) as the acronym for the official title of the Special Advisor and Privy Council Office Secretariat and as such we have opted to also use LGBTQ2 for the purposes of this report. However, this section of the report draws heavily upon the data collected by the Ottawa Senior Pride Network survey. Because that survey uses the term LGBT and only gathered data on the four mentioned groups, the same acronym is used in presenting the data in this section of the report.

^{mm} The same might be said for mainstream medical institutions. For instance, the Toronto Central LHIN has noted that, historically, LGBTQ2 people have had negative experiences with the health care system, and many have faced discrimination, harassment, neglect, excessive curiosity, and misdiagnosis. These experiences can often result in mistrust of the medical system, which can lead to many LGBTQ2 people not seeking medical attention in a timely fashion.

individuals whose families are struggling to make ends meet.

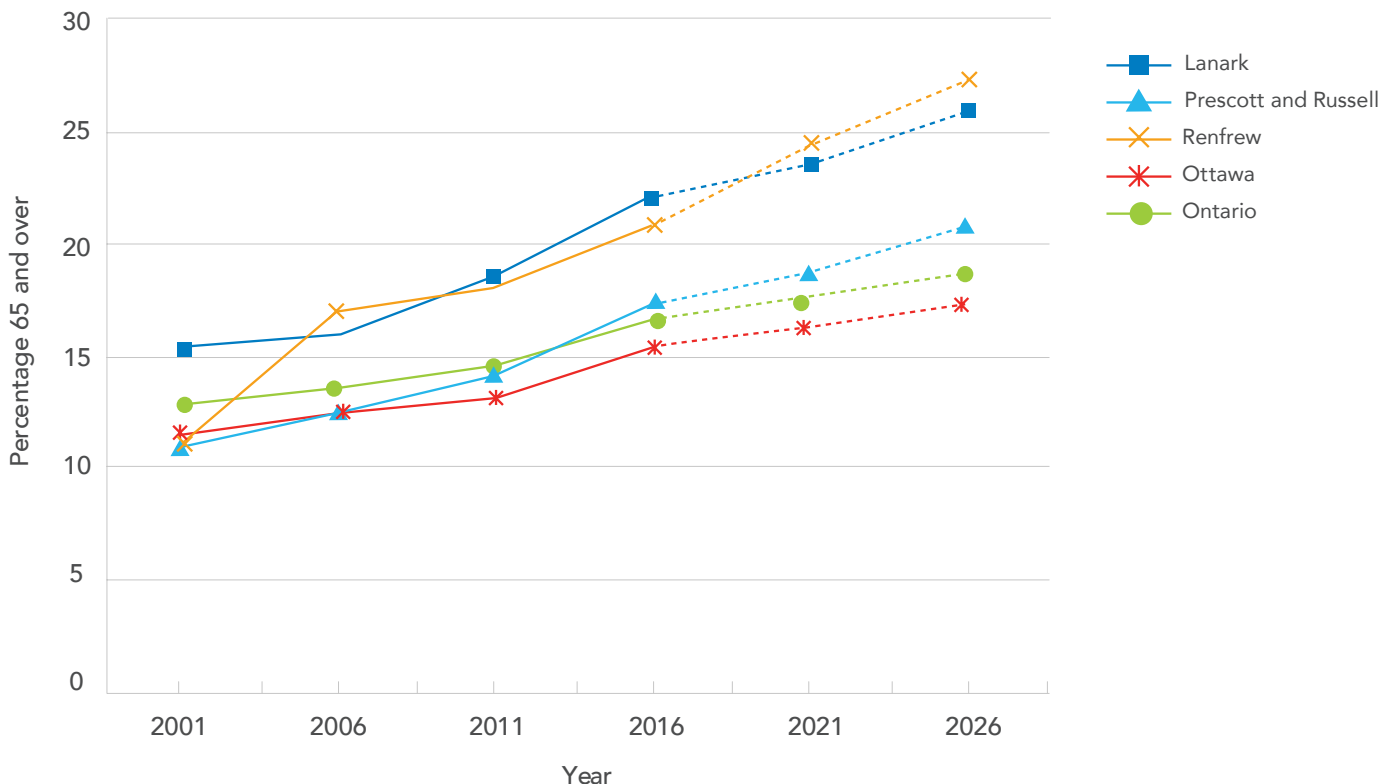
Seniors who are recent newcomers to Canada may also face language barriers. The overall proportion of seniors in Ottawa who do not have knowledge of either official language is relatively low but, not surprisingly, this percentage increases substantially among seniors who have recently immigrated to Canada. At a national level, 54.7% of senior women and 43.8% of senior men who immigrated to Canada between 2006 and 2011 were unable to conduct a conversation in either official language.²⁸

Financial dependence on family members and lack of language proficiency increase the likelihood that seniors who are newcomers to Canada will become socially isolated. Accordingly, making services available to seniors in many different languages is an important step in ensuring that all seniors can stay connected to their community.²¹

6.0 Regional Profiles

Figure 11 shows the projected growth of the seniors' population within our region from 2016 to 2026.

FIGURE 11: Projected Growth of the Senior Population in Our Region



Source: Statistics Canada, Census of the Population. ⁶⁷

6.1 A Profile of Vulnerable Seniors in the United Counties of Prescott and Russell

The United Counties of Prescott and Russell are defined by the government of Ontario as comprising an area of just over 2,000 square kilometres, with a population density of about 45 people per square kilometre. It is the most population-dense county in this study. According to the 2016 Census, the total population of the United Counties is around 89,500, which represents a 4.6% increase over 2011 Census numbers.

The United Counties of Prescott and Russell include eight municipalities. Russell County is located to the west of the region, comprising the city of Clarence-Rockland, and the towns of Clarence, Rockland, and Bourget. Russell Township is located south-west of the region and includes Embrun and Russell, and, closer to the east, the town of Casselman. The United Counties also include The Nation, of which the communities of Limoges, St-Albert, and St-Isidore are part; as well as Prescott County, which includes the townships of Alfred, Plantagenet, and Wendover. Furthermore, the township of Champlain is comprised of Vankleek Hill and l'Orignal. To the far east of Prescott County is the city of Hawkesbury and the Hawkesbury East township, comprising the communities of Chute-à-Blondeau, St-Eugène, and Ste-Anne de Prescott. The county seat is located in l'Orignal.

One of the defining features of the United Counties is a large francophone population that, by percentage, represents the largest francophone census division in Canada west of Quebec. The next-largest concentration of francophones can be found in Northeastern Ontario. A total of 63% of people living in the United Counties declare French as their mother tongue. Within the United Counties of Prescott and Russell, francophone majorities can be found in the municipalities of Casselman, Hawkesbury, and Alfred and Plantagenet, where between 70% and 80% of the population speak French as their first official language.



Of particular importance to the seniors' population, the government of Ontario refused to fund French-language high schools until the latter half of the 1960s. As a result, francophones in the province had to pursue their high school education in English, pay tuition to a private French high school (which few Franco-Ontarian families could afford), or simply stop attending school after Grade 9.ⁿⁿ As a result, several generations of Franco-Ontarians grew up without formal education, since the dropout rate for francophones was quite high during this period. While the situation has improved significantly in the decades since, francophones in Ontario still tend to have a lower level of education than the general population, which can correlate with lower levels of income.

- Today in the United Counties of Prescott and Russell, there is a higher percentage of people aged 65 and over than the percentage of those under the age of 15. In fact, like the seniors' population of Lanark County and Renfrew County, the seniors' population in Prescott and Russell is outpacing the provincial average by a significant margin. As of the last census, the total population of Prescott and Russell over age 65 was nearly 15,500, about 17%. At present, seniors over the age of 65 represent 16.74% of Ontario's population.
- Elderly seniors, or those aged 80 years or older, comprise slightly below 6% of the population within the United Counties. In Hawkesbury, however, that percentage nearly doubles. Hawkesbury, Champlain, East Hawkesbury, and Alfred and Plantagenet all have higher numbers of elderly seniors than the county overall.
- At 14.6%, the number of seniors living on a low income within Prescott and Russell is very similar to that of Renfrew County and, like Renfrew County, those seniors living in poverty are concentrated within a few areas. Nearly 25% of seniors living in Hawkesbury live on a low income. East Hawkesbury, Casselman, and Alfred and Plantagenet all fall between 16% and 17% in terms of the number of seniors living in low-income circumstances.
- When you combine these two dimensions of vulnerability—being over the age of 80 and living on a low income—Hawkesbury stands out as an area of concern, with approximately 12% of its seniors falling within the over-80 group and nearly 25% of its seniors living in low-income circumstances.
- As in Lanark County and Renfrew County, the balance of senior women and men is relatively equal across all communities in Prescott and Russell, with slightly more women over the age of 65 in Hawkesbury.^{oo}

ⁿⁿ See https://en.wikipedia.org/wiki/Franco-Ontarian_-_cite_note-4.

^{oo} See also: <http://www.publications.gc.ca/Collection/Statcan/89-573-X/89-573-XIE1994.pdf>

- When looking specifically at the subpopulation of seniors over 85 years of age, the data reveals that 2.6% of the population in the United Counties of Prescott and Russell are women, while the corresponding figure for men is only 1.3%.
- Just under 1.3% of Prescott and Russell's population identify as Indigenous, with the highest concentrations in Alfred and Plantagenet. As an extremely small minority with little access to formal Indigenous councils, unions, and non-profit organizations providing culturally appropriate services within the region, Indigenous seniors have an increased risk of vulnerability. The Champlain Local Health Integration Network (LHIN), of which Prescott and Russell is a part, acknowledged this gap in 2008. Through the creation of its Indigenous Health Circle Forum, the Champlain LHIN is looking to better address health inequities among urban and rural Indigenous people within the region; however, while its four priority areas (chronic disease/diabetes, mental health and addictions, Indigenous cultural safety, community wellness) likely intersect with Indigenous seniors, there is no specific focus on rural seniors who identify as Indigenous.
- Not unlike urban centres, the data and research relating to rural seniors who identify as having a disability are, once again, fairly broad and unspecific. If the United Counties of Prescott and Russell follows Canadian trends, 33% of its population aged 65 years and older would report some type of disability, with that figure rising to 43% of the population aged 75 and older. At present, this would translate into 5,108 and 3,330 individuals, respectively. While the relationship between the number of those living with disabilities and the need for health care is more obvious, it is important to note that an aging population puts pressure on small municipalities and local business to accelerate accessibility infrastructure planning to accommodate an increasing number of individuals with disabilities within their community.
- Very little is presently known about those who might identify as LGBTQ2 in the United Counties of Prescott and Russell, making it challenging to know how best to address the specific needs of this particular population.

The 2016 Census reveals that approximately 99% of those living in Prescott and Russell are Canadian citizens, whereas approximately 1% of individuals in Prescott and Russell (925 people) were not. In terms of immigrant status, the 2016 Census data reveals that approximately 4.6% of individuals in Prescott and Russell are immigrants (4,030 people) and less than 1% (165 people) are non-permanent residents. An overwhelming majority of immigrants in Prescott and Russell emigrated prior to 2011, with only approximately 6.5% (265) having immigrated since 2011. It is difficult to know the precise number of senior immigrants in Prescott and Russell, as the 2016 Census focuses on age at immigration as opposed to the age distribution in the current immigrant population. It is clear, however, that the majority of immigrants living in Prescott and Russell emigrated from Europe (just over 55%), whereas immigrants of African descent made up the minority (at just over 9.6%).⁶⁵

6.2 A Profile of Vulnerable Seniors in Lanark County

Lanark County comprises just over 3,000 square kilometres, with a population density of approximately 22.6 people per square kilometre. It encompasses the towns of Carleton Place, Mississippi Mills, Perth, and Smiths Falls, as well as the townships of Beckwith, Drummond/North Elmsley, Lanark Highlands, Montague, and Tay Valley. The county government seat is located in Perth. The total population of the county is just under 68,700, which represents a 4.5% increase from the previous census.⁶⁶

In Lanark County in 2016, 15,100 individuals were over the age of 65, representing 22% of the total population. This means that, in this particular region, there is a higher percentage of people aged 65 and older than young people under the age of 15 (15.1% of the total population). Moreover, the seniors' population of Lanark County is outpacing the provincial average by a significant margin. Of the three counties included in this report, Lanark County is home to the most people aged 65 and older, closely followed by Renfrew County. If current trends continue, the proportion of seniors in Lanark County is expected to grow to 26% of the total population by 2026.

As we know, some groups in Lanark County are more vulnerable than others:

- Elderly seniors, or those aged 80 or older, comprise about 8.1% of the current population within the county. The towns of Perth, Smiths Falls, and Tay Valley have the highest proportion of elderly seniors.
- Of note, Perth and Lanark Highlands stand out as having the largest percentage of seniors living in low-income situations in Lanark County; just over 15% of the seniors in Perth are living on a low income, slightly higher than the provincial average of 12%.⁶⁷
- Perth and Smiths Falls are the two Lanark County municipalities with the highest percentages of seniors living alone, namely 39.5% and 35.2%, respectively.²⁷

- With the exception of Drummond/North Elmsley, every municipality in Lanark County has a higher percentage of senior women than senior men aged 80 years or older.
- Within the subpopulation of seniors aged 85 years and older, 3.6% of the population in that age group in Lanark County are women, whereas the relevant figure for men is only 1.9%.
- In terms of factors contributing to vulnerability among seniors, when considered in combination, the higher numbers of seniors living alone in Perth and Smiths Falls suggest these municipalities may require closer attention among service system planners within the county.
- For different, but equally important reasons, Lanark Highlands may also be an area requiring closer attention. For instance, there are many seniors in this area who are living on a low income, living alone, and aged 80 years and older. Additionally, Lanark Highlands is the community with the highest percentage of Indigenous seniors.
- Overall, as is the case with the United Counties of Prescott and Russell and with Renfrew County, the balance of senior women and men is relatively equal across the various communities within Lanark County. That said, Carleton Place and Smith Falls are areas to be monitored for increased vulnerability among seniors, particularly because more elderly women are living alone within those communities. As noted previously, women tend to live longer than men and generally tend to live in lower-income situations, and both factors can add to their vulnerability.
- Not unlike in urban centres, the research data relating to rural seniors who identify as having a disability is fairly broad and unspecific. If Lanark County follows Canadian trends, 33% of its population age 65 and older would report some type of disability, with that figure rising to 43% of the population aged 75 and older. At present, this would translate into 4,983 and 3,465 individuals, respectively. While the relationship between the number of those living with disabilities and the need for health care is more obvious, it is important to note that an aging population puts acute pressure on small municipalities and local business to accelerate accessibility infrastructure planning to accommodate an increasing number of individuals with disabilities within their community.

- If little is known about seniors living with disabilities in Lanark County, even less is known about those who might identify as LGBTQ2. As noted above, for most of their lives, many members of the LGBTQ2 community who are now entering their senior years faced stigma and outright persecution. Many seniors who grew up in this environment remain fearful of disclosing their sexual orientation or gender identity, making it difficult to capture accurate statistics in respect of the number of LGBTQ2 seniors living in an area such as Lanark County and, in turn, making it difficult to understand the unique needs of these groups of vulnerable seniors. This lack of knowledge is a significant gap in our ability to support them in an inclusive and sensitive manner.
- The 2016 Census reveals that almost 99% of the individuals who were living in Lanark County at that time were Canadian citizens; just slightly more than 1% of individuals in Lanark County (825 people) were not. In terms of immigrant status, the 2016 Census data reveals that approximately 6% of individuals in Lanark County are immigrants (4,155 people) and just less than 1% of individuals are non-permanent residents (60 people). An overwhelming majority of immigrants in Lanark County immigrated prior to 2011, with only approximately 4% (180) having immigrated after 2011.
- It is difficult to know the precise number of senior immigrants in Lanark County, as the 2016 Census focuses on age at immigration as opposed to the age distribution in the current immigrant population. It is clear, however, that the majority of immigrants living in Lanark County emigrated from Europe (approximately 64%), whereas immigrants of African descent made up the minority (at approximately 2.6%).⁶⁸
- It is worth noting that in 2013, among non-metro census divisions in Ontario, the census division with the highest rate of immigrant arrivals per 100 residents was actually Perth. The 168 immigrants who arrived in 2013 represented 0.2 people per 100 residents or two people per 1,000 residents. The Perth census division ranked 74th among all 293 census divisions in Canada in terms of immigrant arrivals per 100 residents, with immigrant arrivals in the Perth census division having ranged from 0.1 to 0.2 arrivals per 100 residents since 1997.^{pp.69,70}

PP In 2014, immigrant arrivals to the Perth census division were equivalent to 0.2% of total population; however, when emigrant departures are taken into account, the net contribution of immigrants in the Perth census division was 0.1%.

6.3 A Profile of Vulnerable Seniors in Renfrew County

Renfrew County is defined by the government of Ontario as comprising an area of just over 7,400 square kilometres, with an average population density of about 12 people per square kilometre. In terms of both distance and density, those living in Renfrew County are among the most rural inhabitants included in this study. The total population of the county is approximately 102,400, a 1.1% increase over 2011 Census numbers.

Renfrew County encompasses 19 municipalities, including the towns of Arnprior, Pembroke, Pikwàkanagàn (Golden Lake 39), Deep River, Laurentian Hills, Petawawa, and Renfrew as well as the townships of Admaston/Bromley; Bonnechere Valley; Brudenell, Lyndoch and Raglan; Greater Madawaska; Head, Clara and Maria; Horton; Killaloe, Hagarty, and Richards; Laurentian Valley; Madawaska Valley; McNab/Braeside; North Algona Wilberforce; and Whitewater Region. The seat of county government is in Pembroke, the region's only city. Pembroke is the largest commercial centre between Ottawa and North Bay.

Renfrew County has a few distinctive features that distinguish it from the other counties in this study. The traditional territory of the Algonquins of Pikwàkanagàn First Nation, formerly known as the Golden Lake First Nation, falls within the county. Approximately 440 individuals live within this territory, with 70 being over the age of 65.⁹⁹

⁹⁹ Today, the Golden Lake First Nation is composed of "Status Indians" who reside on the Golden Lake Reserve. Status Indians are individuals who are registered as an Indian as that term is defined in the Indian Act. However, it is worth noting that the community of Golden Lake was somewhat divided up historically by virtue of the operations and effects of the Indian Act. In the 1930s, one part of this community became an Indian Act band, and many of its members became Status Indians under the Indian Act registry. Over the years, many Algonquins were stripped of their Indian status and were forced to leave the reserve, while others voluntarily chose to leave. Additionally, many others were excluded by the former Department of Indian Affairs from the band list. Those who for any reason did not fall under the definition of Status Indian were forced to leave the reserve, together with their families. A history of the Golden Lake First Nation can be found on the Renfrew County and District Aboriginal Friendship Centre website at www.rcadafc.com/history.html.



Additionally, Renfrew County is home to one of Ontario's largest military bases. CFB Petawawa employs approximately 6,264 Canadian Forces personnel and civilians on base,⁷¹ and it is estimated that about 6,000 people directly connected to the base live in communities between Deep River and Pembroke. Further, while predominately anglophone, Renfrew County is recognized as having high concentrations of francophones, particularly in the Laurentian Valley, Pembroke, and the Whitewater Region.

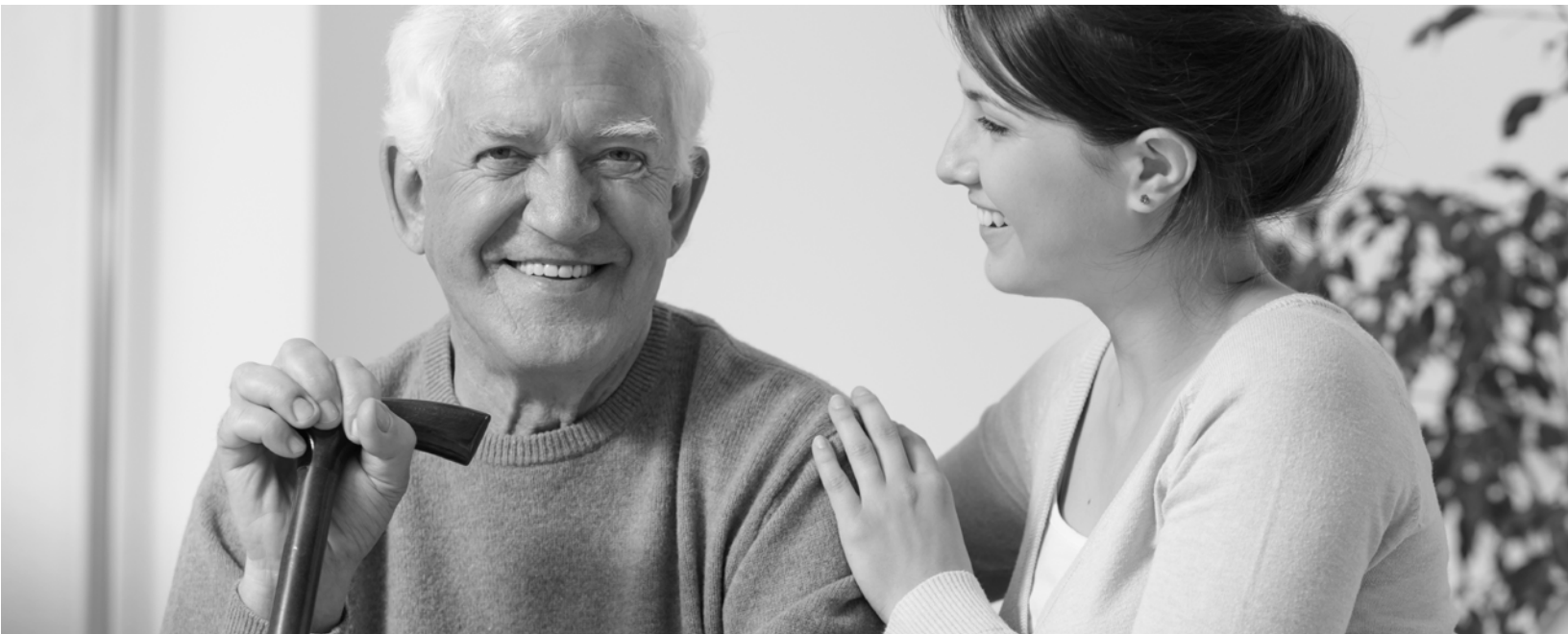
Today in Renfrew County, there is a higher percentage of people aged 65 and older than young people under the age of 15, according to the 2016 Census. In fact, the seniors' population of Renfrew County, like Lanark County, is outpacing the provincial average by a significant margin. As of the last census, the total population of Renfrew County was slightly more than 102,000, of which 21,300 were over the age of 65, representing 21% of the total population. At present, seniors over the age of 65 represent 16.7% of Ontario's population. If current trends continue, we can expect the senior population of Renfrew County to grow to 27% of the total population by the year 2026.^{rr}

In terms of vulnerable groups, Renfrew County has a few areas of concern:

- Elderly seniors, or those aged 80 years or older, comprise about 8.27% of the current population within the county. This is similar to what we see in Lanark County, but higher than those percentages found in Prescott–Russell (5.8%) or Ottawa (6.1%). The communities of Renfrew, Pembroke, and Madawaska Valley have the highest percentage of elderly seniors within the county—more than three times the provincial average.
- High numbers of seniors living in low-income situations are concentrated in some of the least populated areas of Renfrew County. More than 20% of the populations of seniors in the communities of Madawaska Valley; Brudenell, Lyndoch, and Raglan; Killaloe, Hagarty, and Richards; and Bonnechere Valley are living in low-income circumstances. This is almost more than twice the provincial average.
- The communities of Madawaska Valley and Renfrew, which are home to some of the county's most elderly seniors, also have more than 15% of their seniors living in low-income situations, which suggests higher levels of vulnerability in these locations.

^{rr} ESRI, Environics Enrichment Services.

- Just under 5% of Renfrew's total seniors' population identifies as Indigenous; not surprisingly, the greatest number live on or near Pikwàkanagàn territory, between the communities of Killaloe and Eganville. However, it is critical to note that in the Head, Clara, and Maria area of the county (on the northern edge of Algonquin Park), close to 20% of individuals over age 65 identify as Indigenous. These seniors may not be as well connected to culturally sensitive community supports as those living on or near Pikwàkanagàn territory.
- Not unlike the United Counties of Prescott and Russell and Lanark County, the balance between the number of senior women and senior men is relatively equal across all communities in Renfrew County, with the exception of Pembroke and Renfrew, which both see women over the age of 65 representing around 60% of the total senior population.
- If one looks specifically at the subpopulation of seniors aged 85 years and older in Renfrew County, 3.7% of the population is made up of women over 85 years of age, whereas the relevant figure for men is only 1.8%.
- Also of note is the fact that Pembroke and Renfrew have the largest share of senior women over the age of 80, again suggesting these communities require close attention when planning around vulnerable seniors.
- The communities of Pikwàkanagàn and Head, Clara, and Maria also demonstrate the challenge of collecting data in sparsely populated rural communities. For example, due to extremely small numbers, Statistics Canada suppresses data relating to seniors living in low-income circumstances within these areas. Without this data, however, we are hindered in our ability to know where the most vulnerable seniors are living in our rural regions and how best to support them and the communities in which they live.



- Not unlike urban centres, the research data relating to rural seniors who identify as having a disability is fairly broad and unspecific. If Renfrew County follows Canadian trends, 33% of its population age 65 and older would report some type of disability, with that figure rising to 43% of the population aged 75 and older. At present, this would translate into 7,029 and 5,246 individuals, respectively. While the relationship between the number of those living with disabilities and the need for health care is more obvious, it is important to note that an aging population puts pressure on small municipalities and local business to accelerate accessibility infrastructure planning to accommodate an increasing number of individuals with disabilities within their community.
- Once again, there is currently no clear picture available of those living in Renfrew County who might identify as LGBTQ2. This makes it difficult to understand the precise needs of this group of vulnerable seniors and, in turn, creates a situation where it is difficult to adequately support them.
- The 2016 Census reveals that just over 98.5% of individuals living in Renfrew County at that time were Canadian citizens, whereas just slightly more than 1% of individuals in Renfrew County (1,310 people) were not. In terms of immigrant status, the 2016 Census data reveals that approximately 5.5% of individuals in Renfrew County are immigrants (5,460 people) and less than 1% of individuals (160 people) are non-permanent residents. An overwhelming majority of immigrants in Renfrew County emigrated prior to 2011, with only approximately 6% (350) having immigrated after 2011.
- It is difficult to know the precise number of senior immigrants in Renfrew County, as the 2016 Census focuses on age at immigration as opposed to the age distribution in the current immigrant population. It is clear, however, that the majority of immigrants living in Renfrew County emigrated from Europe (nearly 61%), whereas immigrants of African descent made up the minority (at just shy of 2.5%).⁷²



7.0 Recommendations

In 2017, the four United Ways of Prescott-Russell, Ottawa, Lanark County, and Renfrew County came together to share resources and deliver even greater impact in the local communities we serve. Also, in 2017 we produced our first piece of public policy, a report entitled **A Profile of Vulnerable Seniors in the Ottawa Region**.⁷³

As it is in most of Canada, the population we serve is aging. The purpose of the 2017 report was to support United Way Ottawa and its community partners to plan better for an aging population but, more importantly, to be confident that the investments that our donors entrust us to make would go toward helping those seniors who need us most.

In 2018, we turned our attention to better understand what vulnerability looks like among seniors living in our rural regions. The goal of this report, **A Profile of Vulnerable Seniors in the United Counties of Prescott and Russell, Lanark County, and Renfrew County**, remains the same. It is our sincerest hope that the United Ways of Prescott-Russell, Lanark County, and Renfrew County and their community partners will use this report as a foundation for collaboration and coordination on behalf of vulnerable seniors living in our rural regions.

Moreover, when combined, these two reports tell a powerful story about the factors that contribute to vulnerability and the importance of building solutions that reflect community need and available assets. It also lays bare the gaps, and it is here that the four United Ways and partners truly have an opportunity to advocate powerfully to ensure public resources are directed where they are needed most and will deliver maximum impact.

First and foremost, however, this report is one of the first times that rural seniors—particularly those who are vulnerable across a variety of domains—are the focus of study. This is important, because rural communities are not the same as urban or even suburban communities. Low population density and “distance to density,” in the sense of distance to population centres, present challenges. At the same time, a real strength of rural communities is their high level of cohesion and engagement, flexibility, and innovation in solution-making. Identifying and understanding the precise roots of issues and drawing upon the assets available enables more targeted and effective interventions and investments. The application of a “rural lens” is essential to all rural community planning and the creation of solutions; therefore, it is embedded into each of our recommendations for our rural regions.

As a next step, the United Ways of Prescott-Russell, Lanark County, and Renfrew County will engage community partners in considering the following four recommendations: addressing gaps in research, engaging in coordinated, integrated community planning using a “rural lens”, creating a cross-sector seniors’ vulnerability index, and building community capacity to support caregivers.

7.1 Addressing Gaps in Research

7.1.1 Understanding the Lives and Needs of Seniors Living in Rural Ontario

There is very little research that provides a glimpse into the lives of seniors living in rural Ontario. An example among many others is the lack of concrete and reliable information with respect to the issue of elder abuse in rural areas. The need for more data concerning elder abuse generally, including a better appreciation of the reasons underlying the underreporting of abuse, is well documented in the literature. To the extent the prevalence of elder abuse may be even greater in rural areas than in urban—and even more significantly underreported in rural communities—it would seem there are important gains to be made through future research in this area.

Moreover, existing methods for studying population issues tend to be biased toward urban settings. To truly understand what is happening in our rural communities, we will need to explore and validate different methods of study (e.g., qualitative over quantitative), and the “application of novel statistical and GIS [geographic information system] techniques to better understand, and plan for, community needs.”³

7.1.2 Understanding Diversity Among Seniors in Our Rural Communities

Overall, there is a significant shortage of research on the experiences and needs of seniors who identify as LGBTQ2, Indigenous, or as newcomers across our region.⁷⁴ This gap in the research and, thus, the gap in our understanding of the precise circumstances and needs of these particular subgroups within the seniors’ population, is particularly acute in the rural context. The consequences of this lack of understanding can be exacerbated by the key dimensions of rural living—low population density and distance to population centres—particularly when it comes to accessing culturally sensitive and socially supportive services. It will thus be important to more fully explore and understand the diversity within the seniors’ population in our region such that this population may be adequately supported into the future.

7.2 Engaging in Coordinated, Integrated Community Planning Using a “Rural Lens”

7.2.1 Being Sensitive to the Particular Needs of Rural Seniors and Supporting Coordinated Planning and Investment

Like all communities in Ontario, coordinated planning and investment for a rapidly growing aging population are imperative; within our rural communities, it is critical.

Ensuring that services and supports are culturally, linguistically, and socially sensitive; enabling service and support providers to work more collaboratively; and pursuing more coordinated alignment among government and private funders is a good start. However, the challenges to providing services and supports within a rural context are multi-faceted and compounding. The growing rural–urban gap limits the ability of government decision-makers to arrange for the delivery of services to sparsely populated areas. It is also often challenging to attract and retain the skilled staff needed to deliver such services in these areas.

Finally, factors such as youth out-migration and an aging population shrink the tax base and limit what local communities can effectively resource and maintain on their own. Despite these challenges, rural communities often benefit from high levels of community engagement and an ability to be more flexible and resourceful in creating solutions. Key to this is both understanding the particular and diverse needs of seniors in rural areas and working to support these needs through coordinated planning and alignment among both government and private investors and funders.

7.2.2 Ensuring Timely Access to the Right Services and Supports

The need to ensure timely access to the right community, social, and health care supports is of particular concern to our rural regions.^{ss} As barriers to necessary services, supports, and social opportunities can play a significant role in a senior's general quality of life and can further contribute to vulnerability, access to services and supports is a key issue for community planners. Some combination of affordable transportation, reliable access to technology (e.g., telehealth), novel experiments in social engagement (e.g., A Friendly Voice, a telephone helpline for seniors and the Seniors' Centre Without Walls Program),^{tt} the rise of the social enterprise economy,^{uu} mobile house-call teams (e.g., the paramedic pilot),^{vv} more integrated coordination of community volunteer initiatives, and intergenerational relationship building all offer rural communities worthy avenues to explore in delivering services and supports. While communities are exploring these options, the regional LHIN might also look at where seniors are presently going to obtain care services, which could result in a shifting of resources based on usage patterns.

^{ss} This need is particularly serious when it comes to specialized health care services, and data suggests that the rapidly growing francophone population renders this need especially acute in the area of francophone specialized geriatric services. See generally Milne, K., Molnar, F. and Huang, A, "Business case for alternate payment plan positions for academic geriatricians to serve the francophone community in the Ottawa region," Champlain LHIN proposal document, July 2013.

^{tt} Seniors' Centre Without Walls is a free telephone program that offers recreation activities, health and wellness seminars, educational lectures, and general conversation to individuals who find it difficult to access regular community centres in person. See generally <http://thegoodcompanions.ca/programs-services/seniors-centre-without-walls/>. Rural Ottawa South Support Services is another example of a provider delivering innovative social engagement programs for seniors (<https://www.rosss.ca/>).

^{uu} See generally http://vibrantcanada.ca/files/social_enterprise_guide.pdf

^{vv} See generally <https://news.ontario.ca/opo/en/2017/05/unique-pilot-project-helping-seniors-in-northeastern-ontario-live-independently-at-home.html>.

As noted earlier, in addition to issues of access, the increasing diversity of our growing seniors' population has implications for program design and service delivery across our regions. To be effective, our services and supports must reflect the various facets of diversity, including linguistic and cultural accommodation. Further outlined in section 3.1 of this report, Knowledge of Official Languages, being unable to communicate can exacerbate one's vulnerability; therefore, accounting for the linguistic needs of francophones and newcomer seniors must be included in our systems planning. In a similar vein, an appreciation for the systemic and cultural bias faced by Indigenous seniors and LGBTQ2 seniors during their lifetimes is essential to creating safe, inclusive spaces and interventions. In rural communities already challenged by issues of access, our regions' seniors will greatly benefit from our close collaboration and asset sharing, particularly in the areas of strategic hiring and training across the continuum of services and supports. It will also benefit how we forecast and plan for labour gaps and retention requirements as a region to ensure we are prepared to meet the needs of an aging and increasingly diverse population.

Finally, being able to navigate the system and know where to go for supports and services is a key issue for seniors and their caregivers. As such, better coordination, use and promotion of the 211 Ontario service is also recommended.

7.2.3 Recognizing that Sound Community Planning Requires Common Understanding and Focus

The unique history, geography, and composition of each of the counties in our rural regions mean that community planning will also require unique areas of focus. For example, Lanark County is home to more elderly seniors (aged 80 years and older) and more senior women living alone. In Prescott and Russell, most of its communities have more seniors over age 65 than children under the age of 15 at proportions higher than the provincial average, which has implications for demand and the tax base from which they draw funds to support the demand for services. This is of particular importance in attracting and retaining professional francophones service providers. Renfrew County has more seniors living on a low income, has older housing, and is most affected by the density and "distance from density" dynamic facing rural communities. The number of regional economic development plans that incorporate the attraction and retention of newcomers and people with disabilities may result in a rising level of diversity in all regional rural communities. These are just a few examples of the areas of focus required of community planners within our rural regions. The county profiles included in this report are intended to support this focused approach to coordinated community planning.^{ww}

^{ww} It is important that the unique needs of Indigenous seniors in rural settings be considered when moving forward with coordinated community-planning models. To that end, there are opportunities to draw on the experiences of other Canadian jurisdictions.

7.3 Creating a Cross-Sector Seniors' Vulnerability Index

7.3.1 Lowering Sector Barriers and Boundaries for Better System Coordination

One of the challenges of directing resources to individuals who need them the most is identifying who these seniors are and where they live.

Currently, the various sectors involved in supporting seniors do not necessarily collaborate; yet, the research suggests that the most common predictors of vulnerability appear to cross the boundaries of differing systems of care. The Champlain LHIN has assessed that “high rates of people waiting for an alternative (more appropriate) level of care (ALC) can be a reflection of insufficient capacity or poor integration across sectors,” which represents huge costs to our overall systems. An index assessing a more comprehensive understanding of vulnerability among seniors would help ensure that services are targeted at those who need them the most. A common understanding as to which seniors are most likely to be at risk for particular outcomes would also allow programs to focus more on preventing negative results, such as social isolation, rather than reacting to problems once they have arisen. Ensuring that programs and services are targeted effectively at the right people will be increasingly critical as the number of seniors continues to grow while the available resources continue to shrink.

While we may draw upon the attempts of other communities to develop such a tool, a seniors' “vulnerability index” developed specifically with our rural regions in mind would be foundational to the design and delivery of effective, coordinated regional investments. While it is possible to collaborate across our regions to develop such a tool, it is recommended that two main dimensions of vulnerability in the rural context—low population density and distance from populated centres—be given appropriate weight in determining who vulnerable seniors are and where they live. This tool would draw upon existing tools (e.g., frailty index and age-friendly evaluations) to allow the health, community, and social services sectors to build a coordinated continuum of care that better supports seniors in their communities as they age.

7.4 Building Community Capacity to Support Caregivers

7.4.1 Recognizing and Supporting Informal Caregivers as an Essential Part of Our Support System

Caregivers have always been an essential part of our support system. The essential contributions of informal caregivers to the well-being of vulnerable seniors will become even more crucial in the years ahead, given that a dramatic increase is expected in the number of seniors with disabilities, particularly those with neurological

disorders that will require heightened hours of care.

As noted in this report, the impact on seniors providing care to other seniors—friends, partners, spouses, neighbours—is an area of particular concern. In general, stress associated with providing care for aging family members has increased significantly in recent years. Seniors in rural regions are more likely to rely on informal primary caregivers, such as family members, when compared with seniors in urban centres. This can be attributed to seniors wishing to remain in their communities and to rural regions having limited health care services. Also noted in this report, rural caregivers face costs 43.7% higher than their urban counterparts due to transportation expenses and higher costs for prescription medication.

A number of community stakeholders have recognized the importance of addressing the impact of caregiving responsibilities on the health and well-being of caregivers. But, here again, an effective strategy and targeted interventions, particularly in rural communities, will require a community-based approach that considers the needs, challenges, and assets available.



8.0 Common Approach, Locally Focused: The Commitments of Our United Ways Moving Forward

That our population is aging is an inescapable fact. What this will mean to our communities and for our collective resources has a lot to do with how we prepare today for the impacts of an aging population that is expected to grow dramatically in the years to come.

The **United Ways of Prescott–Russell, Lanark County, and Renfrew County** were motivated to produce this report because we are committed to ensuring that our donors' dollars go where they are needed most and where they will have the greatest impact as our communities evolve. To fulfill this promise so that we can positively and sustainably change the lives of the most vulnerable in our communities, we collectively apply **five strategies** to all our work. These strategies are therefore applied in this context, i.e., addressing the growing needs of our senior population, including our rural senior population.

Convening – No one organization, sector, funder, or level of government will achieve better outcomes for vulnerable seniors on its own.

Our United Ways will:

- support and/or facilitate opportunities for our local community partners, and our community broadly, to work together to establish the common definitions and coordinated responses needed to better support vulnerable seniors in our regions; and
- make the case for and encourage other funders to align their resources to those seniors most in need of our collective support.

Leveraging Resources Combined with Impactful Investments – Our donors and funding partners enable us to pursue important community goals. In turn, we are dedicated to keeping them informed of progress and, where they continue to help us push forward.

Our United Ways will:

- align our donors' investments around the work required to better support vulnerable seniors at the local level through: community framework building, research, effective program and service delivery, and the creation of evaluation tools;
- continue to provide our donors with the opportunity to support the many vital local services and programs our partners deliver to vulnerable seniors and their caregivers; and
- work collaboratively with each other and with United Way Ottawa to present the case for government and other funders to support the development of new community tools, such as a vulnerability index for seniors, and locally based strategies that supports caregivers.

Advocacy – Government partners have long acknowledged that the solutions required to meet the needs of an aging population more effectively rest in a more collaborative, coherent community response. While previous administrations have acknowledged that “one overarching plan that provides a framework for addressing the needs of vulnerable seniors” is needed, no such plan exists at present. Combining the findings of this report with those outlined within United Way Ottawa’s 2017 report *A Profile of Vulnerable Seniors in the Ottawa Region*,⁷³

Our United Ways will:

- work with our local partners and each other to establish “one voice” to advocate on behalf of vulnerable seniors in and across our region;
- ask the Government of Ontario to include a focus on vulnerability in their next update to the provincial Action Plan for Seniors and to take into account the unique needs of seniors living in rural communities;
- collaborate with partners to be a model for other communities around the province, particularly Ontario’s rural communities.

The Pursuit of Evidence and Results – Lastly, as we have highlighted in this report, there are several significant gaps in our knowledge and understanding of seniors and the factors that contribute to, or exacerbate, their vulnerability. Overall, there is a national paucity of research and research methods that allow us to understand the unique nature of aging in a rural community. If we seek to make the right investments to reduce or mitigate vulnerability, particularly as the population of seniors grows, we will require these gaps in information to be filled. Given this reality,

Our United Ways will:

- pursue the development of common indicators and measures and use this data to deepen our investments in areas where we know they will be impactful at the local level; and
- close gaps in understanding by engaging academic and research partners and undertaking the research necessary to deepen our understanding of the factors that contribute to vulnerability in our seniors and, particularly, rural seniors.

It is through these tried and true strategies that our United Ways aspire to work with partners, including government, to create better outcomes for vulnerable seniors in our rural regions today—and tomorrow.

This is our promise to our communities.

Appendix: A Lifetime of Systemic Discrimination

Year	Landmark Event	Age in 2017		
		85	75	65
		Age at Time of Event		
1969	Canada decriminalizes homosexuality.	37	27	17
1973	American Psychiatric Association removes homosexuality from the <i>Diagnostic and Statistical Manual of Mental Disorders</i> .	41	31	21
1995	Supreme Court of Canada decides that sexual orientation is protected under the <i>Canadian Charter of Rights and Freedoms</i> , even though it is not specifically listed in the equality rights section of the Charter. This decision makes it possible to overturn discriminatory laws.	63	53	43
1996	"Sexual orientation" is added to the <i>Canadian Human Rights Act</i> , which applies to goods, services, commercial premises or residential accommodation and employment under federal jurisdiction.	64	54	44
2002	Applying the Charter, the Ontario Superior Court of Justice rules that same-sex partners can marry in that province.	70	60	50
2016	Legislation is proposed (Bill C-16) to add "gender identity" and "gender expression" to the <i>Canadian Human Rights Act</i> and to the hate propaganda provisions in the <i>Criminal Code</i> to expand protection for trans and gender diverse individuals.	84	74	64

Source: From *Aging Out: Moving towards queer and trans* competent care for seniors* published by QMunity: BC's Queer Resource Centre.⁷⁵ Modified to focus on legislation and jurisprudence in Ontario and to add recent developments. Trans-gender (trans) "is an umbrella term that describes a wide range of people whose gender identity and/or expression differs from conventional expectations based on their assigned sex at birth."⁷⁵ The asterisk (trans*) "is intended to actively include non-binary and/or non-static gender identities such as genderqueer and genderfluid."⁷⁵

References

1. Canada Mortgage and Housing Corporation. Seniors' Housing [Internet]. Canadian Housing Observer 2012. Available from http://publications.gc.ca/collections/collection_2012/schl-cmhc/NH2-1-2012-eng.pdf
2. Patterson Z, Saddier S, Rezaei A, Manaugh K. Use of the Urban Core Index to analyze residential mobility: the case of seniors in Canadian metropolitan regions. *Journal of Transport Geography* [Internet]. Elsevier BV; 2014 Dec;41:116–25. Available from: <http://dx.doi.org/10.1016/j.jtrangeo.2014.08.01>
3. Mosley B, Sawada M, Kristjansson E, Riva M, Billette J-M. Using GIS & SVM for dasymetric mapping of rural communities for synthetic estimation in Ottawa. Hampton Inn Convention Centre, Ottawa ON, 19 Oct 2010
4. Brooks-Cleator L, Munroe J. Council on Aging of Ottawa's seniors housing bundle. Ottawa (ON): Council on Aging of Ottawa; 2016
5. How age-friendly is Ottawa? An evaluation framework to measure the age-friendliness of Ottawa. [Internet]. Council on Aging of Ottawa; 2017. Available from <https://coaottawa.ca/wp-content/uploads/documents/Age-Friendly-Ottawa-Evaluation-Framework-PUBLIC-FINAL-2017-03.pdf>
6. Williams LM. Between health and place: Understanding the built environment. [Internet]. Toronto (ON): Wellesley Institute; 2013. Available from <http://www.wellesleyinstitute.com/wp-content/uploads/2013/05/Between-Health-and-Place.pdf>
7. Lauzon A, Ragetlie N, Caldwell W, Douglas D. State of Rural Canada report [Internet]. Available at <http://sorc.crrf.ca/ontario/>
8. Moazzami B. Strengthening rural Canada: Fewer and older: The coming demographic crisis in rural Ontario [Internet]. Essential Skills Ontario; 2015. Available from <https://www.essentialskillsontario.ca/sites/www.essential-skillsontario.ca/files/Strengthening%20Rural%20Canada%20-%20Fewer%20and%20Older%20-%20The%20Coming%20Demographic%20Crisis%20in%20Rural%20Ontario.pdf>
9. Lauzon AI, Bollman R, Ashton B. State of rural Canada report (introduction). Available from <http://sorc.crrf.ca/intro>
10. Reimer B, Bollman RD. Understanding rural Canada: Implications for rural development policy and rural planning. In Douglas D, editor. *Rural planning and development in Canada*, Toronto, ON: Nelson Education Ltd.; 2010. pp. 10–52
11. Rural Ontario's demography: Census update 2016 [Internet]. Rural Ontario Institute; 2017. Available from http://www.ruralontarioinstitute.ca/uploads/userfiles/files/Rural%20Ontario%E2%80%99s%20Demography_Census%20Update%202016.pdf

12. Reimer B, Markey S. Place-based policy: A rural perspective [Internet]. Funded by Human Resources and Social Development Canada; 2008. Available from https://crcresearch.org/files-crcresearch_v2/ReimerMarkeyRuralPlace-BasedPolicySummaryPaper20081107.pdf
13. Gadsby L, Samson R. Strengthening rural Canada: Why place matters in rural communities. Decoda Literacy Solutions; 2016. Available from https://www.decoda.ca/wp-content/uploads/Strengthening-Rural-Canada_Final.pdf
14. Age and sex, and type of dwelling data: Key results from the 2016 Census. [Internet]. Ottawa (ON): Statistics Canada; 2017. Available from <http://www.statcan.gc.ca/daily-quotidien/170503/dq170503a-eng.htm?HPA=1>
15. Statistics Canada. Census Profile [Internet]. Ottawa; 2017; cat. no. 98-316-X2016001. Available from <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>
16. Statistics Canada. Lanark, County [Census division], Ontario and Ontario [Province] (table). Census Profile [Internet]. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa; 2017. Released November 29, 2017. Available from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3509&Geo2=PR&Code2=35&Data=Count&SearchText=lanark&SearchType=Begins&SearchPR=01&B1=All&TABID=1>
17. Statistics Canada. Census Profile, 2016 Census [Internet]. Prescott and Russell, United Counties [Census division], Ontario and Ontario [Province], Language view. Available from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3502&Geo2=PR&Code2=35&Data=Count&SearchText=prescott%20and%20russell&SearchType=Begins&SearchPR=01&B1=Language&TABID=1>
18. Statistics Canada. Census Profile, 2016 Census [Internet]. Renfrew County [Census division]. Language view. Available from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3547&Geo2=PR&Code2=35&Data=Count&SearchText=renfrew&SearchType=Begins&SearchPR=01&B1=Language&TABID=1>
19. Laher N. Diversity, aging, and intersectionality in Ontario home care: Why we need an intersectional approach to respond to home care needs. Toronto: Wellesley Institute; 2017. Available from <http://www.wellesleyinstitute.com/wp-content/uploads/2017/05/Diversity-and-Aging.pdf>
20. Arim R. Canadian survey on disability, 2012: A profile of persons with disabilities among Canadians aged 15 years or older, 2012 [Internet]. Ottawa (ON): Statistics Canada; 2015; cat. no. 89-654-X. Available from <http://www.statcan.gc.ca/pub/89-654-x/89-654-x2015001-eng.pdf>
21. Report on the social isolation of seniors, 2013-2014 [Internet]. National Seniors Council (Canada); 2014. Available from <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors.html>

22. Ottawa Public Health. Health equity and social determinants of health in Ottawa [Internet]. November 2016. https://www.ottawapublichealth.ca/en/reports-research-and-statistics/resources/Documents/health_equity_social_determinants_2016_en.pdf
23. Report of the National Seniors Council on low income among seniors [Internet]. National Seniors Council (Canada). Ottawa; 2009. Available from <https://www.canada.ca/content/dam/nsc-cna/documents/pdf/policy-and-program-development/publications-reports/2009/low-income-seniors/low-income-seniors.pdf>
24. Statistics Canada. (n.d.). Seniors' income from 1976 to 2014: Four decades, two stories. Available from <https://www150.statcan.gc.ca/n1/pub/11-630-x/11-630-x2016008-eng.htm>
25. Towards a poverty reduction strategy: Discussion paper. [Internet]. Employment and Social Development Canada, Government of Canada. Ottawa; 2016. Available from <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/discussion-paper.html>
26. Burns A, Bruce D, Marlin A. Rural poverty discussion paper. Rural Secretariat, Agriculture and Agri-Food Canada, Government of Canada. Available from http://www5.agr.gc.ca/resources/prod/rural/doc/poverty_pauvrete_e.pdf
27. Statistics Canada, 2011 Census of Population, Statistics Canada Catalogue no. 98-312-XCB2011028. Available from <https://www12.statcan.gc.ca/census-recensement/2011/dp-pd/tbt-tt/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=1&PID=102078&PRID=0&PTYPE=101955&S=0&SHOWALL=0&SUB=0&Temporal=2011&THEME=89&VID=0&VNAMEE=&VNAMEF=>
28. Hudon T, Milan A. Women in Canada: A gender-based statistical report [Internet]. Statistics Canada, cat. No. 89-503-X. Ottawa; 2016. Available from <http://statcan.gc.ca/pub/89-503-x/2015001/article/14316-eng.pdf>
29. National Seniors Council (Canada). Scoping review of the literature: Social isolation of seniors, 2013-2014. Ottawa; 2014. Available from http://publications.gc.ca/collections/collection_2015/edsc-esdc/Em12-7-2014-eng.pdf
30. Kauppi C, O'Grady B, Schiff R, Martin F, Ontario Municipal Social Services Association. Homelessness and hidden homelessness in rural and northern Ontario. [Internet] Guelph, (ON); 2017. Available from <http://www.ruralontarioinstitute.ca/file.aspx?id=ae34c456-6c9f-4c95-9888-1d9e1a81ae9a>
31. McDonald, S. Ontario's aging population: Challenges and opportunities. Ontario Trillium Foundation (2011). Available from <http://www.ruralontarioinstitute.ca/file.aspx?id=c31f2ff2-cb12-4d47-8cce-165196c8734a>

32. Arbuthnot E, Dawson J, Hansen-Ketchum P. Senior women and rural living. *Online Journal of Rural Nursing and Health Care*. 2012 Nov 4;7(1):35-46
33. Reforming health protection and promotion in Canada: Time to act. Report of the Standing Senate Committee on Social Affairs, Science, and Technology (November 2003). Available from <http://publications.gc.ca/site/eng/398197/publication.html>
34. Ryser L, Halseth G. Resolving mobility constraints impeding rural seniors' access to regionalized services. *Journal of Aging & Social Policy*. 2012 Jul 1;24(3):328-44
35. Luy M, Minagawa Y. Gender gaps: Life expectancy and proportion of life in poor health. Ottawa; 2014. Available from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2014012/article/14127-eng.htm>
36. Conroy S. Section 5: Police-reported family violence against seniors. In Burczycka M and Conroy S. *Family violence in Canada: A statistical profile*, 2015. Canadian Centre for Justice Statistics. Release date: February 16, 2017. Catalogue no. 85-002-X
37. Harbison J, Coughlan S, Karbanow J, VanderPlaat M. A clash of cultures: Rural values and service delivery to mistreated and neglected older people in Eastern Canada. *Practice* [Internet]. Informa UK Limited; 2005 Dec;17(4):229–46. Available from: <http://dx.doi.org/10.1080/09503150500425091>
38. Disability in Canada: Initial findings from the Canadian survey on disability. Available from <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2013002-eng.htm>
39. Chambers LW, Bancej C, McDowell I, editors. (2016). *Prevalence and monetary costs of dementia in Canada*. Toronto, ON: The Alzheimer Society of Canada in collaboration with the Public Health Agency of Canada. Available from http://alzheimer.ca/sites/default/files/files/national/statistics/prevalenceand-costsofdementia_en.pdf
40. Canadian Nurses Association. *Dementia in Canada: Recommendations to support care for Canada's aging population: Brief prepared for the Senate Standing Committee on Social Affairs, Science and Technology*. March 2016. [Internet]. Available from https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/dementia-in-canada_recommendations-to-support-care-for-canadas-aging-population.pdf
41. Senate of Canada. *Dementia in Canada: A national strategy for dementia-friendly communities*. Standing Senate Committee on Social Affairs, Science and Technology. November 2016

42. Griffith, Lauren E. et al. (2016). Patterns of health service use in community living older adults with dementia and comorbid conditions: A population based retrospective cohort study in Ontario, Canada. [Internet] Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5080690/>
43. Mapping connections: An understanding of neurological conditions in Canada [Internet]. Ottawa (ON): Public Health Agency of Canada; 2014. Available from <http://www.phac-aspc.gc.ca/publicat/cd-mc/mc-ec/index-eng.php>
44. Social Planning Council of Ottawa. (2010). Disability profile of the city of Ottawa. Available from <http://docplayer.net/25872466-Disability-profile-of-the-city-of-ottawa.html>
45. The Change Foundation. (2016). A profile of family caregivers in Ontario. Available from <http://www.changefoundation.ca/profile-of-family-caregivers-ontario/>
46. Health Quality Ontario. (2016). The reality of caring: Distress among the caregivers of home care patients. Available from: <http://www.hqontario.ca/Portals/0/documents/system-performance/reality-caring-report-en.pdf>
47. Jull J. (2010). Seniors caring for seniors: Examining the literature on injuries and contributing factors affecting the health and well-being of older adult caregivers. Ottawa (ON): Public Health Agency of Canada. <http://doi.org/10.13140/RG.2.1.1176.4080>
48. Sinha M. Portrait of caregivers, 2012. Ottawa (ON): Statistics Canada; 2013. Available from <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.pdf>
49. Turcotte, M. Family caregiving: What are the consequences? [Internet]. Ottawa (ON): Statistics Canada; 2013; cat. no. 75-006-X. Available from www.statcan.gc.ca/pub/75-006-x/2013001/article/11858-eng.htm
50. Alzheimer Society of Ontario. A profile of Ontario's home care clients with Alzheimer's disease or other dementias. (2005). Available from <http://alzheimer.ca/sites/default/files/Files/on/PPPI%20Documents/Profile-of-Home-Care-Clients-April-2007.pdf>
51. Chambers LW, Bancej C, McDowell I. Prevalence and monetary costs of dementia in Canada. (2016). Alzheimer Society of Canada. Health Promotion and Chronic Disease Prevention in Canada. Volume 36-10, October 2016. <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-36-no-10-2016/report-summary-prevalence-monetary-costs-dementia-canada-2016-report-alzheimer-society-canada.html>
52. Dumont S, Jacobs P, Turcotte V, Turcotte S, Johnston G. Palliative care costs in Canada: A descriptive comparison of studies of urban and rural patients near end of life. Palliative Medicine [Internet]. SAGE Publications; 2015 Jun 3;29(10):908–17. Available from: <http://dx.doi.org/10.1177/0269216315583620>

53. Statistics Canada. Aboriginal peoples highlight tables, 2016 Census. Aboriginal identity population by both sexes, total – age, 2016 counts, Canada, provinces and territories, 2016 Census. Available from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/abo-aut/Table.cfm?Lang=Eng&T=101&S=99&O=A>
54. Canada's most vulnerable: Improving health care for First Nations, Inuit, and Métis seniors [Internet] Toronto (ON): Health Council of Canada; 2013. Available from http://www.hhr-rhs.ca/index.php?option=com_content&view=article&id=466:canadas-most-vulnerable-improving-health-care-for-first-nations-inuit-and-metis-seniors&catid=150:features-rural-remote-aboriginal&Itemid=150&lang=en
55. Clark KJ, Leipert BD. Strengthening and sustaining social supports for rural elders. *Online Journal of Rural Nursing and Health Care*. 2012 Nov 4;7(1):13-26. Available from <https://rnojjournal.binghamton.edu/index.php/RNO/article/view/140/118>
56. O'Donnell V, Wendt M, National Association of Friendship Centres. Aboriginal seniors in population centres in Canada. [Internet]. Ottawa (ON): Statistics Canada; 2017; cat. no. 89-653-X. Available at from <https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2017013-eng.htm>
57. Sue Cragg Consulting and the CLRI Program. Supporting Indigenous culture in Ontario's Long-term care homes: Needs assessment and ideas for 2017-2018. March 27, 2017. Available from <http://www.the-ria.ca/wp/wp-content/uploads/2017/06/CLRI-on-Supporting-Indigenous-Culture-Ontario-Long-Term-Care-Homes.pdf>
58. Ottawa Senior Pride Network housing survey. Ipsos Reid and Ottawa Senior Pride Network; 2015. Available from <http://ospn-rfao.ca/wp-content/uploads/2016/11/ospn-housing-survey-final-report.pdf>
59. Toronto Central LHIN. Seniors' voices on aging at home: Community consultation report. Winter 2007/08. Available from <https://goo.gl/tskgwK>
60. Comerford SA, Henson-Stroud MM, Sionainn C, Wheeler E. (2004). Crone songs: Voices of lesbian elders on aging in a rural environment. *Affilia*, 19, pp. 418–436
61. Fredriksen-Golden K. Aging out in the queer community: Silence to sanctuary activism in faith communities. *Generations*. 2016 Summer; 40(2): 30–33. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5683084/>
62. Stinchcombe A, Kortess-Miller K, Wilson K. (2016). Perspectives on the final stages of life from LGBT Elders living in Ontario: Improving the last stages of life. Commissioned by the Law Commission of Ontario. Available from <http://www.ontla.on.ca/library/repository/mon/30008/336272.pdf>

63. Alzheimer's Association, Sage Advocacy & Service for LGBT Elders. Issues brief: LGBT and dementia. Available from <https://www.alz.org/media/Documents/lgbt-dementia-issues-brief.pdf>
64. Immigration and ethnocultural diversity in Canada. Statistics Canada; 2013. Available from <https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm>
65. Statistics Canada. Census Profile, 2016 Census, Renfrew County: Immigration and citizenship information
66. Statistics Canada. 2017. Lanark, CTY [Census division], Ontario and Ontario [Province] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017
67. Statistics Canada, 2016 Census of Population. Available from <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>
68. Statistics Canada. Census Profile, 2016 Census. Lanark County: Immigration and citizenship information
69. Rural Ontario Institute. Immigrant arrivals in 2013. Focus on Rural Ontario, Vol. 2, No. 8, September 2014. Available from <http://www.ruralontarioinstitute.ca/uploads/userfiles/files/8%20-%20Immigrant%20arrivals.pdf>
70. Rural Ontario Institute. Immigrant arrivals in 2014. Focus on Rural Ontario, Vol. 3, No. 3, August 2015. Available from <http://www.ruralontarioinstitute.ca/uploads/userfiles/files/2015%20Focus%20on%20Rural%20Ontario%20%233%20Immigrant%20arrivals%20in%202014.pdf>
71. About Garrison Petawawa. Brookfield GRS. 2018. Available from <https://irp-dnd.com/garrison-petawawa/>
72. Statistics Canada. 2017. Renfrew, County [Census division], Ontario and Canada [Country] (table). Census Profile. 2016 Census. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released November 29, 2017. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3547&Geo2=PR&Code2=35&Data=Count&SearchText=renfrew&SearchType=Begins&SearchPR=01&B1=All&TABID=1>
73. United Way Centraide Ottawa. A profile of vulnerable seniors in Ottawa [Internet]. Ottawa; 2017. Available from <https://www.unitedwayottawa.ca/wp-content/uploads/2017/06/A-Profile-of-Vulnerable-Seniors-in-the-Ottawa-Region-EN.pdf>
74. Clark K, Leipert BD. Strengthening and sustaining social supports for rural elders. Online Journal of Rural Nursing and Health Care, vol. 7, no. 1, Spring 2007. Available from <https://rnojournl.binghamton.edu/index.php/RNO/article/view/140/118>
75. Aging out: Moving towards queer and trans* competent care for seniors [Internet]. Vancouver (BC): QMunity; 2015. Available from <http://qmunity.ca/wp-content/uploads/2015/03/AgingOut.pdf>



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