



A Community for a Lifetime



A Master Aging Plan For Brantford & The County of Brant

EXECUTIVE SUMMARY

BACKGROUND

A master aging plan is a “roadmap” for the delivery of a comprehensive and coordinated set of community services to older adults who have a wide range of needs. The focus is not just on health services, but also encompasses transportation, housing, recreation, safety and other community services. It allows for proactive planning rather than reacting to crises and provides information to use in planning for future needs, allocating resources and preparing grant applications.

Development of the Master Aging Plan for Brantford and Brant County was funded by a grant from the Ontario Trillium Foundation and led by the Alzheimer Society of Brant. The project was directed by a Steering Committee with representatives from the Adult Recreation Therapy Centre, Brantford City Council and Staff, Brant United Way, the Haldimand Norfolk Hamilton Brant Community Care Access Centre, John Noble Home, St. Leonard’s Community Services, the Task Force on Issues Pertaining to Seniors and the Disabled, Victims Services of Brant and the YMCA Immigrant Settlement Services. The Steering Committee was supported by a project consultant and three separate Planning Committees representing a cross section of community organizations and services.

APPROACH

Brantford and Brant County’s Master Aging Plan was developed “for the community by the community”. The extensive consultation process engaged 40 service providers through committee involvement, more than 100 seniors through focus groups, 15 community leaders through meetings and interviews, and an additional 16 individuals through a widely circulated public discussion paper. Work on the project commenced in April 2008 and was completed in September 2008. Planning steps were the following:

- » A review of **relevant reports** and a **demographic analysis** of Brantford and Brant County
- » Establishment of three **Planning Committees** of service providers to focus on different segments of the aging population: well and fit seniors; seniors requiring some assistance with activities of daily living; and seniors requiring 24-hour assistance with activities of daily living. Each Planning Committee met in May, June and July.
- » Eight **community forums** held in June and July to gather information about the views and experiences of seniors and their family members.
- » Broad distribution of a **discussion paper** to inform citizens about the project and solicit responses to emerging goals and objectives.
- » **Interviews and meetings** with community leaders and other key informants.

The Steering Committee met on six occasions to monitor the project and assemble the final report.

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NEEDS

Seniors' needs were identified through consultation and data gathering initiatives, summarized in the chart below. It was evident from the analysis that needs vary in nature across the three target groups.

	Well/Fit	Require Some Assistance	Require 24-hour Assistance
Transportation	<ul style="list-style-type: none"> • Driver supports • Pedestrian-friendly environment • Inter-county transportation • Planning for life transitions 	<ul style="list-style-type: none"> • Home delivery • Special transit • Accessibility at destination • Inter-county transportation 	<ul style="list-style-type: none"> • Special transit • Attendant care
Housing	<ul style="list-style-type: none"> • Individual-appropriate, affordable and accessible housing options • Planning for life transitions 	<ul style="list-style-type: none"> • Home maintenance supports • Assisted living options • Planning for life transitions 	<ul style="list-style-type: none"> • Additional long term care options, both in home or out of home
Social and Recreational	<ul style="list-style-type: none"> • Integration with generic services 	<ul style="list-style-type: none"> • Access and choice • Outreach to isolated seniors 	<ul style="list-style-type: none"> • In-house activities and community linkages
Safety and Security	<ul style="list-style-type: none"> • Community programs such as Good Neighbour, fraud prevention, elder abuse issues 	<ul style="list-style-type: none"> • Community programs • Lifeline services • Physical safety training 	<ul style="list-style-type: none"> • Staff support
Professional and Retail	<ul style="list-style-type: none"> • Affordability • Education for professionals and retailers • Options and choices • One-stop shopping 	<ul style="list-style-type: none"> • Affordability • Education for professionals and retailers • Specialized products and services • Accessibility 	<ul style="list-style-type: none"> • Affordability • Specialized transportation • Accessibility
Health Care	<ul style="list-style-type: none"> • Health promotion • Primary care providers 	<ul style="list-style-type: none"> • In-home healthcare • Specialized medical supports 	<ul style="list-style-type: none"> • Continuous care • Staff support

GOALS AND OBJECTIVES

The following goals and objectives are proposed:

GOAL 1.0 - Establish and Maintain a Supportive Infrastructure

- 1.1 Increase appropriate, accessible and affordable housing options for seniors living in the community.
- 1.2 Develop an integrated county-wide transportation system.
- 1.3 Increase appropriate, accessible and affordable housing options for seniors requiring long-term care accommodation.

GOAL 2.0 - Optimize community programs and services

- 2.1 Support an active lifestyle of seniors by increasing the availability and accessibility of social and recreational opportunities.
- 2.2 Expand educational opportunities for seniors.
- 2.3 Ensure the needs of special interest groups, such as new Canadians and persons with disabilities, are integrated into plans, projects and programs.
- 2.4 Develop joint programming across jurisdictions.
- 2.5 Educate the retail and professional services sector to the needs of seniors.

GOAL 3.0 - Foster health and wellness for seniors

- 3.1 Ensure adequate primary health care for seniors, available in-home when necessary.
- 3.2 Address the social, emotional and mental health needs of seniors.
- 3.3 Educate health care providers on seniors' needs and geriatric issues.
- 3.4 Engage in health promotion for seniors.

GOAL 4.0 - Continuously improve support systems

- 4.1 Educate and provide transition planning and support to seniors and their families.
- 4.2 Establish single point access for seniors' information and support.
- 4.3 Increase caregiver support.
- 4.4 Recruit, retain and nurture health care staff and promote positive morale.

GOAL 5.0 - Raise the profile of seniors in the community

- 5.1 Increase the visibility of seniors' activities and accomplishments.
- 5.2 Establish seniors/business partnerships in the public and not-for-profit sectors to provide senior-friendly services.
- 5.3 Engage seniors in planning, delivery and evaluation of services.
- 5.4 Share information on best practices across providers and academic institutions.
- 5.5 Continually advocate for changes in seniors' care and services to meet individual needs and wishes.

Suggested strategies to achieve the objectives appear in the body of the report.

MOVING FORWARD

The issues surrounding aging are, by nature, interdisciplinary. No one service provider, level of government or organization can provide the full range of supports to individuals as they grow older. The multitude of issues raised in this study demonstrates the vast array of concerns that our communities must address to serve the needs of an aging population – housing, transportation, health care, home supports, social outreach, financial planning, fitness and communication. It is worth noting that, in the United States, “departments on aging” have been created at state, county and municipal levels to address aging issues.

This report has taken the first steps in identifying priorities for addressing issues that face our residents. What we have learned, throughout this process, is that successful planning for a “senior population” is something that can only be accomplished through a collaborative approach. Collaboration should become part of the strategy of all organizations that provide services to the community.

This report will be presented to elected officials at the City of Brantford and the County of Brant. It will be sent to our local members of Provincial and Federal Parliament and to relevant government offices. It will be distributed to service providers in our community who work with our seniors.

As we present the report to the community, we will be asking agencies and government departments to consider the identified priorities and respond with ways that these priorities can be addressed.

Finally, volunteers from the original Steering Committee will form a small group to meet bi-annually over the next two years. The group will monitor the issues and actions identified in the report and recommend projects that follow logically from this initial process.

Steering Committee
Master Aging Plan for Brantford and Brant County

September 16, 2008

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1.0 INTRODUCTION

1.1 PURPOSE

The population of the City of Brantford and Brant County is changing. Demographic studies demonstrate that our community is aging rapidly and we need to plan today to meet the needs of tomorrow. The rapid growth of the older population in Brantford and Brant County, coupled with the relatively poor determinants of health documented in numerous epidemiological studies, necessitates detailed planning into future service capacity. The Master Aging Plan will serve as a road map for change and development in meeting the increased demand on services for seniors. Community organizations will find it to be a valuable template in their own planning and development of comprehensive and coordinated services for seniors with different and changing needs.

1.2 BACKGROUND

The need for comprehensive planning for seniors was first identified by the Task Force on Issues Pertaining to Seniors and the Disabled. This volunteer community group represents and advocates on behalf of seniors and the disabled. One of the Task Force board members, Dr. Jean Kincade, was involved in the development and implementation of two 5-year Master Aging Plans in Orange County, North Carolina before she retired from the faculty of the University of North Carolina and moved to Brantford. Dr. Kincade suggested that a similar process could be used to develop a planning document for Brantford and Brant County.

Many community agencies expressed interest in being involved in the plan and consequently, Dr. Kincade on March 9, 2007 gave a community presentation. She described the process of development of a Master Aging Plan in North Carolina and how this could be replicated locally. As a result, she was invited to make a presentation to Brantford City Council on April 30, 2007, where a resolution was passed that the Master Aging Plan be referred to the Social Services staff to review and to act as a facilitator for the plan.

Over the summer and early fall, a Job Creation Partnership position, attached to the Task Force On Issues Pertaining To Seniors and the Disabled, met with professors from Wilfred Laurier University. The purpose was to explore opportunities for program evaluation and student involvement, communicate with representatives from the Local Health Integration Network to keep them informed and discuss regional initiatives, to explore possibilities for funding for staff support to develop the Master Aging Plan and to address the highest priority issues arising from the plan. A proposal was submitted to the Trillium Foundation for the November 1, 2007 deadline and a Steering Committee of local community members (Appendix A) was formed to oversee the project.

In March 2008, Trillium advised the Alzheimer Society of Brant that it would fund the project with a grant of

\$53,000. A Request for Proposals for consulting assistance was issued. The Steering Committee selected an external consultant to provide research and planning support to the project. The Steering Committee approved the final project work plan at its meeting of April 8, 2008.

2.0 THE PLANNING PROCESS

2.1 INFORMATION REVIEW AND DEMOGRAPHIC ANALYSIS

At the outset of the project, relevant background information was obtained and reviewed, including the report from the Brant Task Force on Issues Pertaining to Seniors and the Disabled, the 2001 and 2007 Master Aging Plans produced by Orange County North Carolina, relevant documents from the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN), municipal planning documents, literature from the Canadian Association of Retired Persons (CARP), government reports and a recently completed study of the needs of seniors affected by mental illness and/or addictions in Brant County. The full list of references appears in Appendix B.

An updated demographic analysis was also performed drawing on Statistics Canada data from the 2001 and 2006 census and projections by the Ontario Ministry of Finance.

2.2 PLANNING COMMITTEES

Three Planning Committees of service providers were recruited to focus on different segments of the aging population: well and fit seniors, seniors requiring some assistance with activities of daily living and seniors requiring 24-hour assistance with activities of daily living.

Each Planning Committee met in May, June and July 2008. The May meetings reviewed the background information collected by the consultant and conducted a preliminary identification of the needs of seniors in the target group, based on their understanding of their clients' characteristics. Participants at the June meetings assessed information gathered from community forums, engaged in visioning exercises and developed preliminary goals and priorities. The final round of meetings in July reviewed discussion paper feedback, finalized goals and identified implementation strategies. Detailed session reports were issued after each meeting and draft materials were reviewed by committee members.

Members of the three Planning Committees are listed in Appendix C.

2.3 STAKEHOLDER CONSULTATION

Stakeholder involvement was an important part of the planning process and was achieved through several different consultation initiatives described in this section.

2.3.1 Community Forums

Eight community forums were held at different times and locations to gather information about the views and experiences of seniors, and their family members, concerning the range of health, recreational, educational and other community services available to older adults in Brantford and Brant County. Sixty-three community members, including seniors, family members and service providers attended the forums. Dates and locations are listed below:

Location	Date	# Participants
1. Burford	June 3 afternoon	2
2. Paris	June 4 afternoon	5
3. Oakland/ Scotland	June 4 evening	7
4. Brantford #1	June 5 evening	3
5. St. George	June 6 afternoon	4
6. Brantford #2	June 12 afternoon	10
7. Brantford #3	June 13 morning	10
8. John Noble Home	July 22 afternoon	22
	Total Forum Participants:	63

While turnout was low at some locations, all of the sessions generated thorough and comprehensive discussions that revealed high levels of consensus regarding seniors' needs. Forum proceedings were transcribed and used by the Planning Committees in priority setting and goal development.

2.3.2 Discussion Paper

An eight-page discussion paper was produced to inform citizens about the project and solicit responses to the emerging goals and objectives. The paper was widely distributed to members of the community including service providers, participants at the community forums, and other key individuals. A notice was also placed in the **Brantford Expositor** and on the City website listing locations where copies of the discussion paper could be obtained. It was also possible to view and complete the discussion paper on-line by going to a link on the consultant's website and many respondents chose this option.

Twenty-five individuals replied to the discussion paper offering over 200 individual comments in response to the focus questions contained in the paper. Responses were transcribed and used to shape the goals and objectives.

2.3.4 Key Informants

Interviews were held throughout the process with key players including selected service providers, including Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) personnel, local officials and key volunteers.

A two hour input session was also held at the Seniors Resource Centre and attended by 25 participants including Board members from the Task Force on Issues Pertaining to Seniors and the Disabled, Presidents of local Seniors Clubs, members of Canada's Association for the 50+ (CARP) and other volunteers. Excerpts from the draft report were presented and feedback was solicited.

In total the consultation process engaged 40 service providers through committee involvement, 100 seniors through focus groups, 15 community leaders through meetings and interviews an additional 15 individuals through the discussion paper.

3.0 ENVIRONMENTAL SCAN

3.1 DEMOGRAPHIC FACTORS

Demographic charts and tables for Brantford and Brant County appear in Appendix D.

Currently the highest concentrations of seniors are in areas that were developed 40 to 50 years ago, such as the Henderson, Fairview, Greenbrier and East Ward areas of Brantford. Many areas of Brant County have relatively lower concentrations of seniors, suggesting that there may be a movement of older individuals from rural Brant County to Brantford or Paris where more services are available.

The senior population has been increasing in Brantford and Brant County, and will continue to do so at an accelerating rate as the “baby boomers” (the population cohort born between 1946 and the early 1960’s) age. The area already has fewer people in the 20 to 44 age group and a higher proportion of seniors than the provincial average. A review of recent census data, and projections from the Ontario Ministry of Finance, shows that the growth of the over 65 age group will have a significant impact on the Brantford and Brant County communities in the next two decades. The population of seniors will more than double, growing from 19,000 in 2007 to close to 40,000 people in 2031. This projection does not take into account seniors moving into the area, so the actual increase will likely be much larger.

All reports suggest that the new “crop” of seniors will be active, engaged, demanding and have high expectations of community services.

3.2 OTHER FACTORS

Other key factors to consider in planning, identified through the information review and feedback from stakeholders, were the following:

- » Increasing diversity in the senior population in terms of ethnic background, income and life circumstances
- » Increasing numbers of seniors whose family members do not live in the community
- » Increasing levels of education among seniors
- » Retirees moving to Brantford from larger metropolitan areas in Ontario and Canada
- » Grandparents raising grandchildren

3.3 TARGET GROUPS

The study focused on three distinct “target groups” of seniors defined in terms of their needs rather than age. This approach was adopted from the Orange County Master Aging Plan as it offered a meaningful way of focusing on needs, based on personal circumstances rather than arbitrary age distinctions.

3.3.1 Well/Fit Seniors

These individuals are generally in good health and are able to live independently without assistance. The goal of services for this population of seniors is to help them maintain their health and independence for as long as possible. The Planning Committee for this group produced the following profile:

- » Increase in numbers demographically and through in-migration
- » Tendency to be more affluent and better educated
- » More demanding of services
- » Active in getting out to programs
- » Interested in volunteering
- » Some dealing with grief issues
- » Some working beyond “normal” retirement age
- » Some health and wellness issues - especially with singles and males
- » Changing social systems for this group - e.g. Legions are declining, new technologies such as “Facebook” and on-line introductions may begin to have an impact

It will be particularly important to watch for risk factors, such as isolation and depression, which could jeopardize the wellness of this group.

3.3.2 Seniors Requiring Some Assistance with Activities of Daily Living

This population requires some assistance with activities of daily living in order to allow them to stay in their own homes. Some of the members of this segment of the population receive help from family members and friends, while others require assistance from community agencies. The Planning Committee for this group produced the following profile:

- » Living longer - often with chronic illness
- » Strong desire to remain at home
- » Fewer family members available for support
- » Some with developmental disabilities or mental health issues
- » Some undiagnosed health problems

- » Increasing complexity of needs
- » Majority are women
- » Transportation issues
- » Use of multiple services to address multiple needs - often without adequate coordination/case management
- » Sometimes dealing with physical disabilities
- » Not particularly affluent, some with affordability issues related to user fees
- » Some social isolation and loneliness issues, a strong risk factor
- » Limited and declining access to family physicians

The need for services that support caregivers and/or individuals to remain in their homes is evident with this group.

3.3.3 Seniors Requiring 24-hour Assistance with Activities of Daily Living

The majority of these individuals reside in long-term care homes. The planning Committee profiled this group as follows:

- » More complex needs with higher care requirements
- » Younger ages requiring different care and different approaches (7 to 10% are under 60 in Brantford and Brant County homes for the aged)
- » Some with acquired brain injuries or developmental disabilities
- » Some with mental health issues
- » Some with behavioural issues
- » Increasing alcohol and drug addictions issues
- » More demanding with greater insistence on maintaining own lifestyle
- » Not wealthy and sometimes in debt when they are admitted to the home

Quality of care is a priority issue for this segment of the older adult population.

3.4 SENIORS NEEDS

This section describes the senior's needs identified by the Planning Committees, and participants at the Community Forums, related to transportation, housing, social and recreational opportunities, safety, professional and retail services and health care.

Selected quotes from the respondents to the discussion paper are included to add richness and flavour to the points.

3.4.1 Transportation

If there are inter-city/village buses, we are unaware of them. We have seen people flagging down a Greyhound bus from the side of the highway. Not really safe for seniors with some limitations.

If I could no longer drive, I would need transportation to appointments, delivery of medicines and groceries. I don't expect the government to do this for me.

Villages often have no sidewalks for safe walking to local activities. Rural drivers often are accustomed to exceeding speed limits due to scant policing. We need larger displays for road signs and where possible before we get to the street.

Transportation was regarded as a major priority by all three Planning Committees and by participants at all the Community Forums. Specific needs identified include:

- » Clearer and more visible traffic signs, improved parking, graduated licenses and driver training for seniors who drive their own vehicles
- » A simplified bus schedule for seniors using public transit
- » More “pedestrian friendly” urban environments - with ramps, level sidewalks, benches, etc.
- » Regular transportation from the rural areas to Brantford and Paris
- » Expanded and more flexible transportation services for the mobility impaired
- » Subsidized taxi fares for seniors with financial needs
- » Expanded home delivery services
- » Improved accessibility and attendant support for seniors once they arrive at their destinations
- » Transition planning for individuals as their transportation options change

3.4.2 Housing

There are many seniors who live in nice, but too large homes for one or two people. In some communities, these people are matched by a social service agency to share with compatible housemates. Companionship and shared expenses allow seniors to remain in their own homes.

Seniors who have limited mobility need to be able to do simple tasks at home. Today's construction doesn't always accommodate people in wheel chairs.

We need solutions for low, fixed income seniors who do not have enough income to keep up the maintenance and repair of their homes.

How many housing situations for seniors also include their dog or cat which may be their only companion?

Without fail, every one of us wants to be able to stay in our home until we die, perhaps an unrealistic expectation. As long as I stay healthy and my mind does not fail, I can do just that. Seniors are staying in their homes longer, albeit in smaller accommodations.

If the person who always did the little repairs and upkeep on the house was no longer here, I would need a “Mr./Mrs. Fixit”. As I think about it, one telephone number to a person who gives information about many things, would be very helpful. One has to be encouraged to “cope”.

Snow plowing is a nightmare. We use shovels to clear the drive way. In no time flat, the plow has filled in the end of the drive way, even though it’s obvious that some one has just cleared the exit. 3 feet X 20 feet of compacted snow is commonplace and a real and unhealthy chore for seniors with shovels.

Living in a small village, like St. George, makes it impossible for those limited or infirm to stay here. There are no retirement homes or developments. There is a small retirement apartment building with a very long waiting list. This is a wonderful community. It is a shame one has to leave the support and comfort such a place offers.

Housing was the second major priority emerging from the consultation process. Identified needs include:

- » Home maintenance support for seniors living at home as well as relief in property taxes and house upgrade costs
- » A continued supply of RGI (rent geared to income) units
- » An increase in the general supply of apartments in the community that are suitable for seniors – i.e. reasonably priced, accessible and appropriate in size and layout
- » Housing options that accommodate pets
- » Greater availability of long term care beds and reduced wait lists
- » Supports for family members who wish to have their senior move in with them
- » Arrangements for companionship and shared expenses
- » Transition planning and support for seniors dealing with a change in their housing situation

Housing needs are particularly acute in the rural areas where there is a lack of suitable housing facilities and an understandable reluctance of seniors to move out of their home communities.

3.4.3 Social and Recreational Opportunities

Spiritual support from my church was vital in my recovery and my mental health.

A person needs someone who cares. Isolation is lethal.

Seniors need to interact with seniors and other people and to further skills that seniors never had a chance to take part in during their working years. This is needed to keep them cheered up and therefore away from isolation and depression.

This was the third most frequently mentioned category of needs and is affected by transportation, accessibility and housing circumstances. Experts agree that a lack of recreational activities can lead to declining physical health, and a lack of social activities can lead to isolation and declining mental health.

Many outlets for social and recreational activities exist in Brantford and Brant County including formal recreation centres as well as identified gathering points such as libraries, community centres and legion halls. Faith-based organizations, particularly the traditional churches, have high concentrations of seniors active in committees and events, but congregations are declining. Legions are also losing members. Seniors in retirement homes and long-term care homes have access to in-house social and recreational programming but often drop their ties to community recreation when they enter a long-term care home.

There was a low level of knowledge of seniors about the full range of social and recreational options that are in fact available to them. An example would be in the case of education where educational options for seniors are offered by Nipissing University, Mohawk College and Wilfrid Laurier University but the uptake of these by seniors has been low.

Needs identified by Community Forum participants and members of the Planning Committee include:

- » Greater variety in social activities
- » Increased intergenerational programming, linked to existing generic programming where possible
- » Improved accessibility to facilities and events for people with physical disabilities
- » Financial support to offset user fees and tuitions
- » More information and referral re: the range of services available to seniors and how to access these
- » Outreach to isolated seniors in order to engage them in social and recreational activities

3.4.4 Safety and Security

We need physical safety and freedom from harassment from persistent vendors who count on the polite nature of seniors to make sales/contracts.

Especially for those who live alone – do not answer the door when you are not expecting someone. Be very aware of what you are doing at all times in order to avoid falls and other hazards. Do not talk to telemarketers. E-mail – if you didn't solicit it – do not reply. Delete or block sender.

Seniors themselves should be surveyed on this. We have had seniors who have had their homes broken into. Afterwards this has been very traumatic for them. Follow up and support after such a violation is something perhaps to think about.

Brantford Police present an excellent program on scams and frauds. I have been three times at Seniors gatherings.

Seniors at the Forums did not raise major concerns about their safety and security, but there were some reports of attempted door-to-door, phone and Internet scams and some mention of recent crime reports in Brantford. The revitalization of Brantford's downtown area may be moving crime out to East Ward, which has a high concentration of seniors. All participants in the sessions had high praise for the police and emergency response personnel. However, some needs, related to safety and security, were identified by the Planning Committees, particularly in the case of mobility impaired seniors. Identified needs include:

- » Continued crime prevention and awareness initiatives
- » Safety training for mobility impaired seniors
- » Neighbourhood awareness of seniors living alone
- » Systems to block unwanted calls and solicitations
- » Ongoing support by police and other emergency services personnel

3.4.5 Professional and Retail Services

I don't think our professional and retail services have realized the changes they will have to make to accommodate the expanding senior population.

Offer free education/training to retail staff regarding senior issues. Two examples where staff can be unaware that issues may be prevalent are mobility and dementia. Staff needs knowledge on how to serve these people better.

Seniors say that they just need a number to call where they can obtain reliable information on whatever (e.g. who to call when the sink is leaking).

They can't just assume that we all have cell phones and computers.

Retail services for seniors were rated as good in the urban areas, but there was limited choice and some gaps in the rural areas. Professional services, such as financial and legal advice, are available in Brantford and Brant County but were seen as costly and sometimes difficult to access.

Seniors often rely on family members, but in many cases families do not live in the area or are busy and unable to assist. Government services are available in Brantford and through full-service post offices in rural areas. There were some issues reported related to complexity and voice mail. Identified needs include:

- » Simple, transparent “one-stop shopping” access to all government services - including access to “live” people
- » Independent and objective financial and legal advice
- » Reduced cost legal and financial services for seniors
- » Information and a central repository of services giving discounts to seniors
- » More professional services available through drop-in centres
- » More services in rural areas
- » Specialized products and services
- » Training of retail staff re: seniors issues and needs

3.4.6 Health Care

Low, and fixed income seniors have a hard time with stretching dollars to cover dental. When we have to have our teeth pulled and have no money for dentures or partial plates – this affects our health and in the long run it costs the tax payers more money in healthcare costs. All seniors in this category should be fully covered for dental care.

Last year, I had need of and received wonderful care from visiting nurses, home care workers and in home physiotherapy. I got the care I needed. However, if I had not advocated for myself before I needed care, the care may have been delayed, as is often the case.

After applying to eight doctors and being refused by seven, we were accepted by a “new” doctor in Burlington. Great care, but a 75 minute drive is long and expensive.

We need to reduce the stigma among seniors of accessing some services, such as mental health/addiction services.

Most seniors attending the Forums have family doctors, who in many cases are nearing retirement and/or working reduced hours. Seniors did refer to long waits for specialists, the high cost of dental care, and in some cases a certain amount of “ageism” and lack of understanding on the part of health care professionals. Pharmacists emerged as significant providers of information and advice. As with the other categories, many seniors were unaware of the services that were in fact available to them through the Community Care Access Centre and local health associations and agencies.

Identified needs included:

- » More family physicians and improved access to specialists
- » Service provider education related to specific seniors needs and issues
- » Increased awareness of therapies available
- » Reduced cost of dental services for seniors
- » More lab services in rural areas
- » Education and awareness related to drug interactions
- » More information about available health services and how to access them
- » Greater emphasis on health promotion and healthy aging

A recent research project commissioned by the Brant Mental Health and Addictions Network, and funded by the Brant Geriatric Outreach Program, examined the needs of seniors with mental health and addiction issues. The study projected significant increases in the number of seniors with mental illness living in the community. Identified needs are:

- » More family physicians, specialized care providers and family/caregiver supports
- » Improved linkages, communication and follow-up among service providers, especially family physicians, geriatricians and psychiatrists
- » Greater knowledge and understanding of seniors’ mental health and addiction issues, and services by service providers
- » Improved transportation
- » Public education to reduce stigma

On judging a particular society, look at the way their seniors are treated.... then remember that one day you will be one.

4.0 CLOSING THE GAP

4.1 VISION AND GOALS

A vision statement describes the “preferred future state” of a community and its stakeholders. The Vision statement for the Master Aging Plan is the following:

A senior population that is able to attain optimal independence and health, and is aware, informed, active and connected with a compassionate community that is adaptive as their individual needs change.

The Vision will be achieved by pursuing the following broad goals:

- » **Establishing and maintaining a supportive infrastructure,**
- » **Optimizing community programs and services,**
- » **Fostering health and wellness for seniors,**
- » **Continuously improving support systems, and,**
- » **Raising the profile of seniors in the community.**

4.2 OBJECTIVES AND STRATEGIES

GOAL 1.0 - Establish and Maintain a Supportive Infrastructure

Objectives	Suggested Strategies
<p>1.1 Increase appropriate, accessible and affordable housing options for seniors living in the community.</p> <p><i>Identified priority by Planning Committee 2 (Seniors requiring some assistance with activities of daily living)</i></p>	<ul style="list-style-type: none"> • Research innovative housing models in other jurisdictions • Identify local zoning and infrastructure barriers to affordable, accessible and appropriate housing for seniors • Develop a registry of affordable, accessible and appropriate housing options • Communicate information on available housing and retrofit grants • Provide affordable home maintenance support • Explore ways to increase “pet-friendly” housing options • Maintain the stock of rent geared to income seniors’ accommodation • Explore ways to expand seniors’ housing options in rural areas • Explore private sector incentives and public/private partnerships
<p>1.2 Develop an integrated county-wide transportation system.</p> <p><i>Identified priority by Planning Committee 1 (Well/fit seniors)</i></p> <p><i>Identified priority by Planning Committee 2 (Seniors requiring some assistance with activities of daily living)</i></p>	<ul style="list-style-type: none"> • Engage major transportation providers (Brantford Transit, Operation Lift, Red Cross, volunteer agencies and private transportation companies) in pursuing an integrated system that is affordable, coordinated with housing, encompasses rural and urban areas and builds on the regular transportation system • Support joint initiatives currently underway by various agencies • Continue Brantford Transit initiatives such accessible vehicles and automated announcements and accessible vehicles. (Also consider an LCD display for deaf) • Monitor effectiveness of the van for senior’s health-related transportation recently funded by the Local Health Integration Network • Expand volunteer driver networks • Explore models for portability of services • Create a more “pedestrian friendly” urban environment • Improve traffic signs, parking and driver training for seniors • Expand home delivery services • Advocate for graduated licenses
<p>1.3 Increase appropriate, accessible and affordable housing options for seniors requiring long-term care accommodation.</p> <p><i>Identified priority by Planning Committee 3 (Seniors requiring 24-hour assistance)</i></p>	<ul style="list-style-type: none"> • Continually monitor occupancy and wait list data in Brantford and Brant County • Support and expand initiatives by the Community Care Access Centre and other agencies to raise seniors and families’ understanding of long-term care housing options • Work towards increasing the stock of affordable retirement homes • Research innovative long-term care housing models in other jurisdictions

GOAL 2.0 - Optimize community programs and services

Objectives	Suggested Strategies
<p>2.1 Support an active lifestyle of seniors by increasing the availability and accessibility of social and recreational opportunities.</p> <p><i>Identified priority by Planning Committee 1 (Well/fit seniors)</i></p>	<ul style="list-style-type: none"> • Develop an inventory of current programs, facilities and services and identify gaps • Increase information and promotion of available opportunities • Explore ways to increase the variety and choice of social activities available to seniors • Increase intergenerational programming • Offer on-site programming and outreach to rural areas • Examine ways to reduce costs and offer additional subsidies where necessary • Expand programming beyond 9 to 5 to accommodate seniors still working • Offer outreach and support to seniors who require it to link with social and recreational opportunities • Increase access for hard of hearing • Invite seniors not living in retirement homes to participate in residence activities
<p>2.2 Expand educational opportunities for seniors.</p>	<ul style="list-style-type: none"> • Promote current educational opportunities available to seniors • Communicate on-line learning options • Liaise with local post-secondary institutions to launch specialized and integrated programming for seniors • Provide skills training for seniors still in the work force
<p>2.3 Ensure the needs of special interest groups, such as new Canadians and persons with disabilities, are integrated into plans, projects and programs.</p>	<ul style="list-style-type: none"> • Establish links with the developmental services system and other specialized groups • Increase knowledge of the effect of disabilities on aging • Improve accessibility and offer mobility training for persons with physical disabilities • Partner with agencies and support services familiar with the culture of target groups
<p>2.4 Develop joint programming across jurisdictions.</p>	<ul style="list-style-type: none"> • Explore development of a “passport” system with other cities • Increase integration of Brantford/Brant County programs • Establish City/County interlibrary connections
<p>2.5 Orient the retail and professional services sector to the needs of seniors.</p>	<ul style="list-style-type: none"> • Provide simple, transparent “one stop shopping” to government and community services • Provide sources of affordable independent legal and financial advice • Continue crime prevention and fraud avoidance programming directed at seniors • Establish a central repository of services that give discounts to seniors • Educate retail staff on the needs of seniors

GOAL 3.0 - Foster health and wellness for seniors

Objectives	Suggested Strategies
<p>3.1 Ensure adequate primary health care for seniors, available in-home when necessary.</p> <p><i>Identified priority by Planning Committee 2 (Seniors requiring some assistance with activities of daily living)</i></p>	<ul style="list-style-type: none"> • Support and expand the Community Health Centre model in Brantford and Brant County • Explore the feasibility of a specialized community medical clinic for seniors • Provide more information about health services available and how to access them • Attract more family physicians to Brantford and Brant County • Provide more nurse practitioners in primary care settings • Explore options for reduced cost for vision and dental care • Partner with pharmacists in communicating health care information to seniors • Expand lab services in rural areas • Explore methods of outreach to individuals reluctant to accept assistance
<p>3.2 Address the social, emotional and mental health needs of seniors.</p>	<ul style="list-style-type: none"> • Attract physician and non-physician providers, trained in seniors mental health, to Brantford and Brant County • Improve linkages, communication and follow-up between family physicians, geriatricians and psychiatrists • Increase the knowledge and understanding of mental health and addiction issues and services provided by service providers • Promote the Seniors Resource Centre as a “comfortable” access point for counselling • Reduce stigma on the part of seniors, the public, and service providers
<p>3.3 Educate health care providers on seniors’ needs and geriatric issues.</p>	<ul style="list-style-type: none"> • Promote shared collaborative models of care • Establish a health providers education network, providing evidence based care
<p>3.4 Engage in health promotion for seniors.</p>	<ul style="list-style-type: none"> • Expand health promotion messaging that emphasizes awareness and encourages self-determination and personal involvement in staying well

GOAL 4.0 - Continuously improve support systems

Objectives	Suggested Strategies
<p>4.1 Educate and provide transition planning and support to seniors and their families.</p> <p><i>Identified priority by Planning Committee 3 (Seniors requiring 24-hour assistance)</i></p>	<ul style="list-style-type: none"> • Build on transition planning initiatives from Canada’s Association for Fifty-Plus (CARP) • Support existing communication initiatives such as the Community Care Access Centre information sessions • Support /sustain social worker positions in long term care homes • Address findings from the current McMaster study on adjustments to long term care
<p>4.2 Establish single point access for seniors’ information and support.</p> <p><i>Identified priority by Planning Committee 1 (Well/fit seniors)</i></p>	<ul style="list-style-type: none"> • Expand and ensure the sustainability of the Seniors Resource Centre • Maintain and update the Accessibility Guide • Monitor the progress of the provincial • Community Care Access Centre roll out of an information and referral telephone system (1-310-CCAC) • Support the work of the committee currently developing a volunteer roster • Establish a home support network utilizing existing community service providers and establishing new ones
<p>4.3 Increase caregiver support.</p>	<ul style="list-style-type: none"> • Expand day program options for seniors • Support family council initiatives • Support /sustain social worker positions in long term care homes • Continue existing support groups and develop new ones • Expand caregiver supports to include the frail elderly
<p>4.4 Recruit, retain and nurture health care staff and promote positive morale.</p> <p><i>Identified priority by Planning Committee 3 (Seniors requiring 24-hour assistance)</i></p>	<ul style="list-style-type: none"> • Continue to address community/ hospital/ long-term care salary differentials • Advocate for increased staffing levels • Explore non-financial benefits for health care workers • Expand staff and management training • Increase staff recognition initiatives

GOAL 5.0 - Raise the profile of seniors in the community

Objectives	Suggested Strategies
<p>5.1 Increase the visibility of seniors' activities and accomplishments.</p>	<ul style="list-style-type: none"> • Develop a media plan • Develop a marketing plan • Lobby for a seniors' editor at the Brantford Expositor • Increased concentration on seniors via agency websites • Increase youth education/involvement relating to seniors' issues
<p>5.2 Establish seniors/ business partnerships in the public and not-for-profit sectors to provide senior-friendly services.</p>	<ul style="list-style-type: none"> • Increase connections with service clubs • Identify potential partners and pilot projects • Conduct marketing research related to identified business initiatives
<p>5.3 Engage seniors in planning, delivery and evaluation of services.</p>	<ul style="list-style-type: none"> • Expand volunteer programs that make use of seniors • Increase involvement of residents in retirement homes
<p>5.4 Share information on best practices across providers and academic institutions.</p>	<ul style="list-style-type: none"> • Establish formal linkages with local post-secondary institutions
<p>5.5 Continually advocate for changes in seniors' care and services to meet individual needs and wishes.</p>	<ul style="list-style-type: none"> • Lobby levels of government related to specific seniors' issues • Ensure liaison and communication regarding consistent policies and regulations between government Ministries

4.3 LINKS TO CITY AND COUNTY MUNICIPAL PLANS

As the Master Aging Plan is rolled out, it will be important to ensure it is linked to other significant municipal and county planning initiatives. For example the City of Brantford's 2006 Community Strategic Plan lists a number of strategic actions that relate directly to the objectives and strategies in the Master Aging Plan:

- Action 1.8 Enhance education opportunities
- Action 1.9 Establish a positive image of Brantford
- Action 2.3 Continue to invest in recreation facilities and programs
- Action 2.4 Increase opportunities for affordable housing
- Action 2.6 Review services and programs to adapt to changing demographics
- Action 2.7 Initiatives to enhance community health and wellness
- Action 2.8 Partnerships with community organizations and other government levels
- Action 2.11 Maintain and enhance a strong volunteer base
- Action 3.4 Improve regional transportation links
- Action 4.1 Enhance public understanding and involvement at City Hall
- Action 4.9 Update customer service strategy
- Action 4.10 Enhance internal and external communication

Other relevant plans include the City of Brantford Master Transportation Plan, the imminent Master Transportation Plan for the County of Brant, the Downtown Master Plan and the City and County official plans.

4.4 OWNERSHIP AND NEXT STEPS

The issues surrounding aging are by nature interdisciplinary. No one service provider, level or government or organization can provide the full range of support to individuals as they grow older. The multitude of various issues raised in this study alone demonstrate the vast array of consideration and issues that our communities must come to terms with in order to address the needs of an aging population – housing, transportation, health care, home supports, social outreach, financial planning, fitness and communication. In the United States “departments on aging” have been created at state, county and municipal levels to try to address aging issues.

This report has taken the first steps in identifying priorities for issues that face our residents. This initial part of the process has been led by the Alzheimer Society of Brant with funding provided by the Trillium Foundation. It has been supported by the City of Brantford with participation by members of City Council and City staff. The project itself has been managed by a Steering Committee composed of community volunteers and representatives from community agencies.

What we have learned throughout this process is that successful planning for a “senior population” is something that can only be accomplished through a collaborative approach and should become part of the day-to-day service strategies of all organizations that provide services to the community.

This report will be presented to elected officials at the City of Brantford and the County of Brant. It will be sent to our local members of Provincial and Federal Parliament and to relevant government offices. It will be distributed to service providers in our community who work with our elder residents.

As we present the report to the community, we will be asking agencies and government departments to consider the identified priorities and respond to the Steering Committee through various boards and councils with ways that these priorities can be addressed.

Finally, volunteers from the original Steering Committee will form a small monitoring group to meet biannually over the next two years to monitor the issues raised in the report and to develop any subsequent projects that follow logically from this initial process.

Steering Committee
Master Aging Plan for Brantford and Brant County

September 16, 2008

5.0 RECOMMENDATIONS

<p>For City and County Council</p>	<ol style="list-style-type: none"> 1. That the Councils of the City of Brantford and the County of Brant receive the report “A Community for a Lifetime – Master Aging Plan”. 2. That the Councils of the City of Brantford and the County of Brant direct their departments to review the objectives, priorities and suggested strategies in the report. Further, that staff report to their respective Councils, by the end of 2008, the items that could be, or are presently being, addressed within departmental programs, service plans and work plans.
<p>For Community Agencies</p>	<ol style="list-style-type: none"> 3. That the Master Aging Plan, “A Community for a Lifetime”, be distributed to all relevant community organizations with a request for comments or suggestions on how the objectives, priorities and strategies can be addressed in their program plans.
<p>For Provincial and Federal Governments</p>	<ol style="list-style-type: none"> 4. To recognize the Master Aging Plan as a critical document and planning tool for seniors in Brantford and Brant County. 5. That funding be provided to support strategies identified within the Master Aging Plan.
<p>For the Community</p>	<ol style="list-style-type: none"> 6. That the community become better informed of the impact of our increasing aging population 7. That further consultation take place with representatives of the aboriginal community living in Brantford and Brant County to include the senior aboriginal population within the Master Aging Plan. 8. That a meeting be held with representatives from Six Nations to explore the possibility of linking their community plan to the Master Aging Plan. 9. That all members of our community be encouraged to increase understanding and awareness of the diversity of seniors’ needs.
<p>For the Individual:</p>	<ol style="list-style-type: none"> 10. To be proactive in planning for life transitions in relation to the aging process.

APPENDIX A: STEERING COMMITTEE MEMBERS

Mary Burnett (Chair)	Alzheimer Society of Brant
Dianne Austin (Vice Chair)	Brant United Way
Marguerite Ceschi-Smith	Brantford City Council
Debi Dignan-Rumble	Adult Recreation Therapy Centre
Cindy Kemp-Wonzo	St. Leonard's Community Services
Dr. Jean Kincade	Task Force on Issues Pertaining to Seniors and the Disabled
Jennifer Kinneman	Brantford City Council
Mary Ann MacDonald	HNHB Community Care Access Centre
Lucy Marco	Community Volunteer
Penny McVicar	Victims Services of Brant
Eleanor Maslin	John Noble Home
Linda Simpson	City of Brantford
Karen Williamson	Immigrant Settlement Services - YMCA
Dr. David Sheridan	Shercon Associates Inc. (Project Consultant)

APPENDIX B: LIST OF SOURCES

Brantford's Community Strategic Plan, Shaping Our Future. January 2006.

Brant Mental Health Addictions Network, An Assessment of the Needs of Seniors Affected by Mental Illness and/or Addictions in Brantford and Brant County. July 2008.

Canada's Association for Fifty-Plus (CARP) www.carp.ca

County of Brant, Master Transportation Plan, Draft Report, June 17, 2008.

Hamilton, Niagara, Haldimand Brant Local Health Integration Network (HNHB LHIBN)
www.hnhblhin.on.ca

Healthy Aging and Wellness Working Group, Healthy Aging in Canada: A New Vision, A Vital Investment.

Orange County Master Aging Plan, 2001 and 2007.

Task Force on Issues Pertaining to Seniors and the Disabled, Final Report and Recommendations.

World Health Organization, Global Age-Friendly Cities: A Guide, 2007.

APPENDIX C : PLANNING COMMITTEE MEMBERS

Committee 1 - Well/Fit Seniors

January Boucher	Mohawk College
Amber Cowan	Aberdeen Health and Community Services
Stacey Ellins	County of Brant
Lorraine Hagan	Canadian Diabetes Association
Gay Kozak Selby	Brant Public Library System
Karen Kuzmich	Brant Community Healthcare System
Lori LaFrance	Beckett Adult Leisure Centre
Julie Zarboni	Waterous Holden Amey Hitchon LLP

Committee 2 - Seniors Requiring Some Assistance with Daily Living

Keith Anderson	Family Counselling Centre of Brant
Jill Berridge	Brant Community Health Care System
Heather Bruce	Aberdeen Health and Community Services
Amber Cowan	Aberdeen Health and Community Services
Dorothy Devuono	Operation Lift
Catherine Donahue	Telfer Place
Bonnie Gray	HNHB Community Care Access Centre
Corrine Jackson	Alzheimer Society of Brant
Carol Howarth	John Noble Home
Cindy Kemp-Wonzo	St. Leonard's Community Services
Debi Dignan-Rumble	Adult Recreation Therapy Centre
Penny McVicar	Victims Services of Brant
Peg Purvis	Canadian Mental Health Association - Brant
Heather Sayle	Brant Geriatric Outreach Program
Ruby Toor	Amber Lea Place
Tina Topper	Operation Lift

Committee 3 - Seniors Requiring 24-hour Assistance

Debbie Bonney	Versa-Care Centre
Alice Curtis	St. Joseph's Lifecare Centre
Erin Denton	Versa-Care Centre
Diane Gambacort	Versa-Care Centre
Darlene Gedney	HNHB Community Care Access Centre
Dee Stobbs	John Noble Home
Shelley Ryan	Leisureworld Caregiving Centre

APPENDIX D: DEMOGRAPHIC TABLES & CHARTS

Table 1	Population Growth 2001-2006
Figure 1	Geographic Distribution of Seniors
Table 2	Overall Growth Projections
Figure 3	Growth Projections Age 65+
Figure 4	Growth Projections Age 65-74
Figure 5	Growth Projections Age 75-84
Figure 6	Growth Projections Age 85+

TABLE 1 - POPULATION GROTH 2001 - 2006

Characteristics	2006				2001			
	Brant CMA	Brantford	Brant	Ontario	Brant CMA	Brantford	Brant	Ontario
Population in 2006	124607	90192	34415	12160282	118086	86417	31669	11410046
Population in 2001	118086	86417	31669	11410046				
2001 to 2006 Pop. Change	6521	3775	2746	750236				
2001 to 2006 Pop. Change (%)	5.5	4.4	8.7	6.6				
65 to 69 years	4850	3430	1425	466240				
70 to 74 years	4245	3010	1235	401950				
65-74	9095	6440	2660	868190	8825	6415	2395	818165
% of Total Population	7.3	7.7	7.7	7.1	7.5	7.4	7.6	7.2
Growth 2001-2006	3.0	0.4	10.0	5.8				
75 to 79 years	3710	2740	975	338910				
80 to 84 years	3000	2235	765	250270				
75-84	6710	4975	1740	589180	6220	4665	1545	503930
% of Total Population	5.4	5.5	5.1	4.8	5.3	5.4	4.9	4.4
Growth 2001-2006	7.9	6.6	12.6	16.9				
85 years and over	2360	1775	580	191810	2005	1490	515	150075
% of Total Population	1.9	2.0	1.7	1.6				
Growth 2001-2006	17.7	19.1	12.6	27.8				
Population Age 65+	18165	13190	4980	1649180	17060	12570	4455	1472170
% Population Age 65+	14.6	14.6	14.5	13.6	14.4	14.5	14.1	12.9
% Change Age 65+ 2001-2006	6.5	4.9	11.8	12.0				
Median Age of Population	39.6	39.1	41.1	39.0	37.9	37.5	38.9	37.2
% of Population aged 15 & over	81.3	81.3	81.3	81.8	79.9	80.1	79.4	80.4

FIGURE 1 - GEOGRAPHIC DISTRIBUTION OF POPULATION AGED 65 YEARS & OVER

The below map demonstrates the areas of the Brant Census Metropolitan Area where there are significant concentrations of populations age 65 and over. Not surprisingly some of the highest concentrations are in areas of the Census Metropolitan Area that were developed 40 to 50 years ago. Areas of Brantford such as Henderson Survey, Fairview and Green Briar have some of the highest concentrations of seniors (age 65+). In addition to this the East Ward area of Brantford also has a high concentration. Many areas of Brant County exhibit relatively lower concentrations of seniors. This could indicate that there is a movement of older individuals from rural Brant County to Brantford or Paris where more services are available.



Legend	
	≤ 10.3 % age 65+
	10.4 to 13.6 age 65+
	13.7 to 16.9 age 65+
	≥ 17 age 65+
	No data available
Brant CMA Average 14.6% age 65+	

TABLE 2 - BRANTFORD & BRANT POPULATION GROWTH PROJECTIONS 2007-2031

	2007		2031	
	Population	% of Pop.	Population	% of Pop.
Age 65-74	9530	7.0	21270	12.4
Age 75-84	6820	5.0	13710	8.0
Age 85+	2340	1.7	4220	2.5
Age 65+	18690	13.7	39200	22.8
Total Population	135940		171980	

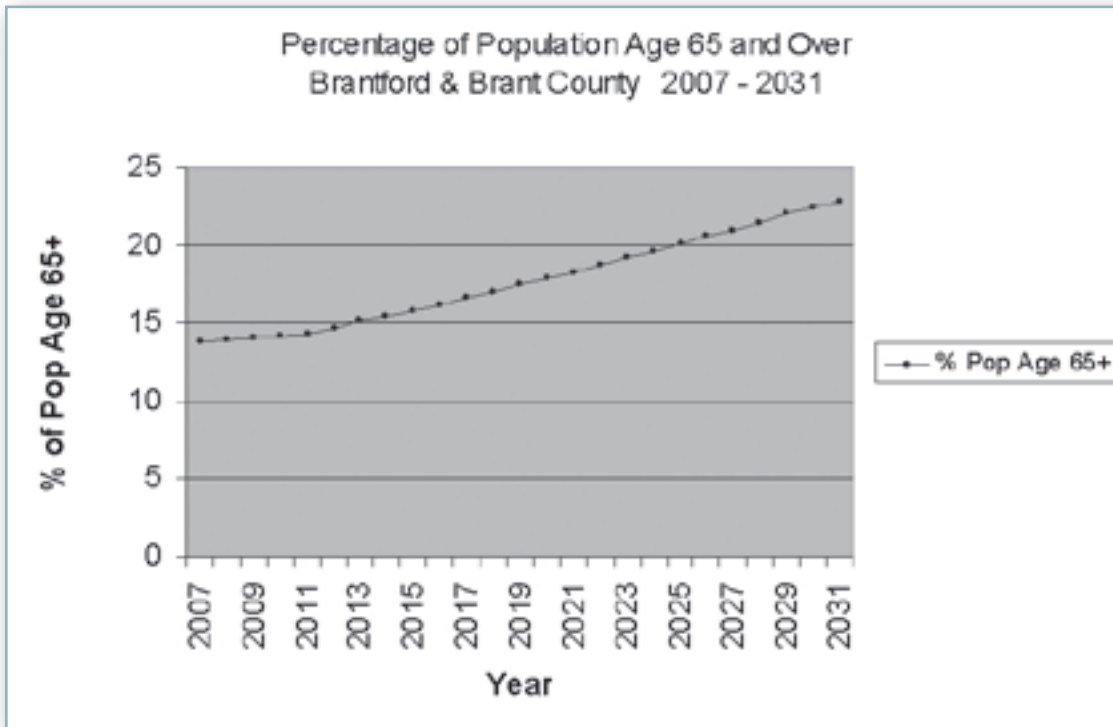
	Growth 2007-2031	Annual Growth 2007-2031 (Avg.)
65-74	123.2	5.1
75-84	101.0	4.2
85+	80.3	3.3
Age 65+	109.7	4.6
Total Population	26.5	1.1

Sources: Statistics Canada estimates, 2007, and projections of Ontario Ministry of Finance.

Overall population for Brantford and Brant County (Brant Census Metropolitan Area) between 2007 and 2031 will be approximately 26.5% or an annual growth rate of 1.1%. It should be noted that these projections are based on best guess scenarios given current patterns and situations. Projections can be significantly impacted by changes in development patterns or economic downturns.

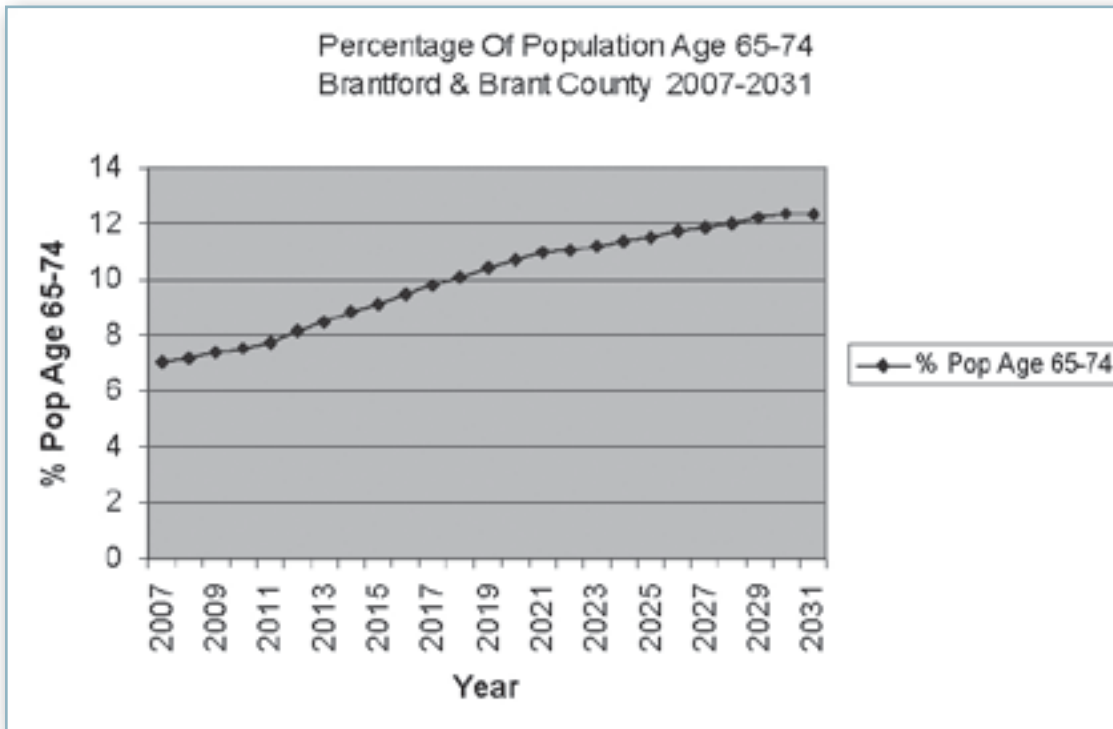
The population growth of the age 65 and over cohort is 4.6% on average of the same time frame or a total of almost 110%. This is more than four times the total population. If we exclude the over 65 age group, the growth for Brant will be 13.2% or an average of 0.55%.

The growth of the over age 65 group will have a significant impact on Brant during the next 25 years.



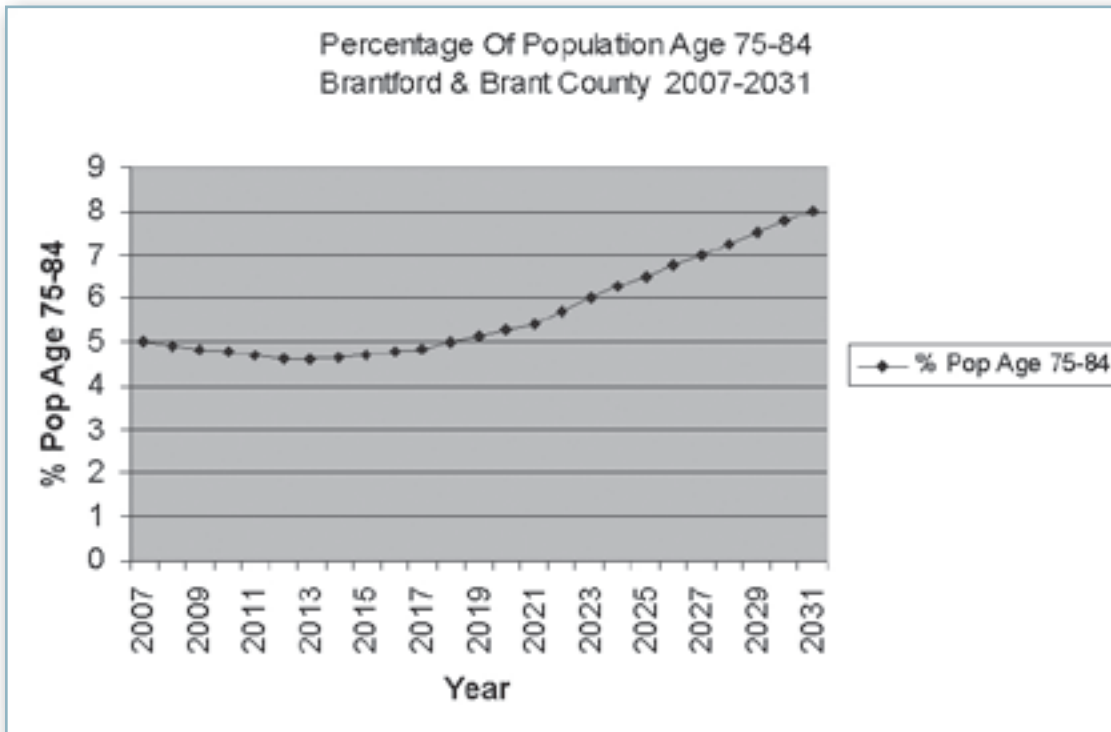
Sources: Statistics Canada estimates, 2007, and projections of Ontario Ministry of Finance.

Between 2007 and 2031 the population of the age 65 and over group will increase from 18,690 people to almost 39,200. This represents 13.6% of the population in 2007 and 22.8% of the population in 2031. This represents a change of just over 109%.



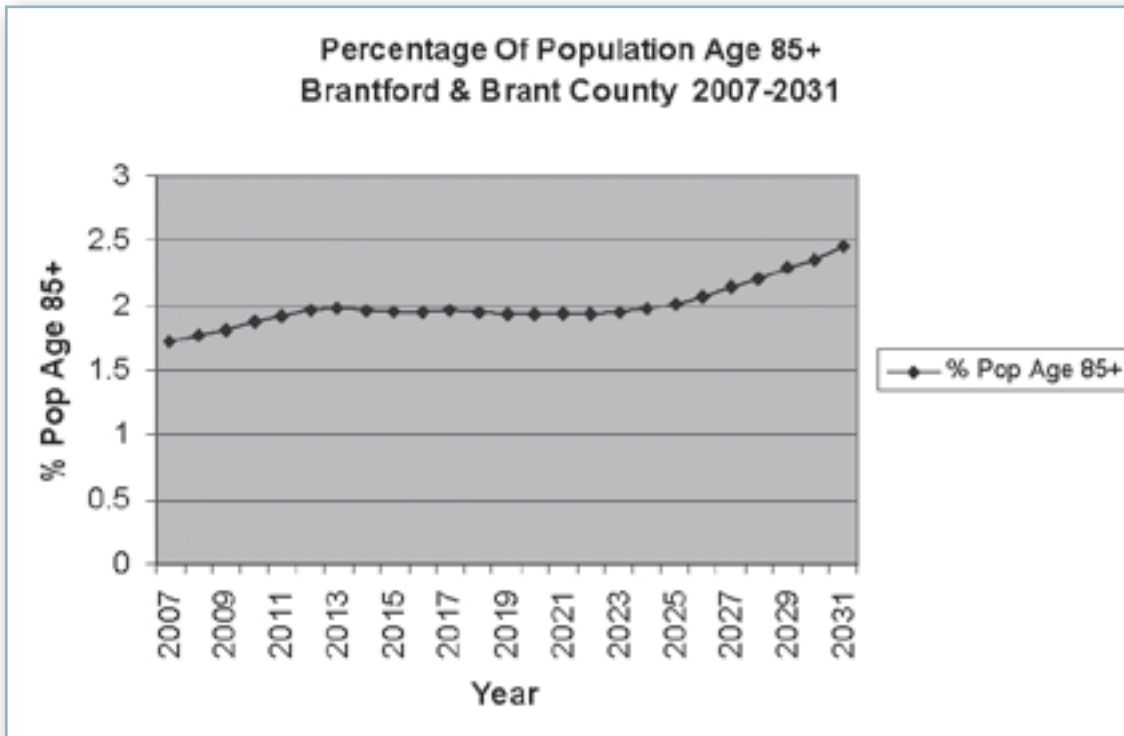
Sources: Statistics Canada estimates, 2007, and projections of Ontario Ministry of Finance.

Between 2007 and 2031 the population of the age 65-74 group will increase from 9,530 people to almost 21,300. This represents 7.0% of the population in 2007 and 12.4% of the population in 2031.



Sources: Statistics Canada estimates, 2007, and projections of Ontario Ministry of Finance.

Between 2007 and 2031 the population of the age 75-84 group will increase from 6,820 people to almost 13,710. This represents 5.0% of the population in 2007 and 8.0% of the population in 2031.



Sources: Statistics Canada estimates, 2007, and projections of Ontario Ministry of Finance.

Between 2007 and 2031 the population of the age 85 and over group will increase from 2,340 people to almost 4,220. This represents 1.7% of the population in 2007 and 2.5% of the population in 2031.

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