

Taking the Pulse of Our Community

Welcome to our 10th *Vital Signs*® community check-up.

Over the past decade the Community Foundation for Kingston & Area (CFKA) has published an annual *Vital Signs* report to help inform debate, public policy, and decision-making. In this anniversary release, we will reflect selectively on issues critical to wellbeing in our city and the region over the past ten years.

We will revisit some of the key areas of interest presented in *Vital Signs* 2009 and see how we have progressed, or not, since then. Many of the measures used in *Vital Signs* only show meaningful change after several years of action by public bodies and community groups. Change happens slowly.

Let’s start by looking at the heartbeat of our community. One measure of overall community health is its residents’ ‘sense of community belonging.’

Sense of Community Belonging

In 2008:

In 2008, in the Kingston Frontenac Lennox & Addington Health Region, 68.8% of the population ages 12 years and older reported a strong or somewhat strong sense of community belonging. This compares to 65% at the national level and 63.7% at the provincial level.

Everybody was in it from miles around...

Evidence of our ‘sense of community belonging’ was apparent on the evening of the last *Tragically Hip* concert in Kingston, 20 August 2016. The Rogers K-Rock Centre, Springer Market Square, and downtown Kingston were filled with some 25,000 fans. Of course, this was a part of a national outpouring of support for Kingston’s hometown band, but *The Hip* has always helped to bring Kingston together.

Twelve years earlier, 12 September 2004, the band headlined a concert “Across the Causeway” to benefit the CFKA. Proceeds established *The Tragically Hip Community Fund* which has been supporting community projects since 2006. Clearly, the band and all who have executed and participated in these community projects have contributed to our ‘sense of community belonging.’

The Tragically Hip Community Fund has:

- Granted \$97,458;
- Supported 38 unique area charities; and
- Enabled 40 projects.

In 2016:

Since 2007-2008, the proportion of our community’s population 12 years and over with a strong or somewhat strong ‘sense of community belonging’ has increased by almost 5%, rising to 73.5% in 2015-16. This rate is similar to both the provincial and national rates. (*Canadian Community Health Survey [CCHS].*)



(Courtesy City of Kingston.)

Charitable Donations

Another measure of our ‘sense of community belonging’ is the level of generosity shown by our friends’ and neighbours’ charitable giving. There are innumerable acts of generosity, both in cash and in kind, that are not included in income tax filings, the source of our data.

In 2008:

In 2008 the median charitable donation in Kingston CMA was \$300 (in ‘current dollars’), \$50 more than the national median and the same as the Ontario median charitable donation.

When adjusted for inflation, the \$300 donation in 2008 would be the equivalent of \$334 in 2016.



In 2016:

The median charitable donation in Kingston CMA in 2016 was \$350 (in ‘current dollars’), \$50 higher than the national median and \$20 lower than the Ontario median donation.

The median donation of \$350 in 2016 is less than a 4% real increase over a decade when compared to the inflation-adjusted amount of \$334 in 2008.

In early 2018 the Rideau Hall Foundation and Imagine Canada published *30 Years of Giving in Canada – The Giving Behaviour of Canadians: Who gives, how, and why?* It reports that fewer Canadians are giving, but those that do, give more. Charities are more and more reliant on fewer donors, a trend that has serious implications for the future health of the charitable sector and for the work of the CFKA. The study’s findings “... suggest that, despite the unquestionable generosity of Canadians, much could be done to increase giving in this country. Finding ways to ... engage young people ... [and] engage immigrants to this country.” (*Executive Summary: see www.imaginecanada.ca/30years.*)

Walking Side-by-Side 2018

One of the groups within the Kingston community, and throughout Canada, that has not felt a strong sense of belonging is the Indigenous peoples. Recent developments at the national level (e.g., *Truth and Reconciliation Commission of Canada [TRC]: Calls to Action*) have heightened our awareness of the need *to honour the truth and reconcile for the future*.



In *Vital Signs* 2015, the CFKA acknowledged the *Calls to Action* of the TRC by starting a conversation with the local Indigenous community, estimated at that time to be over 7,000 in number. Statistics Canada’s analysis of the 2016 Mandatory Long Form Census, that included the opportunity for self-identification, concluded that the local Indigenous population (First Nations, Métis, or Inuit) is **5,585**. Members of this community believe a more realistic number is closer to 12,000.

Across the country the number of Indigenous peoples between 2006 and 2016 increased four times the rate of the non-Indigenous population. This increase is a result of higher birth rates, but also increasing acceptability of self-identification.

Some important facts about the Indigenous population of Kingston CMA 2016

(Statistics Canada, 2018, Kingston CMA, Aboriginal Population Profile. 2016 Census. Catalogue no. 98-510-X201601.)	Indigenous Population	Non-Indigenous Population
Median age	31	42.6
Median total income in 2015 for persons aged 15 years and over in economic families	\$24,241	\$36,240
Median total income in 2015 for persons aged 15 years and over not in economic families	\$19,084	\$30,810
Unemployment rate	12%	7.3%
Prevalence of low income based on the Low-income measure, after tax (LIM-AT)	27.2%	13.3%

Where is Kingston on the journey to Reconciliation?

A snapshot of highlights since 2015 shows:

- The number of self-identifying students in the Limestone District School Board has increased by approximately 25% since 2015;
- Indigenous peoples have led the Canada Day Parade for the past two years;
- Attendance at the National Indigenous Peoples Day on 21 June is incrementally increasing year-by-year;
- Diverse public, private, and not-for-profit organizations have hosted KAIROS Blanket Exercise events (see www.kairosblanketexercise.org/);
- Queen’s University has created the Indigenous Initiatives Office (2017);
- Faith United Church engaged the Indigenous community (2017) in discussions to facilitate the disposition of land currently under its stewardship as part of the local reconciliation process; and
- City of Kingston: Engage for Change: *#YGK Reconciliation Journey*:
 - Phase 1 (2017): 10 Talking Circles; Curricular Program – Reconciliation and Residential Schooling; public presentations, events, and other activities.
 - Phases 2 and 3 intend “to create change and establish a lasting legacy for the community – both Indigenous and non-Indigenous – that would foster inclusion, create space and sustain activity in ways that support reconciliation at a local level.” (See *City of Kingston: Report to Council*, no. 18-091.)

But I ask, what are YOU doing to further **honour the truth and answer the TRC Calls to Action**? YOU can take your first step by looking up the TRC Calls to Action at: <http://nctr.ca/reports.php>

Dr. Terri-Lynn Brennan
CEO, Inclusive Voices Inc.

Community Advances

Over the ten-year history of CFKA’s *Vital Signs* reports, we have seen several areas of marked improvement in our community. In addition to the enhanced sense of community belonging reported above, youth employment has seen a modest increase (see page 4), our community has become slightly more diverse (see page 6), and more of us, when possible, are choosing sustainable modes of transportation, including walking and cycling – good for the climate and good for our health!

Getting Around

In 2008:

Kingston Transit provided 3,379,625 passenger trips.

In 2017:

Kingston Transit provided 6,145,809 rides, an **82% increase** from 3,379,625 in 2008.

Statistics Canada reported (Census 2016) that 1 in 3 commuters in Kingston CMA used sustainable modes of transportation including public transit, car-pooling, walking, and cycling. In its group of CMAs, “Kingston has the highest proportion of commuters using active transportation and public transit...”

(Statistics Canada, *Census in Brief*, 2017. Catalogue no. 98-200-X2016029.)

Kingston Transit sees itself as an integral part of the vision of Kingston as Canada’s most sustainable city. The largest portion of the increase in rides after 2008 occurred following a major redesign of the City’s transit services. The increase is attributed to:

- The new Express Routes, the backbone of the transit network;
- Available ‘real-time’ transit and trip data (Open Data Kingston);
- Extended Sunday and holiday service;
- Improved fare options; and
- An expanded employer-employee Transpass program.

(The Kingston Whig-Standard, 1 December 2017.)



Did you know?

Residents in rural areas rely on other solutions to get around. Frontenac Transportation Services for residents of North, Central and South Frontenac Townships has 41 volunteer drivers. They provided 22,399 hours of service and drove 823,562 km for a total of 12,170 trips over a recent 12-month period.

Poverty is:

The condition of a person who is deprived of the resources, means, choices and power necessary to acquire and maintain a basic level of living standards and to facilitate integration and participation in society. *(Opportunity for All – Canada’s First Poverty Reduction Strategy, p. 7.)*

No improvement in Kingston CMA overall poverty rate

In a decade, Kingston’s overall poverty rate has not improved, increasing slightly from 13% in 2005, to 13.3% in 2015

(Based on Low Income Measure-After Tax; Statistics Canada, 2016 Census of the Population [LIM-AT, 2016 Census of Population.]).

Poverty is associated with significant challenges: poor physical and mental wellbeing, social exclusion, access to adequate housing, and marginalization. Poverty reduction continues to require sustained investment in our community.



Vulnerable groups in Kingston CMA experience poverty rates of over 20%, much higher than the overall rate of 13%.



(LIM-AT, 2016 Census of Population.)

A First-Hand Account of Living in Poverty

At 15, Reanna King became pregnant. Raising her child as a single mother on welfare, Reanna never had enough money for rent, food, clothes, and hygiene products. She eventually acquired an education and now has secure, rewarding employment. As well, she volunteers as a ‘poverty expert’ with the innovative Poverty Challenge: www.thepovertychallenge.org

We spoke with Reanna for this year’s *Vital Signs*.

What are some common misconceptions about individuals living in poverty?

A lot of people believe that you are lazy. That’s a big one. But there is a lot of work that goes into being poor. A lot of work. You are constantly trying to juggle, and decide what you need over something else. And a lot of walking. Now that I have a job, it’s just easier to work. It’s a lot harder to be poor. I don’t think “lazy” is a word that should be used for people in poverty.

What are the challenges of being a young mother living in poverty?

I couldn’t spend any money on myself. Just food, diapers. There was never – ‘oh, I got a new shirt,’ or ‘I got my hair done,’ or ‘we can go out to the movies.’ I didn’t do anything like that. So, it’s very isolating. It’s very lonely... Mobility was also an issue. Just trying to get from one spot of the city to the next. The buses weren’t affordable, but also not easily accessible because of where we lived. So sometimes it was just easier to walk.

What concerns have you had about housing?

Our first apartment was right across the street from a drug dealer. So we were always watching drug deals go down. It was entertaining at first, until the guy was murdered. And he always came to our door, ‘Hey, give me a smoke.’ And we were terrified of him Just until 3 years ago, we lived in ghettos.

Call to Action, get involved: see www.loving Spoonful.org/circles.

Partnerships key to poverty reduction in Canada

Locally, the City Council initiated change in 2010 with the *Poverty Reduction Initiative*. In 2008, Ontario introduced, *Breaking the Cycle*, a poverty reduction strategy, and in 2014, updated it with *Realizing Our Potential: Ontario’s Poverty Reduction Strategy 2014-2019*. In August 2018 the Federal Government released *Opportunity for All – Canada’s First Poverty Reduction Strategy*.

With Ontario and national medium and long-term goals established and meaningful measures included in legislation, accompanied by sustained investment, progress alleviating poverty can be monitored. In the meantime, let us look at how some local programs (some funded in part by the CFKA) are helping children break the cycle of poverty.

The *Poverty Reduction Initiative* established in 2010 and led by the United Way KFLA and the City, took a multi-faceted approach, including but not limited to, nutrition, physical and mental wellbeing, and education. The Initiative’s legacy will continue in many ongoing programs of the partner organizations.

Nutrition: Poverty limits access to good food. Loving Spoonful delivers thousands of pounds of healthy, fresh food to many agencies serving youth every year, including One Roof (Kingston Home Base Housing). Loving Spoonful offers cooking workshops where youth learn to prepare easy, affordable, healthy, delicious fresh food. They gain the confidence to cook and teach their friends healthy cooking skills, too. As a One Roof youth exclaimed in a workshop, “This was a three-pronged invasion on my taste buds.” Awesome!

Physical and mental wellbeing: Keeping kids healthy and active is central to the YMCA mission. Many children living in

poverty face health and emotional issues which limit academic success, perpetuating the poverty cycle. Subsidized recreational programming helps maintain their social, vocational, physical, interpersonal, and academic competencies at the same levels as less-at-risk children. In 2009, 24 subsidized children participated in YMCA programs; by 2018, 403 subsidized children (25% of youth members) benefitted from YMCA programs.

Education: Pathways to Education provides academic support to students struggling with the main-stream system. Mentored children are twice as likely to believe that school is fun and engaging (The Peer Project 2018). Over the past decade, enrolment in Pathways to Education increased over 435%, from 59 to 316.

The pre-Pathways graduation rate for this student cohort was 40%. The expected graduation rate for the class of 2017-2018 is 84%; 56% of those students will be the first in their families to graduate. High school graduation for these children is often the key to breaking the cycle of poverty.

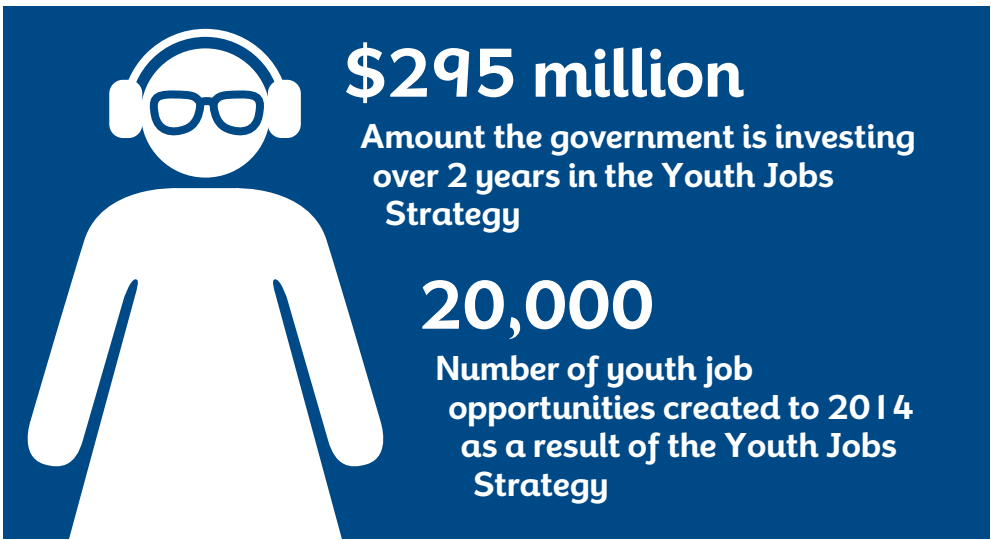
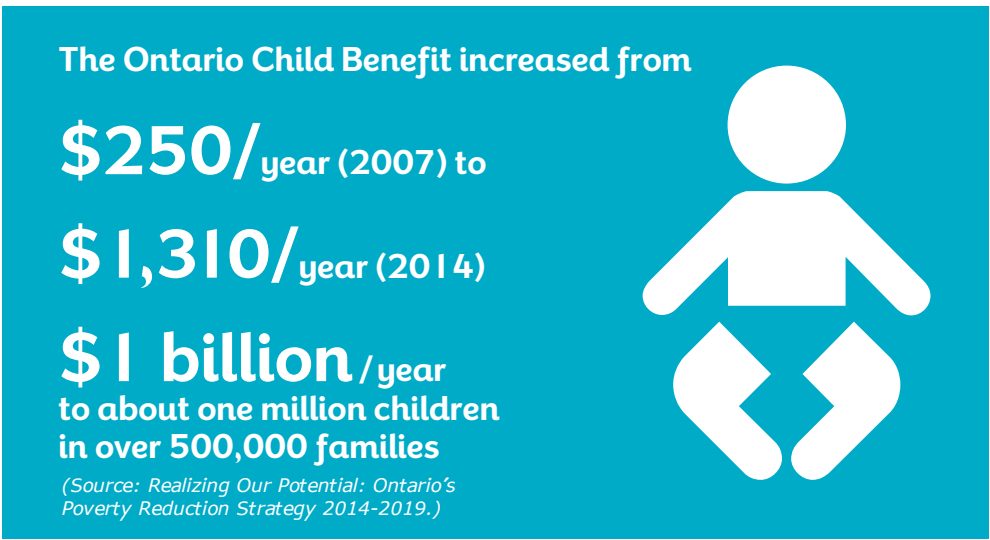
The Ontario poverty reduction strategy and the new national strategy acknowledge the centrality of lifting children and youth out of poverty through income and employment security.

Some Canada Poverty Reduction Strategy Investments

- Canada Child Benefit, 2016*: \$25 billion over five years (indexed starting 2018-19).
- Early Learning and Child Care, 2016 and 2017: \$7.5 billion.

* year = budget year
(Source: Opportunity for All – Canada’s First Poverty Reduction Strategy, released 21 August 2018.)

Some Ontario Poverty Reduction Strategy Investments



Did you know?

More seniors (adults age 65 and over) were living in poverty in 2015 than in 2005 (LIM-AT): 1 in 11 compared to 1 in 10. However, the poverty rate for the group is lower than the community’s overall rate.

Senior Poverty Rate 2015



Youth Unemployment

In 2009:

1 in 6 youth (15-24 years) was unemployed.



In 2015:

1 in 7 youth (15-24 years) was unemployed, a modest improvement.

In 2015 the Kingston City Council identified the development of a youth employment strategy as a priority, and subsequently joined with the United Way KFLA to form the Youth Employment Strategy Task Force. The Task Force reported, under the umbrella of the Poverty Reduction Initiative, to Council 9 August 2016. It recommended 21 **community-based** actions that will:

- Help youth start planning early;
- Develop pre-employment skills;
- Facilitate mentoring; and
- Make employers part of the solution.

(See City of Kingston: Report to Council, no. 16-266.)

Why is this important?

Kingston will start to experience a labour shortage soon, unless steps are taken now to increase the skilled labour force. Let us quote from what City Council received 21 August 2016: “It is very important to note that this [Youth Employment] Strategy is not strictly about reducing the youth unemployment and underemployment rates, it is about creating a workforce that can fill expected skilled labour force shortages. It is expected that by 2020, the number of youths entering the labour force will not be sufficient to replace workers planning to leave through retirement.”

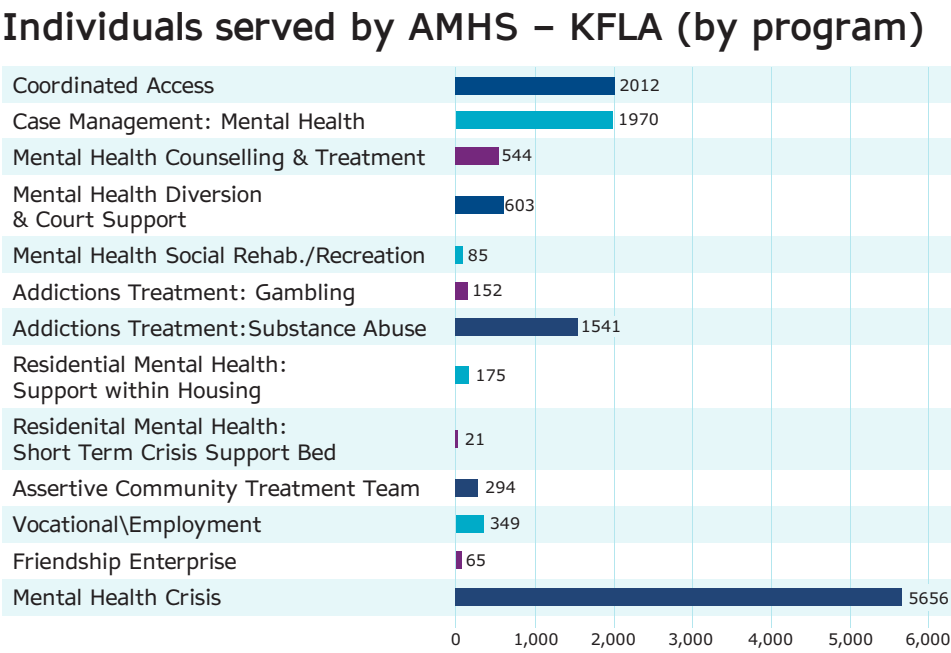
Mental and Physical Health Challenges

Although progress has been achieved over the past 10 years, there remain areas of concern. One of the most significant of these is the alarming increase in the incidence of obesity and overweight in our region. Also, a new health challenge has presented itself in recent years, and that is the sharp rise of opioid use in all segments of our community. Both obesity and addiction are often linked to poor mental health.

Mental Health

In 2008:

1 in 18 of the population over age 12 in KFL&A reported their mental health as *fair* or *poor*, similar to the provincial rate.



In 2015-2016:

1 in 12 of the population over age 12 in KFL&A reported their mental health as *fair* or *poor*, similar to the provincial average.

(CCHS)



What did this look like in 2017 on the front-line with **Addiction & Mental Health Services – KFLA (AMHS-KFLA)**, the primary regional service provider?



Obesity / Overweight

In 2008:



Obesity Rate:

In 2008, the obesity rate for the population aged 18 and over in KFL&A was 1 in 5. Obesity rates are based on self-reported body mass index (BMI). (CCHS)



A Little Good News

Although “Obesity rates among children and youth in Canada have nearly tripled over the last 30 years” (Government of Canada, 2016), an analysis of the data collected in the Canadian Community Health Survey between 2004 and 2013 shows a slight decrease nationally in children’s overweight rates (but not obesity rates). (Source: Celia Rodd and Atul K. Sharma, CMAJ, 20 September 2016, 188 [13]: www.cmaj.ca/content/188/13/E313 as consulted 30 July 2018.)

In 2015-2016:



The obesity rate for the population aged 18 and over in KFL&A using Body Mass Index (BMI) was 1 in 3. This rate is higher than Ontario (1 in 4). (CCHS)

Combining the data for obesity and overweight is even more alarming:

2 in 3 of the KFL&A population are, using BMI, either obese or overweight, again somewhat more than the Ontario rate.

The trends are clear: rates are gradually increasing and the spread between the KFL&A and Ontario rates is widening. Overall, in Canada, without intervention, the prevalence of adult obesity is projected to continue to increase.

Why is this important?

- Obesity is a leading cause of:
- Type 2 diabetes;
 - High blood pressure;
 - Heart disease;
 - Stroke;
 - Arthritis;
 - Cancer; and
 - 1 in 10 premature deaths among Canadian adults age 20 to 64 is directly attributable to obesity.

Obesity affects peoples’ overall social and economic wellbeing. Associated pervasive social stigma and stereotypes result in inequities of access to employment, healthcare, and education.

And then there are the costs: “The annual direct healthcare cost of obesity ... is now estimated to be between \$5 billion and \$7 billion [and]... is projected to rise to \$9 billion by 2021. This estimate ... does not account for productivity loss and reductions in tax revenues.” (Obesity Canada: obesitycanada.ca/obesity-in-canada/ as consulted 8 August 2018.)

KFL&A Opioid-related Death Rate Exceeds the Ontario Rate

Canada faces a national opioid crisis. Opioids are a class of depressant drugs that may be prescribed or used illegally to reduce the experience of pain or produce a state of relaxation or euphoria. Common opioids include morphine, codeine, oxycodone (e.g., Percocet), hydromorphone (e.g., Dilaudid), heroin, and fentanyl. Opioids can be dangerous because they slow down breathing; when there is too much of the drug in the body (overdose), breathing can stop completely, leading to death.

Deaths due to opioid overdose have risen dramatically in the past decade. In Ontario, the number of deaths has increased from 468 in 2007 to 1,263 in 2017. Between 2016 and 2017 alone there was a 46% increase in opioid-related deaths. In the KFL&A

region, there were 24 opioid-related deaths in 2017, and 181 emergency department visits. The death rate in KFL&A is higher than the provincial average and has seen a sharp increase since 2015. (Source: KFL&A-Public Health.)

Community partners in KFL&A have developed an Opioid Action Plan to address and respond to the situation in our region.

Five priority initiatives have been identified to work on over the next three years:

- Target high-risk individuals;
- Provide trauma-informed training to service providers;
- Advocate for opioid and/or naloxone specific needs;
- Increase access, uptake, and use of naloxone kits; and
- Support Kingston’s Overdose Prevention Site.

Immigration and Visible Minorities

(Statistics Canada: Census 2006 and 2016.)	In 2006: Visible Minorities % of Population	In 2016: Visible Minorities % of Population
Kingston CMA	6%	8%
Ontario	23%	29%
Canada	16%	22%

Comparing the 2006 and 2016 data, Kingston CMA’s visible minority population is making little progress towards approaching the Ontario and national percentage levels. However, the composition of recently arrived immigrants in Kingston CMA is changing significantly. Almost 74% of recent foreign-born newcomers belong to a visible minority compared to 12% of those who arrived prior to 1981.



The visible minority story is part of the larger immigration story. There is a desire to attract more newcomers, although the percentage of foreign-born newcomers in Kingston CMA has remained stable over the last decade, similar to the trend across Ontario.

Did you know?

The *Employment Equity Act* defines visible minorities as ‘persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in colour.’

A note on sources

Current data is derived largely, but not exclusively, from fresh *2016 Census of Population* results for Kingston Census Metropolitan Area (CMA): the City of Kingston, South Frontenac Township, Loyalist Township, and Frontenac Islands Township. Some data derived from the 2016 Mandatory Long Form Census (25% sample) is calculated; e.g., Indigenous population. Income data reported in the 2016 Census is for the 2015 calendar year. Health data for the KFL&A Public Health region is obtained from the Canadian Community Health Survey (CCHS), conducted annually by Statistics Canada. Other local sources have supplied data and are noted in the report when used.

Statistics Canada uses terms that some find inappropriate; *Aboriginal* and *immigrant* stand out as examples. We have tried to acknowledge the sensitivity in our usage.



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

We work with individuals and organizations to establish and grow endowments; charitable grants are made from the endowment income.

Together, we have been making meaningful and lasting impacts in our community since 1995.

- 200+ funds endowed
- \$11+ million granted
- 346 + local charities supported

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Reference sources used in preparation of *Vital Signs* 2018 together with supplementary reports and prior years’ *Vital Signs* are available at: <http://www.cfka.org/publications/>

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Vital Signs is a community check-up conducted by community foundations across Canada that measures the vitality of our communities and identifies significant trends in a range of areas critical to quality of life. *Vital Signs* is coordinated nationally by Community Foundations of Canada.

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