



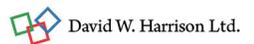
Age Friendly Housing Plan

For the Municipality of the District of Chester

June 21 2016



Municipality of the
District of Chester



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Prepared by
David W. Harrison Ltd.
TEAL Architects+Planners Inc.

ACKNOWLEDGEMENTS

The consulting team would like to thank the Municipality of the District of Chester and the Nova Scotia Department of Seniors. We would like to thank Tara McGuire, Sean Gillis and Gordon Tate for their steady hand in helping to steer this project.

We sincerely thank the following stakeholders who took their time to provide input, ideas and suggestions.

Western Region Housing Authority
Shoreham Village, Long Term Care
Bonny Lea Farm
Hubbards Manor (Metro Regional Housing Authority)
Continuing Care, South Shore Regional Hospital
Ridgewood Retirement Assisted Living Facility
New Ross Community Care Centre
Drumlin Hills Assisted Living
Senior Community Health Team, Fisherman's Memorial Hospital
Shoreham Seniors Apartments
South Shore Housing Action Coalition
Seniors Safety Program, Lunenburg County
New Ross Regional Development Society
New Ross Golden Age Club
Community Wheels
Aspotogan Heritage Trust
Pharmasave
Blandford Seaside Seniors Club
Chester Basin Over 40 Club (South Shore Seniors)
Janet Irwin Real Estate

Consulting Team

David W Harrison Ltd.
David Harrison

TEAL Architects+Planners Inc.



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Glossary

AFCAT

Age Friendly Community Action Team

ASHRA

Atlantic Seniors Housing Research Alliance

LTC

Long-term care

MODC

Municipality of the District of Chester

MPS

Municipal Planning Strategy

VON

Victoria Order of Nurses

Executive Summary

Our world is changing, and our municipal planning methods need to change in order to help maintain our quality of life and the sustainability of our communities.

The foundation of our land use policies and regulations supports human health and attractive, functional and efficient communities. But our communities are changing, and in Nova Scotia, which has the most rapidly aging population in Canada, they are changing more quickly than we realise.

Today, planning needs to reinvent itself in response to the challenges of chronic disease and an aging society. The issues are complex and community-based solutions are needed to help.

The Municipality of the District of Chester (MODC) has an important role to play in facilitating these community based solutions. Its role is distinct from the province (which has a jurisdictional mandate for housing but is increasingly challenged to meet demands given limited budget resources), and the federal government (which, has committed to making investments in housing a priority).

The Municipality's role is to understand the housing needs of its residents and help facilitate community-based solutions.

The Municipality is already "invested" in housing: (1) the location and quality of the housing stock defines in many ways the essence of the Municipality-

its attractiveness and its quality of life, and how it appears to outsiders, (2) the scope of local housing is related to the provision of municipal services, (3) housing is a key component of the local economy and the strength of the housing sector is based on whether MODC's population is growing, declining or stagnant. The Municipality has a vested interest in ensuring the success of all these factors. It must monitor all trends, consider all issues, and help facilitate solutions.

In response to the challenges being presented by an aging society, "aging in place" and "age friendly communities" are being promoted to maintain the integrity and stability of our communities, neighbourhoods and health care system.

In considering the principles associated with Age Friendly Communities and Aging-in-Place, **a desirable objective is the need to accommodate seniors' health and housing needs within their local neighbourhoods** and the communities that they know best.

Along with the challenges of an aging society come opportunities, for community economic development. Creating an age friendlier community means more than mobilizing housing and care supports for an aging population. **This is a "sector" that needs to be cultivated and promoted.** In addition to the capital investment that comes with new housing, the "silver economy" includes new jobs, new services and new types of investment.

An age-friendly community:

- Promotes development intensification that encourages a wide range of community activities;
- Is built upon principles of accessibility and universal design for housing and the built environment;
- Has adequate maintenance of all supporting infrastructure;
- Provides walking and recreational opportunities, including programming and support for volunteerism, to better enable interaction between seniors and other age groups;
- Supports transportation and appropriate access to health services;
- Promotes partnerships between government, private and non-profit sectors to ensure adequate housing and care services are provided.

Aging-in-Place means:

- Maintaining a continuity of relationships with family members, friends and neighbours;
- Striving to keep seniors in the neighbourhoods and communities that they know best and feel part of;
- Supporting and celebrating our elders, their experiences and contributions; and providing a continuum of services and flexible support options for individuals as opposed to age ranges or diagnostic categories¹.

This report explores the meaning of these terms and how the Municipality of the District of Chester can work towards becoming an Age Friendlier Community.

In response to the challenges being presented, and the need for aging-in-place within an age-friendlier community, recommendations have been presented concerning Council's role in advocacy. **The overarching recommendations are to:**

- 1. Establish an Age Friendly Community Action Team** to address the issues, focus on four "Opportunity Projects" and help establish a collaborative approach between the Municipality and senior levels of government.
- 2. Align the Municipality's Community Development Department to provide management support to the Action Team**, and provide planning solutions in its capacity of championing the establishment of an Age Friendly Community.

¹ "Planning for Age Friendly Communities", Ryerson

University, 2010

Recommendations

Concerning the Municipality of the District of Chester, Council should:

- **Establish** an Age Friendly Community Action Team, with an initial membership of the managers and owners of seniors housing and associated care services and the groups spearheading the proposed Opportunity Projects;
- **Establish** a Terms of Reference for the Action Team, which shall define its role as an advisory body and its reporting relationship with council and other stakeholders;
- **Consider and pursue** where appropriate all suggestions made in this Age Friendly Housing Plan, with the advice and input from the Action Team;
- **Designate** the Community Development Department as manager of the Age Friendly Community Action Team and facilitator of the proposed Opportunity Projects (see Section 6);
- **Re-examine** the mandate of the Community Development Department not only to become a champion of age-friendly housing solutions, but to ensure that an economic development lens is used for this work, in terms of defining age friendly housing as a new economic sector and the tracking of new investment, direct benefits, new jobs and new companies and services;
- **Implement** the changes as soon as possible, given that seniors are leaving MODC to find the housing and care services they need in adjacent communities (representing a loss of taxes); and to implement the changes within the context of current MPS review and in concert with the Municipality's next strategic planning review cycle (see section 7);
- **Ensure** that Recreation Department programming is focused on seniors needs, and promotes socialization and intergenerational opportunities;
- **Ensure** that the South Shore Regional School Board be informed of this Study, its recommendations, innovative intergenerational practices, and the formation of the Age Friendly Community Action Team.
- **Ensure** that the replacement facility for Shoreham Village NOT be located outside of the proposed Age Friendly Community Campus

Concerning senior levels of governments, Council should:

- **Advocate** that senior levels of government address the financial barriers facing private and non-profit developers of enriched or assisted living facilities;
- **Advocate** enhanced internet connectivity to private service providers and senior levels of government in order to help enable telehealth solutions.

Concerning the Province of Nova Scotia, Council should:

- **Request** that the Nova Scotia Department of Seniors make application on its behalf to become a member of the World Health Organization Network of Age Friendly Cities and Communities;
- **Advocate** that the National Research Council and Province integrate, where feasible, FlexHousing™ and Universal Design Principles within the Building Code;
- **Alert** the Province to the Opportunity Projects, and **request** that the Province act as a partner in these projects where appropriate, with particular reference to Shoreham Village long term care centre, and the importance of relocating the replacement project within the proposed Age Friendly

Community Campus;

- **Advocate** that the Province ensure, in its establishment of any Statement of Interest on Healthy Community planning principles, that such Statement also address planning needs for age friendlier communities;
- **Advocate** that the Province, in its health and municipal governance policies, allow for municipal / private or non-profit partnerships, the dedication of resources and assets as may be required, to implement the Opportunity Projects, and others as may be identified by the Age Friendly Community Action Team;
- **Request** that the Province reinstate the Community Counts program, at least as related to seniors housing and care issues and needs, so the Municipality can more effectively monitor statistical trends;
- **Request** that the Province review the use of Community Economic Development Investment Funds for seniors housing with integrated care supports, and revisit the Department of Health and Wellness requirement for ground floor access for long term care units.

Concerning the Community Development Department, Staff should:

- **Establish**, in the revised Municipal Planning Strategy, appropriate policies for the designation and support for the Action Team and Opportunity Projects;
- **Make** necessary policy and

land use by-law changes to integrate age friendly and universal design for housing and built environment, as may be possible and practical, and identify non-regulatory methods to promote these design principles to developers and other community stakeholders;

- **Integrate**, within the land use by-law and zoning, including zoning for the Village of Chester, options for the development of secondary suites in single family homes;
- **Expand** the use and opportunities for site plan approvals for housing projects that include age friendly units and graduated levels of care;
- **Meet** with the Western Region Housing Authority, Efficiency Nova Scotia and others to explore all provincial program options (e.g. housing adaptability, housing maintenance and energy efficiency programs), and address ways to enhance knowledge of these programs with the Municipality's seniors (e.g. distribution of program information with tax bills, web links, etc.).

Introduction

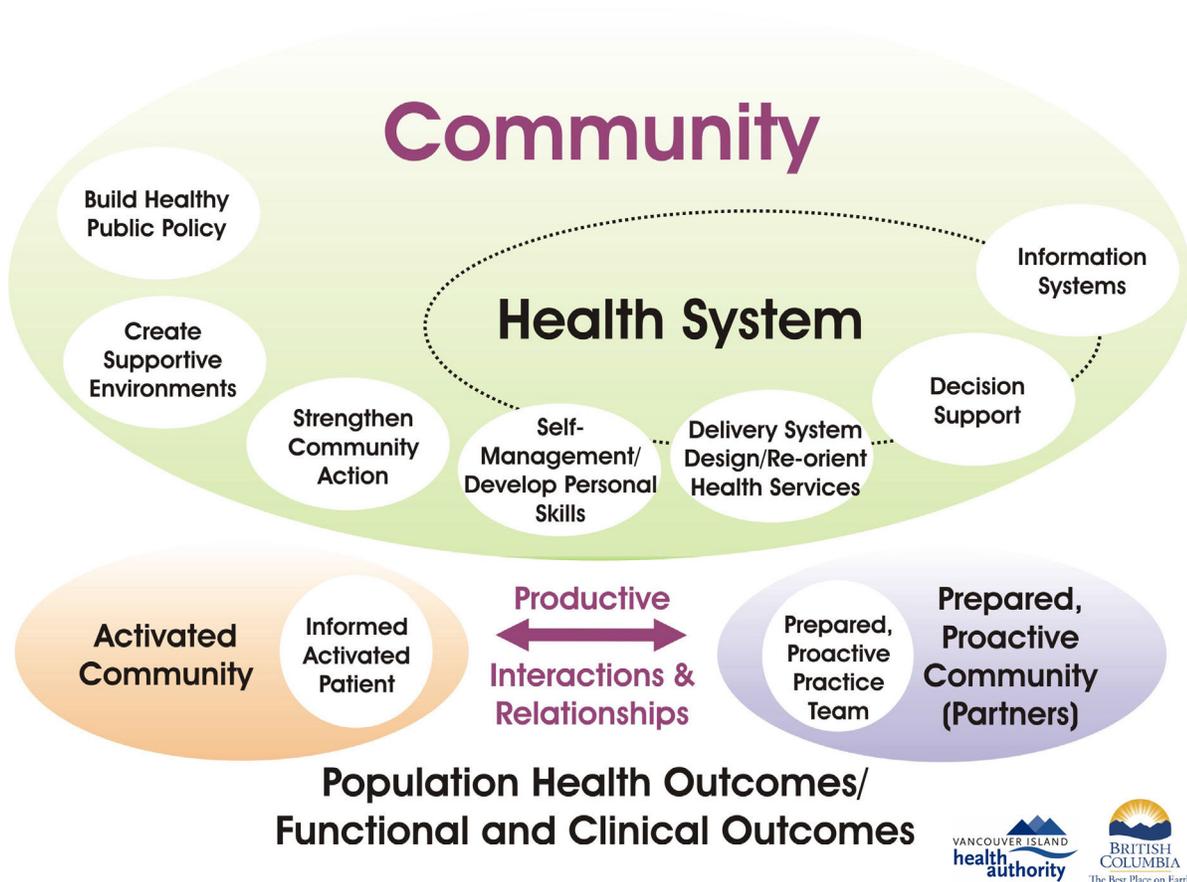
Report Background

This study has been conducted under the framework of an **Expanded Chronic Care model** - and the assumption that municipal planning needs to be increasingly seen as an integral and important part of our health system. **Planning needs to help create healthier, age friendly communities.** Be it municipal responses to climate change, active transportation or seniors housing, planning is increasingly focused on helping to ensure more positive population health outcomes.

It is within this context that this study of age friendly housing needs in the Municipality of the District of Chester (MODC) has been undertaken. A snapshot of current seniors

housing and care services has been taken, seniors population projections have been made, community voices have been heard, innovative ideas have been researched; and recommendations are made to help the Municipality of the District of Chester become an Age Friendly Community.

Age friendly community planning can address many issues – such as transportation, healthcare, social isolation – however, the Municipality’s Planning Department highlighted one of the primary issues identified during its 2012 age friendly communities assessment. Specifically, the focus of this study is on age friendly housing and related needs. This research forms part of MODC’s review of its Municipal Planning Strategy.



Methods

The research phase included (1) Researching socio-demographic trends and exploring numerous community health sources (2) Undertaking a Projection of Seniors Housing and Care Needs (3) Reviewing Municipal and Provincial planning and policy context, and (4) Researching relevant and related innovative practices.

The community engagement phase included (1) A survey and consultation with pre-approved stakeholders, and (2) A focus group of seniors housing providers and care providers, to help probe various issues associated with the provision of seniors housing and graduated levels of care.

Report Structure

Section 1 (Community Context) includes an overview of the Municipality's socio-economic status, supported by a statistical profile that can be found in Appendix 1. It includes an important table that documents the scope of seniors housing and the type of associated care supports available to residents in the Municipality. This table is the starting point for considering seniors housing, care services, and related employment base as an economic "sector" that needs to be supported and nurtured.

Section 2 (Seniors Population Projections) explores the potential number of seniors in the Municipality as well as possible health dependencies and wealth parameters, between 2016 and 2026. The projections show the movement of the "baby boom" through future age cohorts. These are projections only, generated by a projection tool available from the Atlantic Seniors Housing Research Alliance (ASHRA). Their primary use is underscoring the challenge of providing age friendly housing and graduated levels of care in the years ahead, when compared to the snapshot of current housing and care supports. Details on ASHRA's projection tool and its use can be found in Appendix 2.

Section 3 (Health Context), and the associated Health Profile and List of Seniors Services found in Appendix 3, have been generated following research and analysis of seven local sources addressing various aspects of community health. The Health Context focuses on Health and Housing, as well as an overview of Health Challenges and Health Opportunities. Suggestions previously made by many stakeholders and local agencies are brought forward in the Health Context Section.

Section 4 (Stakeholder Input) provides a summary of the inputs received from the stakeholder survey as well as the focus group. Many inter-related issues are identified, for example, the fact that there is a "gap" between independent living and long term care. Issues associated with isolation, transportation, safety, security and access to health care are also identified. Of interest, single family housing ranked lowest in terms of a solution for seniors housing, and two-unit or multiple unit dwellings were the preferred housing form. A focus group was held, bringing the seniors housing and care providers together. They confirm there is a need for a housing strategy that addresses seniors needs, and they provided insights into the development challenges being experienced. The interview guides used for the consultants' interface with the stakeholders and focus group can be found in Appendix 4.

Section 5 (Federal and Provincial Policy Context) addresses a number of financial barriers concerning the "gap" between independent living and long term care. An overview of the Province's housing programs for seniors can be found here.

Section 6 (Opportunity Projects) provides an overview of 3 project initiatives that the consulting team is recommending that the Municipality pursue, in full partnership with community-based organizations.

(Municipal Plan and Land Use Review) provides a review of the Municipality's Planning Strategy, the Chester Village Secondary Plan, and associated Land Use By-laws. The comments, provided on current policies and land use regulations, are intended to help align planning, in its traditional role, with current age friendly community needs.

(Innovative Practices) provides some Canadian, American and European examples, under the headings of Age-Friendly Housing Models, Intergenerational/Social Inclusion and Innovation in Care Delivery. Age friendly housing and universal design principles (i.e. CMHC's FlexHousing™

Guidelines) are presented in Appendix 5.

Several sections include "Action Team Considerations" – to be reviewed by the Action Team - and the potential to tie municipal decision-making with community voices and innovative responses.

The various sections in the study, together with the Appendices, provide a rich array of information to consider - and at an appropriate time - in conjunction with the Municipality's review of its planning documents.





1.0

COMMUNITY CONTEXT

The Municipality of the District of Chester (MODC) is located in Lunenburg County, Nova Scotia. It is made up of several communities with a total population of 10,599, accounting for just over 22% of the County's total population (2011 Census). The Municipality is primarily rural with the greatest relative population density located in Chester Village. The MODC lies southwest of Halifax Regional Municipality (HRM), which has the largest urban centre in Nova Scotia, and over one third of the province's total population. Provincial averages mentioned below may be influenced by the inclusion of HRM, which generally has a younger and wealthier population than other areas in the province.²

Within the MODC, median income for individuals, at \$26,526 (2010) is slightly lower than the provincial average (\$27,570), and median family income (\$61,788) is lower than the provincial average (\$68,102). The rate of low income households is 18% and the rate is slightly higher at 19% for people aged 65 years and over. Despite lower incomes, home ownership, as well as median and average

home value, are all higher than the provincial averages.

The Baby Boom generation is contributing to a high number of seniors across the province (and elsewhere), and there are still many belonging to that group that have not yet reached 65. **The challenge of meeting the needs of an aging population is exaggerated in smaller cities and towns where young adults are leaving for employment, education, or other opportunities available in larger urban centres.**

Recommendation: Council should request that the Province reinstate the Community Counts program so the Municipality can more effectively monitor statistical trends.

² For more detailed information on community statistics, see Appendix 1: Community Profile.

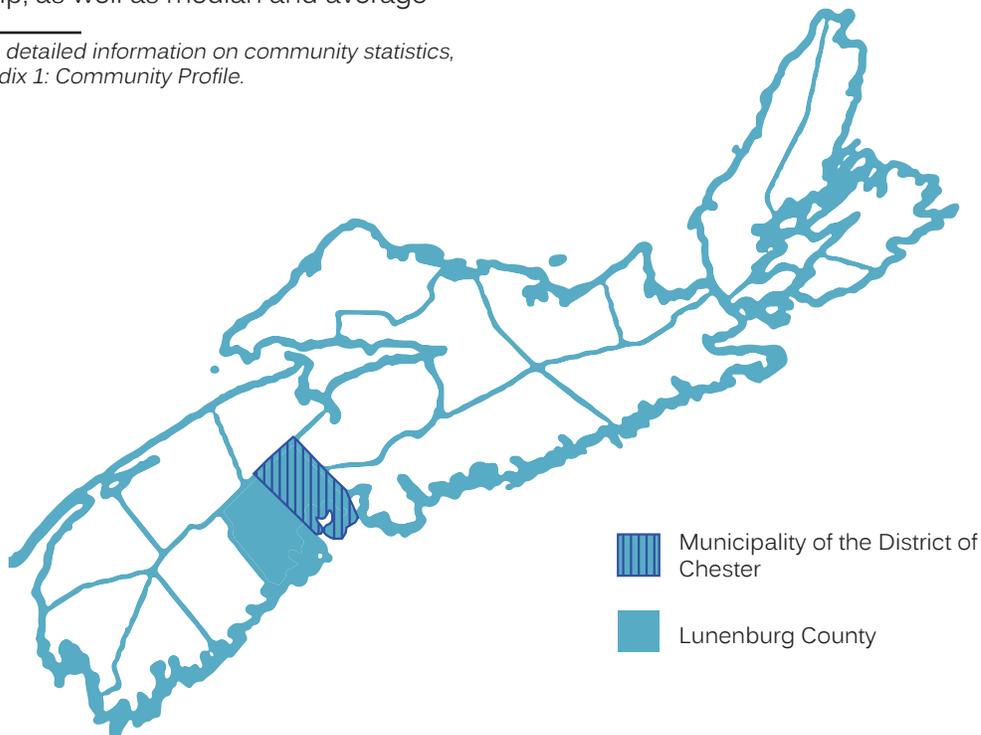
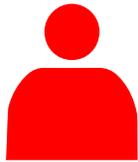


Fig 1. Context Map of the Municipality of the District of Chester

Compared to the province as a whole, MODC has a slightly older population, with only 18% of the population under twenty years of age (21.2% provincially) and 22% over sixty-five (16.6% provincially). Changing demographics over time show that seniors represent an increasing proportion of the population. While this is happening across the province, it has been more exaggerated in the MODC than the province as a whole.

Median Income

Individual



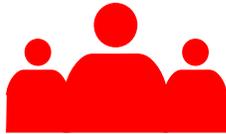
Municipal

\$26,526

Provincial

\$27,570

Family



Municipal

\$61,788

Provincial

\$68,102

Figure 2 shows the change in population over time (2001-2011) for select age groups for the MODC. Within MODC, there are clear decreases in all age groups under 45 years (-12% to -30%) and there were increases in age groups over 44 years (22% to 32%).

Recommendation: Council should establish an Age Friendly Action Team to address the shortage of housing and care for seniors today and in the future.

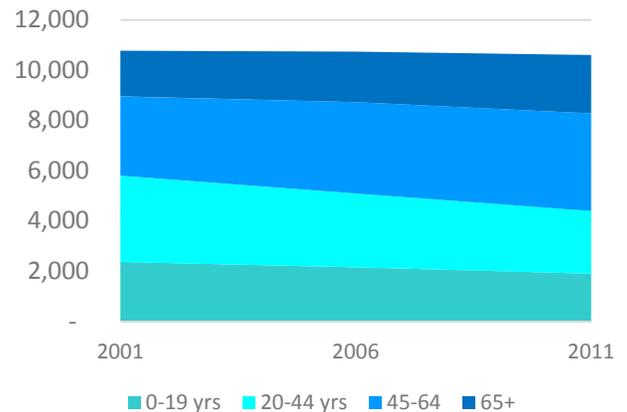
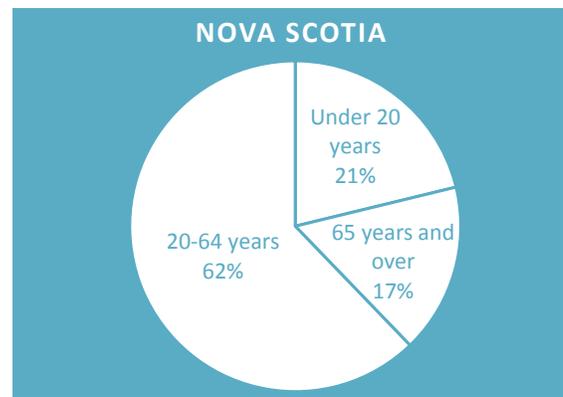
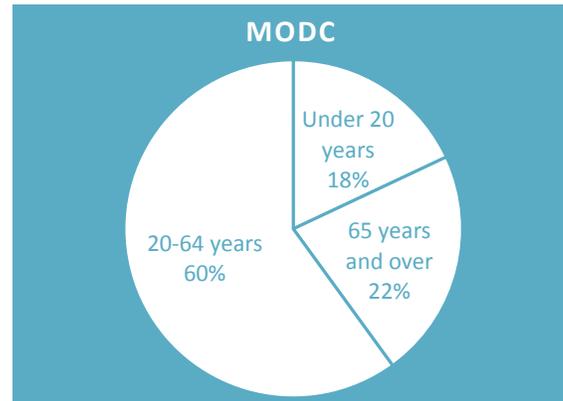


Fig 2: Change in Population by Age Group, 2001 to 2011

While the increasing senior population represents a challenge, it is also an opportunity for community and economic development. As the needs of current and future seniors in MODC are addressed, this will lead to growth in the senior housing and care sector.

Facility	Year Established	Location	Type of Units					Total
			Independant or Retirement	Assisted or Enriched Living	LTC Beds or Units	Respite	Other	
Shoreham Village	1974	District of Chester			89	1		90
Shoreham Village Apartments		District of Chester	58					58
Drumin Hills	2007	Bridgewater	72	24				96
Hubbards Manor/ Metro Housing	1978	Hubbards	12					12
Bonny Lea Farm	1973	District of Chester		✓			Four 6-bed, four 3 bed small option homes	

Fig 3: Current Stock of Senior Housing and Care Units Serving MODC residents

This table has been generated from data supplied by seniors housing and associated care agencies and provides a “snapshot” of the type of seniors housing available within or otherwise defining the seniors housing and care “sector” in the Municipality. **The numbers of seniors shown in this and the following section (Seniors Population Projections) shows that the current number of available seniors units is not enough to address the needs of today or tomorrow.**

A more comprehensive chart on the scope of the senior housing sector serving MODC can be found in appendix 1. details on the ASHRA study can be found in Appendix 2.

Action Team Considerations

Housing will need to be built (or altered) to accommodate the growing number of seniors in the municipality.

Municipal policies and by-laws should encourage the construction and adaptation of existing housing that, by its location and design, is age-friendly.

The current supply of seniors housing units (table 2) is minimal and efforts should be made to increase the availability of suitable seniors housing within the MODC.

It is recommended that information on the current stock of seniors housing be updated by MODC over time and in relation to the proposed seniors housing / care forum.



2.0

**SENIORS POPULATION
PROJECTIONS**



The choices an individual makes about living arrangements as they age are influenced by many factors. Research has told us that 75% of our aging population would like to age in place – in their own home. Other research tells us that as we age we are likely to move three times after age 65.

Three factors are considered to be most important in determining our living accommodation choices as we age; our health, our wealth, and, the distances to our children. This model uses two of these, health and wealth, as likely predictors of housing need. The underlying assumption is that the healthier and wealthier you are, the greater number of possible housing options you may consider.

The implications for community planning are that those in a healthier state, with access to moderate wealth will find housing solutions along the continuum from their own home, to seniors' apartments, condominiums, assisted living complexes. Those in a less healthy state, with limited wealth resources will rely on public or subsidized housing solutions.

- ASHRA Web Site <http://ashra.msvu.ca/communityintro.htm>



Figure 3 (page 18) and Appendix 1 provide an overview of the number and type of seniors housing units that are available, their location, type of care service available, and number of staff involved in the delivery of those services. If the Bridgewater assisted living facilities were removed from these charts, then the Municipality has an absolute gap between independent living and long term care.

Having established the existing base of seniors housing, and the absolute gap between independent living and long term care, this section of the report provides and projection of the seniors' population, including projected levels of dependency and wealth.

The projections shown in figures 5, 6, and 7 (for 2016, 2021 and 2026) define a growing problem and certainly a sense of urgency. There is a need to address as many aspects of MODC's age friendly housing situation as soon as possible.

While the overall population of MODC has been declining, the number of seniors is increasing. Projections show an increase in the total number of seniors in each age category from 2016 to 2026.

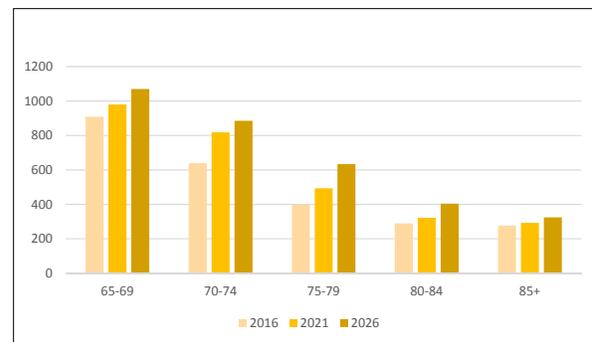


Fig 4: MODC Population Projections by Age Cohort

A study by the Atlantic Seniors Housing Research Alliance (ASHRA) produced projections for population as well as two key indicators of seniors needs for housing, health and wealth. The categories of each indicator H1, H2, H3, H4 and W1, W2, W3, W4, listed on

the next page, are further defined in Appendix 2.

H1	<i>Dependence free /Good Health</i>
H2	<i>Moderate Dependence</i>
H3	<i>Severe Dependence</i>
H4	<i>Institutionalized</i>

W1	<i>Well off</i>
W2	<i>Moderately Wealthy</i>
W3	<i>Limited Resources</i>
W4	<i>Very Limited Resources</i>

Population Health

Most adults over 65 are within the H1 category (Dependence Free). For this portion of the population, planning and policy can focus on preventive health measures, including healthy built environments as well as programs and services. These seniors can feasibly remain in their own homes provided that there is assistance available for more onerous errands and home maintenance.

The H2 and H3 categories are perhaps most relevant for this study, as adults in these categories can benefit from specialized housing and programs designed to meet their needs, whether for transportation, home health care, or other services. Housing plays an important role in the wellbeing of older adults with moderate to severe dependence.

The projected number of seniors with moderate dependence is 256 in 2016,

Recommendation: Council should designate the Community Development Department as manager of the Age Friendly Action Team.

increasing to 344 by 2026. Based on this projection, there are fewer than half the number of “assisted or enriched living” units available within MODC and adjacent municipalities. There are projected to be 168 seniors with severe dependence in 2016, increasing to 221 by 2026. The current number of units that can meet the needs of these seniors (Long Terms Care units) is again fewer than half of those required. See Figure 2 for numbers of current seniors housing by type.

For adults in the H4 category, “extensive support” is required and home care is no longer an option. Appropriate housing for this category is in long-term care and/or hospice facilities.

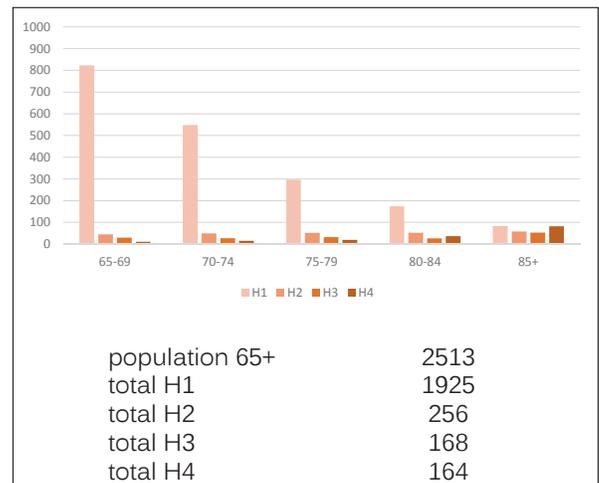


Fig 5: MODC Health by Age Cohort 2016

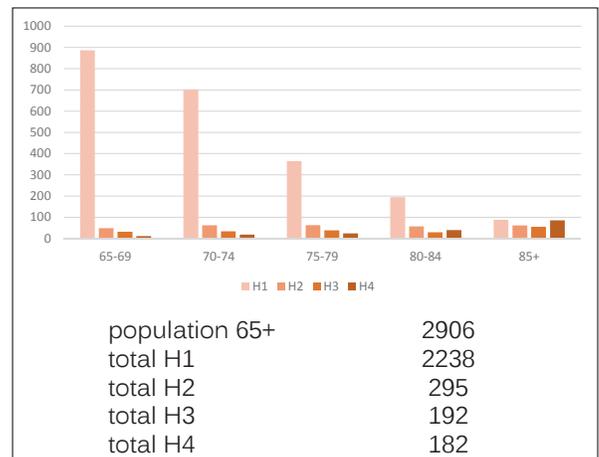


Fig 6: MODC Health by Age Cohort 2021

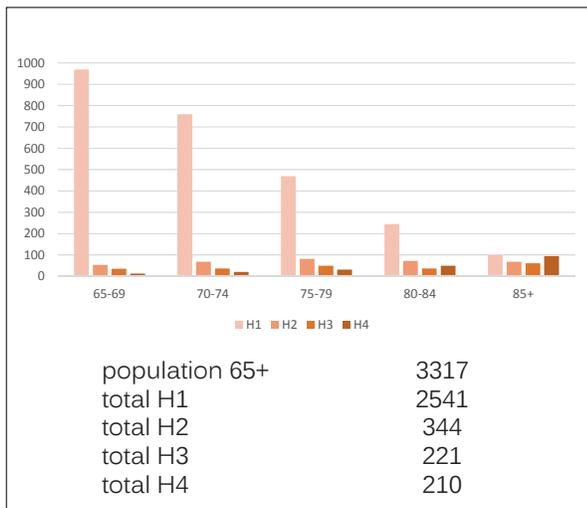


Fig 7: MODC Health by Age Cohort 2026

Population Wealth

For each level of health, an individual's wealth plays a significant role in their ability to address their own needs and maintain quality of life. A large portion of the population lives within the W3 (\$51,000 to \$150,000 net worth) and W4 (less than \$50,000 net worth) wealth categories, indicating a strong need for affordable seniors housing and care units and potentially, financial assistance and other supportive programs.

For seniors facing health issues (H2, H3, H4), having limited financial resources will likely compound the challenges they face (see Considering Health and Wealth, below).

Fig 8: MODC Wealth by Age Cohort 2016

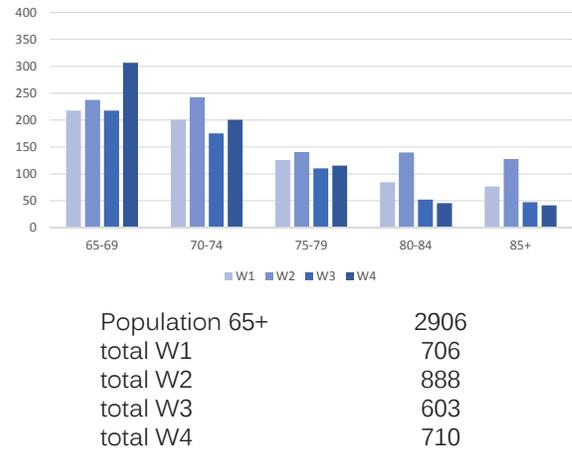


Fig 9: MODC Wealth by Age Cohort 2021

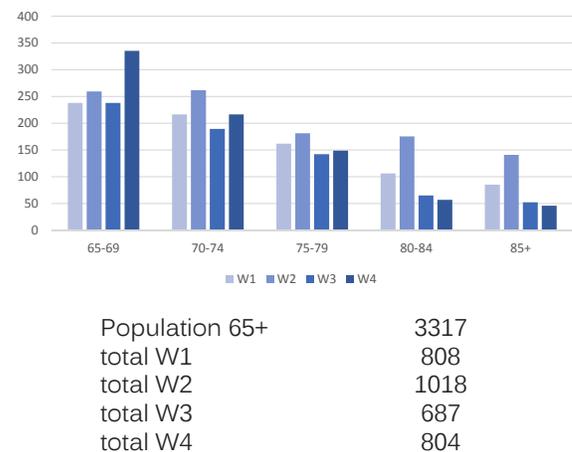
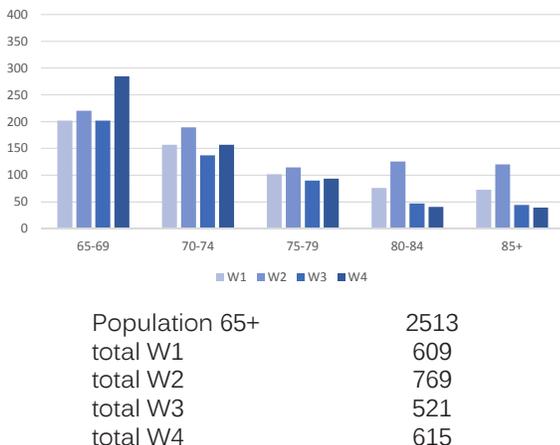


Fig 10: MODC Wealth by Age Cohort 2026



Considering Health and Wealth Together

The following charts show the number of seniors projected in 2016, 2021 and 2026 and are meant to show the relationship between level of health and wealth. Darker red shows areas of concern based on expected challenges due to the combination of higher dependency and limited financial resources.



Action Team Considerations

With the majority of seniors projected to be dependence-free, efforts can be made to enable and encourage active living through programming and healthy built environments, helping residents to maintain their health and reducing their risk of becoming dependent.

There is an inadequate supply of seniors housing units of all types. Policies, zoning and land use by-laws should allow for more housing units to be constructed that are of appropriate scale, design, and location to be age-friendly.

Increasing the number of housing units will take several years at least, programs should be established to help seniors to renovate their homes to be more accessible; existing programs of this type should be advertised and any land use by-laws that might prohibit such renovations should be reconsidered.

New residential construction can be required or encouraged to be accessible or adaptable (i.e. easily converted to accessible units).

Home care programs, while they are not provided directly by the Municipality, can allow seniors with moderate dependence to stay at home. These programs should be advertised to residents who may need them.

	H1	H2	H3	H4
W1	461	64	42	42
W2	558	88	59	64
W3	409	50	32	29
W4	498	54	35	28

Potential Housing Needs	Total	With limited resources (W3 & W4)
Independent Living or Home Care (H1 & H2)	2181	1010
Assisted or Enriched Living (H2 & H3)	425	171
Long Term Care (H3 & H4)	332	125

Fig 11: MODC Health & Wealth 2016

	H1	H2	H3	H4
W1	537	74	48	47
W2	650	101	66	71
W3	475	58	37	33
W4	575	62	40	32

Potential Housing Needs	Total	With limited resources (W3 & W4)
Independent Living or Home Care (H1 & H2)	2532	1170
Assisted or Enriched Living (H2 & H3)	486	197
Long Term Care (H3 & H4)	374	142

Fig 12: MODC Health & Wealth 2021

	H1	H2	H3	H4
W1	611	87	56	54
W2	743	118	77	81
W3	539	68	43	38
W4	648	72	46	37

Potential Housing Needs	Total	With limited resources (W3 & W4)
Independent Living or Home Care (H1 & H2)	2886	1327
Assisted or Enriched Living (H2 & H3)	567	229
Long Term Care (H3 & H4)	432	164

Fig 13: MODC Health & Wealth 2026

In each projection, the majority of seniors will be dependence free or will have moderate dependence. Seniors in these health categories are likely to remain in their home, but may choose to move to an independent

living facility if such housing is available and affordable.

The projections show that there is a need for affordable units in each of the housing types with the needs, from 2016 through 2026, exceeding the current availability of units (shown in Figure 3). Adding to the challenge is the number of seniors with limited financial resources who are likely being priced out of the limited number of available units.

Based on these projections, units available today are not sufficient to meet the needs of seniors next year (and undoubtedly, today).

Unless the number of units is substantially increased over the next ten years, the supply will not be sufficient to meet the needs of seniors in all but the top wealth category. By 2026, as many as 1327 seniors with limited resources will require home care or relocation to an independent living facility, as many as 229 will require assisted or enriched living, and as many as 164 will require long term care.



Action Team Considerations

Efforts should be made to increase the number of seniors housing units (of all types) that are available in the MODC.

The following efforts may benefit seniors with limited resources:

- Advocate to the Province to expand and improve home care programs as needed.
- Support, and advocate on behalf of community services (Community Wheels, etc) that are providing essential services to seniors.
- Allow and encourage the Opportunity Projects (see section 8 of this report) with appropriate scale and design to allow for affordability in terms of construction cost per unit and cost-effective operations and services.
- Encourage communications and partnerships between organizations and stakeholders that have knowledge and/or resources to contribute to the goal of increasing the supply of senior housing in MODC.



3.0

HEALTH CONTEXT

The Health Context and associated Health Profile in the Appendix provides information contained in previously completed studies³ including information for the Municipality, Lunenburg County and South Shore region⁴. Suggestions are mainly drawn from the studies and they offer insights into community health needs that would help augment the Municipality's efforts to become an Age Friendly Community.

3.1 Health and Housing

The Health and Housing section contained in the Draft 2012 Age Friendly Consultations is reproduced below. The need for a range of housing options for seniors, support with home maintenance, and access to grants for upgrades and retrofits had been previously identified in the Aging Matters study (2005), and the need for low income seniors' housing was also noted in Lunenburg County Vital Signs (2010).

- During the 2012 consultations with seniors, many had not given much thought to transition plans. Some of this "thinking through" took place during the meetings. Solutions included downsizing and moving into seniors' apartments, either locally or in more urban locations, and others feeling confident that they could retrofit their homes enough to remain as long as possible.
- 40% of those surveyed felt their housing was age friendly. A majority believed there were assisted living options and alert systems available should they need them. Some mused that they might move to the city, or perhaps to a seniors'

³ 2013-2018 Collaborative Community Health Plan (Queens and Lunenburg County Community Health Boards); South Shore Community Health Planning, Community Consultation Findings, December 16, 2011, by Horizons Community Development Associates Inc; South Shore Health's Collaborative Community Health Plan, Phase 3, Community Health Profiles, August 2011; MODC's Municipal Active Living Strategy; Age Friendly Communities, Draft Summary Report of Community Consultations (input from 77 seniors over the age of 60), 2012; South Shore Health web site; and Understanding Our Health, Community Health Profile, August 2013

⁴ A list of seniors services available to the Municipality's residents is included in Appendix 3.

- apartment building, such as those located at Shoreham Village, Chandler's Cove, Hubbards, or Western Shore. Drumlin Hills in Bridgewater was also mentioned.
- Others felt they could retrofit their homes and remain in them as long as possible. The lack of 'in-between' housing available for those who are not 'ill enough' to be in a nursing home, but can't keep up with minor maintenance, was raised as a significant issue by both seniors and service providers.
- Many seniors felt that regardless of future housing and care needs, moving in with adult children was not an option they would consider.
- Housing maintenance issues are aggravated by the cost of maintenance and the difficulties related to finding someone to do the work.
- Caregivers reported challenges relating to home care services, including: (1) inconsistency in the home care that is provided (2) that access to respite was only available to caregivers living in the home with the care receiver (3) that scheduling was a challenge (4) that workers often fail to come when scheduled and do not call to advise they're not coming, and (5) that the services provided are very limited.
- Service providers identified challenges related to housing, for example, why many seniors failed to access grants for retrofits and repairs: (1) the lack of information about grants (2) that the applications were too complicated for some seniors to complete, and (3) seniors' general distaste for the automated answering services used by many of these services.
- For seniors living at home, shoveling snow or mowing lawns are common needs; while some seniors are able to pay for these services privately, many cannot.
- Physiotherapy is not offered for seniors in their homes. Inadequate nutrition was also a concern, especially for those living alone and isolated.
- Only the first floor of Shoreham Village Apartments is suitable for persons who are

mobility challenged; the apartments on the second and third floors are only rented to those who are mobile enough to use the stairs, as when there is a power outage, the elevator to the second and third floors does not work.

- Service providers noted issues related to the Continuing Care single entry system - that some seniors were being placed far from their municipality, and that if an opportunity later arose to relocate to a nursing home in their own community, seniors were generally unwilling to go, as each move was traumatic.

Recommendation: Council should advocate that the Province ensure, in its establishment of any Statement of Interest on Healthy Community planning principles, that such Statement also address planning needs or age friendlier communities.

Action Team Considerations

It is recommended that the Age Friendly Community Action Team determine the relevance of the community health suggestions, and options and opportunities for their implementation.

From consultations, it was felt that:

- Grants for home improvements should be revised to allow a sliding scale of income rather than a cut off threshold, and that volunteers should be engaged to help seniors prepare grant applications in the same way that volunteers currently help with preparing income tax returns.
- It would be helpful to have a central place to call for information regarding grants.
- One participant suggested taking the proactive step of encouraging home design that is suited for “cradle to the grave” so that later on, renovations would either be unnecessary, or minimal, therefore costing less.
- On the topic of keeping more seniors in their homes longer, it was suggested that Continuing Care services be expanded to make staying in one’s home easier.

Others:

- Support the development of a range of housing options for residents of the Municipality through mixed-use developments that include affordable housing units.
- Promote age friendly housing design and universal design among developers.



3.2 Health Challenges

Communities along Nova Scotia's South Shore are facing certain challenges that are impacting health and quality of life:

- Lack of employment leading to population out-migration. In addition to an aging demographic being experienced everywhere, the out-migration of young people and families further shifts the demographic profile to one of an aging population.
- **Within the South Shore, some communities are losing their seniors to larger centres where services such as assisted living can be found.** This can weaken the social fabric of many smaller communities and carries with it problems associated with isolation, transportation and economic decline.
- Some communities are struggling to recruit and retain primary health care providers.

- Lack of affordable housing and transportation options are creating barriers for many families and seniors.
- Some people are also feeling a sense of isolation; they do not feel as connected to others in their community as they would like to be.
- Chronic disease rates are quite high along the South Shore. Cardiovascular disease is the number one cause of death and cancer is the second most common cause of death in both the Province and South Shore. The South Shore has the second highest prevalence of diabetes in the Province.

Poor eating habits, 'fast food', and lack of education about healthy food choices are seen to be barriers to a healthy community. When it comes to food and nutrition, only 25% of people over the age of 12 in the South Shore are meeting the daily consumption of fruit and vegetables - the South Shore has the lowest rates of fruit and vegetable consumption in the Province.

Action Team Considerations

- Access to healthy, local, and affordable food is important and having access to farmers' markets that offer these are important.
- Programs that support seniors staying in their homes, such as Meals on Wheels and frozen meal programs, are valuable and should be continued.
- Emergency Supports (food banks, breakfast and lunch programs), Local Food Systems (local producers, community gardens, farm markets, grocery stores, and Education/Support (dietitians, community kitchens, cooking skills programs) are important program supports for seniors.

Along the South Shore, the barriers to participating in things like physical activity programs and activities include transportation, costs, aging/outdated infrastructure, and lack of awareness about what is going on in the community.

Active living is a lifestyle choice, like other aspects of health. The Municipality is making good progress with its Active Living Strategy, and below are some suggestions and considerations relating to physical activity for seniors.

Action Team Considerations

That age friendly community housing, including linked garden homes, townhouses, apartments and seniors care facilities, be encouraged to locate in areas where infrastructure for physical activity infrastructure exists or can be constructed or inter-connected.

That opportunities for supporting community-based intergenerational physical activities be promoted between the Municipality and the seniors housing and care service providers.

Integrate the community health suggestions, where appropriate, with MODC's Active Living Strategy and / or revised Municipal Planning Strategy:

- Encourage the provision of affordable transportation and use of Community Wheels
- Support the development and maintenance of community gardens with seniors involvement in this activity
- Ensuring sidewalks and networks are developed and maintained in a safe and useable condition
- Increase the number of walking clubs, 'meetups', and neighborhood activities and provide supports (e.g. equipment) and build capacity for self-leadership
- Consider partnerships with private landowners when developing any Open Space plan
- Integrated Planning: Achieve multiple objectives by aligning and linking the physical activity strategy with many other municipal strategies and priorities.
- Improved sidewalk system (with lighting and benches) and paved trails to support active transportation for all ages
- Explore opportunities to develop community parks/open space across the municipality, where they do not currently exist.
- Explore opportunities between seniors organizations and the Municipality's Recreation Department.

The incidence of mental health problems has been increasing and the lack of mental health services for the community is seen as a barrier.

Action Team Considerations

- Better communication and collaboration within the health system and amongst service providers, including collaborative practices, is needed
- Community events and activities such as community breakfasts and suppers, festivals, cultural opportunities, and community gardens provide social opportunities and connectedness by bringing people together.
- Social Supports (grief support groups, Alzheimer's supports, Canadian Mental Health Association information and programs) are important.

Transportation challenges sometimes prevent people, especially seniors and youth, from being able to access medical services, participate in physical activity programs and community events, and connect socially with their friends and family. Increasing opportunities to access to doctors, nurse practitioners, and other health specialists is important and wellness clinics offered in the community are valued.

Action Team Considerations

- There is a need for more volunteers, especially younger ones, to support community programs, organizations, and fire departments, as well as a need for mentors.
- Social supports in the community (Big Brothers/Big Sisters, Family Resource Centres, Way to Wellness, dial- a-ride transportation, Schools Plus, the Parenting Journey, Enhanced Home Visiting Program) are important to maintain.
- The Community Wheels service may need to be promoted better.
- There may be a need to get information about social events (and other information) to the entire community and informal socials where seniors can just "drop in" (e.g., at Shoreham Village).
- Any extra capacity with the Shoreham Village bus should be explored.
- Identify universal design options for streets, including: street signage, intersection safety, sidewalk / tree maintenance, etc.

The 2012 Age Friendly Community consultations that were held with seniors and service providers documented several issues. Participants in this consultation process said the Municipality “goes out of its way to include seniors” and that seniors contributions were recognized and “celebrated” in local media. Specific inputs on Health and Social services can be found in the Appendix (Health Profile).

Action Team Considerations

- Recreational and cultural programming should strive for intergenerational participation.
- Recreation and social programming in relation to the arts may help reduce loneliness, helplessness and boredom and create opportunities for intergenerational participation
- Volunteer recognition programs could focus on volunteers who are engaged with seniors.
- Identify and promote opportunities for collaboration between youth, service providers and seniors.
- Develop an asset map of available programs, and age-friendly services in the Municipality.
- Raise awareness of seniors' issues and needs, and promote and communicate all available programs and services.

3.3 Some Opportunities

There are, however, many positive changes that hopefully will help contribute to enhancing health outcomes and age friendly community principles:

- There are more physical activity and recreational opportunities than ever before (e.g. fitness classes, emphasis on active transportation).
- The Province and South Shore Health are supporting the development of additional primary health care collaborative practices to address doctor shortages and improve quality of care.
- A new health centre (“Our Health Centre”) is being constructed in Chester, adjacent to Shoreham Village.
- Communities are coming together to support one another, implementing projects like community gardens, to ensure individuals and their families can access the resources and support their need.
- Municipalities are implementing healthy public policies to protect their residents (e.g. smoking by-laws, nutrition policies for recreation settings, active transportation, etc.).

- The Municipality's Active Living Strategy (2014-2017) states the “South Shore District Health Authority reports that physical activity rates for citizens 12 and over increased 7.8% from 43.5% in 2009, to 46.9% in 2012.”
- The MPS review presents an opportunity for MODC to implement progressive and health supporting policies to improve health outcomes, and help establish the Municipality as a leader in aging-in-place and age friendly community solutions.

Recommendation: Council should ensure that Recreation Department programming is focused on seniors needs, and promotes socialization and intergenerational opportunities.



4.0

STAKEHOLDER INPUT

A description of the stakeholder engagement methods as well as survey questions can be found in Appendix 4).

Common concerns held by stakeholders (reported in focus group and/or interviews):

- **There is a gap in housing and graduated levels of care, between independent living and long term care, and options for each.**
- Some of the existing buildings (e.g. Shoreham) require significant maintenance or replacement.
- There are limited options when it comes to market housing, particularly for semi-detached, townhouse and apartment style housing, which are better suited to seniors than single-detached homes.
- New housing should be close to destinations to encourage walking and should require minimal maintenance.
- For those receiving care services in their homes, there is a growing demand and

strains being put on care services.

- There are issues associated with housing affordability, maintenance, safety and security which affect those living in the houses as well as the care providers who visit them.
- Rising rates of dementia pose a challenge.
- Most seniors want to stay in their homes for as long as possible (though it is often not safe/healthy to do so).
- **Social isolation is a major concern for people who must move out of their community, but also for those living alone in their own homes.**
- There is a general lack of awareness of programs and services that are available to seniors - this is true among seniors and even among the service providers themselves.



4.1 Focus Group

Between those who submitted survey input and those who attended the focus group, it was possible to organize comments into the survey and meeting themes (1) General comments about the need and demand for seniors Housing (2) Seniors housing facilities and programs (3) Challenges, and (4) Community-based solutions and opportunities.

General Comments

Many homes in the Municipality need a lot of maintenance (some have no plumbing, rely on wood-heating, have leaking roofs), and because of the age or design of homes (stairs), or level of income, maintenance and adaptability of housing to support aging-in-place can often be deferred. The lack of energy efficiency in some housing adds another burden on incomes.

There is a major gap between independent living and long-term care, and the gap is in assisted living - a nursing home environment

is not the right environment for many people, there is a general lack of information on what is available so some seniors will stay home and “tough it out.” If assisted living cannot be provided in a convenient location or affordable way, then there may be increased demand for assistance with medication, and medical services (like in a nursing home). In the absence of a localized facility solution, there is a need for appropriate community based supports that can be mobilized, and this is the focus of the Community Care Centre proposed in New Ross.

Location of next stage housing and new seniors housing units looms as an issue in the Municipality, with its large geographical area and generally low population density. Security of seniors housing, in the right location, is also a concern. It was noted there is a need for government partners who will support clients financially in an enhanced support model but that there is a lack of a current acceptable model for this type of program.

Action Team Considerations

- Funding and other support should be made available to seniors living in inadequate or unsafe housing. Information regarding existing programs (e.g. home repair, renovation, efficiency) should be disseminated to seniors who may benefit from such programs.
- Affordable housing options should be made available where housing repairs are prohibitively expensive or are otherwise not desirable or feasible.
- The number of assisted and enriched living units available is inadequate and efforts should focus on mobilizing services to be provided to seniors living at home.

Need and Demand for Seniors Housing – Facilities and Programs

As a measure of demand which is only likely to grow in scope, the Continuing Care Program in Bridgewater is receiving 200-265 cases per month, each care coordinator has 110 or so cases. The program is stretched and they are currently trying to find money and

resources for more care coordinators.

Drumlin Hills, an assisted living facility located in Bridgewater, reports that it is receiving regular requests for assisted living accommodations and services.

Bonny Lea Farm, which supports people with disabilities, reports that it has increasing needs to accommodate aging-in-place, yet it

can only provide services up to age 65, and notes there are growing income, affordability and dislocation issues for its special needs clientele.

Shoreham Village provides long term care (LTC) and has 89 residents in its facility, mostly from the local area, but the facility's two-people-per-room arrangement is not consistent with current long-term care design guidelines. Some residents are in Shoreham Village because they cannot stay at home, and possibly due to housing conditions.

Shoreham Village (LTC) needs to be replaced but there is no commitment to when this might happen. The Shoreham Apartments (independent living) have deferred maintenance and need work. The two facilities share a well and driveway, and their needs for maintenance are exceeding resources.

Representatives from Western Housing Authority have indicated:

- There are approximately 12,000 public housing units in the province and about 75% of those (9,000 units) are seniors housing; **with a waitlist of about 4,600 units** (about 1,100 in the WHA region)
- Provincial housing does not include care services and home care must be individually subscribed to
- **The seniors assistance program for adaptive housing⁵ has a 1-2 year wait.**

5 Home Adaptation for Seniors Independence, also described in section 7.2, offers a grant to homeowners to make their home more accessible (i.e. replacing stairs with a ramp to the front entry).

Action Team Considerations

- Encourage and support the construction of all seniors housing types and consider enhanced or assisted living facilities as a priority.
- Support and advocate for facilities that are currently providing, or could potentially provide, enhanced or assisted living (e.g. Bonny Lea Farm).
- Support and advocate for facilities requiring improvement or repairs (e.g. Shoreham Village).

Challenges

A number of challenges, many of them interrelated, are facing seniors in the Municipality. Many, but not all, relate to housing:

- People tend to want to stay in their homes as long as possible. When (if) housing conditions deteriorate then the condition of the housing (and issues such as hoarding) pose health risks for care providers or first responders who visit or are called to attend to seniors in distress. People are living longer, and along with that, there is a change in complexity of

care required, and an attendant rise in mental health issues and dementia.

- Many seniors are not originally from the Municipality and may not have a solid network of family or friends to help look after them as they get older - they need assistance and advocacy. The public trustees office is experiencing issues with the estates of people who do not have the mental capacity to write a will or assign power of attorney. When people have to leave their homes, and the social supports around them, it can be quite a shock - leaving the community can often be more of a shock than leaving their home

and can lead to loneliness, boredom and isolation. There is much resistance to moving into (or putting a parent into) long term care.

- In Chester, water is a challenge (lots of minerals) and land costs in some parts of the Municipality are high. There are capital and infrastructure cost and financing barriers.
- Transportation, getting to medical appointments and services are related issues, and while there are supports available, awareness of available supports and programs is an issue that needs attention.
- Many seniors in MODC have limited incomes and affordability of housing and graduated levels of care are problems for many.

Action Team Considerations

These challenges do not have obvious solutions. They require further discussion and collaboration across various private, government and community organizations. The points above should be considered by the Age Friendly Community Action Team, mentioned elsewhere in this report.

Community-Based Solutions and Opportunities

Focus group participants acknowledged that while there are large and systemic issues associated with an aging society, community-based solutions are a necessary response. There is a need for regular dialogue between the stakeholders to address the challenges and opportunities. Some suggestions include:

1. Our Health Centre is being built near Shoreham, creating a more public focal point on the immediate vicinity, and the existing services therein. Shoreham Village has recently partnered with Northwood, which is a fruitful relationship with a sharing of resources and expertise between the two care providers.
2. People listen better to their neighbours - forums that represent "non-crisis" community education are needed. This may involve information sharing and awareness campaigns conducted through social groups to encourage word-of-mouth communication.
3. Noting that adding more units to existing housing is a by-law issue, shared housing (3 seniors and one caregiver in one home) and opportunities for FlexHousing™⁶ need to be fully considered to help reduce the gap between independent living and long term care.
4. There is a need to look at Community Land Trusts to give land to Municipalities. Any surplus available land, or tax sales, might be dedicated by the Municipality.
5. The Board at Bonny Lea Farm is considering construction of one new home (6 to 8 beds) that would support individuals with developmental disabilities as they age at home but like many non-profit supportive housing groups, faces challenges in doing so.

⁶ FlexHousing™ is housing that can be easily adapted to be accessible (e.g. wide doorways, ground-floor bedroom, etc.) or converted to two or more units. The term is described further in Appendix 5.

Action Team Considerations

- To encourage word-of-mouth information sharing, dissemination of information should be expanded. Information should be disseminated not only to those who need it but to seniors (and even the general public) who do not yet require special housing, programs or services.
- Land use by-laws can be relaxed to allow for additional units in homes to accommodate shared housing by seniors and caregivers.
- Community Land Trusts should be considered by the Age Friendly Community Action Team and/or the Municipality.
- Bonny Lea Farm should be considered as an Opportunity Project as per section 6.3 of this report.

4.2 Interviews

Summary of Stakeholders

Interviews were conducted with eleven stakeholders either over the phone or in person. Stakeholders represented various groups that provide services or otherwise work with seniors in the MODC. Stakeholders were asked to respond to six questions. Key results from the interviews are highlighted below.

Summary of interview questions

Interview questions were designed to derive key issues relating to housing and services as they impact seniors health, independence, and overall quality of life. Stakeholders provided written responses that were reviewed and given the opportunity to elaborate on their responses. The first question asked about the organization’s role in the community.

Stakeholders were asked to rank the importance of service types (transportation; recreation and socialization; healthcare including home care; family supports; and safety and security).

During this and other questions that asked stakeholders to rank topics of importance, it was often stated that each service was important and that it was difficult to rank them. Over the eleven interviews, some common responses were noted and the average ranking of the topics are reported in Figure 14.

Fig 14. Importance of Service Types

Topic	Average Rank	Adjusted Rank (1=most important)
Healthcare, including home care, nutrition, etc.	1.7	1
Safety and security	2.7	2
Transportation (see note)	3.3	3
Recreation, opportunities for socialization	3.6	4
Family Supports	3.7	5

Note: Transportation was seen by several stakeholders as important; however, because of the existence of Community Wheels, it was not viewed as an issue that required immediate attention.

According to these average rankings, **Healthcare was seen as the most important service that needs to be linked to age friendly housing**, followed by safety and security, and then closely followed by the other three services: transportation, recreation and socialization, and family supports. In comments, some stakeholders said that transportation was important, but since they have a service in place (Community Wheels) it was less of an issue.

Question 3 asked stakeholders to rank physical attributes of age friendly housing. Average responses are shown in Figure 15:



Fig 15. Importance of Housing Features

Topic	Average Rank	Adjusted Rank (1= most important)
Design (stairs, counters, access)	2.0	1
Affordability	2.2	2
Location/ community access	2.7	3
Ability to interact with others	4.4	4
Energy efficiency	4.7	5
Maintenance	4.8	6

Again, stakeholders commented that it was difficult to rank the physical features of age friendly housing and noted that some of the features were closely related (e.g. energy efficiency is often an affordability issue). Overall, **design was seen to be the most important feature**, followed closely by affordability and location/community access.

Question 4 asked about need and demand issues associated with the spectrum of housing. Several stakeholders commented that **most people would like to stay in their own homes for as long as possible**, while others identified a shortage of alternative housing types that would be suitable and even preferable for seniors who are still living independently (i.e. townhouse or apartment-style housing). A few stakeholders stated that there is a clear gap between living at home and long term care, with a need for both independent living and assisted living. Stakeholders pointed out that not all seniors

Action Team Considerations

- Policies and land use by-laws should encourage, or even require, that new housing be adaptable so as to allow the homeowner to remain in their home despite mobility issues that may come with old age. (See Appendix 5: FlexHousing™)
- Policies and land use by-laws should encourage diversity in housing stock and allow for apartment or townhouse style housing.

will have the same needs and a number of housing options are needed, particularly in the areas of independent and assisted living, and that different housing options should be available within the community to reduce the strain and potential isolation caused by moving to a new area.

When asked what housing types would be best suited for independent living (question 5), stakeholders provided the responses shown in Figure 16.

<i>Fig 16. Suitability of Housing Type</i>		
Housing Type	Number of votes	Rank
Semi-detached, including duplex	9	1
Townhouses and garden homes	7	2
Apartment buildings	7	2
Residential mixed use	5	3
Mini homes, mini home parks	2	4
Other (see note 1)	2	4
Single Detached Homes (see note 2)	1	6
<small>Note 1: Other housing types that were mentioned in comments were condominiums and community care centres. Note 2: The only vote for single-detached homes was based on an observation that most single detached homes were two-storey buildings and it would be more age friendly if they were single storey homes.</small>		

The top three choices were semi-detached homes, townhouses and apartment buildings.

Based on these responses, the most suitable housing types for independent living were those that represented greater proximity/density of homes as well as reduction in maintenance requirements. Comments reflected a need for community focus with independent seniors housing not separated from the activities and residential areas of other age groups. Several people commented that the housing should be located near services, retail.

Some people pointed out issues with single-detached housing stemming from being unable to provide services in an efficient (affordable) way, and social isolation being an issue associated with large lots and low density.

When asked for recommendations on how to become an age friendly community, stakeholders provided comments on issues, needs, and opportunities:

- Issues included increasing rates of dementia among seniors, housing affordability, the number of seniors who move away to find housing types that do not exist in MODC.
- Needs ranged from housing (quality and quantity), to services (health and community), to infrastructure (piped water and active transportation).

Other comments relevant to this study that were not covered directly in the questions related to a general lack of information (or dissemination of information) on programs and services that seniors may need; limited housing options in general for people with low and middle incomes; and siting housing in walkable locations were all mentioned by more than one stakeholder.

Action Team Considerations

- Multi-unit dwellings should be permitted in locations near retail, health services, and other destinations to allow residents to walk for most of their daily needs.
- Units in new multi-unit dwellings should be encouraged or required to be accessible



5.0

FEDERAL / PROVINCIAL CONTEXT

In this section, Provincial programs, practices, policies and regulations are reviewed and some comments on federal financing barriers are provided. Programs and policies for seniors and for affordable housing focus generally on home adaptation or on the provision of seniors housing via Housing Nova Scotia.

The Affordable Housing Program (AHP) provides a \$25,000 grant per unit where developers are able to commit to rents below market averages. This program may have some benefit for the provision of seniors housing (i.e. independent living) if constructed by the private sector; however, as discussed below, financing barriers generally work against the provision of enriched or assisted living in smaller markets, or the provision of a wider range of options in larger markets, by private and not-for-profit developers alike.

The Western Housing Authority has indicated a willingness to consider proposals for independent living units under the Province's seniors housing programs.

Contact made with some developers and care providers did not reveal any provincial practice or regulatory barriers, except for one; otherwise the main program concerns are:

- A lack of understanding and coordinated effort in dealing with the gap between independent living and long term care
- A lack of funding for affordable housing generally⁷
- The Province's single-access entry system for long term care can dislocate seniors from their communities, including seniors 'campuses', even if long term care facilities exist within those campuses
- A general issue affecting Municipalities, and their ability to more efficiently monitor trends, is the Province's decision to suspend the Community Counts database and service.

One practice that bears mentioning, because it will likely affect any replacement of Shoreham Village (and may have bearing

⁷ For example, the \$25K allocation has remained the same for many years, and is less of an incentive for higher cost land markets like Chester.

on infill opportunities or the land base for a proposed Age Friendly Community Campus within the Municipality) **is the requirement by the Department of Health and Wellness (Community Care Division) for ground level access for all long term care units.**

In the development of other long term care centres, this requirement has led to site planning challenges, additional costs for extra land, larger building envelopes, and ultimately higher costs for facility operations. Specifically related to Shoreham Village, maintaining the existing facility while constructing a replacement facility on the site will be challenging, and even more so if this particular requirement is strictly enforced.

Land costs in Chester are higher than many rural communities and any relocation of Shoreham Village is contrary to the neighbourhood planning and development approach envisioned for the Municipality's age friendly planning approach and community plan.

Recommendation: Council should request that the Nova Scotia Department of Seniors make application on its behalf to become a member of the World Health Organization Network of Age Friendly Cities and Communities.

5.1 Gap Between Independent Living and Long Term Care

The gap that is being consistently identified between independent living and long term care involves the need for combining housing options together with graduated levels of care.

Authority to address this gap is split between the Departments of Health and Wellness (Continuing Care Division) and Community Services (Housing Nova Scotia).

At the independent living end of the spectrum are Housing Nova Scotia programs for seniors housing (including affordable housing) and at the other end of the spectrum are private and not-for-profit long term care facilities under license with the Continuing Care Division of the Department of Health and Wellness. In the middle (to the extent they may exist) are enriched living and assisted living accommodations and services.

Independent living and aging-in-place options for seniors can be augmented with enriched services, such as home care, housecleaning, laundry and security services. At the assisted living level, the addition of health care, assistance with activities of daily living, and food / dining services adds significant cost to rental housing arrangements. Assisted living facilities generally include 24/7 access to continuing care assistance, access to LPN or RN assistance, and / or food preparation and common dining.

A progressive strategy for providing enriched living and assisted living accommodations and services will likely relieve pressure on the Province's continuing care system, while facilitating aging-in-place opportunities for many communities.

A failure to address the gap between independent living and long term care implies:

- increasingly long wait lists for subsidized long term care spaces,
- the housing of seniors in hospitals who may not need to be there and associated issues of “bed blocking”;
- increased costs associated with short term stays or rehab (which might be more cost-effectively accommodated in enriched or assisted living settings, as opposed to hospitals).

In short, failure to address the gap between independent living and long term care in a comprehensive way represents a decline in the quality of life for seniors and significant budgetary problems for the Province.

Community-based organizations and municipalities have a role to play in helping. In theory, a neighbourhood approach should be adopted to help mitigate issues

associated with this gap, and that holds true for urban, town and rural settings. Much can be accomplished with new technologies (i.e. telehealth) and community-based solutions (i.e. volunteer assistance programs or modified tax rates for enriched / assisted living facilities). However, when it comes to constructing new enriched or assisted living housing, then financing barriers are the primary issue to contend with.

Assisted living facilities in Nova Scotia are generally, but not exclusively, the domain of the private sector, which does a good job catering to those who can afford the services. These facilities tend to be located in larger centres, creating dislocation for those seniors who want access to assisted living, but find the facilities are not located near their communities. Few options exist for rural residents. For the most part, many of the Municipality's residents fall into this category, as the nearest assisted living options are located in Bridgewater.

For non-profit seniors care organizations and many smaller developers who may be interested in exploring service partnerships with long term care groups, **there remain significant financial barriers. Until these are addressed, enriched and assisted living facilities will remain out of reach for many towns, villages and rural areas.** Some of the financial barriers are federal in scope (HST and CMHC policies), but provincial efforts can and should focus on innovative partnerships with non-profit (“community governed”) seniors care organizations (i.e. Shoreham Village) and address problems associated with equity and financing. The financial barriers include:

Recommendation: Council should advocate that senior levels of government address the financial barriers facing private and non-profit developers of enriched or assisted living facilities.

- Financial institutions will not foreclose on a long term care organization. Licensing agreements with the Province preclude using long term care facilities as collateral.
- CMHC's debt coverage ratios are typically higher for seniors housing ("Retirement Facilities") than for apartments.
- The requirement for 5 years of operating experience by the facility owner does not support partnerships between private developers and non-profit seniors care organizations, where risk and service provision may be most effectively accommodated.
- The federal HST credit, which at 50% for non-profit seniors care groups, effectively adds a 7.5% cost increase for projects they might be otherwise willing to undertake. If facilities were to be constructed and owned by a non-profit group, this tax impact and cost would need to be passed on to residents as a component of rent.

Recommendation: The replacement facility for Shoreham Village should NOT be located outside of the proposed Age Friendly Community Campus.

- Notwithstanding the above barriers, many non-profit organizations have land but find that land is insufficient equity to secure financing for enriched or assisted living facilities. As a result, repayable equity loans or construction financing have been advocated for the Province to consider in order to address this particular aspect of the housing / care gap.

Action Team Considerations

Senior levels of government should address the core financing issues associated with the gap between independent living and long term care. A collaborative approach with municipalities, non-profit and private sector care / housing groups is recommended. With respect to new approaches for enriched and assisted living facilities, the Municipality can assist by adding value to seniors housing which include graduated levels of care.

The addition of assisted or enriched living can allow for health care savings when the units are used to accommodate health care patients requiring short terms stays or rehabilitation.

The requirement for ground-level access for all long term care units is a significant barrier to developing the kind of facilities that the MODC needs.

5.2 Provincial Housing Programs

Many of the Province's housing programs are focused on helping individuals deal with issues of maintenance or home adaptation. Rent supplement and affordable housing programs have a role and can assist in providing affordable housing units in cooperation with the private sector. The Public Housing Program for Seniors will align low income seniors with available public housing, and in cooperation with the housing

authorities, where such housing is available.⁸

Provincial housing programs provide assistance to homeowners, and also developers of affordable housing. A full listing of programs can be found on the Housing Nova Scotia website (<http://housing.novascotia.ca/programs-and-services>). A few are highlighted here, as related to housing assistance for seniors. Eligibility

⁸ In addition to the provincial programs mentioned in this section, MODC also provides a property tax rebate for low income households.

Recommendation: Community Development Department should meet with the Western Region Housing Authority and others to explore all provincial program options and address ways to enhance knowledge of these programs with the Municipality's seniors.

details are available on the Housing Nova Scotia web site.

Home Adaptation for Seniors Independence

This program helps homeowners pay for home adaptations so seniors with low incomes can stay in their homes independently for longer periods of time. A one-time forgivable grant of up to \$3,500 is available.

Efficiency Nova Scotia HomeWarming Program

This program provides energy assessments and home upgrades to households with low income.

Parent Apartment Program

This program offers a loan of up to \$25,000 to homeowners for the purpose of renovating their home to accommodate a bedroom or full unit for housing a senior family member.

Senior Citizens Assistance Program

This program provides assistance to senior homeowners (age 65+) who would like to remain in their own homes, but cannot afford necessary repairs. The funding covers repairs that are a threat to health and safety, which includes repairs to roofing, plumbing and heating. Cosmetic repairs are not covered. A forgivable grant of up to \$6,500 is available.

Public Housing for Seniors

This program provides affordable rental housing to seniors (age 58 and older) with low incomes. Rent is determined by your annual income. Rental units contain a stove and

refrigerator and include heat and hot water. Some units are accessible for people with physical disabilities. There are units located across Nova Scotia. This program is managed by the Housing Authorities.

A number of other Housing Nova Scotia programs for landlords, families and special needs populations, are related and include:

- Disabled Residential Rehabilitation Assistance Program for Homeowners
- Access-a-Home Program
- Rooming House Residential Rehabilitation Program
- Family Modest Housing Program
- Home Ownership Preservation
- Residential Rehabilitation Assistance Program (RRAP)
- Landlord Rent Supplement Program
- Rental Housing Preservation

Many of these housing programs are administered by the Western Housing Authority, in Bridgewater, which maintains 29 independent seniors housing units within the Municipality, has a service agreement with Shoreham Apartments, and has recently constructed 4 affordable housing units in Chester. At the Age Friendly focus group meeting (October 7, 2015) the Housing Authority described:

Short term options

- funding through rent supplements, which are being increased (from deferred federal capital contribution fund)
- finish capital work at existing properties (via cost sharing with municipalities)

Mid-term options

- affordable housing program, for building affordable housing

Long term options

- mixed use developments
- Housing NS plan/strategy to incorporate pieces of housing programs into developments
- partnerships with private sector developers
- land acquisition by Housing Nova Scotia

Action Team Considerations

The Municipality should explore, with the Western Region Housing Authority, all provincial program options and address ways to enhance knowledge of these programs with the Municipality's seniors (for example, distribution of program information with tax bills, web links, etc.).

Some associated provincial policy issues, potentially affecting the establishment of the Municipality as an age friendly community, include (1) the need for better internet connectivity in the municipality (2) the elimination of "Community Counts" which had provided an effective way to analyse trends in related socio-economic data (3) the potential use of repayable construction financing, equity loans or Community Economic Development Investment Funds to support the development of enriched or assisted living facilities, and (4) the need to address the Continuing Care Division's requirement for ground floor access for units in long term care facilities, and the potential impact this will have on municipal age friendly planning goals.

Recommendation: Council should advocate that the Province, in its health and municipal governance policies, allow for municipal / private or non-profit partnerships, the dedication of resources and assets as may be required, to implement the Opportunity Projects, and others as may be identified by the Age Friendly Community Action Team.





6.0

OPPORTUNITY PROJECTS

Concerning the Opportunity projects, Council's role is to receive advice and progress reports from the Action Team.

Four "Opportunity Projects" have been identified and are recommended to help support and mobilize a range of seniors housing initiatives, approaches, and supports within the Municipality. Municipal planning policy support, contained within the updated Municipal Planning Strategy, is encouraged to help mobilize these initiatives and bring the key partners together. The three Opportunity Projects being recommended are:

1. Age Friendly Community Campus, Chester
2. New Ross Community Care Centre, New Ross
3. Bonny Lea Farm (location(s) to be determined)
4. Gold River School Property

In order to advance these projects, dialogue with the players and partners will be important. The age friendly planning process made contact with several stakeholders and it is recommended that the Planning Department continue the dialogue with those organizations who are providing seniors housing and care services to residents of the Municipality. Addressing the challenges being faced by seniors housing and care providers will help address the gap between independent living and long term care.

Work on the Opportunity Projects is proposed under the auspices of the Age Friendly Community Action Team. In addition to helping to facilitate community-based solutions, the Action Team can help build momentum and mitigate issues by working together. It is proposed that the Action Team be administered and supported by the Planning Department, with the the potential to:

- Consider inter-agency support opportunities (joint procurement, human resources, management systems, etc.)
- Advocate for the removal of financing barriers for the development of enriched or assisted living facilities
- Help mitigate seniors housing and seniors care issues, with the Municipality as a partner
- Provide input to the Municipality concerning the municipal role (i.e. surplus

land, property tax sales, waiving of permit fees, density bonusing) where such actions might facilitate development and investment in seniors housing

- Facilitate, if feasible, the connectivity of seniors with the services they need, and
- Involve other community players in facilitating community-based solutions for a wide range of issues and concerns.

Site-specific project opportunities within the Municipality have been identified and are described below. They are perhaps best advanced by the Action Team, along with MPS policy statements governing land use decisions and other appropriate policy directions. **This approach, in effect, defines a new role for the Municipality's Community Development Department – as a champion for the development of the Municipality as an age friendly community, in collaboration with an Age Friendly Community Action Team.**

The role of the Age Friendly Community Action Team will be to:

1. Implement the opportunity projects;
2. Liaise on federal/provincial policies;
3. Address Action Team Considerations;
4. Advise the municipality on age friendly needs;
5. Determine all advantages, characteristics and qualities of the age friendly campus.

Recommendation: Council should alert the Province to the Opportunity Projects, and request that the Province act as a partner in these projects where appropriate, with particular reference to Shoreham Village long term care centre, and the importance of relocating the replacement project within the proposed Age Friendly Community Campus.

6.1 Age Friendly Community Campus, Chester



Shoreham Village, independent and long-term care facility in Chester Village

“Seniors care campuses” are commonplace in Canada with many being developed in the past 10 or 15 years. There are many examples. In Nova Scotia there are private sector campuses (i.e. Shannex) and fledgling non-profit campuses (Northwood, Ocean View Continuing Care Centre) also exist.

An opportunity for a public-private-non-profit development of seniors housing exists in Chester, together with shared supports, services, infrastructure and shared-use facilities (such as parking) as part of the vision

for an age friendly community campus. The foundation pieces for the Campus already exist:

- Shoreham Village long-term care facility
- Shoreham Apartments
- Pharmasave
- Our Health Centre (being developed)
- Reasonable proximity to other services in Chester Village



Site of Shoreham Village

As indicated, many stakeholders have noted that a pervasive gap exists between independent living and long-term care; the cost of land in the Chester is a barrier; along with other issues such as transportation. No stakeholder input supported single-family (R-1) dwellings as a future solution for seniors housing needs.

Within the campus site as it currently exists, it is noted there are:

- Opportunities for infill, densification or conversion
- Water issues that need to be resolved
- Adjacent lands that may need to be assembled and included, and
- A mix of seniors housing, healthcare and pharmacy services that can be augmented with public-NPO-and private sector partnerships and investment

Notwithstanding the potential for infill or conversion, the current site might be

expanded in the event the Chester District School is ever declared surplus. Were the school site to be obtained in whole or in part by the Municipality, then a range of possibilities are presented, but success will be dependent upon a well-crafted vision and integrated planning that might include the following elements:

- Resolution of water servicing and possible use of alternative treatment technologies
- Secondary road and emergency access
- Establishment of a community land trust, used to attract private involvement in multiple unit (market) dwellings, providing that the Province's affordable housing program is used for some of these units
- New housing concepts such as linked slab-on-grade garden homes
- Subject to determining the cost and dealing with a perceived image issue, advancing the social housing concept that

is underway in Vancouver (see Innovative Practices) and orienting this project to at-risk seniors

- A private partnership to assist with the redevelopment or upgrading of the Shoreham Apartments
- Involvement of the Western Regional Housing Authority for independent / affordable housing options
- Developing options for enriched or assisted living facilities within the campus, likely in cooperation with Shoreham Village / Northwood as the service providers
- Community and private sector sponsorship of an expanded transportation service, in cooperation with Shoreham Village, that would provide services for campus residents, and capacity for connections to the other Opportunity Project sites and facilities
- A suite of built environment changes such as age friendly streets and sidewalks, signage and unit design.

The full future vision of the campus concept may well be a longer-term one dependent upon the availability of the school lands or other adjacent properties, as well as addressing the financing barriers associated with enriched and assisted living facilities. However, a shorter-term opportunity exists

with a replacement Shoreham Village facility and the site in order to:

- Address, if possible, localized water issues
- Align the replacement facility to best meet the needs of the community
- Incorporate the Province's latest continuing care design standards to address current community needs
- Help strengthen the partnership between Shoreham Village and Northwood to mobilize and extend outreach services, where practical
- Engage the community in concepts such as an enhanced seniors transportation service
- Explore the potential for private sector involvement in enriched or assisted living facilities
- Advocate for removing financing barriers for non-profit and / or private sector participation as developers of enriched or assisted living facilities
- Densification of the site, and creating more land for future development, by advocating for the removal of the Department of Health's requirement to provide ground level access for all units in new long term care facilities.

The Shoreham Village site offers an ideal location for additional seniors units not only because of what is available on the site, but because of its proximity to a mix of other land uses that will allow for integration of different age groups. The proximity to schools, commercial uses, and central Chester Village means that residents can walk to many destinations nearby and, where there are gathering spaces or intense use of outdoor space, they can enjoy spontaneous social interactions which are an important part of maintaining mental and physical well-being in older adults.

Recommendation: Council should ensure that the South Shore Regional School Board be informed of this Study, its recommendations, innovative intergenerational practices, and the formation of the Age Friendly Community Action Team.

6.2 New Ross Community Care Centre



Potential Site of New Ross Community Care Centre

New Ross Community Care Centre (NRCCC) is an important project helping with the development of New Ross in many ways.

Originally conceived as a project in partnership with Shoreham Village, and its bid for a replacement facility, this concept was dropped to help streamline Shoreham Village's application efforts. However, Shoreham Village has yet to be funded by the Province for a replacement long-term care facility. The collaboration and dialogue between the two groups, and others, should be re-instated, and involving the Municipality in some of the potential roles described above. The Shoreham / Northwood partnership may also assist in future service provision with the NRCCC.

NRCCC has access to 6.9 acres of land in the middle of the community, and plans for up to 36 units, including long term, assisted living and independent living. The visioning process thus far articulates a community centre that will host home care agents, community kitchen, adult day and recreation programming, service navigation and mobile or part-time clinic space. The vision includes a service approach incorporating services for New Ross and beyond, where practical.

In addition to the continued definition of this project in cooperation with the Action Team, the Municipality may be in a position to play a role in upgrading the sewage treatment plant, and in supporting applications for funding to senior levels of government.

6.3 Bonny Lea Farm



Over 40 years ago, a group of interested men and women developed a vision to assist young people with disabilities with opportunities to learn the skills needed to lead meaningful and productive lives. Their vision involved teaching, advocacy, and challenging conventions... leading to the incorporation of South Shore Community Service Association and the founding of Bonny Lea Farm.

Bonny Lea Farm has been a lead organization providing supports for people with disabilities. It manages 36 group home units; and by all accounts is a significant employer in the Municipality with 45 full time staff, 25 part time staff and 36 casual staff. Bonny Lea

Farm has always been a supportive housing organization, but with an aging client base, it is increasingly an assisted living organization for seniors with disabilities.

The organization supports live-in attendant support in all of its homes – 24/7 service with night sleeps. It is a sponsor and supporter of Community Wheels transportation service within the Municipality; has a recreation therapist on-site; a speech/language consultant and behavioural consultant services. Its central kitchen is used as a training station for clients in vocational training.

In these most challenging of times for social service organizations, Bonny Lea Farm faces a new challenge: the aging of its residents. In its efforts to advocate for those with developmental disabilities, the organization hopes to develop age friendly options through new or converted homes. Foremost among its needs is to bring government partnership support together, through the Departments of Health and Wellness and Community Services / Housing Nova Scotia, and help many residents that need to age-in-place. In house medical supports are one way to accomplish this. Securing opportunities for financing is another need.

In this regard, it is suggested that the Municipality work with Bonny Lea Farm as one of the Opportunity Projects, in any of the capacities recommended above, but also:

- Donation of any tax sale properties or surplus lands that might be appropriate for new housing and access to service supports
- Consideration of any opportunities within the proposed Age Friendly Community Campus
- Advocating for provincial attention to the organization's needs

- Encouraging other coalition or community partnerships where appropriate
- Support for any funding or financing applications.

6.4 Gold River School Property

Gold River School Property

Address: 6200 Highway 3, Gold River

PID: 60157062

The Gold River School Property is available for age friendly housing opportunities. Typically, the floor plans of schools make them suitable for conversion to small residential suites. The property is 2.97 acres. Limited time was available within the report schedule to examine the housing potential for the surplus Gold River School. As a potential opportunity site, it should be referred to the Action Team. Programs available through CMHC may provide funding to undertake a market analysis, property diligence and determine feasibility for seniors housing.



Gold River School



Housing Study

District of Chester

TEA
ARCHITECTS



David W. Harrison Ltd.

MUNICIPAL PLAN & LAND USE REVIEW

The policies contained in the Municipal Planning Strategy should be based on an understanding of the complexity of seniors housing and the need to integrate graduated levels of care. They can, and should, help integrate age friendly housing and universal design concepts, support expanded use of site plan approvals and secondary units within single family homes. The MPS should reference the need for an Age Friendly Community Action Team, to provide an advisory mechanism to Council on its advocacy and land use roles, and identification of community-based solutions.

The MPS policy context should describe the need to advance the proposed Opportunity Projects.

To the extent possible, MPS policies may also identify the need for innovative approaches - perhaps from the Action Team Considerations - or things such as opportunities for community land banks; use of surplus lands; mixed land uses; utilization of properties that may be delinquent in their property taxes; Recreation Department programming; use of density bonusing; promotion of FlexHousing™ and universal design, etc.

- Two of the four Opportunity Projects being proposed may have implications for the Village planning policies. Both imply a focus on partnerships, in addition to more utilization of site plan approvals. The proposed Age Friendly Community Campus will not conflict with existing Village character and it envisions the Municipality as a development partner. A land use designation that articulates integrated land, service and facility planning, and complementary planning policies, is appropriate.
- It is noted that none of the stakeholders interviewed identified single family housing as that preferred for seniors. Adaptability of existing single family units therefore becomes a higher priority, however, balance will be required in maintaining architectural character in the Village where older, larger homes predominate. Within the Village, aging-in-place implies promoting FlexHousing™, ground floor bedrooms, etc. while maintaining the residential character and exterior facades. Impact on ground-water supply may need to balance this "invisible density" approach proposed for the residential area of Chester Village.
- Bare land condominiums have potential to create denser communities using alternative treatment technologies and accommodate concepts like 4-plex garden homes (slab-on-grade). Existing policies should be reviewed to examine how and where this kind of seniors housing might be encouraged.

7.1 Municipal Planning Strategy (MPS)

The current Secondary Plan has been guided by a vision to keep Chester as it is and protect its existing character; including a need for architectural controls; limiting growth and density; but enabling appropriate economic and tourism development and associated infrastructure. There are some conflicting statements made about sidewalks through previous public input, such as (a) the need to prohibit sidewalks because they will change the existing character of the Village (b) the need to develop sidewalks so seniors can walk safely.

The Secondary Plan identifies a need for balance: "These visions and goals are not mutually exclusive but do require a balancing and compromise of interests if they are to be achieved in a manner acceptable to all." A rebalancing of planning policy will likely be the norm in order to maintain the Village's residential character, while accommodating the challenges of lower growth and an aging demographic. Leadership and innovation in planning will be needed to respond to these dynamics.

The Community Development Department is being asked to act as a facilitator of the AFCAT, to address a range of issues and suggestions emanating from the Age Friendly Community Plan.

With respect to the Parks, Recreation and Institutional policies (Section 3.5), it is noted that assisted living facilities are considered as institutional land uses in one 2009 ruling by the Utility and Review Board⁹. Assessment of

⁹ The Parkland on the Gardens URB case in Halifax allowed the assisted living project to be developed as-of-right within the Institutional Zone, the successful argument being that people do not choose to live in assisted living facilities, as they might in apartment buildings. Assisted living provides graduated levels of service to meet seniors needs for care and for assistance with activities of daily living. The provision of these services were deemed to be Institutional in terms of land use.

any Institutional properties for seniors housing might therefore be considered on a case-by-case basis. Declining church congregations and / or deferred maintenance has led to redevelopment of Church properties for housing, particularly seniors housing, in other communities. It is noted that seniors housing should be located close to parks, trails and recreational facilities as a matter of good planning practice.

With respect to Policing (Section 3.6), it is noted that police are often first responders to a range of issues with seniors, and one issue is safety of the housing they are responding to. Enforcement of minimum standards may assist with this, and in low income cases, some of the Province's programs for seniors housing might be promoted by the seniors care teams and / or by families.

Under Residential Development (Section 4.1) the various 2-unit and 4-unit residential permitted as-of-right are likely appropriate, to the extent they encourage more targeted delivery of services for seniors. Larger units by way of site plan approval is likely an appropriate policy. The question is the more protected single family areas and the role they will play as part of the Municipality's aging-in-place strategy. It is noted that underground parking and common room(s) are complementary to seniors independent and enriched housing, and the cost of these features may need to be offset by higher density and height.

Recommendation: The Community Development Department should expand the use and opportunities for site plan approvals for housing projects that include age friendly units and graduated levels of care.

The Chester Village Land Use By-law contains definitions for nursing homes, but does not include definitions for other housing types, including independent living, enriched living or assisted living. Revisions to the By-law might include adding definitions for these and other relevant terms mentioned in this document.

For independent or enriched living, higher densities can allow for greater affordability of the housing itself as well as services being provided to seniors living there. The current Land Use By-law for Chester Village includes eleven zones that allow for residential buildings containing two or more units. These zones are:

ER (Estate Residential)

LR (Low Density Residential)

CVR (Central Village Residential)

SR (Single Unit Residential)

MR (Medium Density Residential)

CC (Central Commercial)

HC (Highway Commercial)

SCA and SCB (Special Commercial)

RU (Rural)

RU-2

I (Institutional)

The maximum number of units permitted in any new building is twelve, which can be achieved in all zones listed above except for the ER, CVR, SR and CC zones, provided that a Multi-Unit Dwelling Site Plan can be obtained.

Another way of achieving more density is through Residential Conversion (subsection 4.4.14 in the By-law) to a maximum of four units in some zones, and a maximum of two units in others.

Nursing homes, including long-term care facilities, are considered Institutional uses which are permitted in four zones including CC (Central Commercial), HC (Highway Commercial), R (Rural) by Site Plan, and I (Institutional).

It may be useful to define “enriched living facility” and “assisted living facility” in the MPS and Secondary Plan (or within the Land Use By-laws).

Much like the discussion above, relating to adaptation of single family homes, it is recommended that the R-1 zoning accommodate some FlexHousing™ design guidelines, and / or, that universal design principles be promoted to developer, builder and homeowner applications. This relates to the policy provisions set forth in Sections 7.1 and 7.2 in the Municipal Planning Strategy.

A review of Sections 7.2.4, 7.3.2 and 7.3.4, relating to the controls on multiple unit dwelling units, is recommended, considering that:

1. assisted living facilities are considered institutional uses of land and confirming that residential zoning permits institutional uses.
2. that seniors housing which include graduated levels of care, be exempt from floor size restrictions contained in 7.3.2
3. under the case-by-case development approach proposed, that these policies do not overly restrict options for Opportunity Project #3.
4. a review of the development agreement requirement, under Section 7.3.4, what the policy objectives are for using it, and

Recommendation: The Community Development Department should integrate, within the land use by-law and zoning, including zoning for the Village of Chester, option for the development of secondary suites in single family homes.

whether institutional and multiple unit controls elsewhere (parkland dedication, setbacks, building heights) might be appropriate enough to establish an as-of-right opportunity. The site plan approval process (8.0.11) may be an appropriate mechanism for enriched and assisted living facilities, but it is recommended that the facilities in Bridgewater be used as benchmarks to assess the appropriateness of current density, height, and number of buildings on a lot.

Recommendation: The Community Development Department should establish, in the revised Municipal Planning Strategy, appropriate policies for the designation and support for the Action team and Opportunity Projects.

Within the Land use By-law for the MODC (outside of Chester Village and Mill Cove) there are four zones:

SR (Single Unit Residential)

LR (Low Density Residential)

RR (Rural Residential)

RM (Rural Mixed Use)

GB (General Basic)

Two-unit dwellings are permitted in both the Low Density and Rural Residential zones and up to four units are permitted in the Rural Mixed Use zone. Within Mill Cove Park, two-unit dwellings are permitted in the MCP-R2 (Multi-Unit Residential) zone, on lots that are 8000 square feet or larger.

Buildings containing up to twelve units are permitted by Site Plan within the RM (Rural Mixed Use), and the GB (General Basic) zone.

MODC can create enabling policies in zoning or through site plan approval that will allow for single detached houses to be converted into two or more units.

MODC should add relevant terms to the Land Use By Law, including assisted living and other relevant housing types. The following is a suggested definition for assisted living:

Assisted Living means an unlicensed housing facility which includes care services, provided by the facility owner or in partnership with a licensed care / service provider, for the tenants who require assistance with activities of daily living. Assisted living facilities include aspects of age friendly / universal design in the majority of the units and include at least one common space, such as a common room, for ancillary services such as recreation supports.



INNOVATIVE PRACTICES

Innovative practices here are drawn from Nova Scotia, Canada, the United States and Europe. Their selection or inclusion is not prescriptive or necessarily a model that the municipality will follow; rather, aspects of these various initiatives are considered to have some bearing on aging in place, age friendly community planning and Opportunity Projects. They are provided as a resource for the Action Team's consideration.

8.1 Age-Friendly Housing Models

Background: Developed by Housing Nova

Scotia in partnership with the Town of Middleton.

Description: MaGee Drive Seniors Housing project is a 30 unit independent living project for seniors. It includes a visitable design with possibility of unit conversion for wheelchair accessibility. Federal / provincial cost sharing was used to build the project. Housing Nova Scotia owns the land and the units; and the project is under the administration of the Western Housing Authority for management and tenant placement.

The Town of Middleton provided 50% of the cost of servicing (water, sewer) and may have also included lighting standards, power and sidewalks.

- The Municipality should establish a proactive partnership with the Western Housing Authority, in particular, in relation to the Opportunity Projects, and other projects that might align with Western Housing services. It is noted that Western Housing Authority has an arrangement with Shoreham Apartments to help with independent living rents. The authority recently built two duplexes in Chester, and has advised that the land to do so was expensive.
- MODC may be able to mitigate the land cost issue by donating any surplus land, buildings, or securing surplus schools; assessing tax sale properties for seniors housing and / or setting up tax sale proceeds in a fund dedicated to the provision of seniors housing. A community land bank has also been suggested.
- Smaller but nonetheless important contributions might include providing services, as in the Middleton example, or waiving development charges / building permit fees for seniors housing.



The Garden View Proposed Design

Background: Part of Dartmouth's Main Street redevelopment effort, this mixed use project is conceived to include access to many local health services in the Main St. corridor.

Description: The Garden View is proposed as a mixed-use (commercial, market units, age friendly units) project; approximately 92 units in total, 6 storey wood frame building and with innovative energy systems financing.

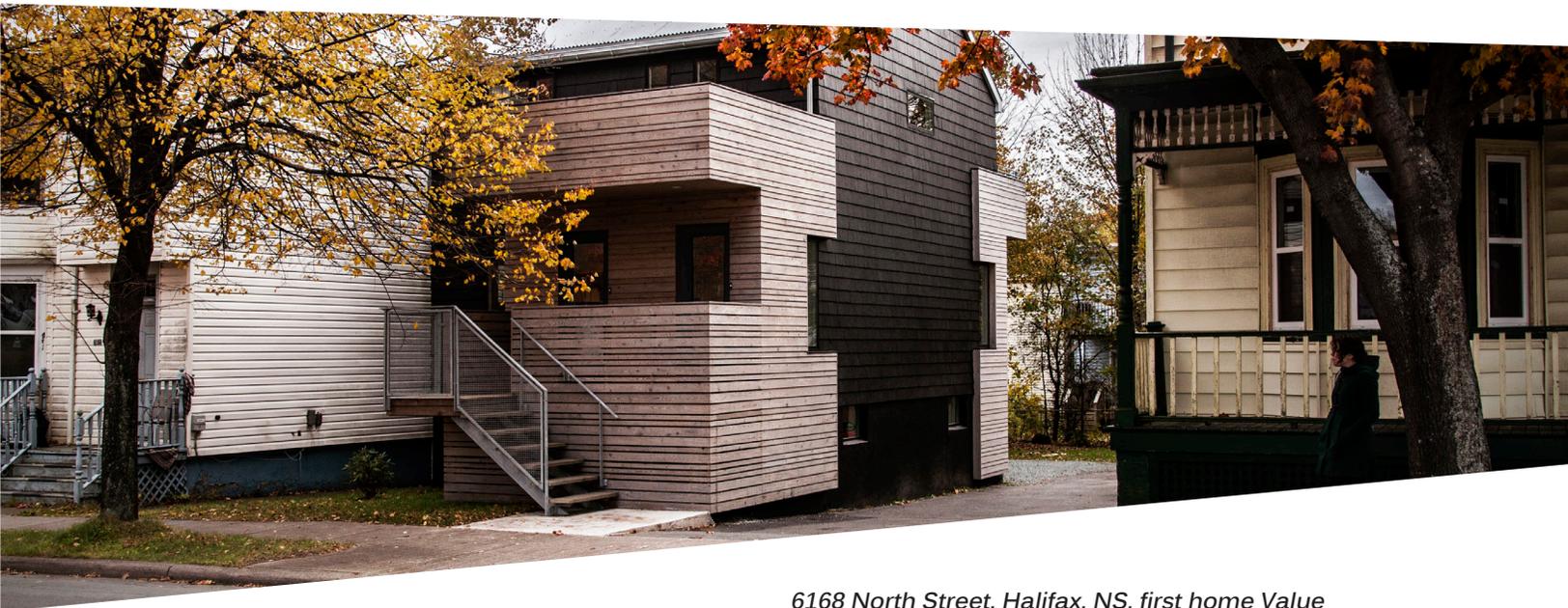
The residential wings (market and age friendly units) are planned on top of a commercial ground floor. The height of the building, and facades, will be pre-approved in accordance with the innovative form-based code (zoning) that has been adopted for the Main Street corridor. A partnership with a non-profit long-term care service provider and NSCC students completes the vision of this flagship urban redevelopment project.

MODC should explore all opportunities to promote Efficiency Nova Scotia programs to commercial and residential landowners. Options for mixed use buildings (especially residential / commercial) also need to be explored and promoted.

Background: A private initiative created by TEAL Architects in partnership with Credit Union Atlantic that aims to increase population density in the form of low-rise mid-density within urban Halifax with an emphasis on good design at the smallest scale of development.

Description: A great deal of density can

be accommodated in the form of low-rise housing. The Home Value Program is designed with homeowners, small developers, and potential homeowners in mind. TEAL offers design services (partly complementary) for homeowners to discover and develop 'hidden density' on their properties, while CUA offers mortgage options that are unavailable through typical banking institutions. This project has revealed an incredible amount of latent value (i.e. "invisible density") in



6168 North Street. Halifax, NS, first home Value program project

the Halifax Peninsula's low-rise zone (R-2). The Program is currently being expanded to Dartmouth within the Regional Centre. For homeowners, the income generated by second units can enable financing of home improvements that are otherwise not affordable, help avoid deferred maintenance and preserve existing housing stock. Several projects have been completed, with the following outcomes:

1. A house with one occupant and very low energy efficiency was converted into a two-unit house with four occupants with an energy rating of 85%.
2. A family of five was able to renovate and improve their own living space through the addition of a second unit and the income/equity it produced.

Canada's first recycled shipping container social housing project features 31 self-contained units ranging from 280 to 290 square feet in size. The development meets all building codes, and indeed exceeds code requirements for insulation and sound transference. The construction cost was \$82,500 per unit.

Container housing may well be perceived as quite a radical idea, but given some of the innovative designs associated with this new form of housing, design will indeed need to be carefully cultivated to overcome perceptions and negative stereotypes, and costing reviews will also be needed to see if the reported per unit cost in Vancouver holds true in Nova Scotia. Dialogue with the Halifax Port Authority and shipping companies may yield interesting partnerships.

Abbeyfield offers a warm, family-style House and a balance between privacy and companionship, security and independence, combined with the special caring element provided by dedicated volunteers and the consistency of a single House manager. Age and loneliness are the prime considerations for residency, together with level of health and compatibility with other residents.

Abbeyfield focuses on small home solutions:

- To involve local Abbeyfield volunteers in

setting up and managing each house, where the residents will pay their share of the operating costs.

- Every household will have its own housekeeper to look after the house, to provide meals and to care generally for the residents.
- The residents will have their own rooms, furnished as they wish, where both their privacy and their right to invite visitors are assured.

MODC can create enabling policies in zoning or through site plan approval that will allow for single detached houses to be converted into Abbeyfield modelled housing. A guarantee of volunteer capacity and on-going engagement will be important.

Background: CMHC developed this concept and offers advice including a guide and checklist for homebuilders to follow when designing housing.

Description: FlexHousing™ is a concept of house design that allows for a single home to be adapted easily to meet the changing needs of the owners over their lifetime. Certain design features can allow for affordable alterations that may be needed as the owner's needs change. Changing needs may be due to age, or physical impairment, or a growing or shrinking household. Flexhousing™ might also be easily converted into two units and back to one, again, depending on the needs of the homeowners.

Recommendation: The Community Development Department should make necessary policy and land use by-law changes to integrate age friendly and universal design for housing and built environment, and identify non-regulatory methods to promote these design principles to developers and other community stakeholders.

CMHC's FlexHousing™ guidelines are included in Appendix 5. Methods to promote this and other universal design goals, should be identified by MODC.

8.2 Intergenerational/social inclusion

Description: University students pay no rent and in exchange spend at least 30 hours a month with some of the 160 elderly who live there. So-called "intergenerational" projects are also springing up elsewhere in Europe, but usually not within retirement homes because of the shortage of rooms.

In some schemes, the elderly rent out a room in their own house or apartment, in others,

housing projects are built specifically to house the young with the elderly.

The students in Deventer prepare simple meals for some of the elderly in the evening and offer them activities according to their interests. Student Jordi, for instance, took a group into the garden and gave them cans of paint to spray on cardboard so they could learn about graffiti. Another gives weekly computer lessons to Anton Groot Koerkamp, 85, so he can now "send emails, go on the internet, look up videos and go on Facebook".

Similar to the Abbeyfield model, but adaption within MODC (i.e. in any of the Opportunity Projects or elsewhere) might borrow from the superintendent model for apartment buildings. Rents for superintendents are often vastly reduced by landlords in order to have 24/7 "eyes and ears" on the functioning of the building. As related to providing graduated levels of care, a training partnership with NSCC's Continuing Care Assistant program is suggested, for students, who might include able bodied seniors.



Description: The Society launched its programme in November 2011 and to date has presented the work of professional musicians in all four Atlantic provinces. HASAC is an emerging force in the field of arts in health care in the region. It is driven by the central idea that people in care, especially in long-term isolation, are in need of cultural engagement. Its Concerts in Care programme addresses this issue. Across Canada, the Health Arts Society has presented 10,000 professional concerts to people in residential care.

Recommendation: Council should advocate that the National Research Council and Province integrate FlexHousing(TM) and Universal Design Principles within the Building Code.

MODC's Recreation Department might work with local artists and seniors housing / care providers to initiate programs associated with the arts and intergenerational opportunities.

Invermere, British Columbia

Description: Every Tuesday and Friday 18 primary students travel to a retirement home to have class. Seniors are not only

encouraged to watch, but to participate. An 84 year old resident, who needs a walker and physical therapy to walk, says it's good motivation to get her moving, walking the 50 metre trek to the students.

Believed to be the only concept of its kind in Canada, it has been in place in parts of the US which report a kindergarten classroom relocated full-time to a retirement home has boosted students' standardized test scores in reading, lowered medication rates and improved reported quality of life among its residents.

A study in the U.S. found that older adults who worked with children in a school setting

had less stress and a better quality of life compared to those living at a high-end facility interacting with their peers. And the cost is low: The parent council at Eileen Madson raised just over \$2,200 to cover the cost of their intergenerational program. Most of the budget went toward transportation and supplies for the off-site classroom.

8.3 Innovation in care delivery

It is noted that local schools have been engaged with Shoreham Village - the South Shore Regional School Board should be advised of this study in terms of any additional intergenerational initiatives they may have suggestions for.

Description: South Shore Helping Hands aims to mobilize volunteers to help people within their homes with tasks that are becoming too difficult, or that can no longer be done safely. Currently serving the Towns of Mahone Bay, Lunenburg and surrounding areas. Volunteers will be set up with individuals on a daily, weekly or monthly basis, depending on the need and volunteer availability. Tasks include, but are not limited to:

- Transportation to and from medical appointments and to run errands

- Picking up the Mail
- Changing of light bulbs and/or mouse traps
- Minor home repair and/or painting
- Moving furniture
- Yard or shed cleanup
- Piling of firewood
- Companionship and a friendly visit for those who are alone

Helping Hands needs to be engaged on a variety of volunteer needs in the Municipality - but also, when the volunteers are also aging, the challenges of volunteer service delivery need to be understood.

Description: A municipal operated homeshare program is proposed in Kitchener Waterloo which matches seniors (adults 65+ years of age) living alone in private residences with students as tenants who exchange services for discounted rent. This program

targets a number of social challenges facing municipalities including the aging population, affordable housing needs, and youth unemployment or underemployment. Services will typically revolve around household chores, caregiving, and companionship based on international success stories.

The benefits of such a program are alleviation of long-term health costs as students will assist seniors with tasks that may be physically daunting for them as well as reduce cases of isolation which negatively impact mental and bodily health. A study of

Spain's largest intergenerational homeshare revealed both seniors and students perceived giving and receiving benefits from each other including emotional support, security, and assistance with personal care.

Similar to Abbeyfield and other live-in concepts, this project proposed in Kitchener-Waterloo is more of a regional approach, as opposed to a housing project or specific location. The suggest for MODC is, as per Abbeyfield, to consider a regional approach.

Background: Telehealth allows patients to receive medical instruction and care through videoconferencing. This is particularly helpful for people with chronic health issues living in rural areas.

- Nova Scotia-based HealthConnex has released a new mobile app that's designed to revolutionize the doctor-patient relationship.
- The HealthConnex mobile app is designed to provide a secure platform where patients can track their healthcare information, engage and collaborate with their healthcare providers, and request services/appointments from those providers.
- The HealthConnex mobile app will allow people to book medical appointments, receive e-consults from their doctors and keep track of their health records, medical spending and lab test results all through a secure app that will connect to their smartphones.
- HealthConnex is owned by the province's co-operative and credit union sector through the Nova Scotia Co-operative Council and its affiliate co-operative partners.

Recommendation: Council should advocate for enhanced internet connectivity to private service providers and senior levels of government in order to help enable telehealth solutions.

- HealthConnex is a patient-centric healthcare portal that connects patients and doctors in a secure online setting that helps save everyone time.
- Besides online appointment booking, e-consultations, and prescription renewals, patients can also use the HealthConnex mobile app to see their integrated personal health records and other features such as health trackers. There's even a medication interaction tool.
- The app has the potential to allow families and individuals to easily and affordably connect with their doctors and other medical staff in a timely manner.
- Companionship and a friendly visit for those who are alone

Assuming internet and cell phone connectivity is suitable, a pilot project is suggested, in conjunction with the Nova Scotia Coop Council and local health partners.

Background: Non-profit seniors care groups remain diligent in their efforts to respond to innovative needs in the community.

Description: Ocean View Continuing Care Centre is developing a 2-tier membership service, under a new social enterprise

organization called "Ocean View Serving Seniors Society." Starting this fall in Eastern Passage, the first tier will include access to qualified and reasonably-priced services such as home maintenance; the 2nd tier will include a menu of care services available on a subscription basis. The intention is to extend the reach of the continuing care centre into the community, and facilitate aging-in-place using a social enterprise model.

The Municipality, along with its seniors housing and care providers, should be kept abreast of innovation within the community governed seniors care sector. Such services, and contact, and ways to expand the reach of graduated levels of care, are likely best expedited through the Shoreham / Northwood partnership in MODC's case. Ocean View's approach is unique in that it utilizes a social enterprise mode.

Description: In 1988 New Dawn Home Care recognized a need for services to enable seniors to live independently in their homes including meal preparation, transportation, personal care, hospital companionship and blood collection. In 2011 New Dawn Home Care acquired Licensed Practical Nurses, Medical Lab Technicians and Housekeepers.

Established in 1991 through a partnership with the Department of Community Services, the seven duplex units known as Sydney Senior Home Living (SSHL) are home to individuals with mental, physical, emotional and/or behavioural challenges. While one unit in each duplex houses up to three residents, the other unit is home to a caregiver and their family. A number of our residents and caregivers have called Sydney Senior Home Living home for a very long time. Caregiver Michael Nearing, for instance, has been there for seventeen years

Recommendation: Council should request that the Province review the use of Community Economic Development Investment Funds for seniors housing with integrated care supports.

and one of his residents in the adjacent unit for twenty years.

Over the last six years, New Dawn Holdings Limited has encountered significant success in terms of meeting its Community Economic Development Investment Fund (CEDIF) targets. This success speaks, in part, to the desire of investors for investment opportunities within their own community; investment opportunities that allow them to keep their capital here and contribute to the growth and vitality of Cape Breton Island.

Community-based projects, those that turn a profit, are sometimes financed by Community Economic Development Investment Funds. Housing is not eligible for CEDIF funding, however, equity to support the care services delivery, may qualify under the model. It is suggested the Province explore community investment models like CEDIFs for seniors housing and associated care services.



Appendices

Appendix 1.

Community Profile

This table provides a summary of the population of the MODC, Lunenburg County and Nova Scotia.

All data were collected from Statistics Canada Census Profiles and National Household Surveys (NHS). The global non-response rates (GNR)[1] for the NHS for each area were: MODC – 36.8%, Lunenburg County – 25.0%, Nova Scotia – 28.8%.

	MODC	Lunenburg County	Nova Scotia
Population and Migration			
2011 Population	10,599	47,313	921,727
Population under 20 years (2011)	1,900	8,700	195,660
...as a percent of total population	18%	18%	21.2%
Population over 65 years (2011)	2,325	10,205	153,370
...as a percent of total population	22%	22%	16.6%
Population Growth, 2006-2011	-1.3%	0.3%	0.9%
Total Census Families, 2011	3,425	14,960	270,065
Couple Families, 2011	2,960	12,970	223,330
Lone Parent Families, 2011	465	1,990	46,730
Immigration, % of Total, 2011	6.7%	6%	5.3%
% who moved in past 5 years, 2011	25%	8%	31.9%
moved within municipality	9%	4%	18.2%
moved from other municipality within NS	10%	3%	6.0%
moved from other province	5%	1%	5.7%
moved from outside Canada	1%	0%	1.9%
Income			
Median income for Individuals with income, 2010	\$ 26,526	\$ 24,645	\$ 27,570
Median family income, 2010	\$ 61,788	\$ 59,735	\$ 68,102
Unemployment Rate, 2011	8.0%	9.4%	10.0%
Low Income Households, 2010	18%	19%	17%
Low Income 65 years and over, 2010	19%	21%	18%
Housing Tenure and Value			
% Who Own Their Home, 2011	85%	82%	71%
% Who Rent, 2011	15%	18%	29%
Median Home Value, 2011	\$ 179,270	\$ 179,046	\$ 174,743
Average Home Value, 2011	\$ 223,227	\$ 208,784	\$ 201,991

Current Stock of Senior Housing and Care Units Serving MODC residents

Scope of Seniors Housing and Graduated Care Serving Residents of the Municipality of the District of Chester

Facility	Year Established	Location	Type and Number of Units				Number of Staff			Primary Services					Notes
			Independent or Retirement	Assisted or Enriched Living	LTC Beds or Units	Respite	FT	PT	Casual	Nursing	CCAs	Dining / Food Prep	Transportation	Rec Programming	
Shoreham Village	1974	Chester			89	1	28	81	30	✓	✓	✓	✓	✓	
Shoreham Village Apartments		Chester	58												
Drumlin Hills	2007	Bridgewater	72	24			12	2				✓			Cleaning, Liaison with families. All services are contracted out.
Ridgewood Retirement		Bridgewater		52			30								3 meals per day, full time LPNs, rec & leisure staff on site. Company van used for outings.
Hubbards Manor / Metro Housing	1978		12												
Bonny Lea Farm	1973	District of Chester		36			45	25	36						See Opportunity Projects section for description.
Western Region Housing Authority	1980+	Western Shore	15												Oeanview Apartments
Heart to Heart In Home Care	1985+	New Ross	10												Charing Cross Manor
		Chester		9			33-40								Assisted living services are provided by In Home Care, serving Lunenburg County. Rent supplement being provided at 9 Shoreham Apartments
		Chester													These are affordable housing units, not necessarily targeting seniors.
		Stanford Lake	4												All maintenance and client services are provided out of Bridgewater, and also cover Shelburn, Quens and Lunenburg Counties.
TOTALS			171	121	89	1	115	119	66						

Appendix 2. ASHRA Study Information

The Atlantic Seniors Housing Research Alliance (ASHRA), which is affiliated with Mount Saint Vincent University, has produced projected numbers of adults aged 50 and over for specific geographic areas within Atlantic Canada. In addition to projecting population, the study also projects level of health and net wealth. While a number of other factors must also be considered to identify all gaps and opportunities for an age-friendly community, these projections can provide valuable insight into the need for seniors housing in the MODC in terms of both the level of care required and level of affordability that is needed.

Description of study (from ashra.msvu.ca)

This Community Profile model has been created to help users gain a better understanding of the possible future housing needs of the aging population in Atlantic Canada.

Three factors are considered to be most important in determining our living accommodation choices as we age; our health, our wealth, and, the distances to our children. This model uses two of these, health and wealth, as likely predictors of housing need. The underlying assumption is that the healthier and wealthier you are, the greater number of possible housing options you may consider.

The implications for community planning are that those in a healthier state, with access to moderate wealth will find housing solutions along the continuum from their own home, to seniors' apartments, condominiums, assisted living complexes. Those in a less healthy state, with limited wealth resources will rely on public or subsidized housing solutions.

Elements of the Model

The Community Profile Model provides the opportunity to obtain information in relation to six (6) key variables, as described below.

Year:

In addition to being able to examine the 2001 census count of males, females and the total population in each age cohort, you can see the projections of these FSA populations for the years 2006, 2011, 2016, 2021 and 2026.

FSA:

You **MUST** enter the 3-digit FSA code in order to proceed. The total population of the selected FSA will always be displayed as a reference point. You will only be able to enter and display the results of one FSA at a time.

Gender:

Results are always reported by gender, not by the total population.

Age:

The 2001 Census count of persons aged 50 and over in each FSA forms the demographic base of the model. The model allows searching using the following eight (8) age cohorts: 50-54; 55-59; 60-64; 65-69; 70-74; 75-79; 80-84; and 85+.

Health

H1	Dependence free Good Health	Individuals who do not need assistance, with the possible exception of heavy housework, and who generally live in single family or multiple-unit housing, either rented or owned.
H2	Moderate Dependence	Individuals who need assistance with meal preparation, shopping, or everyday housework. Home care may be provided within the residence by family caregivers and/or paid care providers.
H3	Severe Dependence	Individuals who need a high level of support, including assistance to move about or for their personal care. They may continue to live in their own home with significant support or may move into an assisted living facility or senior's retirement residence.
H4	Institutionalized	Individuals whose very high level of required assistance usually dictates that they reside in a nursing home or other institution where they can receive extensive support and specialized care.

Wealth

The 1999 Survey of Financial Security provides our second factor, wealth. The survey asked a sample of Canadian families and individuals about the value of their assets and the amount of their debts. The total value of assets less debt is an individual's net worth. Our model uses the net worth of each age cohort of Atlantic Canadians to develop four (4) wealth states, as follows:

W1	Well off	More than \$301,000 net worth
W2	Moderately wealthy	Between \$151,000 and \$300,000 net worth
W3	Limited Resources	Between \$151,000 and \$300,000 net worth
W4	Very Limited Resources	Less than \$50,000 net worth

Scaling ASHRA Projections to MODC

Deriving a factor to apply to ASHRA projections was done by scaling the B0J FSA (forward sorting area) to MODC. ASHRA projections are based on geographic areas that are the same as Canada Post's Forwarding Sorting Areas. The area that MODC lies within is the B0J FSA, which is much larger than the MODC. In order to address this issue, it was necessary to identify a factor that could be applied to the B0J projections to produce numbers that would be more reflective of the MODC population. A factor of .219 was identified through a comparison of the total population of people over the age of 55 in both MODC (Stats Canada) and the B0J area (collected from ASHRA, where data had also been collected from Statistics Canada), for the year 2001. Beyond 2001, ASHRA data is projection only.

To derive a factor that can be applied to the ASHRA projections, two methods were used. For the first method, the following steps were taken:

1. Collect population information
 - a. Calculate total population recorded in ASHRA study for the B0J area (aged 55 and over)
 - b. Calculate total population cited by Statistics Canada for MODC (age 55 and over)
2. Determine portion of B0J area population over 55 who live in MODC
 - a. Calculate: total population over 55 in MODC ÷ total population over 55 in B0J FSA, to determine factor
3. Apply factor to all projections for B0J area to reflect scale of MODC

Total population (55 and over) for the B0J area (2001) as cited by ASHRA is 14,527. Total population (55 and over) for the MODC (2001) as cited by Statistics Canada is 3,180. The Factor to be used to scale the ASHRA projections is 0.219.

For the second method, total population for MODC was compared to the total population of the B0J area and produced the same factor of .219. This implies that the proportion of the population that was over 55 within MODC was similar to that proportion in the broader FSA area.

Total population for the B0J area for 2001 as cited in the ASHRA data was 49,173. Total population for MODC for 2001 as cited by Statistics Canada was 10,781. The population of MODC made up .219, or 21.9% of the total population of the B0J FSA in 2001.

Appendix 3. Health Profile

On April 1, 2015, District Health Authorities in Nova Scotia came together to create the Nova Scotia Health Authority¹. Previously, the South Shore District Health Authority had jurisdiction covering Lunenburg and Queens Counties.

Statistics in this community health profile generally relate to Lunenburg County.²

In 2011 the Municipality had a population of 10,599 or approximately 22.4% of Lunenburg County's total population.

It is noted that Lunenburg and Queens County have many of the same health and health care issues: people living on the South Shore experience higher rates of chronic disease than the provincial and national averages. The region has high rates of obesity and physical inactivity. Poor nutrition, high rates of alcohol and tobacco consumption, and high unemployment all fuel health issues for the communities.

Many recommendations in various health studies and reports over the last 5 years speak to the need for creating social opportunities, building a stronger sense of community, supporting collaborative care models, and collaborative partnerships among healthcare professionals, public sector and community organizations.

Scope of Health Services

Prior to the amalgamation of the District Health Authorities as the Nova Scotia Health Authority, South Shore Health provided community and hospital-based services to 60,000 residents in Lunenburg and Queens Counties. More than 1,100 employees and 100 medical staff work within the organization to provide health care.

In 2006, 10.6% of the labour force in Lunenburg County was employed in Healthcare and Social Services (11.8% in Queens County) which is slightly lower than the provincial average (11.6%)³.

The Municipality is served by Fishermen's Memorial Hospital in Lunenburg and South Shore Regional Hospital in Bridgewater. Services include several community-based programs, including Addictions, Mental Health, Public Health, Rehabilitation, Palliative Care Services, and Continuing Care. Specialist health services not available at these hospitals are available in Halifax.

Fishermen's Memorial is an acute care community hospital with six Acute Care beds, two Observation Beds, 12 Alternate Level of Care Beds, 12 Restorative Care beds, 10 Addiction Services beds and a 23-bed Veterans' Unit.

South Shore Regional is a primary and secondary care hospital and designated District Trauma Centre with 80 Medical, Surgical, Intensive Care, Obstetrics, Pediatric and Mental Health inpatient beds.

¹ The number and role of Community Health Boards in Nova Scotia were not affected by this re-organization.

² The 2011 Community Health Planning report used focus groups to generate its qualitative data.

³ South Shore Health's Collaborative Community Health Plan, Phase 3, Community Health Profiles, August 2011.

Chronic Disease

Cardiovascular Disease (heart disease, stroke, atherosclerosis) is the number one cause of death in South Shore Health and Nova Scotia. It accounts for 36% of all deaths each year in the Province. Nova Scotia rates second for the highest rates of cardiovascular disease in Canada⁴.

Cancer is the second most common cause of death in Nova Scotia and the South Shore. The incidence rate of colorectal cancer on the South Shore is much lower in both males and females than in Nova Scotia and Canada. South Shore Health mortality rates from cancer in men are lower than provincial rates.

South Shore Health had the second highest prevalence of diabetes in Nova Scotia in 2008. Approximately 11.9% of the population aged 20+ on the South Shore has diabetes. The Nova Scotian prevalence is 9.9% (or 77,015 people). Diabetes is more prevalent in males and in those aged 50+ (Diabetes Care Program of Nova Scotia, 2011).

Food and Nutrition

According to Feed Nova Scotia, in March 2010, 22,573 Nova Scotians were using food banks across the province. In addition, 134,940 meals were served at soup kitchens and meal programs. On the South Shore (Shelburne, Queens County, Lunenburg County), 1,245 individuals used food banks during the month of March 2010. Of those receiving assistance from food banks, 33% were children and youth (age 18 or younger).

Fruit and vegetable consumption is a good indicator of whether someone is eating healthy. When it comes to fruit and vegetable consumption, only 1/4 of people over the age of 12 in South Shore Health are meeting the recommended daily consumption of fruit and vegetables. South Shore Health has the lowest rates of fruit and vegetable consumption in Nova Scotia.

Healthy eating contributes to overall health and wellbeing by reducing the risk of chronic disease, improving mental health and decreasing stress, improving maternal and fetal health, and early childhood development.

Similar to physical activity, healthy eating and the choices we make are often considered to be an 'individual lifestyle choice', however, our eating practices are shaped by many factors including where we live, our social and physical environments, income and employment, housing and transportation, social status and more.

Health and Social Services

Service providers noted that Shoreham Village Nursing Home and Chester Area Middle School Grade 9 students collaborate on an intergenerational program designed to teach youth about the elderly, and this program was said to be "very positive". In addition, since many seniors in the nursing home did not have family close by, friends sometimes "adopted" a resident.

Service providers flagged issues associated with isolated seniors: while there are events and opportunities, getting isolated seniors to them is difficult, especially for seniors. Everything from topography (hills) to inaccessible venues and parking spaces could create barriers. Some residents from Shoreham Village noted that while there are two handicapped parking spaces at the bank, the Shoreham Village bus was unable to fit into these spaces.

⁴ Source: South Shore District Health Authority, *Shaping our Future, 2013*

The VON Friendly Visitor program was said to be helpful, as well as the Check-In call system; however, it was felt that few seniors were accessing these services. Service providers also felt that information about social events was not well communicated, especially since the demise of The Clipper.

The need to provide affordable, accessible, and safe recreational activities for seniors has been noted in several reports, including the Active Living Strategy (2008), and Aging Matters (2005). Related health and social service issues include:

- Problems accessing specialists and having to travel to Bridgewater, Kentville and Halifax, and difficulties encountered in trying to get to appointments. This was especially true for the frail elderly, even when service providers, such as GPs or dentists, were available locally.
- The retraction or loss of services (e.g., the Alzheimer's support group, a geriatrician, and Care for the Caregiver program).
- The need for a strong palliative care system was also discussed.
- With more seniors living longer and remaining in their homes, issues of home maintenance, poverty, safety, elder abuse, a backlog of seniors needing care, plus a high turnover of Continuing Care Assistants and lack of other care professionals, all combine to create barriers to care.
- Seniors need to be better informed of the services they could be accessing.

Health and Transportation

Transportation issues have been raised in a number of reports, consultations and community-based forums. From the Draft 2012 Age Friendly Community Report, these include:

- Seniors fear losing their ability to drive their cars. For those living in rural areas, this implies uprooting their local social networks, and moving to more urban centres in order to access services. Inevitably, this aggravates existing gaps in housing and graduated levels of care between independent living and long term care.
- There is general awareness of the services offered by Community Wheels; however, in some instances there are questions related to the details of the service. There is a general perception that the service is inadequate to meet needs, however, some seniors who don't drive depend on Community Wheels, and/or helpful neighbours and friends in order to get around. Taxis are apparently only available in Chester and not outlying areas; the cost of taxi service can be beyond the reach of many seniors.
- Some service providers have concerns with crosswalk lights, and the lack of time for seniors to cross the street, as well as the dangers presented by untrimmed foliage at the corners of streets in Chester.

Seniors Services

1. Hospitals: South Shore Regional Hospital, Fishermen's Memorial Hospital
2. Medical Clinics: Hubbards Medical and Dental Clinic, Chester Medical Clinic, Chester Family Practice, Chester Clinic and Dental Practice, walk-in clinic for patients with non-urgent medical problems, located at the Ambulatory Care Unit on the Third Floor of South Shore Regional Hospital.
3. Addictions Services (administered by South Shore Health). An office is located in Chester.
4. Information and Referral: Be Well Connected, a free, confidential information and referral service. A partnership between the Lunenburg County Community Health Board, South Shore Health, South Shore Regional Library and the Nova Scotia Health Network, Be Well Connected helps area residents access a wide range of community, health, social and government resources.
5. Mental Health Services: provides both in and outpatient clinical and mental health promotion programs to residents of Lunenburg and Queens Counties. An office is located in Chester.
6. Public Health Services: works with communities, families and individuals to identify health needs and assets, and supports individual and community action to prevent illness, protect and promote health, and achieve well-being. The three core services are Communicable Disease Prevention and Control, Non-Communicable Disease and Injury Prevention, and Health Enhancement. An office is located in Chester.
7. The Nova Scotia Breast Screening Program: a mobile van visits 26 sites in 7 counties in the western region of Nova Scotia.
8. VON volunteer service: Frozen Favourites, On the Move Assisted Transportation, Breakaway Adult Day Program, Friendly Visiting, Safety Check, Foot Clinic
9. Independent living, assisted living and long term care services
10. Seniors' Community Health Team: A group of community-based health care professionals with specialized knowledge in the care of the elderly. The service is available to South Shore seniors living at home. The Seniors' Community Health Team conducts comprehensive in-home assessments, provides education to seniors and their families, and recommends appropriate interventions that enable seniors to remain in their homes and communities as long as possible. By promoting health and safety, the team supports healthy aging and independence. The team works closely with existing community-based services (such as Continuing Care (formerly called Home Care), Mental Health and Palliative Care).
11. Senior Safety Program: includes Vial of life, Safety Check-in Program, Crime prevention presentations, Home Visits, Senior Police Academy, Senior Friendly Program.
12. Aging Well Together Coalition (Community Links) - promotes strategies to help seniors age well
13. Geriatric Assessment Service: Assessment service utilizing visiting geriatric specialists and a multidisciplinary team.
14. Chester Community Wheels: accessible transit service which provides transportation within the Municipality of the District of Chester, and monthly service to Bridgewater and Halifax (not specific to seniors but is available).
15. South Shore Health & Red Cross equipment loan service for seniors in their homes.
16. Care for the Caregiver Workshops
17. Lunenburg County Senior Citizens' Council, Chester Basin Over 40 Club, Golden Age Club (New Ross), and the Seasideers (Blandford).

Appendix 4. Interview Guides

A consultation process was undertaken as part of the study and planning process. The Municipality's Planning Department submitted a list of stakeholders and the consultants made contact with these groups and individuals in two different ways. Some stakeholders were added in response to suggestions from those being interviewed.

Consultations were divided into 2 streams: a focus group which included a survey and meeting; and stakeholder contact which included an interview through personal contact. The reason for this differentiation was to focus on the available seniors housing, those providing it, and associated care services, to take a "snapshot" of the type and number of units available and the employment being generated through the associated housing and care services (see Table 2 in Appendix 1).

Surveys were administered through phone calls, face-to-face, or in small group sessions.

**Age Friendly Housing Plan
Focus Group Interview Guide**

- 1) Facility / Organization Name _____
- 2) Year established _____
- 3) Number of facilities in the Municipality of the District of Chester _____
- 4) Number of beds (units) LTC or Continuing Care _____
 Assisted Living / Enriched Living _____
 Independent / Retirement Units _____
 Other _____
- 5) Number of Staff (a) Full Time _____ (b) Part Time _____
- 6) Primary staff services Nursing / LPN _____
 Continuing Care Assistant _____
 Dining / Food Prep _____
 Transportation _____
 Recreation Programming _____
 Other care services (please list)
- 7) Do you receive regular requests for enriched / assisted living accommodations and services?
- 8) Do you have land available or have you considered the market for Enriched / Assisted Living services?
- 9) What are the largest barriers you would face, or that any service provider might face, in providing additional enriched / assisted living units?
- 10) What thoughts do you have about the potential role of community-based partnerships?

**Age Friendly Housing Plan
Stakeholder Interview Guide**

1. Tell us a bit about your organization, its mandate, history and your role in relation to seniors or special needs populations.
2. What services need to be linked to age friendly housing? Please rank the following from 1 to 5, with 1 being the highest rank.

Transportation	
Recreation, opportunities for socialization	
Healthcare, including home care, nutrition, etc.	
Family supports	
Safety and security	

3. In terms of your understanding of the physical attributes of age friendly housing, what do you think are the greatest needs? Please rank the following from 1 to 6, with 1 being the highest rank.

Energy efficiency	
Design (i.e. limited stairs, counter heights, accessibility)	
Maintenance	
Location / access to other services / part of a walkable community	
Affordability	
Ability to interact with others	

4. Age friendly housing is sometimes considered as a 'spectrum' or a 'continuum' where a progression of care services helps in the transition between independent living, assisted living and long-term care. What comments do you have about this transitioning process, for example in terms of need and demand, the availability of housing or the integration of care services in the municipality?

5. The Municipality has experienced a decline in the number of residents aged 44 years and less and an increase in those aged 45 years and older. In addition, the Municipality has an older housing stock – about 76% of housing was built before 1990. For seniors living independently, and for those needing only modest levels of assistance (home care for example), what type of independent housing do you think the Municipality should support, for example, through zoning? Please select four only.

- Single detached homes
- Semi-detached homes, including duplexes
- Townhouses, including linked slab-on-grade or 'garden homes'
- Mini-homes / mini home parks
- Apartment buildings
- Residential mixed use (combining residential with retail or office uses)
- Other

6. Do you have any general comments about age friendly housing and what needs to be done to help support aging in place and become an age-friendly community?

Appendix 5. CMHC FlexHousing™

To learn about this innovative practice please visit <http://www.cmhc.ca/flex/en/lemo.cfm> for more information.