

Dated: November 29, 2023

OVERVIEW
THE SIMCOE COUNTY HOUSING ALLIANCE
on
“CREATIVE OPTIONS FOR AGING WELL”

BACKGROUNDⁱ

1. Canada, our provinces, and territories are facing a housing crisis by not providing sufficient affordable housing to meet the demands of our current population and our forecast for annual immigration. Part of this significant challenge is the lack of suitable, affordable seniors housing to meet the needs of our growing senior’s population. Canada’s population is aging rapidly with 19% of Canadians over 65 (up from 16.9% in 2016ⁱⁱ) and 21.8% between 55 and 64ⁱⁱⁱ. A declining fertility rate and a greying of our society will dominate politics, our healthcare system, economics, neighbourhoods, and families.
2. Placing seniors in Long-Term Care (LTC) facilities is not desirable, and there are almost 40,000 people^{iv} waiting for these places in Ontario. 1 in 13 Ontarians will be over the age of 80 by 2040 and Ontario’s 80+ population is projected to more than double by 2040^v. There is widespread agreement that the crisis in LTC facilities has been exacerbated by the pandemic, but it also points to the challenges associated with this type of accommodation:
 - a. LTC institutions have a poorer record of sustaining life compared to smaller homes and individual living arrangements.
 - b. Health deteriorates rapidly in LTC. LTC residents without personal contact with family or friends experienced 35% greater excess mortality early in the COVID-19 pandemic relative to residents who had personal contact with family or friends.^{vi} People live in LTC only for months, with 25% of residents dying every year. The average length of stay in a LTC home is 12-24 months in Ontario^{vii}.
3. While the failures in LTC homes have been well-documented for more than two decades, there are now calls to ‘fix’ the crisis that continues to include significant death rates for our elders. There are two approaches being advocated by critics, families, academics, and advocates.
 - a. The first approach calls for more LTC homes (to replace the greater than 30,000 beds decommissioned or requiring re-development^{viii}) higher levels of staffing, increased number of hours of care, and more accountability for the homes. While this approach seems to have merit based on the limitations of the current health system, and lack of suitable housing and home care alternatives versus institutions, it assumes that one can improve LTC homes with more money. Goals of this kind of reform to date have been narrow and short-sighted, ensuring that large institutions will continue to be the focus of LTC.
 - b. The second approach that is gaining momentum is focused on providing alternatives to institutionalization. Support for this position comes from:

- (1) Seniors for Social Action Ontario,
- (2) the Canadian Association of Retired Persons,
- (3) the Ontario Community Support Association,
- (4) several physicians, such as leading health policy expert and Geriatrician, Dr. Samir Sinha.

The goal of this reform calls for us to understand the systemic issues in LTC homes and to create meaningful community alternatives to institutionalization. Research is clear — senior’s conditions get worse after they enter an institution. Frail elders often suffer from chronic pain, dementia, or other illnesses. In a LTC home, suffering unnecessarily increases, brought about by a rigid, institutional system that focuses on disease rather than holistic preventative and wellness care, caregiver connections and supports, and towards the end of life, compassionate hospice palliative care.

4. A lack of personal control is also standard in institutional care. It is no wonder that physician and author Atul Gawande has found that the most common complaint he hears from nursing home residents is “It just isn’t home.” The pandemic has shown that high rates of neglect, infection and social isolation are three other significant impacts of the current LTC system. Policy makers^{ix} and communities often have a difficult time imagining the alternatives to large institutional buildings for the provision of LTC. In part, this is because our culture has ingrained the ‘nursing home’ image in our minds. We will need imagination and courage to rethink and redesign a system that is personalized, community-based, and focused on well-being and dignity. Citizens can and should lead the re-imagining process. The recent report, “Aging Well,” by Don Drummond and Duncan Sinclair of Queen’s University, proposes such a redesigned holistic approach for LTC that considers healthcare needs in conjunction with housing, lifestyle and social needs i.e., ‘Creative Options for Aging Well’.

5. As we look around Canada and the world, we can learn from existing redesigned systems. Several countries, mostly in Europe, have reallocated significant resources from institutional care to community supports and home care. Countries such as Germany, Denmark and Japan have done much better than Canada at lowering the rates of institutionalization of frail elders.

6. As we consider the current housing crisis in Canada, we need to recognize that some of the solutions involve using the existing housing spaces that we have, in a different way. For example, according to Statistics Canada, in 2021, the percentage of singles and couples that live in homes with a minimum of three bedrooms has risen to 29%. (up from 26% in 2006). This upward trend suggests that with the increasing number of older adults, they are choosing to stay in their homes versus downsizing. This leaves almost 5 million empty bedrooms in Ontario alone. <http://www.suiteadditions.com/blog/2020/8/29/5-million-empty-bedrooms-is-the-housing-crisis-real>

7. By focusing on “Creative Options for Aging Well” this can contribute ideas for redesigning LTC in Canada. In order to move away from institutional models, multiple stakeholders will need to work on the following major areas.

- a. **Increase funding for new models of enhanced home care and community supports** (e.g., caregiver respite services) that enables more people with complex health conditions to remain in their own homes and receive the levels of daily/regular

care they require. Since Canada spends far less on home care than many other countries in the world, this is a pressing issue. Home care that provides funding directly to the person and their family is an option that must be offered to enable people to have control over the supports they require. Allowing people to age in place is also cost-effective. As Dr. Sinha points out, Ontario spends \$183 per day to support a high-needs person in a nursing home, compared to just over \$100 per day to provide home care^x.

- b. **Educate, catalyze, and enable the development of caring community networks** like neighbourhoods, apartments, and condos which currently exist where many elders reside that can create supportive connections.^{xi} One version of this network concept is the option to build upon The Naturally Occurring Retirement Community (NORC) where over 30% of individuals living in a building or community are older adults. A NORC can be a basis to organize supportive connections and services (e.g., on-site social, navigational, and nutritional supports)^{xii}. Governments need to support the expansion of these cost-effective and innovative models (via policies and funding for both the services and more suitable housing that fosters and enables these community network models).^{xiii}
- c. **Galvanize the creation of more community-based, co-living (or shared/co-living or co-housing) and accessible housing options for those who require congregate healthcare.** These can be individual homes or smaller multi-unit settings where people have opportunities and choice for socially connecting with family, friends, and community. These should be operated by non-profit entities and could be provided by community support organizations or municipalities. The Green House Project in the United States is an example of such a business that offers a more community-based model of LTC (with Medicare funding), and there are Canadian projects in the development stage.
- d. **Expand the educative and enabling resources for creating networks where people share staff or create shared living situations.** Radical Rest Homes, based in Montreal, offers these types of workshops, tools, and resources.
- e. **Support people to find the right advice and risk reducing resources when seeking to share/rent out part of their home or property** (e.g., SpacesShared) or co-purchase a dwelling or a property with others, such as, CoHo BC, and GoCo Solutions in Ontario.

8. It is time to fundamentally rethink our approach to LTC (i.e., aging well) and to embrace more alternatives to dominant institutional models. With an aging population, the demand for LTC is expected to double in the next 20 years. Since polls steadily show more than 90 percent of Canadians do not want to end up in a nursing home, we need to take bold action to ensure that our elders can live in dignity as they age. Community alternatives have good outcomes as measured by deaths per 100 beds. More money is spent on LTC as opposed to home care, but the lack of more positive results speaks for itself.

9. Other countries like Denmark have recognized this situation and have spent the last 20 years putting measures in place to address the housing needs for their aging population. In Denmark, their aim is creating dignified elderly care by having a citizen-centred approach and

targeted efforts focusing on involving and empowering every citizen considering their individual needs and preferences. The goal is for the elderly citizens to maintain their independence, stay in control of their own life, improve their quality of life, and stay healthy in their own home for as long as possible. In Canada we have not recognized this growing need and have not done the same preparations. Across our country we are currently in a seniors housing crisis which if not addressed quickly will get even worse.

10. The ‘**Simcoe County Housing Alliance**’ consists of a group of citizens concerned with the current and projected lack of suitable senior housing in Ontario to meet the needs of a growing senior’s population. The number of housing and care options to address this issue are almost limitless. Choosing to look at the issue on a pan Canada basis raises a host of issues and a level of complexity based on differing rules and regulations, the distances involved, the number of projects, local circumstances, and expertise, etc. To pursue all the various options would take an enormous effort well beyond the capabilities of the members of the ‘Simcoe County Housing Alliance’ to accomplish in as short a period as possible. A more realistic approach would be to limit the breadth and extent of our efforts to achieve positive results as quickly as possible. To do this we propose to put a limit on our geographical location and the number of shared/co-living or co-housing options we wish to pursue, but we can still share best practices with other areas across the country.

GOAL

11. The goal of the ‘Simcoe County Housing Alliance’ *Creative Options for Aging Well*, is to concentrate our efforts within this area of Ontario, devoting our time and energy to developing inclusive housing options that would permit our growing seniors’ population to age gracefully in a suitable, healthy, safe, social connected and caring environment.

DISCUSSION

12. The ‘Simcoe County Housing Alliance’ is seeking to work with local citizens, community or faith-based organizations, municipalities, and developers to identify land, plans, and designs for developing housing options that are well-located and livable when considering transportation time and distance, accessibility provisions, and availability of health care facilities, services, stores, and other amenities.

13. We are exploring many models of housing, including shared housing and co-housing communities. These can be individual homes or smaller multi-unit settings where people have opportunities and choices for socially connecting with family, friends, and community.

14. **The housing options we are currently pursuing include:**

- a. Various types of inclusive housing for older adults (e.g., multi-generational, multi-unit housing, secondary suites, smaller shared homes.)
- b. Renovating/modifying single family dwellings (home or condos) to ensure accessibility and safety for aging well and in place.
- c. Building smaller more socially designed pods within floors of a condominium or apartment building to accommodate up to 6 residents per pod or co-housing unit with their own private suites (bedroom, washroom and sitting area, catering to seniors including those with some disabilities), with common areas such as a:

- (1) large eat-in kitchen,
 - (2) living room,
 - (3) laundry room, and
 - (4) storage facility.
- d. Building purpose-built Co-housing communities or larger socially designed developments (e.g., cul-de-sacs, or a pocket neighbourhood, or campus-based models).
- e. Building purpose-built co-housing or shared dwellings that:
- (1) accommodate up to 6 seniors with their own private suites and with shared common areas, to stay under 7 to avoid being subject to the Ontario Retirement Homes Act, 2010: Legislation and Regulations – Retirement Homes Regulatory Authority (rhra.ca).
 - (2) Seniors would either rent or own their part of the accommodation.
- f. Retrofitting existing buildings or building purpose-built buildings to create healthy, safe, and accessible places suitable for aging well.
- g. For every senior who might move out of their oversized (for them) family home and into a form of co-living this not only has advantages for them, but it frees up a home that can be added to the housing shortage that we now (and for the foreseeable future) will face.

15. This will be an ongoing process to achieve our goal of generating more of the desirable and vitally needed housing options in our area. Our ‘Simcoe County Housing Alliance’ places an emphasis on:

- a. Advocacy and public education,
- b. Creating new processes to generate and co-design new housing solutions.
- c. Creating a database of the housing and social needs and preferences of seniors and younger people who are interested in the above options,
- d. Seeking to work with:
 - (1) Our federal and provincial government,
 - (2) Counties, municipalities, cities and towns and developers,
 - (3) Not-for-Profit (NFP) Organizations,
 - (4) Financial and legal advisers, and
 - (5) Private arm’s length investors.
 to secure land, funding, and investment.
- e. Being engaged in co-designing and developing suitable facilities, and
- f. Undertaking two pilot projects to animate the features and benefits of these projects, and to help others act upon these possible solutions.

16. As we go through this ongoing process of collaborating with others to realize these healthier and more appealing housing options, we expect that new and creative models will emerge.

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ENDNOTES

ⁱ Supporting notes from John Lord’s recent opinion piece in The Record entitled: “It’s Time to Shift Our Thinking on Long-Term Care”.

ⁱⁱ Statistique Canada, Apr 27, 2022

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^{iv} The Ontario Long-Term Care Association (OLCTA) <https://www.olcta.com/about-long-term-care/the-data/> is now saying the waiting list is 40,000 people The Data – (OLTCA) – Long Term Care in Ontario. Their data also shows that unlike other provinces, only 5.1 % of the current LTC residents (versus the people on the wait list) could be served by an alternative care setting.

^v Statistics Canada for 1971-2021, and Ontario Ministry of Finance Projections.

^{vi} Holt-Lunstad J., Smith T.B., Baker M., et al. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspect Psychol Sci.* 2015;10:227–237. [[PubMed](#)] [[Google Scholar](#)]

^{vii} Policy Options <https://policyoptions.irpp.org> > magazines > may-2020

^{viii} <https://news.ontario.ca/en/release/1002083/ontario-on-track-to-build-30000-new-long-term-care-beds>. 31,705 new and 28,648 upgraded beds in development across the province. April 21, 2022, Long-Term Care This web page reads like these re-developed beds are tracking for development (over a very long-time horizon).

^{ix} Right now, the *provincial government policy makers* (versus local/municipal policy makers, like the one you are dealing with) are not doing much re-imagining.

^x Community Living Ontario, <https://communitylivingontario.ca/its-time-to-shift-our-thinking-on-long-term-care/>

^{xi} Collaborative Aging www.collaborativeaging.com based in Toronto, offers a user-friendly guidebook called, “*Options Open: The Guide for Mapping Your Best Aging Journey*” © <https://optionsopen.org> and 5-part workshop series to help citizens, retiree organizations and community groups across Canada, make informed and proactive choices in health, housing, social networks and caregiving teams and use of resources. One of the many options covered in this material includes modifying one’s dwelling to ensure choice to remain there as needs may change.

^{xii} A successful example of NORC-based service model in Canada is called, the OASIS which is gaining public interest. “<https://www.oasis-aging-in-place.com/>”

^{xiii} “It’s Time to Unleash the Power of Naturally Occurring Retirement Communities (NORC) in Canada, National Institute on Ageing and the NORC Innovation Centre, 2022 <https://www.niageing.ca/norc>