

# Supporting Affordable Housing for Canadian Seniors Living in Rural Communities

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# EXECUTIVE SUMMARY

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# Executive Summary

## The Scope

This paper will outline policy options for Canada Mortgage Housing Corporation (CMHC) and the federal government to facilitate access to affordable and adequate housing for seniors living in rural areas, with particular attention to low- and middle-income seniors. Affordability will be viewed broadly and will include the capacity to afford housing that is suitable for the changing and evolving needs of seniors. This paper will explore the work being undertaken in other jurisdictions. Ultimately, it will present policy recommendations on improving housing affordability for seniors living in rural areas of Canada.

This paper will not consider remote regions or Indigenous communities. While it will offer some solutions that require partnership with other departments or jurisdictions, it will focus on solutions that are within the federal government's purview and CMHC's mandate.

## The Problem

Currently, many seniors living in rural communities live in inappropriate housing, with 17.5% of rural senior homeowners living in core housing need – that is, living in homes that are unaffordable, inadequate, or unsuitable.

Core housing need statistics, however, are designed to describe whether the general population resides in appropriate housing. Housing needs become more complicated as seniors age and their mobility declines. Two major challenges for policymakers are: (a) many seniors prefer to age in place in private residences, and (b) seniors who are open to moving to seniors' residences may not have appropriate options in their communities. Both challenges are more acute in rural areas, which this section will illustrate.

Seniors are the fastest-growing population in Canada, which will likely be mirrored by an increase in inappropriate housing. As seniors age and their needs change, they should be able to live in appropriate housing. As supports are being developed, many solutions are targeted at urban areas and do not account for the complexities and unique needs of rural seniors.

The coronavirus pandemic has disproportionately affected seniors. At the time of writing, seniors comprised 80% of COVID-19 deaths in Canada, most of which occurred in long-term care homes. While

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this is leading to an investigation and potential overhaul of long-term care homes, seniors living in rural communities, which constitute the majority of rural seniors, should not be forgotten in Canada's efforts to improve quality of life for seniors. Despite their needs evolving, many seniors prefer to age in their private residences.

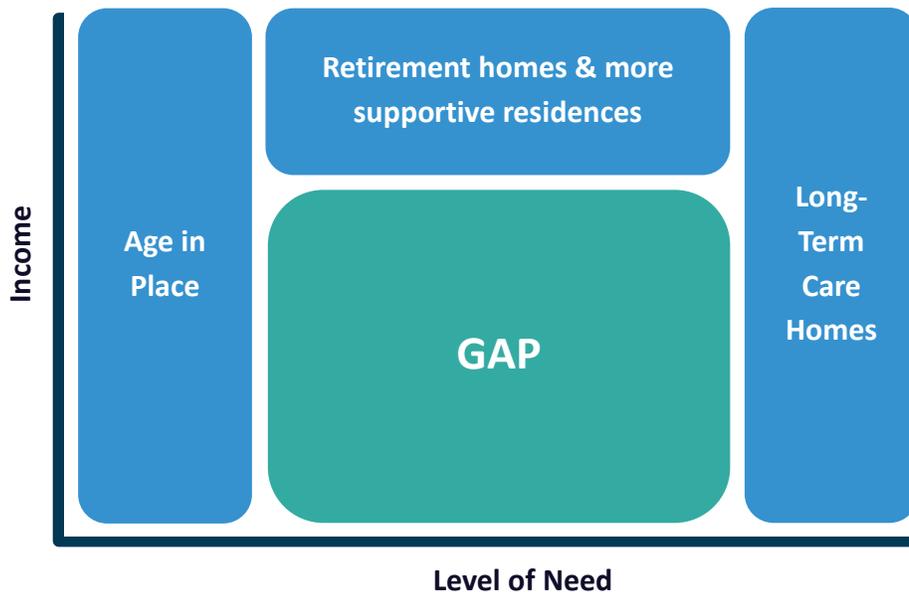
### **1. Seniors Desire to Age in Place**

85% of seniors have a desire to age in place.<sup>i</sup> However, this often leaves seniors living alone, contributing to social isolation, which has been shown to deteriorate health.<sup>ii</sup> This is an even greater problem in rural contexts, as seniors living alone are even more isolated and often live far from key resources such as medical care, pharmacies, and community centres. As seniors age, their ability to drive may deteriorate which is problematic in rural areas.

### **2. Seniors Lack Alternative Options**

In Canada, seniors are faced with the option to age in place, move into retirement homes, or live in long-term care facilities. As described, aging in place often becomes unsustainable for seniors as their needs increase. Retirement homes are often costly and oversubscribed – a problem that will only worsen as the aging demographic grows. Long-term care facilities are intended for seniors who require significant levels of care. During the coronavirus pandemic, long-term care homes have come under scrutiny for their poor-quality care for residents. Reports have highlighted deep systemic issues with care homes, which will likely decrease the demand and investment in long-term care homes.

As such, there is a gap in housing options for low- and middle-income rural seniors who are no longer able to comfortably age in their own homes. Those with low levels of need can remain in their own homes, and those with higher need for support can access government-subsidized long-term care homes. Seniors who have moderate needs and moderately high-income levels can access retirement homes, however low- and middle-income seniors with moderate needs have very few alternatives. Seniors aging in their homes receive little or no daily home care, whereas long-term care homes provide, on average, three to four hours per day. In a rural context where accessing even half an hour of daily care can be challenging, moderate levels of care include all seniors who require some daily care, but less than three to four hours.



## Our Vision

Our vision for Canada is to adequately support rural seniors' needs and desires while ensuring the housing choices made are beneficial for the development of Canada as a whole. There are social and economic benefits gained from having a population diverse in age, in line with Canadian seniors' overwhelming desire to age in place. Seniors are the social backbones of communities, ensuring connection for younger citizens to those who helped build and grow the place they are living in, those they see as mentors and vital community leaders. Seniors also control significant financial resources from working and accumulating wealth throughout their lives and, on average, have more assets and less debt than the rest of the population. Therefore, ensuring there is a range of accessible and affordable housing options for seniors to age in place and in community means that social bonds within these communities that create better mental health conditions for the young, while the elderly can remain in place. Seniors contribute to local economic development, as they typically spend more locally than younger people on retail, services, recreation, repairs, and renovations. In rural regions, this has a particularly important impact, helping socially and economically invest in these communities.<sup>iii</sup> The development of senior housing types with general care and health services means more employment opportunities are afforded to families living in rural settings, which would not exist if the strategy was simply to move every senior who needs medical care or assistance to urban centers. Retirement homes, for example, are a vital employer in rural areas that typically have limited employment opportunities, serving as an important source of income for families in rural regions.<sup>iv</sup>

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Areas that can support and retain seniors by creating age-friendly communities have shown to have higher return on investment than if seniors were simply asked to move.<sup>v</sup> Land to construct seniors' housing is less expensive in rural than urban areas, therefore, having rural seniors stay in place aligns with their expressed preferences and ensures no heavy influx of seniors into urban regions requiring them to build more senior housing in more expensive urban areas.<sup>vi</sup> In addition, by having health care services in rural communities through seniors' housing, seniors will have more regular contact with health care professionals. Better access to healthcare through diverse senior housing options that offer these services within community will allow seniors to remain independent for longer, improving quality of life and mitigating negative health outcomes from arising early on.<sup>vii</sup> This is cost-effective not just for seniors, but also for governments, as seniors will be less likely to deteriorate psychologically or physically and more likely to age independently (with minimal support required) in their own homes, compared to in long-term care homes that are funded by provincial governments. Furthermore, this would allow for less burden of care to be placed on family members who are caregivers and allows seniors to continue to participate as active members of the economy and of rural life.<sup>viii</sup>

**Areas that can support and retain seniors by providing age-friendly communities have shown to have a higher return on investment than if seniors were simply asked to move.**

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## Recommendations

The following recommendations are targeted at filling the gap of housing needs for low- and middle-income seniors with moderate levels of need living in rural communities.

### COLLECT AND DISSEMINATE DATA

- Collect and disseminate data on rural seniors housing so evidence-based policy decisions can be made. Data will also facilitate market research and lower barriers to private investment.

### PROMOTE HEALTH

- Promote the health of seniors so that they are less likely to need to move, allowing them to age in place and decreasing the demand for alternative housing options.

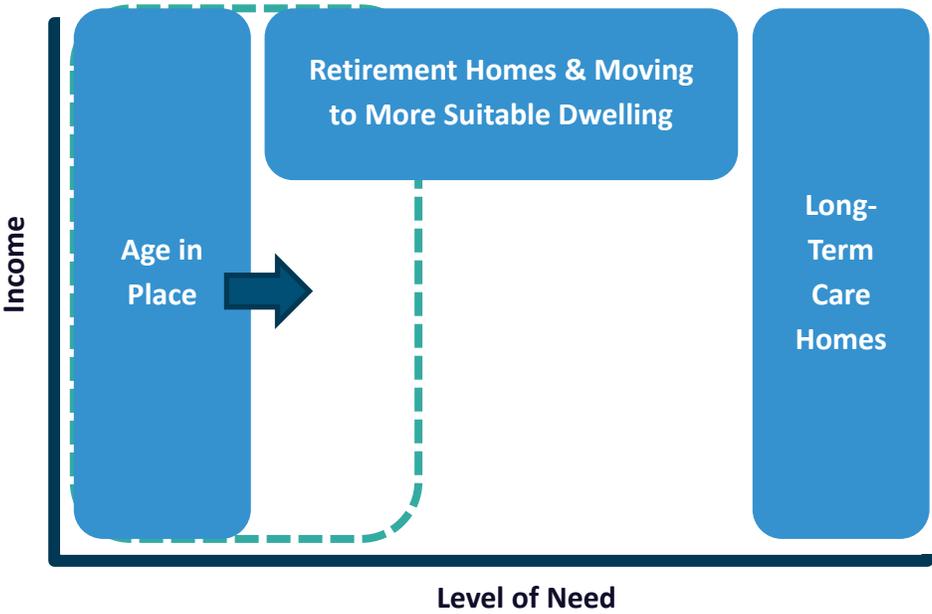
### SUPPORT ADEQUACY OF HOUSING

- Support provinces in ensuring rural eligibility for home renovation subsidies so seniors can afford to adapt their current homes as their needs change. This will enable seniors to affordably stay in their homes and age in place for a longer period, mitigating the issue of aging in place.

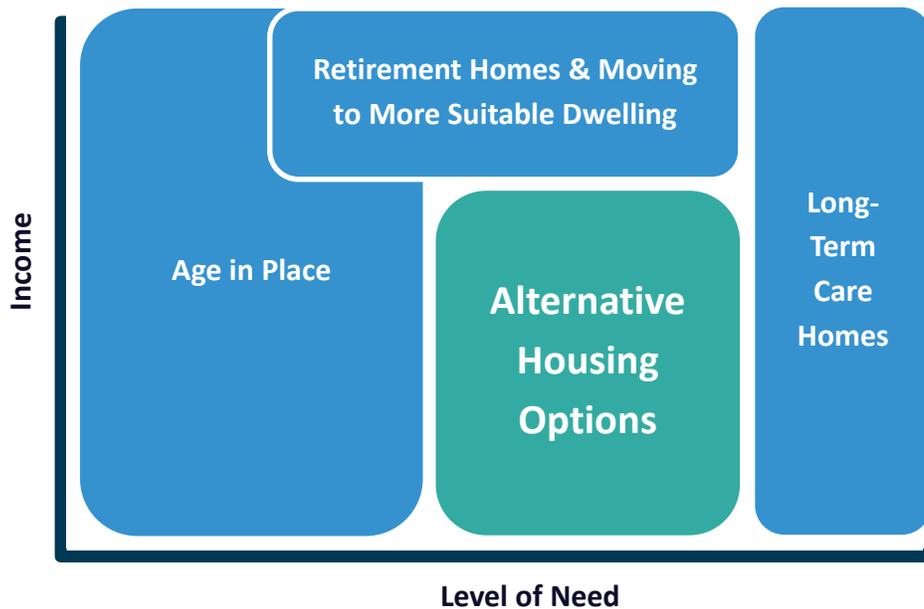
### INVEST IN ALTERNATIVE HOUSING OPTIONS

- Invest in affordable housing for seniors with moderate needs, such as co-housing, supportive housing, retirement homes, and life-leasing units, which are being successfully employed in countries around the world. Providing alternatives directly addresses the critical concern that rural seniors lack alternative housing options. It is also likely to decrease their desire to age in place, as attractive alternatives within their communities other than just long-term care homes will be made available.

# Impact of Recommendations



We anticipate that by promoting the health of seniors (Recommendation 2) and enabling financial support for renovations (Recommendation 3), seniors will be able to affordably and comfortably stay in their homes for longer, allowing them to age in place and mitigating the rapidly increasing demand for retirement homes and other alternative housing arrangements.



By investing in alternatives (Recommendation 4), the remaining gap can be eliminated. These alternatives can be developed directly for low- and middle-income seniors with moderate levels of need.

## Measuring Success

Success will be measured by a lower number of seniors in rural communities facing housing affordability challenges. Short-, medium-, and long- term indicators will be used to show early signs of progress, as well as larger-scale solutions that will require more time.

In the short-term, newly available data being accessed would indicate that policymakers are using CMHC information to design policies for rural seniors, or that developers are using the information to inform market research.

In the medium-term, CMHC should examine the pilot projects designed to enhance the health and well-being of seniors aging in private residences to determine whether they are meeting pre-determined goals.

In the long-term, developers should be accessing the new funding streams for seniors' residences. Further, results from CMHC's annual *Seniors Housing Survey* should indicate that these initiatives are increasing the availability of units with rents at the low-end of the market.

# FRAMING THE ISSUE

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# Framing the Issue

Seniors are growing at a faster rate than any other segment of the Canadian population and by 2036 a quarter of Canada's population will be seniors.<sup>ix x xi</sup> By 2036, the average life expectancy is poised to rise by two to three years, for men from 80 to 82.9 and women from 84.2 to 86.2.<sup>xii</sup> While there are currently no projections on aging in rural communities specifically, historically, rural areas have had on average an older population hence aging more quickly than urban areas.<sup>xiii</sup> This increase in the number of seniors will be paralleled by a shortage and the rising cost of appropriate housing options. With life expectancy increasing, seniors will have increased needs as they age and it will be critical for governments to facilitate strong quality of life for rural seniors. Housing is a critical piece of aging well, including achieving a higher quality of life and well-being.

**Seniors are anticipated to make up 25% of the Canadian population by 2036, and the rural population is aging faster than the urban.**

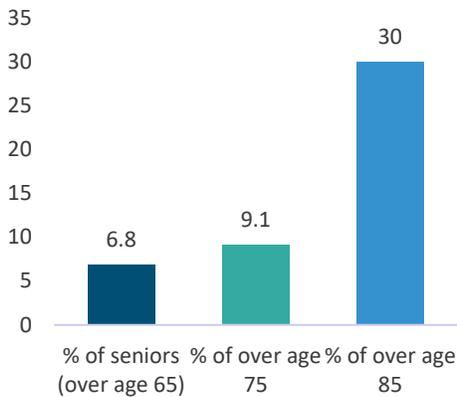
## Aging in Place

The term aging in place refers to a senior's ability to live and remain in a private residence that they have lived in for many years. There are limited studies on how the preferences for aging in place of rural seniors differ from those of other Canadian seniors, but several sources affirm that aging in place is important to Canadian seniors generally.

A 2013 CMHC report which included an analysis of seniors' preferences found that 85% of seniors prefer to age in their homes.<sup>xiv</sup> As of the 2016 census, 93.2% of seniors lived outside of collective dwellings, a proportion that has risen over 30 years. The younger seniors are, the more likely they are to live independently (see chart).

A report by the Federal, Provincial and Territorial Ministers Responsible for Seniors emphasizes that aging in place is the first choice for seniors, in part because it allows them to feel independent and connected to their families and communities.<sup>xv</sup> Seniors, for example, take pride in their ability to maintain their homes as they age.<sup>xvi</sup> They also appreciate accommodation where they have enough space to host gatherings and conduct their roles as family elders.<sup>xvii</sup> In rural areas that are close to regional centers, aging in place is facilitated as seniors can visit larger towns for recreational and health purposes.<sup>xviii</sup>

Share of Seniors Living in Supportive Housing (By Age)



*As seniors age, they move into supportive housing, with 30% in supportive housing by age 85.*

Aging in place, however, may not be optimal or financially feasible for rural seniors whose homes require costly modifications or who need assistance with day to day tasks.<sup>xix</sup>

For seniors in rural areas, accessing in-home supports is particularly likely to be a barrier to aging in place. Because rural areas are less dense than urban areas, service providers such as housekeepers must travel further to provide in-home supports, which makes these aids expensive at best and inaccessible at worst.<sup>xx</sup>

Further, the ability to drive is essential for seniors to age in rural areas. While urban seniors can rely on public transportation services designed for those with limited mobility to travel to health care appointments and other engagements, rural seniors do not have this option, particularly given the limited public transport network in rural Canada.<sup>xxi</sup>

The following sections will discuss why measures of core housing need understate the housing-related challenges rural seniors face when they age in place. Specifically, it will discuss why the adequacy standard does not describe whether the physical characteristics of a residence are appropriate for seniors and why the affordability standard does not capture the various expenses seniors incur when they age in private residences.

### **Core Housing Need: Re-thinking Measures of Affordability Considering Evolving Aging Needs**

CMHC describes households whose residence is inappropriate for the needs of occupants as being in core housing need.

There are three dimensions of housing appropriateness:

1. Housing that is suitable has sufficient bedrooms for all residents, according to guidelines by the National Occupancy Standard (NOS)
2. Housing that is adequate does not require any major repairs
3. Housing that is affordable costs less than 30% of total before-tax household income

If any of these criteria are not satisfied, and an acceptable alternative residence cannot be found in a community that meets the affordability standard, a household is said to be in core need.

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According to data from the 2016 census published by CMHC, 82.1% of rural senior households lived in homes they owned in 2016 and 17.5% of these households were in core need. The table below describes which standards that were not met by rural senior homeowner households in core need.

**CORE HOUSING NEED: SENIOR OWNER HOUSEHOLDS IN RURAL AREAS, 2016**

<i>Below Adequacy Standard</i>	35.8%
<i>Below Affordability Standard</i>	62.2%
<i>Below Suitability Standard</i>	1.9%

Source: *Housing in Canada Online Tool*

Because core housing need provides a baseline assessment of whether the static aspects of a home (state of repair, capacity, and cost) are appropriate for residents without special needs, these figures understate the housing challenges senior households face.

A report on the housing needs of seniors by the Federal, Provincial and Territorial Ministers Responsible for Seniors points out that policymakers need to be mindful of “integrated housing need” when considering whether a residence is appropriate for seniors.<sup>xxii</sup> For example, homes that do not require major repairs may nonetheless be inadequate for seniors with limited mobility. Renovations may be required to move bedrooms downstairs or to widen doorways to accommodate walkers. One study suggested that 55% of seniors who require assistance with their physical mobility lack an accessible entrance in their homes.<sup>xxiii</sup> These renovations may be prohibitively expensive for seniors on fixed incomes. Many provincial governments therefore have programs to subsidize renovations that enable seniors to remain in their homes safely and comfortably.<sup>xxiv</sup>

**1.2 Affordability Challenges Associated with In-home Supports**

Housing that needs modifications may be less challenging for rural seniors than accessing the services that the report by the Federal, Provincial and Territorial Ministers Responsible for Seniors (FPT Report) refers to as “core community supports”.<sup>xxv</sup> Unlike renovations, these supports need to be available continuously and affordable indefinitely.

Policymakers who are considering encouraging seniors to age in private residences therefore must do so with a framework for understanding these supports and whether they are available and affordable to seniors in rural communities. The report describes three major types: home care services, home supports, and financial supports. Home care services and home supports are both provided by caretakers and are therefore less accessible in lower-density areas. Financial supports, meanwhile, help seniors afford these services.<sup>xxvi</sup>

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## **Home Care Services**

Home care services are defined in the FPT Report as all publicly funded “health-related supports.” Unlike services that provinces are obliged to provide under the Canada Health Act, these are generally offered at the discretion of provincial governments, although are funded by federal transfers. Examples of home care services include services provided by licensed medical practitioners, such as physiotherapists and nurses, and less specialized personal care services. Generally, personal care services aid with activities of daily living (ADL), such as bathing and grooming.<sup>xxvii</sup> The report found that, generally, older Canadians are “well-served” in this area because provinces provide standard services, although those in rural areas are most likely to be underserved.<sup>xxviii</sup> A 2017 survey by the Commonwealth Fund and the Canadian Institute for Health Information (CIHI) estimated that 6% of Canadian seniors in private residences currently receive publicly funded home care services.<sup>xxix</sup>

## **Home Supports**

According to the FPT Report, the category of community supports that is least developed in rural areas is home supports. These include programs that help with what the Health Council of Canada refers to as instrumental activities of daily living (IADL), including home maintenance, transportation, as well as social participation and companionship programs.<sup>xxx</sup> As they age, seniors generally begin to need assistance with IADL before they need assistance with personal care, which implies that the availability of these services may limit the ability of seniors to age in place.

As mobility becomes increasingly challenging, social isolation can also increase. Although social involvement may not initially appear to be as important as some other supports, isolation has well-established effects on overall health, and rural seniors who live further from neighbours may be particularly susceptible to feelings of isolation. As overall health deteriorates, seniors may need more assistance with IADL and ADL.<sup>xxxi</sup>

Home supports are often provincially funded and locally administered by community organizations. This allows supports to be deployed to suit the needs of a given region. An example is British Columbia’s Better at Home program, which is funded by the provincial health ministry and partners with community organizations that coordinate volunteers to help seniors with a variety of activities such as cleaning and grocery shopping.<sup>xxxii</sup> This model for service delivery implies that the availability of services to assist seniors with IADL within provinces varies widely. The FPT Report notes that offerings are particularly sparse in rural areas because widely dispersed populations make it challenging to contain the costs associated with operating these programs.<sup>xxxiii</sup> Therefore, seniors who could access the home supports they need to age in place in urban areas may find that the services they require are unavailable

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or prohibitively expensive in rural areas. The CIHI survey estimates that 11% of seniors in private residences currently receive help with IADL, with the share increasing consistently as seniors age.<sup>xxxiv</sup>

### **Financial Supports**

Financial supports that allow seniors who are healthy but have limited means to remain in their private residences are the final element of “core community supports.” These are provided by provincial governments, and generally take the form of income subsidies which can be applied to costs associated with accessing community support services or grants and subsidies that can be applied to housing costs. Overall, the availability and affordability of home services is an extremely significant challenge to aging in place in rural areas.

## **Aging in Community**

Rural seniors often have difficulty obtaining the home supports they require to live in private residences indefinitely. Seniors residences are communities designed for aging residents and generally include some of these services in monthly rents or offer them for an additional cost. While seniors prefer to remain in private residences, the simplicity of having these services included in fees or coordinated on their behalf enhances the appeal of relocating to a senior’s residence.

However, the CIHI survey demonstrates that many seniors require assistance with IADL and that 59% of those who require this support receive it from family members or friends. For these seniors, relocating to a senior’s residence far removed from their private residences entails a loss of support and companionship.<sup>xxxv</sup> Similarly, a study of rural seniors completed by Veterans Affairs Canada found that rural seniors had social networks of between five and 13 people, and smaller networks available to assist with IADL such as assistance with shopping and meal preparation. Many seniors also feel a strong affinity for areas they have lived in and may be involved with local organizations.<sup>xxxvi</sup>

Where aging in place is not possible, aging in community, that is, aging in an appropriately supportive residence that is in the same region as a seniors’ private residence is an appealing alternative. Finding an appropriate seniors’ residence in a rural area may be challenging. Seniors’ residences range, in terms of support included, from apartments with optional supports available to long-term care homes. Generally, monthly rents increase with the amount of service provided.

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### SHARED HOUSING

- Sharing housing with someone the senior knows
- Rent costs are privately managed

### CO-OPERATIVE HOUSING

- An agreement is made to house seniors in exchange for maintenance activities
- Residents do not own homes but have input into the management of the community

### SUPPORTIVE HOUSING

- Apartment living with services such as health care and housekeeping
- Units are rented

### LIFE-LEASING UNITS

- Apartment living with services such as health care and housekeeping
- Units are partially owned

### RETIREMENT COMMUNITIES

- Seniors live in the same building but in separate units
- Seniors have access to health and recreational services

### RETIREMENT HOMES

- Generally for-profit
- Vary in cost depending on the services and support offered

### LONG-TERM CARE HOMES

- Provincially regulated and operated by non-profit or private owners; costs are below market value
- Residents receive significant assistance and usually require more than three hours of daily care

### CONTINUING CARE COMMUNITIES

- Private care that provides a range of care within the same physical location and network, allowing residents to seamlessly move from living independently to receiving significant care

**While there are many types of housing for seniors, the capacity of each remains limited, particularly in rural communities**

While there are many options available, the capacity in each is limited. The following sections will describe how an aging population may drive up the cost of rents in seniors' residences and why rural seniors may have difficulty finding appropriate residences in their communities.

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## **Potential Affordability Challenges Due to Demographic Change**

Canada's senior population is expected to double by 2036, with 25% of the population over age 65.<sup>xxxvii</sup> According to Statistics Canada, rural areas have a higher proportion of senior residents than urban areas. Seniors make up 21.5% of the total rural population and 16.8% of the total population in urban centres (CMAs and CAs).<sup>xxxviii</sup> Between 2006 and 2019, the median age in rural communities increased by nearly 10%, twice as fast as the increase in median age in other areas of Canada. Rural areas will likely continue to age faster than elsewhere in Canada, as younger people relocate for more economic opportunities.<sup>xxxix</sup>

This dynamic can limit options for seniors looking to relocate to collective dwellings near their communities. It also speaks to the importance of policymakers addressing the challenge of an aging rural population as soon as possible, because higher demand without an increase in supply will result in affordability challenges. A report by DBRS attributed rising rents in seniors' residences over the previous decade to an increase in supply that has not kept pace with population aging.<sup>xl</sup>

Demographic imbalances between younger and older Canadians in rural areas also imply that there may be shortages of affordable labor for seniors' residences in rural communities. Additionally, rural seniors who are looking to sell their own homes may discover that their values are not as high as they had anticipated because urbanization has suppressed growth in rural property values.<sup>xli</sup>

## **Affordability Challenges Associated with Moving to Seniors' Residences**

Examinations of preferences of rural seniors in Canada through focus groups have shown that seniors want a continuum of care options to be provided in their communities.<sup>xlii</sup> In addition, as identified in the FPT Report, many seniors in rural areas face having to move to urban settings for more long-term care options, but would prefer if these options were available and accessible to them within their communities.<sup>xliii</sup> Seniors consulted in rural regions expressed a desire for an "intermediate level of housing between independent living and fully assisted care," apartments that vary in sizes within senior building units for those who want more or less space, and new housing to be adapted and accessible to seniors with disabilities.

A spectrum of care and support is needed for seniors – some needing little support, if any, and others requiring support with everyday tasks like bathing, eating, and general mobility. Hence, retirement spaces for those who are healthy and active look much different than housing for those who need more care. Independent retirement living may be as simple as an apartment near amenities within a

community and area where many who are 65 years and older live. Assisted living is independent living in an apartment with some support where meal services for example would be available.

CMHC tracks the market for senior-specific housing with its annual Seniors Housing Survey. In 2020, vacancy rates for units with rents at the lower end of the market were generally lower than vacancy rates overall. These units also made up a low share of total units overall, indicating that low-income seniors may be underserved in the market for seniors' residences (see table). Given low vacancy rates, it is often challenging for rural seniors to find a home that is affordable, suits their current and future needs, and is within their community.

### Vacancy Rates and Share of Total Units in Seniors Residences, 2020

	Less than \$1,500	\$1,500-\$1,999	\$2,000-\$2,499	\$2,500-\$2,999	\$3,000-\$3,499	\$3,500 and more	Average
	<b>Vacancy rate (%)</b>						
<b>ALBERTA</b>	7.7		16	11.7	20.9	16.2	13.8
<b>ATLANTIC REGION</b>	4.3		22.8	13.6	4	5.4	8.6
<b>MANITOBA</b>	0.3	3	1.3	2.1		3.8	2.7
<b>ONTARIO</b>	14.8			11.5	14.2	8.6	10.9
<b>SASKATCHEWAN</b>	6.7	21.4	12.2	18.1	13.8		15
	<b>Share of spaces (%)</b>						
<b>ALBERTA</b>	12.5		15	18.5	16.9	37.1	N/A
<b>ATLANTIC REGION</b>	15.9		23.7	18.5	14.5	27.3	N/A
<b>MANITOBA</b>	8.1	9.5	15.3	21	28.7	17.4	N/A
<b>ONTARIO</b>	13.3			13.6	16.3	56.9	N/A
<b>SASKATCHEWAN</b>	2.1	9.1	18.2	21.2	15.5	33.9	N/A

Source: CMHC's Seniors Housing Survey

\*\* Note: Data for BC and Quebec was published on a different basis

**Vacancy rates for units with rents at the lower end of the market were generally lower than vacancy rates overall. These units also made up a low share of total units overall, indicating that low-income seniors may be underserved in the market for seniors' residences.**

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## Moving to Urban Areas

While the population of seniors is increasing across all geographical regions of Canada, the nature of challenges being faced by seniors in urban and rural areas vary. Approximately 23% of Canadian seniors live in rural areas.<sup>xliv</sup> Rural and urban areas have different characteristics that can support aging in place. One of the comparative advantages of aging in an urban area is that large cities have more housing options, better public transport systems, and health care facilities available in proximity. In rural areas, seniors often must venture outside of their locality for available basic services, particularly health-related needs.<sup>xlv</sup>

Conversely, seniors living in rural areas in the communities they have been in for years, often decades, have the support networks of family and friends to help them age in place. Moreover, rural communities with a larger number of long-term residents are more likely to have social support mechanisms for helping and supporting seniors. Although it may be perceived that rural communities often have better support networks, rural communities with a relatively younger demographic of seniors might not prioritize elder care as much as communities with a larger proportion of seniors.<sup>xlvi</sup> While seniors in rural areas generally prefer staying in their community, they require proximity to urban areas for occasional visits for health purposes or entertainment.<sup>xlvii</sup>

The historical migration patterns of seniors suggest they might avoid aging in large urban centers and there has been post-retirement migration from large metropolitan centers to smaller towns and rural areas.<sup>xlviii</sup> At the same time, encouraging seniors to move to urban areas, particularly metropolitan centers which are already grappling with issues such as high real estate prices and homelessness, can further exacerbate the housing situation in urban areas – in addition to secondary consequences such as increased population density and traffic congestion.

The main barrier of aging in place in rural areas is that seniors might not have the provision of a complete set of services that rural seniors require for aging in place. Retiree migration patterns suggest that retired seniors are more likely to migrate to smaller urban centers and rural areas adjacent to large metropolitan centers. Remote areas without proximity to urban centers are not often preferred for seniors. A potential solution for seniors who want proximity to urban centers will be to encourage the development of senior-specific communities in areas close to cities. Implementing this would enable seniors to live in communities with other elders whilst enjoying the proximity to large urban centers.<sup>xlix</sup>

# ALIGNMENT WITH GOVERNMENT

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# Alignment with Government

Both federal and provincial governments play important roles in housing policy. This section will outline the priorities of the federal government, as well as the current investments by federal and provincial governments.

The coronavirus pandemic has increased the government's priority and focus on care for seniors. At the time of writing, 81% of Canada's COVID-19 deaths occurred in long-term care homes, which has spotlighted the poor conditions of care seniors often experience, both in and out of long-term care homes.<sup>i</sup> In June 2020, Prime Minister Justin Trudeau stated that provinces 'failed to support seniors.'<sup>ii</sup> As a result, the government has floated the idea of bringing in national standards and reopening the Canada Health Act to develop policy infrastructure that better supports seniors. After a troubling study on the conditions of long-term care homes, people will likely expect alternatives for seniors housing as their needs improve; it will become even more unacceptable to expect only two options - allow people to age in place or move into a long-term care home. This will likely yield greater demand for unique ways of providing care as well as alternative housing options, both of which are detailed later in this report.

## Alignment with Federal Government Priorities

The Federal Government has set a mandate to publicly invest in home care, palliative care, and community care. This is led by the Minister of Health and supported by the Minister of Seniors and the Minister of Families, Children, and Social Development, as part of an effort to promote healthy aging.<sup>iii</sup>

The Federal Government has also committed to ensuring seniors' housing needs are reflected in the implementation of the National Housing Strategy. This is led by the Minister of Families, Children, and Social Development and supported by the Minister of Seniors.<sup>liii</sup>

While home care and health typically fall outside of federal jurisdiction, the Federal Government has in recent years proclaimed a commitment to ensuring national investment in home care and end-of-life care. It is therefore timely to consider how this commitment could be leveraged to ensure aging in place for rural seniors that is affordable and suitable.

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## Federal Government Action to Date

The 2015 Liberal Party Platform included a commitment to “prioritize investments in affordable housing and seniors’ facilities, build more new housing units and refurbish old ones.”<sup>liv</sup> The federal government allocated \$2.3 billion over two years in Budget 2016 through the Social Infrastructure Fund. As a part of this funding, \$200.7 million was allocated to supporting affordable housing for seniors.<sup>lv</sup> This improved housing conditions for 6,247 low-income senior households through funding 1,679 projects.<sup>lvi</sup> The number of projects in rural areas is not publicly available.

In November 2017, the Federal Government announced a \$40 billion investment in the National Housing Strategy, launching in April 2020 and concluding in 2028. The commitment includes \$13.17 billion through the National Housing Co-Investment Fund.<sup>lvii</sup> This funding will provide 7,000 new affordable units for seniors and renovations for improved accessibility so seniors can age in place. There is currently no indication of how this funding will be split between urban and rural. The Canada Housing Benefit provides low-income seniors with \$2,500 per year per household.<sup>lviii</sup>

## Provincial and Territorial Action to Date

The Federal Government invested over \$1.9 billion over eight years through the Investment in Affordable Housing (IAH). Through this program, provinces and territories match the federal investment and are accountable for program design and delivery. This program has supported 421,054 households to no longer be in core housing need.

Investments per province are detailed below, with half of the listed amount contributed by the province/territory and half by the federal government.<sup>lix</sup> It is striking that despite the aging of the rural population and the likely underreporting of rural seniors in core housing need based on inadequate measurements, nine of the 13 programs developed by Provinces and Territories completely exclude rural coverage. Whether or not rural areas were covered is noted in brackets and shown on the map below.<sup>lix</sup>

- Newfoundland and Labrador: \$108.9 million (No rural coverage)
- Prince Edward Island: \$23.6 million (Rural coverage)
- Nova Scotia: \$163.3 million (Rural coverage)
- New Brunswick: \$124.8 million (No rural coverage)
- Quebec: \$923.0 million (No rural coverage)
- Ontario: \$1.28 billion (Rural coverage)
- Manitoba: \$165.6 million (No rural coverage)

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- Saskatchewan: \$147.0 million (No rural coverage)
  - Alberta: \$323.0 million (No rural coverage)
  - British Columbia: \$480.3 million (No rural coverage)
  - Northwest Territories: \$31.4 million (No rural coverage)
  - Yukon Territory: \$25.2 million (Rural coverage)
  - Nunavut: \$23.4 million (Rural coverage)



*Regions of Canada with designated rural coverage through Investment in Affordable (IAH)  
(shown in blue)*

# LOOKING ABROAD

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# Looking Abroad

## Finland

### Similarities to Canada

Finland, like Canada, has a rapidly aging population with seniors living longer than in the past, and with the OECD data demonstrating similar projected trajectories for the senior population in both countries.<sup>lxi</sup> Canada and Finland both have declining birth rates, which means fewer young working people are responsible for taking care of many older people. It is estimated that by 2030, 26% of Finland's population will be age 65 and older.<sup>lxii</sup> Similarly, in Canada, it is projected that by 2036, 25% of the population will be seniors.<sup>lxiii</sup> According to the 2015 United Nations Working Group on Ageing report, Finland and Canada currently have very similar percentages of rural senior populations, with just under 25% of the total senior population living in rural communities.<sup>lxiv</sup> Finland will have to grapple with at least a quarter of its population becoming seniors six years earlier than Canada, and as two democratically governed developed nations with strong social programs and desires to help the vulnerable, Canada should examine the infrastructure and programs for senior housing Finland is testing and follow their success rate over time to obtain insight on successful and viable policy options.

### Finland's Model

Over the past few decades, there has been a rise in housing projects initiated by seniors in Finland. The focus of these projects has been an interest in more communal living.

The first design is called *Aktiivikoti* which aims to provide reduced rent apartments for seniors built to be adjustable to different levels of ability. Features include “modern appliances, fire alarms, easy-to-use secure locks and intercoms, spatial design suitable for people with impaired mobility, good sound insulation, lifts with automatic doors, and outdoor areas that are easy and safe to move around.”<sup>lxv</sup> <sup>lxvi</sup> The design goal is to encourage long term independent living for seniors.

The second design is *Virkkula*, which are senior villages, each with different degrees of assistance and health care depending on the needs of seniors at different stages and/or abilities. This housing style is specifically meant for rural living seniors and therefore can be adaptable and useful to the Canadian rural senior context. This aims to develop a village-like community with healthcare and other services built within that community to cater to their needs. Villages are being built within small towns across the country and are designed with the needed services built within them or at least within geographical reach for those services to arrive to them on demand. The vision for the project is to have

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approximately forty houses, centred around amenities and a larger assisted living unit, available to all residents. In this model, everyone has their own small house, which mirrors the kind of rural living seniors are familiar with. This arrangement houses different categories of seniors including independent living, housing with services on demand, and assisted living at home, with those who need more intense assistance living in the group home centered in the middle of the more independent forms of housing.<sup>lxvii</sup> This design fits into the idea of aging in community and is one of the primary reasons this living arrangement has been designed and piloted in rural settings for those who want to age within the communities they already live in.<sup>lxviii</sup> This kind of housing strategy provides a continuum of care and therefore within one village covers housing models which provide for what Canadians would consider independent living (single/co-housing, home care support), semi-independent (co-housing, independent suites, senior-specific independent housing) and long-term care and major support (institutional residential living and more intensive care).

The third design is called *Ars Longa*, and its focus is to create a community of similar interests, therefore, it categorizes and houses together and close by, seniors who have similar professions.<sup>lxix</sup> <sup>lxx</sup> The aim is to develop a supportive community of like-minded people to exchange ideas and build a sense of connection and belonging. The design of these buildings generally consists of separate apartments, with extensive common area spaces designated for activities that cater to a specific senior group's interests. This type of housing has some similarities to Canada's retirement community model.

The fourth design is *Loppukiri*, which is a communal housing space where more able-bodied seniors independently live, but within infrastructure that supports a strong sense of community. *Loppukiri* communities consist of apartments that are each individually modified to fit the needs and desires of seniors. These buildings include common areas that feature a collective kitchen, dining room, laundry room, library, gym, saunas, entertainment areas, that could be shared and is a place of intersection and interaction to create community.<sup>lxxi</sup> This type of housing, like *Ars Longa*, is somewhat similar to Canada's retirement community model.

In *Ars Longa* and *Loppukiri* models, seniors are involved in design decisions particularly important attributes they want in their homes. This means residents have more control and leverage in decisions made in this process than in regular housing units.<sup>lxxii</sup> Resident initiated housing, particularly in the cases of the *Ars Longa* and *Loppukiri* designs that are more senior and resident driven versus producer driven, demonstrates the importance of a bottom up approach and having seniors in the design process of these communities, which is a particularly useful lesson to carry forward when looking at rural senior housing in Canada. The focus of these housing designs is to empower seniors by implementing a participatory design that is centered on user needs and experiences, helping accommodate the ability and disability needs of seniors who are at different levels of the independent and semi-independent living continuum.<sup>lxxiii</sup> Cohousing and living in spaces with collective common areas creates an

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environment that is different from independent living where chores, meals and leisure activities can be shared.<sup>lxxiv</sup> The design is intentional and purposeful to ensure not just a rise of formal but informal activities and engagements between one another.<sup>lxxv</sup> This provides a safe, age-friendly living context, with extra care available when needed.

### **Finnish Government Support**

Finland established the Finnish Social Care Act in 2014, obliging municipalities around the country to provide housing and care for seniors who need it. They are responsible for funding care services such as nursing and help with tasks like laundry and hygiene for seniors. Municipalities can determine which service providers and services to purchase for seniors or give seniors service vouchers, which in Finland help citizens get access to more social and health care services. Between 2013 and 2017, the government developed and implemented a “Housing Development Programme” for the elderly.<sup>lxxvi</sup> It focused on strategies to help seniors age at home first. It then looked at alternative housing in community, which involved the government looking at land use planning including the Finnish Land Use and Building Act directing the planning and creation of age friendly environments. This land use planning and zoning system allows national guidelines to direct regional plans on local land use. There are not explicit guidelines from the national level around senior home alternatives and therefore much of this planning remains under municipal jurisdiction. The Housing Finance and Development Centre of Finland issues grants and interest subsidy loans for developers to increase the construction of senior rental housing. Retirement villages like *Virkkulankylä* are funded through these grants and loans. The construction of *Virkkulankylä* specifically involves small Finnish property development companies with established partnerships with various municipalities to build this senior housing model within their communities.<sup>lxxvii lxxviii</sup>

The Finnish central government supports private and social housing through state subsidies for constructing rentals, interest subsidy loans for housing companies, and housing subsidies for rent for low income residents. The government offers subsidies for housing and guarantees loans which goes to companies owned by municipalities and non-profit housing organizations that construct a variety of housing models in Finland. MuniFin is a large credit organization in Finland and it is the primary operator for Finland’s Public Housing, offering non-profit housing and municipal housing companies the ability to build housing options including for seniors through their financing.<sup>lxxix</sup>

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## Netherlands

### Similarities to Canada

Like Canada, Netherlands is also an OECD country with an aging population, although they represent one of the younger demographics in western Europe. Currently, around 16% of the population is aged 65 or above.<sup>lxxx</sup> Much of the research done in the Netherlands on senior aging preferences reveals similar outcomes to Canada i.e. seniors prefer living in a community and want to avoid isolation. Seniors in rural areas are more likely to have strong attachments to their dwelling as compared to urban inhabitants.<sup>lxxxi</sup> As such, 95% of Dutch seniors live independently, while community-based and volunteer support for the elderly remains quite common.

Compared to Canada, the Netherlands is a much smaller country with a very urbanized population living in an extremely dense region. Moreover, the governmental-policy in Netherlands has been to support aging in place with a health-based approach. The initiatives for elderly care and aging in place remain much more institutionalized, as it has been pursued as a policy by the Dutch government since the 1980s and formal legislation has been passed in this regard. Moreover, the non-profit sector remains quite active in providing housing and nursing care to seniors. Buurtzorg, an organization responsible for providing nursing care to the elderly has become a global model for providing nursing care at home. Moreover, the Dutch elderly are well-organized with elderly associations active in advocating for policies tailored for elderly care.

### The Netherlands' Model

The policy approach by the Dutch government has used a gerontological perspective with service integration i.e. integration of housing, healthcare, and social/communal support. The mandate for elderly care falls within the mandate of Health, Welfare and Sport. Therefore, it is approached more from a health-based lens than an affordability one. The current Dutch policy is to ensure independent living for as long as possible. Individual municipalities are responsible for ensuring that both the healthcare and social needs of the elderly are met. Elderly care in Netherlands is covered under the Health Care Insurance Act and the Long-term Care Act. The Health Care Insurance Act allows for mandatory health insurance which is obtained through the payment of premiums to private insurers while the Long-Term Care Act provides for care for people with a serious physical or mental illness that needs constant supervision and assistance. The Health Care Insurance Act ensures that the services of district nurses are available for the elderly who provide at home assistance with both healthcare and personal assistance needs. The social inclusion of the elderly is further supported by the Social Support Act, which mandates the Dutch municipalities to ensure the communal participation of citizens. The Dutch government is also supporting research on the utilization of technology to support aging in place.

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Numerous initiatives on aging in place have been carried out by non-profit organizations, while currently the government is encouraging private sector to step in and support aging in place. One of the primary initiatives in the Netherlands was Apartments for Life, which was initiated by a non-profit organization called Humanitas. People aged 55 and above are eligible for accommodation in these units with nursing care provided. Seniors live in the same apartment for the entire duration of their residence, which is suited for senior needs while the focus is on the independence and autonomy of the seniors. With aging and assisted healthcare needs, care is provided to the seniors in the same unit, allowing them to remain in the same residential units. It thus reduces the requirement for a senior to move to another facility even with aging and passing away of the spouse. Governmental assistance is provided through subsidized rent and health care. The closest Canadian equivalent is the life-lease units for seniors.

Another popular initiative is co-housing projects. Co-housing has been practiced in the Dutch housing market since the 1960s however, since the 1980s, it has become more popular for seniors housing. In co-housing, while seniors have their own unit, there are shared communal spaces to encourage social participation and reduce social isolation among the elderly. Research has revealed that such initiatives increase social well-being. The units in co-housing projects are usually a mix of rental and owned housing with subsidies offered by the municipal governments to attract more citizens to live in these dwellings.

### **Dutch Government Support**

In the Netherlands, the law necessitates municipalities ensure the participation of elderly in social activities. Moreover, the Health Insurance and Social Support legislation allows for provision of health care at home and assistance with day-to-day chores, which legally requires support activities related to aging in place.

Historically, Dutch government subsidized housing associations for constructing social housing for low-income groups and subsidized the creation of energy-efficient housing, which were the main mechanisms for the public funding of co-housing. However, the Dutch government no-longer directly subsidizes housing associations and is instead encouraging private investors to acquire land and build customized houses.

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## United States

### Similarities to Canada

The United States of America directly neighbours Canada and has similar socio-economic demographics. Seniors represent close to 25% of the American population and their share in the national populace is expected to increase further in the coming decades.<sup>lxxxii</sup> While sharing cultural similarities, the political system of both countries varies significantly with less intervention from the U.S. government in healthcare and housing.

The American population is aging, especially as the Baby Boomer generation ages. Much like in Canada and Europe, American seniors prefer to age in place rather than moving to long-term care homes. Most American seniors are homeowners, with seniors being the age group with highest homeownership at 78.5%. The mobility rate for seniors remains lower than national average and surveys suggest that seniors have a preference to stay in their current dwelling. Around half of American seniors live in either low density or rural areas.<sup>lxxxiii</sup>

### United States' Model

Legislatively, multiple laws support aging in place. The Older Americans Act of 1965 accounts for protection of elder rights, nutritional care, and community participation. The Act paved the way for the creation of Administration on Aging which is the main modality for the implementation of the Act and provides funding for elderly care facilities. The Act is mainly geared towards nutritional and elderly care aspects of aging in place and the Administration on Aging is placed under the Department of Health and Human Services. Since 1977, the United States has had a permanent Senate Committee on Aging, which mainly serves as an oversight committee on different legislation pertaining to the elderly.

The second piece of legislation is the Housing for Older Persons Act, which amends the Fair Housing Act to allow for the creation of age-restricted housing communities. To qualify for housing in these communities, at least one member of the household must be age 55 or older. In the last two decades, this type of housing has seen growth and senior-only residences constituted an increasing number of new housing units. A proposed legislation for allowing seniors credit on housing modifications remains pending in the Congress. Home modification programs for seniors remain sporadic and uncoordinated with limited programs at state and local levels providing funds and grants for home modification.

Currently, European style communal dwellings have seen an increase in usage albeit a small percentage of senior population utilize such facilities. Usually, these facilities have an independent housing unit for seniors with home care and transportation services provided for carrying out their daily activities. The

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most similar Canadian retirement model is the seniors retirement home. Another emerging trend is the creation of associations of elderly which provide health and social care services to the seniors at home. While some of these organizations are fee-based, some are tailored specifically towards low-income seniors.

Recently, Johns Hopkins University launched an innovative program that combines the health and housing aspects of aging and supports low-income seniors. The basic tenets of the program are to provide home repair services and healthcare at home to low-income seniors. After initially being rolled out in Baltimore, the program is being expanded to initiate Medicare funded pilot programs in Michigan. Evaluations of the program conducted so far suggest that support provided through the program improves the quality of life of seniors and decreases utilization of hospital resources.<sup>lxxxiv</sup> At the same time, state and local governments are encouraging the use of universal design in the construction of new housing units. The state of Vermont has embarked upon the Support and Services at Home (SASH) program that brings together health providers, non-profit housing organizations and social service agencies on the same program to provide integrative support to the elderly towards aging in place.

### **American Government Support**

The Older Americans Act and Medicare support aging in place through provision of health and community-based services. The Department for Housing and Urban Development provides financial assistance for developing supportive housing for low-income seniors. At the same time, various states and municipalities have aging in place programs of their own. However, there no large-scale federal strategy to address this issue.

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# Denmark

## Similarities to Canada

Denmark and Canada share many similarities, including a growing aging population, longer life-expectancy, and a priority on quality of life. In Denmark, 18.6% of the population is over 65, and adults over 80 years old are the fastest growing segment of the population.<sup>lxxxv</sup>

While there are some similarities, the two countries have some relevant differences that must be considered before adopting policies. Denmark has a smaller rural population, with 12.13% living in rural communities compared to 18.59% in Canada.<sup>lxxxvi lxxxvii</sup> As a much smaller country with greater population density, seniors living in Denmark are generally not as far from community supports and major health centres. Additionally, Denmark has an efficient and affordable public transportation system, which allows seniors to commute from their rural dwelling into cities, facilitating their sense of community and ability to access necessities.<sup>lxxxviii</sup> As a country with lower disparity, affordable housing has been a less pervasive issue.

## Denmark's Model

In the 1980s, Denmark had an ideological shift, focusing on the important value of seniors to society and working towards “adding life to remaining years, rather than adding years to remaining life.”<sup>lxxxix</sup> This reframed policies to take a lens of encouraging and enabling seniors to participate in daily community life.<sup>xc</sup> It led to more seniors aging in place, rather than in long-term care facilities.<sup>xcii</sup> Care for the elderly is now provided in-home, rather than offered primarily at care facilities.<sup>xcii</sup> Seniors receive funding to modify their homes to be accessible and receive government-funding home and community-based care. As a result, very few long-term care homes have been built since the 1980s.<sup>xciii</sup>

Denmark prioritizes support for the health of seniors to enable them to age in place. The health care system strengthened the homecare provided, institutionalizing prevention as a part of seniors' health care. For instance, all Danes receive a letter at age 75 offering a home visit by a nurse. The Home Prevention Act also mandates bi-annual home visits, regardless of the needs and health level of the senior. These are largely used to connect seniors with services and increase awareness of available supports.<sup>xciv</sup> The Danish health system uses geriatric assessments to develop discharge plans that focus on dignity, self-governance, and safety and security, using a preventative model of care. These initiatives have allowed people to age in place with greater health, thereby allowing them to stay in their homes for longer.<sup>xcv</sup>

Denmark also employs alternative housing to solve problems of social isolation and rapidly declining health. Central to Denmark's strategy has been the increase of co-housing communities, many of which are in rural communities (see map). These are generally communities of approximately 25 to 30 units housing around 100 people. Families and community members share common areas, often cook meals together, and operate as a large extended family. Seniors often cite the intergenerational nature of these communities as important to their health, well-being, and desire to feel valued. This helps decrease social isolation and has been shown to improve health outcomes, while still enabling rural living and aging in place. Some co-housing is developed to be affordable, while other properties are similar in cost to average dwellings.



*Map of geographical distribution of Danish intergenerational cohousing communities, showing that most co-housing developments are in rural (not urban or remote) regions.*

The major changes Denmark has made in the last several decades have led to self-reported increases in quality of life, lower home support and home care expenditure, and lower demand for long-term care institutions.<sup>xcvi</sup>

### **Danish Government Support**

The Danish government has supported co-housing through guaranteed loans and legislation. The 1981 Cooperative Housing Association Law made it easier and less expensive to finance co-housing. Most co-housing communities are now subsidized through the government as limited equity cooperatives financed with government-sponsored loans.<sup>xcvii</sup> In some cases, governments have been the financial beneficiaries of this model, largely through improved health outcomes.<sup>xcviii</sup>

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## France

### Similarities to Canada

Like Canada, France is an OECD country with an aging population. Canada's population, however, is far more dispersed than France's. Canada's landmass is nearly 2,000 times larger than France's, although Canada's population is half that of France's.<sup>xcix c</sup> Both countries have similar public spending patterns on health services for seniors. According to data compiled by the OECD, spending on long-term care institutions as a share of GDP outstrips spending on home care by a factor of 4.5 in Canada and by a factor of 2.6 in France.<sup>ci</sup> Both countries also have postal services that have struggled to maintain regular service to all communities as mail volumes have fallen.

### France's Model

Despite its limited spending on home care, France is the site of an innovation in policy to support aging in place that has been adopted in countries from the United Kingdom to South Korea and the Channel Islands.<sup>cii</sup> Social isolation has direct, well-studied effects on the health and well-being of seniors. These impacts, which range from higher incidences of falls to faster progression of cognitive decline, can all undermine senior's ability to complete IADL and live in private residences.<sup>ciii</sup>

La Poste, the French postal service, has created a program, Veiller Sur Mes Parents (VSMP), where postal workers regularly check in on seniors across the country multiple times per week for a small subscription fee. Postal workers generally stay for a visit under 20 minutes and sign a tablet to confirm to family members or carers that the senior client they visited with was in good health. The postal worker can also easily communicate with family members or carers who may be far away about whether their senior relative needs help with groceries or other requirements.<sup>civ</sup> The service has 7,500 seniors enrolled across the country and has earned revenue to help La Poste continue fulfil its mandate of providing door-to-door mail delivery across France.<sup>cv</sup>

### French Government Support

La Poste was partially privatized in 2010, but its mandate to provide door-to-door mail delivery across France was unchanged. La Poste views VSPM as a component of expanding its services to access new revenue streams while maintaining the infrastructure required to maintain mail delivery.<sup>cvi</sup>

# THEORY OF CHANGE

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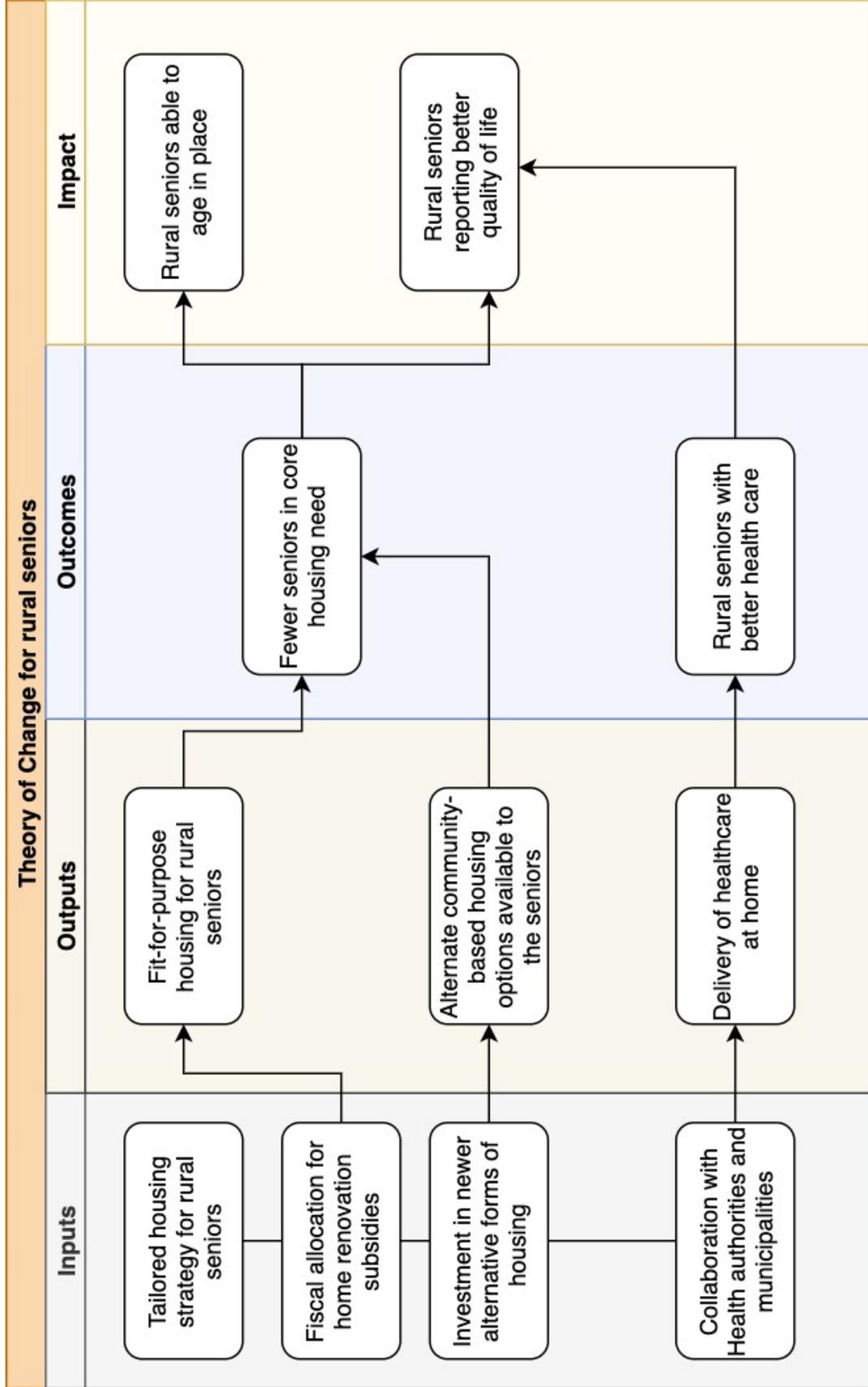
# Theory of Change

Seniors represent an important demographic in Canadian society and their share in the Canadian population is expected to rise over the coming years. The primary needs of rural seniors to age in place have been identified around healthcare and proper housing. The lack of affordable and convenient housing and healthcare options for the low- and middle-income rural seniors hampers their quality of life and ability to age in the dwelling and community of their choice. We have identified a dearth of policy initiatives aimed at this particular group which leaves a key portion of society lacking options to maintain their standard of living, as their health and ability to work deteriorates with age.

By tackling this issue with a multi-pronged solution, the quality of life of low- and middle-income rural seniors can be improved. The eventual aim of this proposal is to improve quality of life for rural seniors and to increase their ability to age in place. Through a tailored strategy containing monetary incentives and collaboration with relevant authorities, the gap impacting seniors housing decisions can be removed which can enable them to stay in their preferred choice of dwelling for a longer period.

The housing decisions of low-income seniors are compounded by mainly two imperatives: (1) the lack of fiscal resources to remodel and re-purpose their house, and (2) the lack of affordable housing options. By offering financial incentives for home renovations and supporting the creation of community-based options, rural seniors in core housing need can be supported. Moreover, they can have the financial liberty of renovating their home or moving to a community-based dwelling where they can preserve their autonomy and independence. Furthermore, seniors identify social isolation as one of their concerns which can be effectively dealt with in a communal housing arrangement. By supporting rural seniors in meeting their core housing requirements, their ability to age in preferred place can be strengthened, which will also improve their quality of life.

Another factor impacting the lives of rural seniors is the provision of healthcare and social services at home. As seniors age and their mobility declines, their health and social isolation issues can be further exacerbated. Through collaboration with municipal authorities, Health Canada, and Canada Post, a combination of home support initiatives can be launched including check-ins by postal workers and home visits by physicians. These measures can improve both the physical and mental health of rural seniors and will thus eventually improve their quality of life.



# RECOMMENDATIONS

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# Recommendations

The recommendations below provide a suite of policy options which vary significantly regarding the time required to implement and the cost.

An overview of the recommendations and their intended impact is as follows:

<b>Collect and Disseminate Data</b> <ul style="list-style-type: none"><li>• Enable informed policy decisions</li><li>• Encourage private development</li></ul>	<b>Promote Health</b> <ul style="list-style-type: none"><li>• Increase the duration for which people can age in place</li></ul>	<b>Supportive Adequacy of Housing</b> <ul style="list-style-type: none"><li>• Ensure homes can be modified to meet seniors' needs as they age</li></ul>	<b>Invest in Alternative Housing Options</b> <ul style="list-style-type: none"><li>• Invest in additional senior-appropriate housing to mitigate shortage and rising prices</li></ul>
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## Collect and Disseminate Data

### Recommendation

#### Collect and disseminate more information on rural senior's housing needs

There is limited information on the housing needs of rural seniors aging in private residences.<sup>cvi</sup> This may prevent policymakers from designing and implementing ideal interventions to help them age comfortably. Developers also require an improved understanding of the needs and preferences of rural seniors to inform new projects in rural communities.

Although CMHC collects information on units in all retirement residences across Canada in the *Seniors Housing Survey (SHS)*, the way that data is published makes it difficult to understand differences in seniors' residences between regions. CMHC recently began making SHS data available to download in .xlsx tables as well as PDF reports, but policymakers and developers may appreciate the flexibility of being able to create tables with custom fields.

#### ***Sub-recommendation 1A***

**Partner with Statistics Canada to develop a survey of rural seniors aging in private residences about their housing needs. The survey can be designed with input from policymakers and housing developers.**

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## Objective

This recommendation intends to improve policymakers' understanding of the challenges seniors in rural areas face as they age, in order to design better policy interventions. It also aspires to improve developers' understanding of rural seniors' preferences to facilitate market research for new developments.

## Overview

Policymakers currently have inadequate data when developing policies to support seniors aging in place.<sup>cviii</sup> This presents challenges for identifying the issues seniors are facing and for measuring the impact of policies. For example, if there is evidence that grants for small renovations that allow for greater access with mobility devices programs are underutilized, policymakers may believe that action should be taken to increase awareness among rural seniors in private residences about their eligibility for these grants. However, if the home support services that allow seniors to age in place are not available in rural regions, providing funding for home renovations may not be an appropriately targeted solution. Policymakers need to consider solutions for aging populations in rural areas holistically, and without more data this is extremely challenging.

Similarly, savvy developers may have a sense of the demand for seniors' developments in rural areas. However, they may be reluctant to propose projects in low-density areas out of concern that the details of the project would not appeal to enough seniors in a region to be viable, or out of uncertainty about how far from their private residences seniors might be willing to relocate. CMHC's Housing in Canada Online (HiCO) tables use data from the census to describe how much, on average, households in a region spend on shelter costs and understand how many are in core housing need. For seniors in rural areas, however, accessing home supports may be a major expenditure and an important part of the equation when considering whether to relocate to a more supportive environment.

Partnering with Statistics Canada to learn about the current needs of seniors in private residences and their preferences in a seniors' residence would help both policymakers and developers.<sup>cix</sup> The project would be completed by Statistics Canada on a cost-basis. As described, low- and middle-income seniors have the fewest options both for aging in place and moving to seniors' residences. If necessary, Statistics Canada would be able to sample primarily from this population to help policymakers and developers alike better understand what they require.

Some specific questions to address could include:

1. How much does the respondent currently spend each month on home support services?
2. Are all home support services required consistently available?
3. Are modifications or renovations required to make the residence safer?

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4. What factors would incentivise respondents to relocate to seniors' residences? Options for this question could draw from the literature on the "push"/ "pull" factors associated with seniors' decisions to private residences and can be refined by consulting with developers.<sup>cx</sup>
  5. How far from a private residence would rural seniors be willing to relocate to a senior's residence?
  6. What factors make a community an appealing location for a senior's residence? Options for this question could draw from studies that examine the factors that make communities hospitable for seniors, such as the World Health Organization's Age Friendly Cities Guide.<sup>cx</sup>

## Cost

Statistics Canada would complete the survey for CMHC on a cost-recovery basis. This service includes everything from survey design to analyzing results to determine whether findings are statistically significant.

## Measuring Success

If well-designed, the survey results should inform policy decisions and provide reassurance to developers that there will be sufficient demand to make new seniors' residences in rural areas viable.

## ***Sub-recommendation 1B***

**Consider other methods for disseminating the data from Seniors Housing Survey (SHS), publish data from SHS disaggregated for urban and rural regions, and consult with developers to understand whether new questions should be added.**

## Objective

Developers will be able to use the information to enhance their understanding of the market for seniors' residences, supporting proposals for building new residences in rural communities and encouraging investment.

## Overview

The Annual Seniors Housing Survey (SHS) describes the attributes of all units in seniors' residences across Canada. Data from the survey is currently published in reports and excel tables. Many of these tables are relevant market research tools for developers, including tables that describe the share of the senior population in seniors' residences for a given area and tables which display vacancy rates. For example, retirement residences in Northern Ontario outside of Sudbury and Thunder Bay had the lowest share of seniors in the region in retirement residences in the province in 2020, at 2.9% of the total senior population compared to the provincial average of 6%. The average vacancy rates across all rent ranges in Northern Ontario, however, were comparable to averages in the province overall, which could indicate that despite the high share of seniors aging in place in the region there is limited demand for new developments.<sup>cxii</sup>

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CMHC recently made tables from the SHS available in excel files, which should provide users with more flexibility to compare data from different tables. Downloads of these new tables should be closely monitored. If the new excel tables are accessed frequently, CMHC should consider putting data from the SHS in a tool similar to the Housing in Canada Online (HiCO) browser.

The data from the SHS is a census, similar to the data about households in the HiCO browser. As it covers all units in seniors' residences across Canada, it can in theory be put in a tool like the HiCO browser that lets users examine trends in housing need over time and create custom tables. Custom tables would make it easier for developers to, for example, easily identify regions where there is a high proportion of seniors aging in private residences and low vacancy rates in seniors' residences. This pattern could indicate unmet demand for seniors' residences.

To create recommendations about how to increase investment in rural areas, observers might also benefit from being able to easily create profiles of all seniors' residences outside of CMAs and CAs. Developers may also be interested in this information. It is currently challenging for data users outside of CMHC to see whether seniors' residences are common in rural areas, which is potentially a significant share of total units. British Columbia is the only province where there is detail on the provincial tables about seniors' residences in centers with less than 50,000 inhabitants, and the data demonstrates that 20% of all units are in these low-density areas.<sup>cxiii</sup> Interesting issues to examine could include how the average size of seniors' residences in urban and rural areas compares, and whether vacancy rates are typically higher in urban or rural areas across rent ranges.

CMHC should include data disaggregated by urban and rural areas in its provincial SHS excel tables. Finally, CMHC should consult with developers and stakeholders about whether more detail, about, for example, features of a given residence should be added to the SHS.

## **Cost**

Costs associated with changing the dissemination of data may be contained by using the same infrastructure as the Housing in Canada Online tool.

## **Measuring Success**

Records suggesting that new SHS data tables and provincial SHS excel tables data are being downloaded would indicate that users believe that this format is a useful complement to reports. If data is made available in another format, policymakers citing new numbers about, for example, growth rates in the number of units and how these compare with aging populations in specific regions would signal that increased flexibility is appreciated.

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Longer-term, developers citing data from the survey in proposals for seniors' residences and applications for mortgage loan insurance would indicate that better data is associated with more investment.

These recommendations do not address a lack of supports for aging in place or the supply of affordable residences for seniors directly. Both may, however, have outsized effects relative to initial investment if they help policy makers understand the needs of rural seniors or help catalyze the development of rural seniors' residences.

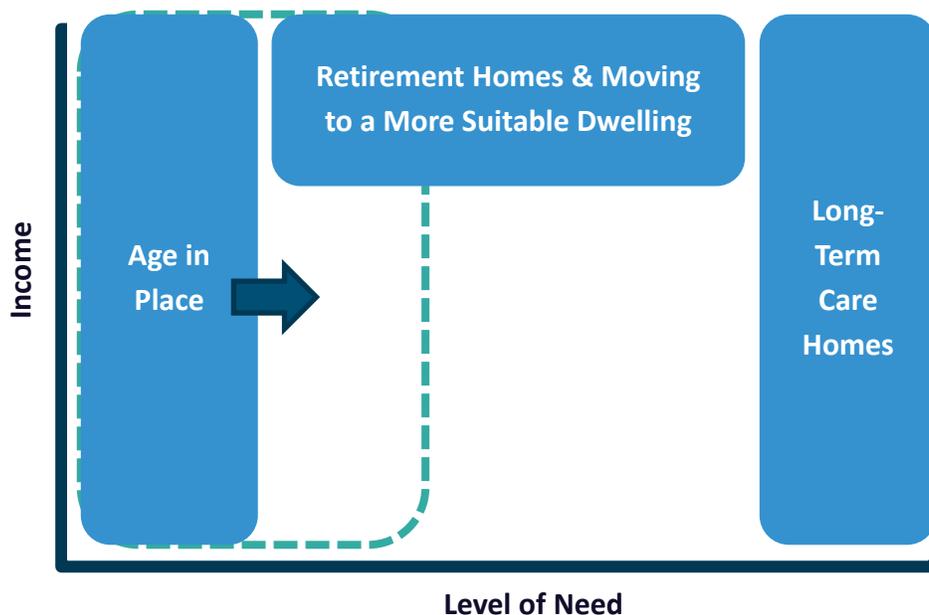
## Promote Health

### Recommendation

**Promote the health and well-being of seniors, enabling them to age in place through collaboration with organizations that can provide in-home services**

Although enhancing quality of life and well-being is a key component of allowing seniors to age comfortably in place, solutions in this area are not within CMHC's sole jurisdiction, but rather, require a partnership with the Department of Health. Observers such as the National Seniors Council and the FPT Report have noted, however, that innovative, collaborative solutions to problems associated with declining health and aging in place will be required as Canada's population ages.<sup>cxiv cxv</sup> In practice, partnering with different levels of government will be essential.

Because Canada's rural population is so widely dispersed, solutions presented in this section are aspirational. They also speak to the complexity, from a policy perspective, of facilitating aging in place for rural seniors.



*Promoting health will extend the duration seniors can age in place*

### **Sub-Recommendation 2A**

**Partner with Canada Post to create a program where postal workers check in with rural seniors for social visits.**

### **Objective**

Improve seniors’ ability to remain healthy in private residences by leveraging an existing service to combat social isolation. As some of the essential infrastructure to pilot this program already exists, it should be relatively straightforward and affordable to pilot in urban areas, where seniors aging in private residences may also struggle with deteriorating health associated with social isolation. If successful, the program could be scalable to reach some rural areas that currently receive mail delivery.

### **Overview**

Home supports are an essential component of enhancing seniors’ ability to age in place. Core community supports include companionship programs, which is important because of the social isolation seniors often experience. As described, these services are generally very expensive or completely unavailable for rural seniors.<sup>cxvi</sup>

The National Seniors Council of Canada produced a report on how social isolation impacts seniors after extensive research and consultation with seniors, academics, and community organizations. Social isolation is a major problem for seniors, with over 50% of all people over the age of 80 reporting feelings

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of loneliness. An online questionnaire completed by stakeholders demonstrated that living in rural areas, limited mobility, and living alone are all associated with social isolation among seniors.<sup>cxvii</sup>

**Programs that decrease isolation may increase overall health, which is a crucial determinant of whether seniors can age in place.**

Social isolation has a direct, well-studied impact on overall health, and social isolation impacts both physical and cognitive health for seniors. Social isolation is associated with a higher likelihood of falls and is also a predictor of mortality from coronary heart disease and stroke. Some studies demonstrate that seniors who are socially isolated may be up to five times more likely than less isolated seniors to be hospitalized.<sup>cxviii</sup> Social isolation is also associated with higher levels of depression and the progression of dementia, which may interfere with the ability to live independently. Further, prolonged isolation may cause social skills to atrophy, which manifests as anxiety and discomfort around others. A transition to a retirement community may be particularly daunting for rural seniors who have been without consistent social contact.<sup>cxix</sup> Deteriorating health inevitably leads to greater difficulty with completing IADL. However, companionship services are not part of the home care services that provinces are obliged under the Canada Health Act to attempt to deliver to all seniors.<sup>cxx</sup>

The final key finding of FPT Report is “finding efficiencies in design and delivery of services to ensure that all older adults are empowered to age in place”. This is particularly important in rural communities because most home support services are provided by community organizations and are therefore not standardized nationally or provincially.<sup>cxxi</sup> Canada can experiment with a program similar to France’s VSMP, where postal workers check in with seniors for social visits in exchange for a modest subscription fee. The model should be rolled out in urban areas where the postal service continues to offer door-to-door delivery.

The Liberal government elected in 2015 has, for the time being, stopped the transition toward community mailboxes, where household mail is delivered to a central location. It also created an independent task force to study the financial challenges faced by Canada Post in the “Digital Age” now that more Canadians than ever pay bills and conduct business online.<sup>cxxii</sup> The task force found that Canada Post faced significant financial challenges, but 92% of Canadians were resistant to changes that would affect mail service to those with mobility challenges. Canada Post currently accepts doctors’ notes from Canadians with chronic conditions or mobility issues that prevent them from regularly accessing community mailboxes.<sup>cxxiii</sup> Most stakeholders consulted would favor alternate day delivery, which Canada Post’s charter does not currently support, if it meant more door-to-door service. The task force also found that postal unions were in favor of assuming greater responsibilities such as visiting with seniors.<sup>cxxiv</sup>

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## Cost

As described, other countries have experimented with similar programs and discovered that it is viable to have postal workers check in with seniors a few times a week for a moderate fee, because the infrastructure to do so (labour force and vehicles) exists and is underutilized.<sup>cxxv</sup>

Canada Post currently only delivers door-to-door to approximately a quarter of Canadian households, with another quarter receiving mail at a centralized point such as a lockbox in the lobby of a multi-unit building. Only 4% of addresses serviced by Canada Post currently are rural mailboxes (described as mailboxes at the end of laneways). A more common delivery model for rural areas is delivery to post offices directly, with 11% of total addresses serviced this way.<sup>cxxvi</sup> Therefore, allowing rural seniors to subscribe to a service that allows them to visit socially with postal workers would be more expensive than in other countries that have experimented with this model.

## Measuring Success

This service should be piloted in the 50% of areas currently receiving door-to-door mail delivery and buildings receiving mail delivery to central lockboxes. Unveiling the service in select areas and publicizing it should result in seniors and their families subscribing.

An interview with senior subscribers should describe their “baseline” of social support and perceptions about whether they feel loneliness. After the service has operated for a year, follow-up interviews can assess whether seniors were satisfied. From there, it may be possible to expand the service to some rural areas that are currently serviced by Canada Post.

## ***Sub-Recommendation 2B***

**Encourage provincial health ministries to transition to a model of health care that emphasizes home care, rather than appointments at health facilities.**

## Objective

Improve seniors’ ability to remain healthy in private residences by improving rural seniors’ access to health care services.

## Overview

A 2017 survey by the Commonwealth Fund and the Canadian Institute for Health Information (CIHI) found that 6% of seniors currently receive home care services, which, in their classification, are all publicly funded services seniors receive in private residences. These can be either nursing or medical services provided by professionals or help with IADL or ADL.

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Among seniors receiving in-home services in Canada, 86% reported that services received helped them age in place. However, 3% of seniors felt that they needed home services but did not receive them. Of seniors not receiving the publicly funded support at home they required, 52% were not receiving home supports, and 29% were not receiving home care.<sup>cxxvii</sup>

The survey covered both urban and rural areas, but data was not disaggregated according to location. It is possible, therefore, that a greater proportion of rural seniors have difficulty accessing home care services. Slightly over half of seniors surveyed were aged 65 to 74, and among older seniors' unmet demand for in-home services may also be greater.<sup>cxxviii</sup>

Home care services are funded by provinces and are more consistently available than home supports. All provinces currently have some form of home care provided through insurance that reaches rural seniors, although wait times for appointments may be longer for those in rural communities.<sup>cxxix</sup> In Alberta, for example, rural seniors can receive health services in their homes through the Home Care Services program. These services may include regular check-ups, treatments, or procedures. The Community Paramedicine Program in British Columbia, meanwhile, is specifically designed to provide health services in-home for those with chronic health conditions in rural and remote communities.<sup>cxxx</sup>

However, no Canadian provinces or territories have a home care model as extensive as Denmark's, where the government has prioritized providing seniors preventative health care in their homes rather than in central facilities. This has contributed to very few long-term care homes being built since the 1980s. In Denmark, outreach efforts inform all citizens that they are entitled to home visits by nurses after age 75, and legislation guarantees that every two years, seniors receive a full physical check-up in-home.<sup>cxxxi</sup>

The model of relying less on centralized facilities to provide care and emphasizing prevention of negative health outcomes would be beneficial for rural seniors for whom driving long distances is challenging, particularly if they are experiencing health setbacks. Denmark's experience suggests there may also be also tangible financial benefits for governments in rethinking service delivery to focus on prevention and maintaining health, which will be realized by provinces over time.<sup>cxxxii</sup> By educating provincial governments about the benefits of the Danish model for an aging population and encouraging them to enhance their capacity to provide care in-home, more rural seniors could age at home affordably.

A major development that could complicate a transition to more home health care is that there is evidence that the COVID-19 pandemic may accelerate a transition to a virtual, or "telehealth" model for health care delivery, where health care professionals check-in with patients via videoconferencing

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or phone calls.<sup>cxxxiii</sup> A study of Ontario’s telemedicine program demonstrates that this model is already more commonly used in rural areas, particularly in the north of the province.<sup>cxxxiv</sup>

Telehealth could benefit rural seniors who are comfortable with technology and have adequate internet service and connection. If telehealth begins to replace in-home health care programs, provinces should be encouraged to provide seniors with assistance setting up technology in initial, in-person visits.

## **Cost**

The cost of this intervention will vary by province and will depend on where coverage is lacking. All provinces currently have home care services for rural seniors, so the next phase may be transitioning to the Danish model for health care provision which emphasizes providing support in-home rather than at dedicated medical facilities. Some programs such as requiring medical residents to work in rural communities could help contain costs. As telehealth check-ups do not require medical practitioners to travel, transitioning to this model should be associated with lower costs for provincial health ministries.<sup>cxxxv</sup>

## **Measuring Success**

If one province commits to enhancing home care service, impacts to the health of rural seniors there should be studied closely. Rural seniors must be informed that their provincial health insurance covers in-home visits. After the program has run for a year, rural seniors should be asked to provide feedback on the service. Ideally, later studies could establish that seniors who receive in-home visits are less likely to be hospitalized than seniors who do not receive in-home visits.

There is evidence that patients prefer in-person care to telehealth care because of informal factors such as greater perceived connection with health care providers.<sup>cxxxvi</sup> Social isolation is a major health risk for seniors, who may also be less comfortable with digital platforms than younger Canadians. As provinces increase the provision of telehealth check-ups, they should conduct trials to study whether there are lost benefits to seniors receiving in-person visits.

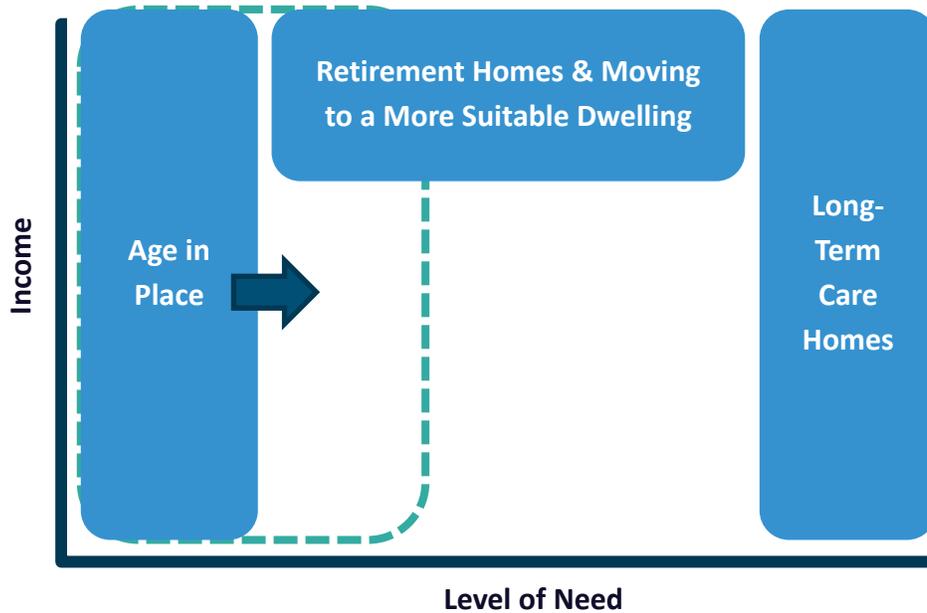
## **Support Adequacy of Housing**

### **Recommendation**

**Work with provinces to ensure existing programs and resources are available to rural seniors for home renovations and modifications**

## Objective

By improving access to funding for home modifications, rural seniors will be able to age in place safely and comfortably, mitigating affordability challenges associated with moving.



*Ensuring rural seniors live in adequate housing will extend the duration seniors can age in place*

## Overview

Adequacy and affordability issues are closely intertwined, as seniors are often unable to afford home improvements and therefore live in unsuitable homes. Currently, all provinces have programs specifically designed for supporting home modifications and renovations for seniors as they age. However, only Alberta, Ontario, Nunavut, Nova Scotia, and Prince Edward Island provide coverage for seniors living in rural areas. We recommend CMHC work with provinces to ensure existing programs are accessible and well-known in rural communities.

Housing that is adequate for the general population may not be adequate for seniors with mobility limitations. Low-income seniors who own their own homes may struggle to afford the modifications required to enable them to age safely and comfortably in place.

Existing programs are outlined and hyperlinked in the table below. Generally, these policies take the form of low-interest loans secured by home equity, tax credits or grants that may be applied to home modification. Programs are generally available to seniors and people with physical disabilities who require renovations to improve accessibility.

### ALBERTA (RURAL COVERAGE)

- Seniors Home Adaptation and Repair Program (low-interest home equity loans to help seniors finance home repairs, adaptations, and renovations. Grants for low-income seniors up to \$5,000)

### BRITISH COLUMBIA (NO RURAL COVERAGE)

- Home Improvement Assistance Programs: Home Renovation Tax Credit for Seniors and Home Adaptations for Independence (financial assistance for accessibility-related modifications)

### SASKATCHEWAN (NO RURAL COVERAGE)

- Emergency Repair Program (grant of up to \$12,000 for low-income homeowners for emergency repairs)
- Home Repair Program - Adaptation for Independence (forgiveable loan of up to \$23,000)

### MANITOBA (NO RURAL COVERAGE)

- Secondary Suite Program (provides financial assistance to help homeowners with constructing a secondary suite)

### ONTARIO (RURAL COVERAGE)

- Home and Vehicle Modification Program (financial support for accessibility-related modifications)

### QUEBEC (NO RURAL COVERAGE)

- Shelter Allowance Program (financial assistance of up to \$80 per month)

### NOVA SCOTIA (RURAL COVERAGE)

- Home Adaptations for Seniors' Independence, Senior Citizens Assistance Program (financial assistance for accessibility-related modifications), Public Housing for Seniors (affordable housing for low-income seniors)

### NEW BRUNSWICK (NO RURAL COVERAGE)

- Seniors' Home Renovation Tax Credit and Minor Home Repairs Grant (grants for low-income seniors of up to \$1,500 per household for renovations focused on seniors' safety)

### NEWFOUNDLAND AND LABRADOR (NO RURAL COVERAGE)

- Home Modification Program & Provincial Home Repair Program (supports home modifications for low-income seniors)

### PRINCE EDWARD ISLAND (RURAL COVERAGE)

- Seniors Safe @ Home Program (grants for low-income seniors of up to \$5,000)
- Seniors Home Repair Program (small home repairs; 50% of cost up to \$2,000 for low-income seniors)

### YUKON (SOME RURAL COVERAGE)

- Home Repair Loan (loan, subsidized loan, or grant for accessibility-related home renovations)

### NORTHWEST TERRITORIES (NO RURAL COVERAGE)

- Accessibility Modifications, Repair Programs, Major Repairs, Preventative Maintenance, and Emergency Repairs (support for maintenance, repairs and renovations, or mobility-related updates)

### NUNAVUT (RURAL COVERAGE)

- Senior Citizens Home Repair Program (grants of up to \$15,000 for seniors)

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CMHC may also decide to support provinces in ensuring programs are well known about within rural communities. This can be done through a marketing campaign, including through the following mechanisms:

1. Flyers in local grocery stores and pharmacies
2. Posters in community centres, particularly those with programming targeted to seniors
3. Advertisements in local newsletters and newspapers
4. Informing health care workers such as family doctors, to facilitate information transmission

## **Cost**

Increasing adequacy of housing for rural seniors does not require a specified amount of resources, and the cost will vary based on provincial discretion. Existing resources for home modifications can be reallocated to ensure coverage in rural communities or governments can increase resources with a specific dedicated fund for rural communities.

## **Measuring Success**

Seniors living in rural areas should be able to access provincial programs for home modifications in every province across Canada. Seniors should also be aware that these programs exist. Overall, support for housing modifications for seniors in rural communities should increase the number of people who are able to age in place. We should therefore see fewer people being forced to move due to inadequate housing and an older average age at which people move from their homes.

## **Invest in Alternative Housing Options**

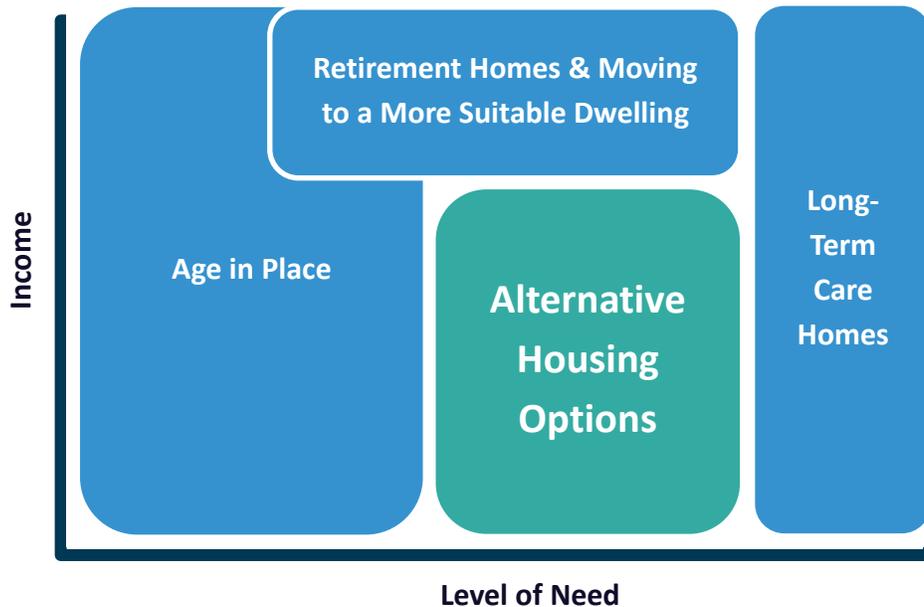
### **Recommendation**

**Support public and private investment in alternative housing options for low- and middle-income rural seniors**

Currently, there are limited options for rural seniors with low- and middle-incomes who cannot comfortably age in place but require less care than would be provided in a long-term care facility in their communities. The shortage will likely become more acute as rural populations age.

### **Objective**

The number of housing options and supply of housing units for seniors living in rural communities will increase, particularly for low- and middle-income seniors who require moderate levels of assistance with IADL and ADL.



*Investing in alternative housing options for rural seniors will fill the existing gap of housing options*

## Overview

According to a 2018 DBRS report entitled “Analyzing the Senior Housing Dilemma,” in 2017 there were 258,000 senior housing units in Canada, with new growth of housing units amounting to 6.9% between 2007 and 2017. However, the senior population grew 21.7% over this period. Over the period examined, this dynamic was associated with declining vacancy rates and rising average rents. As Canada’s population continues to “boom”, the report predicts a further shortage in the supply of seniors housing.<sup>cxxxvii cxxxviii</sup>

There are several housing models that would satisfy the need for an increased supply of affordable housing for seniors living in rural communities. Four of these models (co-housing, supportive housing, retirement homes, and life-leasing) units are detailed below. Each has been successfully used in other jurisdictions and should be uniquely suited to the needs of rural seniors.

Investing in the construction and, potentially, supporting the operations of these models in rural areas would help enable rural seniors to age in their communities. While fulfilling this recommendation may require more resources than other recommendations, it will have the most significant and long-term impact on housing affordability for seniors.

Ideally, developments would contain a mix of housing models in proximity so that as seniors require increased levels of care, they do not have to move far and be displaced from their communities.

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In some cases, it may be appropriate to develop alternative housing in proximity to existing long-term care facilities, to allow for a smoother continuum of care. If seniors move to a region in their rural communities with co-housing, supportive housing, retirement homes, and life-leasing models, they will not have to move to another neighborhood to receive more intensive care as their health declines. They would instead simply move to a different unit or to the long-term care home within proximity to get the more intensive care that they need.

A discussion of how CMHC can support housing affordability and how some of these strategies can be adapted to increase the supply of seniors housing is included in Appendix 1.

### **Model #1: Co-Housing**

One model, which has been used across different regions and has had particularly high uptake in Denmark, is co-housing. Co-housing communities are groups of thirty to fifty dwellings with a large shared kitchen, park space, guest houses, and community amenities. Each unit is separate, with its own bedrooms, bathrooms, kitchen, living space, laundry facilities, and often a separate yard. These communities have been established primarily in rural communities and are home to multiple generations. Co-housing has been found to decrease social isolation, a key determinant of health, improve reported quality of life, foster a sense of community, and allow seniors to age in place. The Danish government has also provided government subsidies to facilitate affordability.

Canada, with a similarly aging population and impending rural senior housing supply crisis, should invest in co-housing communities. We recommend a public-private partnership model to achieve this. As per Recommendation 1, CMHC should collect data for which private investors can base investment decisions on. This data should help demonstrate that there is a market for a model such as co-housing, however additional market research will be required. The government can work with private investors through a partnership model to increase affordability, subsidizing unit costs for low-income people. To promote diversity and financial sustainability, some units can be publicly subsidized, and some can be privately rented or owned.

The model used in Canada should emulate the Danish model in its emphasis on a multigenerational community, as this has been demonstrated to promote the health of seniors, as living in proximity to young families keeps them active, engaged, and healthy. With health comprising a significant portion of government revenue, increased health outcomes from co-housing are anticipated to decrease the cost to government, possibly even surpassing the affordable housing subsidy the government may provide. This option will be a long-term investment, particularly as a multigenerational complex that is only partially occupied by seniors. However, as in Denmark, it has the potential to fundamentally alter

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the health, well-being, and quality of life of seniors, integrating them into the community and allowing younger generations to benefit from their years of wisdom and grandparent-like caring nature.

With the recent pandemic, the risk of spreading infection should be taken into consideration in all new developments. While COVID-19 is a novel virus, flu outbreaks in long-term care homes have been problematic for decades. Therefore, the spread of viruses should not be considered solely based on the likelihood of another pandemic, but rather, that minimizing opportunities for contagion should be prioritized regardless. Co-housing provides several notable advantages. Firstly, each family unit has its own dwelling, including its own front door, kitchen, and living space. In the unfortunate event that another outbreak occurs in the future, the co-housing model allows people to quarantine within their own space, avoiding the use of shared kitchens and community areas. A retirement home in which people must share common areas proves much more challenging for stopping the spread of infection. Secondly, in a community setting, people can continue to live rurally while still accessing health services. By having several families in relatively close proximity, community health supports can be deployed much more easily. For instance, should a COVID-19 vaccine be developed, it would be much easier for the vaccine to be administered to seniors with potential mobility or transportation issues in a co-housing community, rather than health staff commuting across rural communities or seniors with reduced immunity taking public transport or ride-sharing. Thirdly, the multigenerational nature of the co-housing model mitigates the spread of infection, as a limited number of immunocompromised people live in proximity. A key issue in long-term care homes is the extreme susceptibility of all residents and the easily overwhelmed care systems that cannot practically be designed to care for a full community of sick residents.

### **Model #2: Supportive Housing**

The terminology used for supportive housing can vary across provinces but for the purposes of this report and recommendation, supportive housing will be defined as independent apartments for seniors that include access to services that are available for free or a reduced cost. In this housing model, residents pay their own rent.<sup>cxxxix</sup> It is often set up in rent-g geared-to-income environments within the context of a seniors' residence where people pay controlled rents and other services are provided to the building on a needs-basis.<sup>cxl</sup>

The goal of supportive housing is to ensure affordability, suitability, social inclusion, safety, and the promotion and protection of tenant rights.<sup>cxli</sup> Having this option built into rural communities allows seniors to remain close to other family members and friends in the community where they have previously been homeowners. This helps tackle isolation and strengthens mental health as they can maintain larger social networks – an added benefit that many in supportive housing within their own communities have noted.<sup>cxlii</sup>

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Lack of housing options in rural areas means that many seniors are faced with being at home completely independently or in a long-term care home. Living independently means they do not have access to the help they need, while living in long-term care homes can cause many to lose their confidence in their ability to take care of themselves, as too much support for those who do not need it results in greater losses to independence including declines in psychological and physical well-being.<sup>cxliii</sup> Consultations around supportive housing with seniors have found that many believe demand for this type of housing exceeds the supply available in rural regions of Canada, particularly due to the insufficient housing options for low- and middle-income seniors.<sup>cxliv</sup> Seniors who are semi-independent in rural regions often must travel into urban regions for medical assistance, which is more challenging for low-income families who are less likely to have vehicles or be able to pay for transport into the city for appointments and checkups. Supportive housing is a middle ground that would address their health needs within their own communities. The Royal Canadian Legion concluded that there is an urban-rural gap in supportive housing availability, as much more of it is provided to seniors in urban areas due to more private and public money and more vocal and visible seniors coming together to push for governments' attention.<sup>cxlv</sup>

With a lack of an intermediate form of senior housing in rural regions, new supportive housing units should be built. Rural communities across Canada are heterogeneous and the number of supportive housing units needed may differ by region and is dependent on data collection related to seniors' needs and wants.<sup>cxlvi</sup> Important factors include estimating how many seniors can live semi-independently and would be willing to move out of their homes given this intermediate option with services such as health care including mental health via counselling, meal preparation, assistance with medication, and housekeeping services, are offered to them in their own communities, which accounts for the overwhelming desire of seniors to age in place.<sup>cxlvii</sup> Supportive housing apartments in rural regions proposed must be adapted to the disability needs of seniors and have options for units that are large enough to allow for couples to live together.<sup>cxlviii cxlix</sup> Supportive housing tends to be run by governments and non-profit associations.<sup>cl</sup>

Staffing and labor are often the most expensive part of supportive housing models given the on-call services provided. Historically, rural communities have received lower per capita funding, and access to funding for senior services in a rural supportive housing model is harder to gain than in urban areas.<sup>cli</sup> This model will be cost-effective if partnerships with the public and private sector are developed to adequately fund service-related costs. Some services may be subsidized or paid for by the government.

### **Model #3: Retirement Homes in Rural Communities**

Retirement homes are often for-profit and vary in cost depending on the accommodations, health care, and general services offered.<sup>clii</sup> The care offered in retirement homes differs and varies depending on

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the home. They all tend to offer meal preparation, caregivers that provide help with everyday tasks, housekeeping and laundry services, recreational and social activities, medication management, and transportation to medical facilities for appointments.<sup>cliii</sup>

Retirement homes in rural communities allow for seniors to age in place, maintaining their social networks and tackling mental health and isolation issues. In addition, in small rural regions, these retirement homes are important to the economy as a vital employer in rural areas, which typically have limited employment opportunities.<sup>cliv</sup> Therefore, building more retirement homes is not solely beneficial to seniors but a source of income for other families in rural regions.

Historically, there has been a housing gap between the number of urban versus rural retirement homes that must be filled and a continuum of care and housing options that should be provided. Retirement homes are privately owned, and residents are therefore responsible for all or most costs associated with living there and the services provided.<sup>clv</sup>

More retirement homes must be built in rural regions of Canada, based on an assessment of the needs and desires of seniors in various rural regions across the country, bearing in mind that rural Canada is heterogeneous, and with the understanding that retirement homes cost more to the resident than supportive housing as they are for-profit and privately owned. In retirement homes, seniors pay rent for their room and care services and are typically not subsidized. Costs vary based on the type of living arrangement and services chosen.

In Canada, retirement homes encompass several available options for units, many of which should be considered within the rural context once an assessment of desires and needs of seniors is effectively evaluated, including:<sup>clvi</sup>

- (a) Private apartment, one-bedroom, full kitchen
- (b) Private apartment, multiple bedrooms, full kitchen
- (c) Private apartment, one bedroom, kitchenette, prepared meals in a shared dining room
- (d) Private apartment, multiple bedrooms, kitchenette, prepared meals in a shared dining room
- (e) Private bedroom and bathroom, shared living space, prepared meals
- (f) Private bedroom and bathroom, configured for partners, shared living space, prepared meals

In addition, the Association of Municipalities Ontario cited an issue related to fire codes and the closing down of retirement homes in rural regions of Canada. In their 2016 report, they stated that smaller private retirement homes are in regions without proper water systems meaning the installing of fire-related sprinklers is incredibly expensive, and therefore some retirement homes have been closed due to their inability to pay for this expense.<sup>clvii</sup> Many provinces are working on remedying this issue by offering money and installation but not quickly enough. There must be an evaluation of this issue across

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different provinces to ensure that no more senior retirement homes in rural regions, which are already scarce, are being shut down for this reason.

#### **Model #4: Life-Leasing Units**

Life-leasing units provide more mobile seniors who require less support with the stability of homeownership in an environment where accessing in-home supports should be more affordable than in rural private residences. A combined life-leasing and supportive housing model within a seniors' residence can also foster a greater sense of community because tenancy in these units is typically longer. This would likely relieve demand pressures on more supportive seniors' communities, resulting in lower affordability pressures.

Life-leasing units, where seniors pay a lump sum up-front to live in a unit of a residence are typically appropriate for more independent seniors. Typically, the up-front cost provides a senior with ownership of a unit in a building and the right to occupy the space for as long as they wish. However, unlike with condominiums, residents do not have the right to determine who occupies the space after they vacate it, though they do retain ownership.<sup>clviii</sup>

Typically, the organization that manages the apartments in a life-leasing community will have rules regarding the demographics of prospective occupants, such as minimum age.<sup>clix</sup> Organizations that manage life-leasing units also generally ensure some basic home-supports to residents, such as cleaning services, are available to residents. These may be included in annual fee payments or may be purchased individually.

Life-leasing units may be appealing to rural seniors who own their own homes and therefore may have the resources to purchase a more appropriate residence. Because they are typically in multi-unit buildings, in practice they would likely be placed in regional villages. This could make accessing home supports more affordable for their occupants than it would have been in a rural area.

Life-leasing units may also be mixed in with other types of retirement units. As they do not include supports like meals, they typically appeal to more independent seniors who have longer tenures than older residents of retirement residences. This can enhance a sense of community in seniors' residences that may make them appealing to new residences.

Finally, including life lease units in developments for seniors can have benefits for developers. In Denmark, selling units in advance to finance construction was critical to the financial viability of co-housing communities.<sup>clx</sup>

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Overall, without an understanding of why rural seniors favor aging in private residences despite the associated challenges of accessing supports, CMHC should strive to invest in many different models of senior housing. Rural seniors may be able to save on the costs associated with the home support services they require for daily living by relocating to a denser community. Life-leasing units are appropriate for relatively mobile seniors and therefore monthly payments are lower than in many retirement homes.

## **Cost**

The cost of this recommendation will depend on the model CMHC chooses to support investment in seniors' residences. Public-private partnerships to finance operations of seniors' residences are a significant long-term commitment, particularly compared with programs that provide mortgage loans for new developments.

## **Measuring Success**

Each of these models will mitigate the issue of increased demand and rising costs of senior's housing. By increasing the supply of housing, costs due to increased demand will be mitigated. These policies should increase the number of suitable dwellings available to seniors in rural communities, and the average cost of appropriate housing should not increase as rapidly as the market rate.

# MEASURING SUCCESS

# Measuring Success

The aforementioned recommendations need to be measured by quantifiable indicators which can help in the evaluation of policies formed based on the recommendation and to measure the improvement in the lives of seniors through the implementation of these policies. The focus of the recommendations i.e. to improve the quality of life of seniors and to support them to age in place and in community through the reduction in core housing needs has to be captured through verifiable indicators so that the impact of the recommendations can be effectively monitored and evaluated.

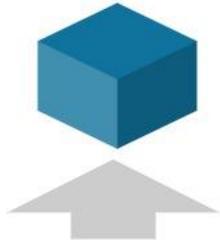
The following set of indicators is suggested to be utilized for measuring the impact of these recommendations.

<u>Output</u>	<u>Recommendations</u>	<u>Indicator</u>	<u>Data Source</u>
<b>Collect and Disseminate Data</b>	Annual Survey	Survey held each year on rural seniors	CMHC, Statistics Canada
<b>Promote Health</b>	Postal worker visit	Number of rural seniors reporting social isolation	Annual Survey
		Number of rural seniors reporting regular social engagement	Statistics Canada Healthy Aging Survey
	Physician check-in	Number of rural seniors with access to a primary care physician	Annual Survey
		Number of rural seniors with access to end-of-life support	
		Number of rural seniors hospitalized	Health Canada, CIHI
<b>Provision of Adequate Housing</b>	Home modifications	Number of provinces with modification programs eligible for rural seniors; Number of rural seniors with inadequate housing	Annual Survey

<b>Availability of Alternative Housing Programs</b>	Supporting community-based housing	Number of rural seniors living in community-based housing facilities	CMHC
	Supporting the creation of retirement homes	Number of retirement homes in rural areas	CMHC

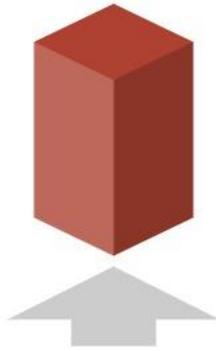
While data on some of these indicators, particularly those related to core housing need, are collected by CMHC, data must be compared with a baseline (e.g. core housing need) at the time of implementation of these recommendations, which can then be monitored to gauge the effectiveness of these measures. For indicators for which data is not currently available, by collaborating with Statistics Canada, a yearly survey can be developed which captures critical issues impacting aging in a place such as care at home, availability of transportation services, awareness about and availability of home renovation services. By surveying rural seniors over the phone each year, a steady stream of data can be generated.

In the short-term, we can expect increased availability of data on rural seniors and accessibility of housing renovation programs. Gradually, we can expect better health outcomes and reduction in core housing needs through the provision of alternative housing options. In the long run, we can expect a critical change in the rural Canadian society in the form of more seniors being able to age in place with a better quality of life.



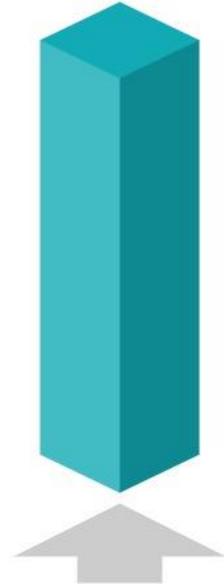
### **Short-term**

Availability of data on rural seniors to support creation of evidence based policies, rural eligibility for modification programs



### **Medium-term**

Reduced core housing needs, better healthcare resulting in lesser hospitalizations



### **Long-term**

Seniors able to age in place and report a better quality of life

# NEXT STEPS

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## Next Steps

For the success of these recommendations, a continued financial allocation must be made to implement the activities envisaged in this report. Through a sustained allocation of resources and provision of funds, strategies for aging in place for rural seniors can be successfully implemented and their quality of life can be improved as a result.

The experiences from other jurisdictions suggest that aging in place is not only restricted to housing but it rather consists of multiple issues that can help seniors age in place. It has been increasingly observed that any successful strategy for supporting aging in place must combine the health and the housing needs of the elderly. Therefore, it is recommended that in the long-term, CMHC collaborates with Health Canada and provincial jurisdictions to prepare an integrated strategy that can cater to both the health and housing needs of the seniors. Through adopting an integrated approach, any gaps arising from jurisdictional issues can be avoided which will support the seniors to age in place.

Currently, provincial governments have programs for affordable housing that lack a dedicated rural seniors' component. For the sustainability of the recommendations outlined in this report, it is necessary to have tailored programs for rural seniors at the provincial level or for having a rural senior's component in the provincial housing strategy. Currently, there is already collaboration between the federal and provincial governments on affordable housing as provincial governments match federal grants in the area. For aging in place, there is not only a need for investment in housing, but the federal and provincial governments also need to collaborate on healthcare for the elderly. As mentioned in the previous sections, Canada does not have institutionalized mechanisms for elderly care at home. Going forward, CMHC should collaborate with provincial and federal governments for introducing home care options for the elderly which can enable them to age in place. Care at home will enable the elderly to age in their preferred dwelling for a longer period and will reduce the incentive for moving to a long-term care facility.

The current COVID-19 pandemic and the ensuing report on the long-term senior residences highlighted the need for a shift away from long-term care facilities. The current crisis has underscored the importance of investing in elderly care and housing for supporting aging in place. By providing both at-home care and housing options, the need for availing such facilities can be reduced and the elderly can successfully age in place which can protect them from future outbreaks and communicable disease.

# APPENDIX

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# Appendix 1: Affordable Housing Policies in Canada

All levels of government in Canada and CMHC have some involvement in making housing affordable, and responsibilities for different aspects of the affordable housing market have evolved over the past fifty years. This section will briefly describe some categories of interventions and provide examples of a program in each, with a focus on CMHC's activities. Where applicable, it will also discuss how interventions can be adapted and applied to increase the development of rural seniors' residences with affordable units.

Options presented range from lowest direct impact on affordability (providing mortgage insurance for developers) to the highest direct impact on affordability (the new Canada Housing Benefit).

## Insuring Mortgage Loans

One of CMHC's main activities in the private residence market is providing insurance on mortgage loans to facilitate the flow of credit to homebuyers.

**Example of program:** Mortgage Loan Insurance- Retirement Homes

**Organization responsible:** CMHC

**Housing supported:** Senior's Residences

**Initiative ongoing?** Yes

CMHC is the sole provider of mortgage insurance for developers of multi-unit residential properties, a category that includes seniors' residences. Having insurance allows developers to borrow at more favorable rates than they would be able to otherwise, which allows them to contain costs during the planning and construction of new communities.<sup>clxi</sup>

## Providing Mortgage Loans

A more involved option than underwriting mortgages is lending to developers directly. By providing low-cost loans, this contains costs associated with new developments and allows savings to be passed on to residents. CMHC has a long history of this type of intervention for social housing developments with rent geared to income units and continues to finance projects today.

**Example of program:** Rental Construction Financing Initiative

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**Organization responsible:** CMHC

**Housing supported:** Affordable rental

**Initiative ongoing?** Yes

A recent example of a program that provides mortgage loans directly is the new Rental Construction Financing Initiative. As part of the National Housing Act, the federal government committed CMHC to lending up to the \$13.75 billion to developers whose projects met certain requirements.

To be eligible for loans under this program, borrowers have to demonstrate that, once completed, 20% of units in the development being financed will have rents at or below 30% of the median income of families in the area for at least 10 years. Borrowers must also commit to maintaining affordable units without requiring ongoing operating subsidies.<sup>clxii</sup>

Some projects under the Rental Construction Financing Initiative are designed specifically for seniors. One example is a proposed development of 58 units in Ottawa that will be managed by The King's Daughters and Sons Apartments Incorporated, a non-profit group. Apartments in the development are all designed to be fully accessible and are appropriate for seniors who can live independently and do not require additional assistance with IADL.<sup>clxiii</sup>

A similar program could be developed specifically to finance the construction of seniors' residences where units with market-rate rents that include more supportive services subsidize more affordable options. What constitutes affordable rents could be determined by data on senior's incomes that is contained in CMHC's Housing in Canada Online tables. CMHC also tracks rents in seniors' residences in its Seniors Housing Survey, and this source could be used when designing policies to determine what rent level is below the market rate and is therefore accessible to lower-income seniors.

### **Subsidizing Operating Costs of Affordable Housing**

Another model to make housing affordable is directly subsidizing operating costs for public and non-profit affordable housing providers. Generally, these organizations manage social housing developments where some or all residents pay rents that are calibrated to their incomes.

**Example of program:** Federal Community Housing Initiative

**Organization responsible:** CMHC

**Housing supported:** Affordable rental

**Initiative ongoing?** Yes, for organizations with previous agreements funding agreements

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CMHC's Federal Community Housing Initiative is designed to extend funding for social housing providers who previously had funding arrangements with the Federal government. Many of these agreements, which generally have terms of 20 years or more, are set to expire leaving housing providers without sufficient incomes to continue subsidizing rents for low-income residents.<sup>clxiv</sup> Provincial governments also subsidize the operations of social housing, and, following the reallocation of responsibilities with CMHC, have started to play a larger role.

Unlike in social housing, however, operating costs such as meal provision are a major expenditure for operators of seniors' residences. Labor costs may also be high in rural areas with smaller workforces. Therefore, providing mortgage loans may not be sufficient to guarantee that developers will be able to create residences with below market-rate rents, and CMHC could consider becoming more involved in funding ongoing operations of seniors' residences.

However, there are reasons for CMHC to be wary of subsidizing operations in seniors' residences. Agreements to fund operations of new developments are decades-long commitments. Many social housing developments consist of units where all residents pay rents geared to their incomes. In low-density rural areas, however, there may not be sufficient need for non-profits or local governments to create these programs, particularly since a lack of seniors' residences in community is also an issue for seniors who can afford rents on the private market.

Partnering with developers who operate seniors' residences with a mix of units to jointly fund operations may be an appealing approach. For-profit residences, however, may have incentives to capture benefits from subsidies by containing costs through, for example, staffing at low levels.<sup>clxv</sup>

Further, seniors' residences may include coordinating personal care in monthly rents, and because this is a component of health care, it is provincial responsibility. Finally, in practice, provinces would likely be responsible for funding operations of seniors' residences, and it may be difficult for CMHC to impose restrictions on how they use funds.

### **Providing Portable Housing Benefits**

Rather than subsidizing rents for specific units, governments can ensure that low-income Canadians live in housing they can afford by creating housing benefits to supplement private market rent payments. Housing benefits are designed to be portable and directly relieve affordability pressure because they do not rely on creating new developments with below-market rent units.

**Example of program:** Canada-Ontario Housing Benefit

**Organization responsible:** Government of Ontario, with federal contributions

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**Housing supported:** Market-rate rental (tenants receive subsidies to afford private market rents)  
**Initiative ongoing?** Currently in development

The National Housing Act committed the Federal government to working with provinces to create a Canada Housing Benefit. The Government of Ontario was the first provincial government to commit to creating a province-wide benefit, which will be a \$1.4 billion commitment cost-shared with the federal government.<sup>clxvi</sup> The details of the program are still under development, and it is unclear whether the benefit will be applicable in seniors' residences, or whether seniors may be eligible for a larger benefit to offset the higher monthly costs of seniors' residences.

A common criticism of demand-side interventions in housing markets, such as rent controls and housing benefits, is that these do not address the core cause of affordability issues which is a lack of supply.<sup>clxvii</sup> In theory, a housing benefit could lead to higher rents at the more affordable end of the market in seniors' residences if it increases demand. If many provinces appear committed to designing housing benefits that may be used in seniors' residences, this could increase the importance of CMHC working to increase the supply of units to avoid price inflation.

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## Appendix 2: Glossary

**Activities of Daily Living (ADL):** the six ADLs are: eating, bathing, getting dressed, toileting, transferring, and continence. An individual's ability to perform these activities is often used as an indicator of the level of care required.

**Adequacy:** does not require major repairs

**Affordability:** costs less than 30% of total before-tax household income

**Age in Community:** age in the communities where they have strong social ties, while not necessarily aging in their same residence

**Age in Place:** a senior's ability to live in a private residence where they had resided previously.

**Census Agglomerations (CAs):** a center with an urban core of 10,000 or more and 50% or more of the resident workforce commutes to the urban core of the CA

**Census Metropolitan Areas (CMAs):** a center with an urban core of 50,000 or more and a population of 100,000 or more after including nearby areas from which 50% or more of the resident workforce commutes to the urban core of the CMA

**Co-housing:** a group of self-sufficient and independent homes that share community spaces such as parks and recreation facilities, a large kitchen, guest housing, children's playrooms, etc. They are multigenerational and often in rural communities.

**Continuing Care Retirement Communities:** private care that provides a range of activities and care, in an ecosystem where one could be living independently to switching to a nursing home all within the same network of care, perhaps even simply moving from one floor to another for different levels of this care

**Co-operative Housing:** where an agreement is made to house seniors in exchange for maintenance activities and where residents do not own homes but do have a say in how the community is managed

**Core Housing Need:** CMHC describes households whose residence is inappropriate for the needs of occupants as being in core housing need. Core Housing Need is defined by (1) housing that is suitable has sufficient bedrooms for all residents, according to guidelines by the National Occupancy Standard (NOS); (2) housing that is adequate does not require any major repairs; and (3) housing that is affordable costs less than 30% of total before-tax household income

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**Financial Supports:** financial support, generally from provincial governments through the form of income subsidies

**Home Care Services:** publicly funded health-related services provided in the home

**Home Supports / Home Support Services:** services received in a residence that assist with instrumental Activities of Daily Living, such as home maintenance, meal services, transportation, as well as social participation and companionship programs

**Instrumental Activities of Daily Living (IADL):** IADLs are activities that enable an individual to live independently in a community. They include cooking, cleaning, transportation, laundry, and managing finances. They are often assessed to determine the level of assistance required

**Life-Leasing units:** apartment living with services such as healthcare and housekeeping; life-leasing units are partially owned

**Long-Term Care Facilities:** provincially regulated in Canada, seniors have individual rooms with common spaces and activities, have access to care at all hours (24/7), help with all daily activities offered, for those in need of the most extreme level of care

**Long-Term Care Homes:** are often provincially regulated but operated either by not for profit or private owners and costs are regulated therefore they are not market costs, provide a whole host of services and support for residents, and typically reserved for people who require more than 3 hours of daily nursing or personal care

**Remote:** areas with a population of fewer than 400 people per square kilometer.

**Retirement Homes:** generally for-profit and vary in cost depending on the services and support provided

**Rural:** the population living outside settlements with 1,000 or more and a population of 400 or more inhabitants per square kilometer

**Seniors:** people aged 65 and older

**Seniors' Residence:** a housing complex primarily occupied by people 65 and over. In addition to housing, residents often receive meal services, personal assistance, nursing, and/or recreational services.

**Shared Housing:** sharing housing with someone seniors know

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**Suitability:** has sufficient bedrooms for all residents, according to guidelines by the National Occupancy Standard (NOS)

**Supportive Housing:** apartment living with services such as healthcare and housekeeping; supportive housing units are rented

**Urban:** urban centers include census metropolitan areas (CMAs) and census agglomerations (CAs), and includes settlements with 1,000 or more people.

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