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BC CARE PROVIDERS ASSOCIATION  
OPERATIONALIZING THE COMMUNITY  
NON-MEDICAL SERVICES MODEL

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MAY 24, 2019

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## Executive Summary

The purpose of this project was to explore the operationalization of the community non-medical services model, as outlined in the draft BC Care Providers Association (BCCPA) Scoping Paper, *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.'s Communities (April 2019)*.<sup>1</sup> Input was sought from stakeholders inclusive of seniors, municipalities, health authorities, care providers, community partners, transit and developers on barriers and factors that would support the practical design and delivery of continuing care with community based non-medical services.

The approach for this work consisted of meetings with BCCPA leadership, including the Emerging Issues and Policy Committee (EIPC), 21 interviews, two focus groups with community stakeholders and three focus groups with seniors. In addition to seeking input from stakeholders on the operationalization of a non-medical community hub model, interviewees shaped the design of the engagement, including the selection of the communities (Creston, Saanich and New Westminster).

Conceptual components of the model were explored to understand the implications through the practical lens of stakeholders and seniors. The findings shed light on what it would mean to offer services in a community non-medical hub in the following areas:

**Hub specific services:** Services most important in a Care Hub include medical services (i.e. access to primary care and specialist services), a mix of housing, expanded home health care, transportation, shopping (including groceries), adult day programs and recreation.

**Communication and coordination of services:** A Care Hub needs formalized structures for action planning and building community capacity with existing community services as well as assisting seniors to access the right services at the right point and transitioning between levels of care.

**Transportation:** Operationalizing a Care Hub is dependent upon effective transportation to improve access to custom and conventional transportation as well as maximize underutilized transit (i.e. long term care buses). This is achieved through community input in planning and by providing education to seniors to make better use of existing transit.

**Sufficient long term care:** Sufficient long term care is needed to support the transition between appropriate levels care and to alleviate pressures on the acute care system. With the general trend of increasing acuity among seniors, the transition from Assisted Living to Long Term Care is an ongoing challenge that is placing additional strains on the acute care system. The insufficient number of long term care beds in some communities across BC is making it such that seniors are being cared for in hospital rather than in a long term care setting. This is particularly challenging when seniors progress quickly to needing long term care. It was noted that Interior Health has a higher than average proportion of seniors population and that there is a need for more long term care beds in the Kootenays.

**Expanded home health care:** There is a need for additional home health care, including social and physical services to support seniors' desire to live at home.

**Municipal planning:** A hub needs flat topography (walkable), the physical infrastructure of purpose-built affordable housing, a seniors' recreation centre and a transit hub.

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<sup>1</sup> *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.'s Communities (April 2019) (draft)*

**Housing mix:** A varied housing mix enables seniors to age in their own community. Affordable housing also considers seniors health workers and their families. The seniors' living mix includes affordable rental, adult day support, expanded home health care, assisted living and long term care.

**Rural considerations:** Operationalizing a rural Care Hub may consider challenges faced by seniors such as accessing specialized services (which may require travel outside of their community), limited frequency and large geographic spread between transit stops and limited housing mix. Development may, however, be streamlined as the cost of land tends to be lower with less competition for permit approvals.

**Family support:** Locating consumer services in close proximity to seniors' living helps both the senior and the family member by saving time, reducing stress and improving access and awareness to existing services. For example, a family may be able to complete errands for themselves and a senior on their way to a visit.

**Volunteerism:** A great number of community programs rely on volunteers, many of which are seniors themselves, who enjoy the rewarding opportunity to participate in meaningful activities in their communities.

This engagement highlighted four specific opportunities for collaboration as the non-medical community services model is further developed:

1. **BC Healthy Communities (Age Friendly Community Initiatives / designation):** The concept of a Care Hub aligns closely with the existing Healthy Communities initiative and may provide opportunities for exploratory funding for communities and neighbourhoods. There are also opportunities to leverage a proven framework for developing neighbourhoods that are safe and accessible for seniors and their families.
2. **BC Housing:** BC Housing has two initiatives that align with the outcomes of the Care Hub model: Shelter Aid For Elderly Renters (SAFER) and BC Housing Financing. The SAFER programs provide monthly rent subsidies for seniors with low to moderate incomes. BC Housing Financing provides access to construction financing for non-profit organizations building assisted living and long term care. These two programs align with the Care Hub model by supporting seniors to stay in their community and increasing living options in communities where seniors are already located.
3. **Alzheimer Society of BC:** The Alzheimer Society of BC provides education and support to communities throughout BC. There are four possible areas for collaboration with the Care Hubs model – supporting Alzheimer Resource Centres (including the First Link Dementia Helpline), Dementia-Friendly Action Plans, Alzheimer Society Support Groups and Minds in Motion. With the increasing impact of dementia on seniors, their families and service providers, collaborating with the Alzheimer Society will be critical to ensuring communities are safe and supportive.
4. **BC Divisions of Family Practice:** An integrated system of care would enable further collaboration with health authority services, community health services, specialized services and acute care. There may be opportunities to align with provincial goals of moving away from episodic and siloed care toward an integrated system that increases access to services as well as coordinates care and services.

# Introduction

## Background

According to the BC Care Providers Association's [Quality-Innovation-Collaboration](#) report<sup>2</sup> (2015) "with the aging population and increased pressures facing the acute care system in BC, there is an evidence-based need to explore new solutions and models to meet the challenges and strengthen seniors care in the province". As BC's population ages, it is imperative that changes are made to better integrate seniors' needs into the heart of communities through innovative models that increase access to services and improve quality of life. The BC Care Providers Association (BCCPA) is responding to this need by exploring the concept of Continuing Care Hubs to provide enhanced supports for seniors across the continuum, from living independently through to long term care (see five proposed models in Table 1, below).

A Continuing Care Hub is a network of individual care homes sharing services, specializing in care or providing services potentially over a large geographical area and are formally networked. In this model the long term care home could be a centre for the delivery of a wide range of seniors' services; some of which could be co-located such as in a Campus of Care and/or others potentially managed by a network of care homes. A Care Hub would better integrate seniors care, particularly assisted living and long term care, with the broader community.

The premise behind a Care Hub is that the seniors' living acts as the centre for the delivery of a wide range of seniors' services. Services include, but are not limited to health care needs, recreation, arts and culture, libraries, retail, housing, transportation, community supports, etc. A hub will also allow friends and family to access services and supports as well as participate in culture and recreational activities while visiting seniors in care.

The anticipated benefits include increasing access to care and ensuring seniors are cared for in the most appropriate setting; reducing health system pressures (i.e. reducing unnecessary hospitalizations, ER visits, ALC days, etc.); improving seniors quality of care and quality of life including reduction in social isolation; and better integration of seniors care in the community.

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<sup>2</sup> Quality Innovation Collaboration. Strengthening Seniors Care Delivery in BC (September 2015). Kary, M. <http://bccare.ca/wp-content/uploads/BCCPA-White-Paper-QuIC-FINAL-2015.pdf>

Table 1. Five Enhanced Continuing Care Hub Models<sup>3</sup>

Current Model	Continuing Care Hub: Key Tenets			
	Enhanced Models			
<b>Current long term care model</b>  (i.e. existing long term care model in BC)	<b>Integrated Home and Long Term Care Model</b>  (i.e. care homes or hubs provide home health care services, including home support to seniors in the community)	<b>Enhanced Specialized Services Model</b>  (i.e. care homes or hubs with commensurate or appropriate funding provide enhanced specialized medical services to seniors in long term care and the community, such as sub-acute care, etc.)	<b>Enhanced Community Health Services Model</b>  (i.e. care homes or hubs provide community health services to seniors in the community like primary care, health promotion, screening, etc.)	<b>Community non-medical services model</b>  (i.e. care homes or hubs provide non-medical services to seniors in the community such as adult day or night programs, etc.)

BCCPA leadership has chosen to explore the operationalization of the community non-medical services model in the context of “bringing the care home to community services” rather than “bringing the services to the care home”. There is a desire to further explore what this model of building or integrating long term care into communities may look like in an urban, suburban and rural setting. In the context of building care homes or hubs in existing communities with a high senior population density, the intention is to clearly understand the regulatory and social impediments from the health authority, Ministry of Health, city planning and developer perspectives, and garner ideas on how these may be overcome. Future work by the BCCPA may include exploring other hub models, including the provision of medical services.

### Scope

The purpose of this project was to explore the operationalization of the community non-medical services model, as outlined in the draft BCCPA Scoping Paper, *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.’s Communities* (April 2019) by seeking input from stakeholders, inclusive of municipalities, seniors and city developers on barriers to support the practical design and delivery of continuing care with community based non-medical services. This project builds upon the Kelowna Forum, *Creating Communities of Care*, by focusing on one model to develop a deeper understanding of operationalizing a model from the perspective of community stakeholders and seniors.

<sup>3</sup> *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.’s Communities* (April 2019) (draft)

## Methods

The approach for this work consisted of meetings with BCCPA leadership, including the Emerging Issues and Policy Committee (EIPC) as well as interviews and focus groups with community stakeholders and seniors. In addition to seeking input from stakeholders on the operationalization of a community non-medical services model, interviewees shaped the design of the focus groups and the selection of the communities (Creston, Saanich and New Westminster). All three communities are designated as Age Friendly. New Westminster was selected due to the presence of its organic hub around 6<sup>th</sup> avenue and 6<sup>th</sup> street. Creston and Saanich were both selected due to the population size and the existence of partnerships with the health authorities and municipalities. Creston provided a rural context and Saanich provided an urban context.

### Meetings with BCCPA leadership

The Howegroup met with BCCPA leadership numerous times to refine the scope of this work. The original intention was to review all the hub models described in the scoping paper. After presenting this approach to EIPC in the fall of 2018, BCCPA leadership chose to narrow and deepen the focus to one hub model. EIPC selected the community non-medical services model due to existing examples and practical relevance.

### Engagement design and analysis

In collaboration with BCCPA leadership, key stakeholders were identified and conversational topics were developed. A generative conversation style was used during interviews and focus groups. Audio recordings of focus groups were reviewed and transcribed. Howegroup used qualitative thematic analysis to develop themes aligned with topics in the Scoping Paper.

### Interviews

Telephone interviews were conducted between January and April 2019 with 21 organizations. Participants were selected based on recommendations from BCCPA Leadership, the EIPC and advice of other interviewees as well as included representatives from seniors care, provincial organizations, provincial and municipal governments and land developers. Questions explored the organizational role with respect to seniors living, success factors and barriers to implementing a hub model and services, supports and initiatives that align with the design of a community non-medical hub. The interviews were approximately 45-minutes. A list of stakeholders is included in Appendix A.

## Focus groups

Five focus groups were conducted – three with seniors in Saanich, Creston and New Westminster and two with community stakeholders in Saanich and Creston. A listing of stakeholders who participated in the focus groups is included in Appendix A.

A two-hour community stakeholder focus group was held at the GR Pearkes Recreation facility in Saanich on March 5, 2019. Hosted by the District of Saanich's Recreation department and facilitated by the Howegroup, eleven individuals attended the focus group representing Island Health, the library, the District of Saanich, care providers, and community based organizations.



*Saanich Community Partner Focus Group – GR Pearkes Community Centre*



*Creston Community Partner Focus Group – Crest View Village*

A two-hour community stakeholder focus group was held at Crest View Village in Creston on April 1, 2019. Crest View Village provides independent living and assisted living housing. The focus group was hosted by Golden Life Management, facilitated by the Howegroup and attended by over 20 individuals representing the Town of Creston, Interior Health, BC Transit, the Community Paramedic Program, Creston Valley Hospital, the Creston Valley Hospice Society, service providers and community programs.



*Seniors Social Gathering at GR Pearkes Community Centre*

A one-hour focus group was held with five seniors in Saanich on March 5, 2019. The focus group was conducted immediately after a seniors social gathering at the GR Pearkes Community Centre.

Seniors ranged in ages from 68 to 91. All lived independently in the community. Two seniors had intimate experience with home health care and long term care with their partners accessing services.



A one-hour focus group was held over lunch with six independent living residents at the Crest View Village on April 1, 2019. Seniors ranged in age from 70 to 93.

All seniors purposefully chose to move into Crest View Village for some additional living supports from two to five years ago.



*Lunch with seniors at Crest View Village*



*Seniors focus group at Thornbridge Gardens, New Westminster*

A one-hour focus group was held with eight seniors at Thornbridge Gardens in New Westminster on April 3, 2019.

These seniors ranged in age from 55 to 86 and were living independently, with the exception of medication management and meals. The Director of Policy and Research, BCCPA also attended.

## Findings

The purpose of this work was to operationalize the community non-medical services hub – that is to take the conceptual components of the model and understand the implications through the practical lens of stakeholders and seniors. The following findings shed light what it would mean to offer services in a community non-medical hub, considering:

- Specific hub services
- Communicating and coordinating existing services
- Transportation
- Volunteerism
- Sufficient long term care
- Expanded home health care
- Municipal planning
- Housing mix
- Rural considerations
- Family support
- Opportunities for collaboration

### Hub services

When asked what types of services were most important in a Care Hub, seniors and community stakeholders identified the following:

- Medical services (i.e. access to primary care and specialist services)
- Home health care (particularly with expanded services)
- Housing
- Transportation
- Shopping
- Recreation
- Adult day programs

Seniors also stated the need for a safe environment in the community and opportunities for connections and relationships, with dignity.

*What is important to me is having a community centre where we can come together, have coffee and talk. It would be the death of me to loose connection with people.*

– Saanich senior

*My ideal hub would see individual apartments, not sharing wards. When I think about my future and what I would want I would want to be by myself but have access to social things in the village. I would want to walk across the grass and have a building where I could play ping pong and socialize.*

– Saanich senior

*The hub enables seniors to live more independent lives, enabling them to access an array of financial, health and retail services, as well as leisure and recreational opportunities, by way of walking or a mobility aid.*

– Interviewee

*Having services close by is very important because it otherwise it means stress. And stress to me is very, very costly.*

– New Westminster Senior

*The area has to feel friendly and safe, nothing can be a deterrent for a senior. It must be known by seniors and have good reputation.*

– Interviewee

*I have independence, peace of mind, and I feel secure.*

– New Westminster Senior

Community partners agree with the priority services reported by seniors, with less emphasis on health services. Other services that were important were mental health and end of life care as well as, to a lesser extent, the library, parks, banks and entertainment.

Stakeholders identified adult day programs as essential to a Care Hub model. These programs support individuals living in their homes by providing group programs in the community such as health care services, social and recreational activities and caregiver support. In some communities (such as Creston) adult day programs are at full capacity. Expanding the program would be of benefit to the community, as would potentially examining the criteria for eligibility and possibly allowing a more casual usage of the programs.

There was clear agreement among community stakeholders and seniors that seniors living in long term care are rarely leaving the building, and as such any services needed to be co-located.

*Once a person is in long term care, all services are coming in-house. For the most part, there is no benefit to residents of residential care [to have services in the community], there are very few who could go into the community unsupervised.*

– Interviewee

### Communication and coordination of services

Focus group participants in Creston and Saanich did not identify gaps in services, but rather gaps in communication and coordination of existing services. These were significant issues in both communities. Stakeholders in both communities spoke of informal networks that exist between service providers to share information but there was a lack of formalized structures for action planning and building community capacity.

Stakeholders clearly identified several gaps in operationalizing the community non-medical services model. Specifically, gaps exist in:

- Communication about and coordination of existing services
- Formalizing and leveraging Community Collaboratives (working tables) to support community action planning
- Access to the right services at the right point
- Transitioning between different levels of care

There is a strong desire by service providers to improve collaboration of access to services and service delivery. To support more integrated care and services the importance of ‘surrounding the client with services’ was emphasized as integral to the success of community planning.

*We need to look at what is already in existence and see what else we can put into it to make it a more complete kind of service so seniors are not falling through. I think it's less about having a physical place where everything is together and more about having a network of services where people can be supported as their needs evolve.”*

– Creston service provider

*I think it's amazing how much is actually already in place and it's just that we struggle with knowing how to connect the dots between the pieces. That's always our challenge.*

– Saanich service provider

*I think we need to build on the residential care campuses that exist already. Campuses of care are designed to offer a range of services and expertise.*

– Saanich service provider

*What jumps out from my perspective is that we have a whole assortment of different kinds of services that are particularly related to the wellbeing of seniors. What we don't have is some kind of central organization where for instance, if a senior in the community is adrift in some way and needs something but doesn't know on their own how to make contact with it that seniors can go to find out what would be most appropriate for them.*

– Creston service provider

*We have providers offering residential care, adult day programs and respite care. Home visits are available as home care. There is also end of life care. This is all part of our community. We are kind of a hub already. The challenge is being able to easily move people through and to find what they need and particularly helping them at those difficult transition points where so often seniors get lost.*

– Creston service provider

With respect to transitioning between points of care, seniors highlighted the need for expanded supports to meet evolving needs.

*The government needs to connect assisted living and long term care... we need something in between for people who can't stay alone but aren't ready for long term care.*

– New Westminster Senior

*There is a real gap... you come to the end of your time here [in assisted living] and there is no place to move to unless you are bedridden.*

– New Westminster Senior

Aligned with enhancing communication and coordination of services stakeholders spoke of the need for a network of existing services within communities.

*Right now the government is putting a significant amount of funding into building networks. There is the Patient Care Network and the Patient Medical Home. This is about every community being able to identify where the gaps are and determine how best to meet the needs.*

– Creston stakeholder

The concept of community collaboratives and collective impact was discussed by stakeholders and there were conversations on the value of having a formalized network of providers, with allocated funding to navigate and streamline services for seniors. One focus group attendee commented on the value of having positions funded to participate in community work in a way that was recognized and valued by managers as aligning with respective roles.

During the Saanich focus group the work that Island Health (IH) is currently undertaking to break down silos and enhance communication and collaboration at the community level was highlighted. IH is working to help seniors

age in place. Neighbourhoods are being planned in collaboration with the Capital Regional District (CRD), non-profit organizations, Parks and Recreation, BC Housing, BC Transit and IH all working together.

### Island Health: working to break down silos and enhance connected care

I think there are some ways to connect primary care networks because we already have cohorts of physicians Island Health (IH) is working with. We're already looking to see how we can connect continuing care with primary care. I think residential care service providers could really play a role here. I know we're talking non-medical but certainly that interfaces with the primary care networks. Over the last three years IH has collapsed eight different silos of programs within the health authority into a singular network with singular intake, with one huddle in the morning with every new client discussed. We have worked with the unions and with family physicians that work within those neighborhoods. We've had several neighborhood development sessions with the physicians and we're slowly bringing things together. The next step is bringing in our broader partners.

### Transportation

Transportation is critical to operationalizing a hub, in particular a virtual hub where a full-suite of services may be offered by network of care homes clustered in a geographic area. Some of the key aspects that were uncovered during the stakeholder engagement include:

- The need for greater access to both custom and conventional transportation
- The need for better use of existing transit by educating seniors on how to use it
- Opportunities for making use of underutilized transit options (i.e. buses that provide transportation for care homes as part of a network)
- Communities providing (welcomed) input to BC Transit to support the creation of community transit plans
- Developers reaching out to BC Transit before building

With increasing pressures on custom transport (i.e. HandyDART) there is a desire within BC Transit to increase conventional ridership among the senior population, emphasizing the accessibility of buses. Education and communication is critical to increasing transit utilization for seniors who do not need 'curb to curb' support.

Service providers in Creston identified transportation as a gap. While representatives from BC Transit and the Regional District of Central Kootenay reported that Creston has twice as much custom transportation (i.e. HandyDART) than the BC average, challenges remain to service Creston residents. There are specific criteria for accessing HandyDART, there is currently no taxi voucher program, something BC Transit is exploring and there are general perceptions that the bus is not necessarily accessible for seniors with, or even for those without, mobility (or other) issues.

As well, through a partnership with Interior Health Authority (IHA), the Regional District of Central Kootenay and BC Transit, *IH Connections* exists to link smaller communities, such as Creston, with hospitals in the IHA service areas. There was a general perception that while this is an incredibly worthwhile service this bus service did not run frequently enough. There have been issues of delaying hospital discharges for patients without other means of transportation due to this bus only running twice a week (although seniors in the focus group conducted subsequently felt this bus system was adequate). Creston community partners discussed opportunities to enhance volunteer driver programs and to make use of long term care buses that are often underutilized.

Transportation representatives recommended that the Creston community provide their input via the BC Transit website and by coming together and documenting their needs. BC Transit conducts service reviews on an ongoing basis (the last one in the Creston area was in 2013). It was recommended that partnering with the student population would help to enhance the voice of seniors as the student and senior populations separately are vocal, so a combination of efforts would be exponentially effective. It was also recommended that there

would need to be further collaboration with local government to conduct public engagement to further design transportation services.

### Sufficient long term care

The transition from assisted living to long term care is an ongoing challenge that is putting a strain on the acute care system. The insufficient number of long term care beds in some communities across BC is making it such that seniors are being cared for in hospital rather than in a long term care setting. This is particularly challenging when seniors progress quickly to needing long term care. It was noted that Interior Health has a higher than average proportion of seniors population and that there is a need for more long term care beds in the Kootenays.

*I had surgery in Cranbrook last year and the hospital almost didn't have a bed for me on the surgical floor. I was told the reason was because there are so many seniors falling between the gaps of care and that they actually needed to be in long term care, not in the hospital.*

– Creston Community Partner focus group participant

### Expanded home health care

Noting the Ministry of Health's focus on home health care, there was agreement among community partners in Saanich and Creston that seniors generally do prefer to remain in their homes. This translates into the need for additional services for home health care including social and physical supports.

*I think home care is a huge issue. Someone different is coming in to provide intimate support, such as giving a bath. With a new person all the time relationships cannot be developed and there is very little trust that can be developed either. I don't understand why that is the case and why people can't be assigned to the same senior.*

– Saanich community stakeholder

*A seniors hub to me is a philosophical way to pull services together and support seniors to live at home as long as possible, with proper supports. It's not just about getting up and getting dressed and taking pills.*

BC's population is aging ... There is increasing demand for both traditional home support services, including personal care, as well as other supports such as light housekeeping, transportation and shopping. Health authority programs support eligible seniors to remain living in their own homes as long as possible through publicly subsidized home health services. Community nursing, community rehabilitation, adult day programs, home support for assistance with activities of daily living, and at-home end-of-life care are examples of these services. Family caregivers, volunteers and community services are relied upon to provide other supports required.

*- An Action Plan to Strengthen Home and Community Care for Seniors (March 2017)*

– Creston community stakeholder

### Municipal planning

An organic hub represents a cluster of services and supports for seniors that has arisen without initial urban planning with this end in mind. The organic hub in New Westminster offers an example of fulsome, accessible services for seniors surrounding a mix of living options (see inset profile below). Validated by interviews and the New Westminster seniors focus group, this hub developed from the following success factors:

- Purpose-built affordable housing
- Flat topography (walkability)
- A seniors recreation centre
- Transit hub, including SkyTrain access nearby

Although the area of 6<sup>th</sup> and 6<sup>th</sup> has tremendous municipal support, seniors were drawn to the area by the affordable housing (and mix of housing options) and the recreation centre. Services and businesses responded to the demographic profile of the community by offering the services seniors desired.

*There are infrastructure considerations, seniors need parks and transportation. The area must be convenient and safe. It should be located by a seniors' centre, library or other civic facility that can act as the anchor for the hub. Businesses will follow the population and transportation will go where the population dictates.*

– Interviewee

*More and more developers are reaching out to transit before they build. It is becoming more and more expensive to build right in the city so people are looking outside of the city limits. Transit use to be considered after the fact, this isn't the case anymore.*

– Interviewee

### Profile of New Westminster organic senior's hub

New Westminster has a seniors' hub that has developed organically over 50 plus years. The seniors-specific services in the area include Century House (seniors recreation centre with multigenerational programming), a public library, health and wellness services including practitioners and allied health professionals, financial institutions, grocery stores, retail malls (that provide space for gathering, eating and walking). *"We are very lucky to have these services around us, even if we don't need them all right now, they will become necessary one day", says a New Westminster Senior.* One service that seems to be missing is an adult day support program.

This organic hub evolved from the ideal topography, which is relatively flat and surrounding Century House, that opened in 1958. Key success in this area was the availability of multi-family housing including purpose-built market rental, confluence of public transit networks, and financial, health and retail services.

*"What makes Century House (New Westminster) so appealing is that it is designed for common space, with a cafeteria and library and sitting areas. Seniors can come here and not be programmed. It is naturally attractive for people who are not 'joiners'. It is a safe and easy place to access. It is surrounded by flat, walkable ground, accessible from nearby housing, grocery stores and public transportation"*

– New Westminster senior

*"New Westminster Uptown is walking distance to everything including the mall, Century House. It is walking distance for those that are able and for those with walkers or electric wheelchairs. Other are using taxi, Taxi Saver or HandyDART."*

– Interviewee

This mix of walkable land and services, along with excellent public transit enables seniors to meet their varied needs while negating the need to own a private vehicle. It is important to note that while public transit may have been an initial factor in attracting seniors, it is now possible to meet most needs locally, with possibly the exception of specialized health services which are offered further away at Royal Columbian Hospital.

The City of New Westminster provides exemplary practices in engaging in age-friendly activities:

- In My Back Yard (IMBY) Resource Directory and Fairs (2008)
- Wheelability Assessment Project (2009)
- *Adaptable Housing Policy and Bylaw (2011)*
- *Seniors Engagement Toolkit (2011)*
- Century House Inclusion Enhancement Project (2013)

- Age-Friendly Business Initiative (2014)
- Master Transportation Plan (2014)
- Dementia-Friendly Community Action Plan (2016)
- Official Community Plan Update (2017)
- Annual Seniors Festival

## Housing mix

Diverse housing options were critical to the growth of the organic hub in New Westminster. A healthy housing mix provides options for seniors to age in their own community. Interviews with land developers, BC Housing and municipal planners identified the following success factors for this hub:

- Affordable housing mix that considers seniors, health workers and family
- Mix of seniors living and supports including adult day support, expanded home health care, assisted living and long term care
- Affordable land cost and reasonable municipal approval timelines

*In the early 60s and 70s, the area saw a tremendous growth in three-storey, multi-family buildings, which may have been attractive to downsizing seniors who were looking to capitalize on the equity in their homes. In the 80s and 90s, the area saw the development of a number of strata-titled high rises, which, again, appealed to downsizing seniors who were still interested in home ownership but did not want to continue maintaining their single detached home, including yard work.*

– Interviewee

*For planning a seniors hub in the community, it should start with housing, recognizing that peoples' needs change as they age and that they may want to use equity in their home. There needs to be a combination of purpose built market rental housing and seniors' non-market housing.*

– Interviewee

*When considering where to develop housing for seniors we think of land cost, how quickly a project may be approved. As a developer, proximity to amenities isn't as important.*

– Interviewee

*Our planning team has to engage the local community, to ensure they see the benefit, then we do a feasibility study, consider the population size and work with developers to better understand the people who would be served there. We consider the frequency of busses and how people could best be served by transit.*

– Interviewee

Exploring the concept of a Care Hub with land developers, interviewees highlighted the following:

- The value proposition of converting income-generating property to housing is hard to create
- Re-zoning land for higher density living is costly and may take years for approvals
- Community members often do not support conversion to high density in their neighbourhoods
- Value for the developer may come from creating efficiency with approvals, a tax break or a decrease in off-site assessment costs

*Rezoning may require parking, reduction of development fees to support development.*



– Interviewee

*The economics are challenging. To foster development of more housing the government needs to put money on the table and support it and reduce (municipal) fees and processing time and be flexible with what a developer needs to make this work, including density and processing time.*

– Interviewee

*Most developers would say develop a market rental building for everybody. Target the 55+.*

– Interviewee

*In the past, land was cheaper so older facilities were built on a single level. Now we need to make better use of land. The economics of developing care facilities is really challenging so higher density makes sense.*

– Interviewee

## Rural considerations

There are several issues that are unique to rural communities:

- Access to service is more challenging in rural settings as seniors often have to travel to larger centres for specialized services. Access is therefore more reliant on transportation options.
- Meeting transportation needs is more challenging due to the limited frequency and routes dictated by the lower volume, as well as the larger geographic spread and bus stops tend to be farther apart.
- The mix of housing is not as diverse – there are few condos and apartments available and often rental units tends to be in less desirable / less safe environments.
- Urban planning may be more streamlined as the cost of land tends to be lower and there is less competition for zoning and permit approvals.

## Family support

From discussions with seniors, care providers and developers, two salient points emerged with respect to families in the context of a Care Hub: Locating services in close proximity to seniors' living helps both the senior and the family member by saving time, reducing stress and improving access and awareness to existing services. Secondly, even with family support, seniors living in long term care are usually not leaving the site.

*My sister helps me out and it's helpful that everything is close by.*

*I live here because I am half way between my two sons. With all these services here, it is so handy as they go to and from work.*

*My son lives close by and I go there for dinner once a week... when there are concerts nearby we go to those together.*

– New Westminster Seniors

## Volunteerism

Volunteers are relied upon to support a great number of community programs. Many volunteers are seniors themselves, and enjoy the rewarding opportunity to participate in meaningful activities in their communities. The issue, with respect to operationalizing a hub or network or services, is that volunteerism is changing. Volunteers are looking to volunteer in different ways and volunteers are aging as well. Saanich stakeholders spoke of the impact the change in volunteers has on service provision for programs specifically (i.e. reduced capacity). Creston community partners discussed some innovative solutions such as partnering with high schools, but noted the liability limitations with respect to working with students as another challenge.

## Opportunities for collaboration

Through discussions with BCCPA leadership, EIPC and community stakeholders, numerous opportunities for collaboration emerged with care providers, health authorities, service providers and municipal governments (including the Union of BC Municipalities). Four specific initiatives were identified by stakeholders as closely aligning with the community non-medical services model:

1. **BC Healthy Communities (Age friendly community initiatives/designation):** The concept of a seniors Care Hub aligns closely with the existing Healthy Communities initiative and may provide opportunities for exploratory funding for communities and neighbourhoods, as well as a proven framework for developing neighbourhoods that are safe and accessible for seniors and their families. BC Healthy Communities Age Friendly recognizes communities that demonstrate unique approaches to promoting and creating age-friendly communities, promoting active aging and contributing to the creation of sustainable, healthy communities. Communities with an age-friendly designation will be well positioned to participate in discussions about community non-medical services hubs with BCCPA.
2. **BC Housing:** BC Housing has two initiatives that align with the outcomes of the Care Hub model: Shelter Aid For Elderly Renters (SAFER) and BC Housing Financing. The SAFER programs provide monthly rent subsidies for seniors with low to moderate incomes. BC Housing Financing provides access to construction financing for non-profit organizations building assisted living and long term care. These two programs align with the Care Hub model by supporting seniors to stay in their community and increasing living options in communities where seniors are already located.
3. **Alzheimer Society of BC:** The Alzheimer Society of BC provides education and support to communities throughout BC. There are four possible areas for collaboration with the Care Hubs model – supporting Alzheimer Resource Centres, Dementia-Friendly Action Plans, Alzheimer Society Support Groups and Minds in Motion. With the increasing impact of dementia on seniors, their families and service providers, collaborating with the Alzheimer Society will be critical to ensuring communities are safe and supportive.
4. **BC Divisions of Family Practice:** An integrated system of care would enable further collaboration with health authority services, community health services, specialized services and acute care. There may be opportunities to align with provincial goals of moving away from episodic and siloed care toward an integrated system that increases access to services as well as coordinates care and services.

## Conclusion

The purpose of this project was to explore the operationalization of the community non-medical services model, as outlined in the draft BCCPA Scoping Paper, *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.'s Communities* (April 2019). Input was sought from stakeholders, inclusive of seniors, municipalities, health authorities, care providers, community partners, transit and city developers on barriers and factors that would support the practical design and delivery of continuing care with community based non-medical services.

The approach for this work consisted of meetings with BCCPA leadership, including the Emerging Issues and Policy Committee (EIPC), 21 interviews, two focus groups with community stakeholders and three focus groups with seniors. In addition to seeking input from stakeholders on the operationalization of a non-medical community model, interviewees shaped the design of the focus groups including the selection of the communities (Creston, Saanich and New Westminster).

The approach explored the conceptual components of the model to understand the implications through the practical lens of stakeholders and seniors. From the engagement, services identified as most important to include in a Care Hub were medical services, a mix of housing, expanded home health care, transportation, shopping (including groceries), adult day programs, and recreation.

The following areas emerged from the discussion as the primary considerations in developing a seniors Care Hub:

- Communication and Coordination of Services
- Transportation
- Sufficient long term care
- Expanded home health care
- Municipal planning
- Housing mix
- Rural considerations
- Family support
- Volunteerism

The engagement highlighted numerous opportunities for collaboration and four specific initiatives as the non-medical community services model is further developed: BC Healthy Communities (age-friendly community initiatives/designation), BC Housing, Alzheimer Society of BC and the Divisions of Family Practice.

## Appendix A – Participating stakeholders

Table 1. Organizations participating in stakeholder interviews

Age Friendly, Healthy Communities	Domus Homes
Allies in Aging	Golden Life Management, Corporate Business
Alzheimer Society of BC	Kiwanis Lodge Centre, New Westminster
BC Housing	Luther Court Society
BC Transit	Nikkei Seniors Health Care & Housing Society
Century House	Parks, Recreation and Culture, District of Saanich
Cridge Centre for the Family	Providence Health Care
Beacon Shoal Assisted Living	Salvation Army Buchanan Lodge, New Westminster
Capital Regional District	Thornebridge Gardens
City of New Westminster, Urban Planning	Island Health
District of Saanich, Councillor	

Table 2. Organizations participating in the Saanich focus group

Silver Threads	Elder Care Foundation.
Island Health	Kiwanis Pavilion
Greater Victoria Public Library	Broadmead Care
Luther Court Society	District of Saanich

Table 3. Organizations participating in the Creston focus group

Town of Creston	Mental Health
Better at Home Coordinator	Community Paramedic Program
Interior Health	Creston Valley Hospice Society
Creston Valley Hospital	Valley Community Services
Golden Life Management	Regional District of Central Kootenay
BC Transit	