



The Independent Living
Advantage

EngAgeBC

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About EngAge BC

EngAge BC is an operating arm of BC Care Providers Association, which has represented the continuing care sector for over 40 years, together we work with over 430 long-term care, home health care, assisted living, independent living, and commercial members across the province.

Acknowledgements:

EngAge BC would like to thank the EngAge BC Member Council for their support in developing this paper:

- **Ron Pike**, Elim Village, EngAge BC Chair
- **Jackie Reiners**, Augustine House, Vice-Chair
- **Kris Coventry**, Trillium Seniors Living
- **Stasia Hartley**, Bayshore Home Health
- **Riz Gehlen**, Care Free Manor
- **Celeste Mullin**, Golden Life Management
- **Michael Neumann**, Verve Senior Living
- **Sharon Ranalli**, Chartwell Retirement Residences
- **Lina Saba**, Park Place Seniors Living

Additionally, EngAge would like to express our sincerest thanks to Westbridge Group Valuation Partner for their contributions and feedback.



Special thanks to all of the organizations who generously shared photography for this guide, and for the residents who so kindly shared their stories.

A Letter from Terry Lake, CEO

Dear readers,

In 2019, at the request of our members, BC Care Providers Association expanded our mandate to serve operators offering Independent Living services across the province. Since that time, EngAge BC has developed the navigational tool, Route 65, has launched the quality assurance program, Assurity, and has supported our members through a number of challenging years.

Now, through **The Independent Living Advantage** it is my pleasure to examine what the future of independent living can look like in British Columbia.

What follows should be considered a foundational document, intended to guide EngAge BC's direction and advocacy over the coming years. This paper provides an overview of the independent living landscape in B.C. In doing so it examines the health and quality of life benefits which can be attributed to the independent living model. It goes on to discuss how seniors focused housing and hospitality models can address what are, in my view, three of the most pressing challenges facing B.C.– demand on the health care system, the provincial housing crisis and climate change. Finally, **The Independent Living Advantage** outlines actions which can be taken to support independent living to remain a desirable option for seniors, and to improve accessibility, particularly by 1) addressing barriers to independent living; 2) supporting sustainability; 3) creating affordable options; and 4) ensuring appropriate staffing.

Independent living is not for everyone. However, it does offer a significant opportunity to support many older adults to live healthier and happier lives.

It is time to reframe how we talk about, think about, and support independent living. EngAge BC is pleased to be leading this conversation.

Sincerely,



Terry Lake, CEO



“Independent living offers an opportunity for older adults to live healthier and happier lives.”



Independent Living, A Solution to A System Under Pressure

This section of the paper reviews independent living in B.C., including the number of independent living suites across the province, the services offered and how independent living plays a role which is both supplementary and alternate to the seniors' care continuum. It also discusses the preferences of older adults to age independently and the pressures presently faced within the care dominant system currently serving seniors.

About Independent Living

In British Columbia, approximately two percent of people over 65 reside in the 20,556 independent living suites across the province.¹ Sometimes these suites are referred to by different terms, such as supportive living, retirement living or seniors' living homes. While many definitions of independent living exist, EngAge BC refers to independent living as seniors' housing where hospitality services are provided, such as meals, housekeeping, laundry and recreation activities.



Independent living suites exist in standalone buildings, in concert with assisted living suites, or as part of aging in place communities where independent living, assisted living and long-term care is all provided. Residences are predominantly privately operated; with a smaller number of those residences run by not-for-profit organizations.² As part of the independent living model “hospitality services” are offered and often include meals, housekeeping and recreational programs. Typically, the focus of services and programming is on maintaining “wellness,” in comparison to treating illness, offering seniors a “lifestyle choice”. The presence of staff fosters security and safety; which is unique to this setting, in comparison to other congregate living settings such as co-ops, or naturally occurring retirement communities (a term used to define neighborhoods where older adults make

[1] Seniors Advocate BC. 2021. Monitoring Seniors Services 2021 Report. Accessed at <https://statics.teams.cdn.office.net/evergreen-assets/safelinks/1/atp-safelinks.html>.

[2] Westbridge Group Valuation Partner estimates that 19% of independent living homes are operated by non-profits.

up a large share of the population, but which were not specifically designed or planned to meet the needs of older adults).³ Buildings are purpose built and include features such as appropriately placed light switches, non-slip floors, grab rails and other accessibility and safety features which can reduce the likelihood of falls and other accidents, and improve quality of life.

Throughout the province independent living is unregulated, meaning that it does not fall under the Community Care and Assisted Living Act (CCALA) or the Hospital Act. This distinguishes independent living in B.C. from other parts of the country, such as Ontario and Alberta, where independent living falls under provincial regulation and takes a slightly different form.

As independent living does not fall under CCALA it cannot directly offer what are referred to in the legislation as “Assisted Living services.” As defined by CCALA these include the following:

1. Assistance with the activities of daily living, including eating, moving about, dressing and grooming, bathing and other forms of personal hygiene
2. Assistance with managing medication
3. Assistance with the safekeeping of money and other personal property
4. Assistance with managing therapeutic diets
5. Assistance with behaviour management
6. Psychosocial supports
7. Other types of prescribed assistance or support



In reality, many residents living in independent living also receive private or publicly subsidized home health care from a party separate from the independent living operator itself. In some cases, this reflects a similar level of care and/or support to what would be offered in assisted living. This allows residents to remain in independent living for longer, while getting the right level of care at the right time. Additionally, family members may also assist and support residents.

[3] Airgood-Obyrcki, Whitney & Molinsky, Jennifer. January 2021 “Naturally Occurring Retirement Communities Score Lower on Livability,” Housing Perspectives, Joint Centre for housing Studies. Accessed at: <https://www.jchs.harvard.edu/blog/naturally-occurring-retirement-communities-score-lower-livability>

While independent living in B.C. operates outside of the healthcare system, it arguably 1) supplements the health care system by supporting the wellbeing of its residents, and thus proactively circumventing the need for care, and 2) acts as an alternate model to assisted living and long-term care for those who need care by assisting seniors to remain independent through housing and hospitality services, while they layer on additional medical supports.

Despite the benefits of independent living environments, many older adults are reluctant to transition to a congregate living environment – i.e., only 2.1 percent of those over 65 in B.C. and 2.6 percent nationally live in independent living (notably, 72.3 percent of them were women and 27.7 percent men).⁴ In many cases this uneasiness can be related to fears around downsizing, internalized ageism (e.g., “I don’t want to live with a bunch of old people,”), and a lack of understanding in terms of what options are available to them at what cost.

More recently, concerns about moving into independent living have been related to the COVID-19 pandemic. According to BCCPA’s records, however, only 140 resident cases and seven deaths were reported in independent living between March 2020 and October 2021, the deadliest period during the pandemic. It appears that media coverage of cases occurring in long-term care and assisted living may be impacting potential resident’s perspectives on the safety of independent living homes. While concerns about contracting COVID-19 in a congregate living setting may be valid, they should also be weighed with concerns regarding the impacts of social isolation, inactivity, falls and undernutrition.

Independence Matters

A recent (2020) National Institute of Ageing (NIA)/TELUS Health Survey found that 91 percent of Canadians of all ages, and almost 100 percent of Canadians 65 years of age and older, plan on supporting themselves to live



91%

of Canadians of all ages and almost 100% of 65+ Canadians plan on living independently in their own home for as long as possible

[4] Statistics Canada. 2011. Living Arrangements of Seniors. Accessed at: https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm.

safely and independently in their own home for as long as possible.⁵ In large part, older adults are successful in meeting this goal. Statistics Canada reports that, in 2016, 93.2% of seniors lived in private dwellings (house, apartment or moveable dwelling) while 6.8%

About one-quarter of Canadians aged 75 and over has at least one unmet need with respect to their activities of daily living.

lived in collective dwellings, such as “residences for senior citizens, long-term care homes or health care related facilities.”⁶

As referenced in NIA’s report, while remaining independent has its benefits, it also comes with challenges. For example, about one-quarter of Canadians aged 75 and

over has at least one unmet need with respect to their activities of daily living. According to Statistics Canada, this is likely underestimated because older adults may not know what supports are available or how to best access them.

While the term “aging in place” is often used in gerontology circles and across the sector, it has also been critiqued as being ambiguous, with gerontologists noting that aging in place is not simply about remaining in one’s physical home but about identity, relationships and community. To remedy this Rogers et al opt for the term “aging in place of choice” which they feel better represents the journey to maintain independence in one’s place of residence, as well as to participate fully in one’s community.⁷ This perspective should be considered by policy makers and when contemplating what and how housing and care options should be made available to older adults.

When an older adult does decide to move, their decision to do so can most often be characterized as driven by either “lifestyle,” “planning,” or “crisis,” each of which is typically underpinned by a number of “push” (for example, death of a spouse) or “pull” factors (for example, a desire to be closer to children and grandchildren). Perhaps not surprisingly, seniors who are widows and those who are divorced or separated are more likely to move.⁸

[5] National institute on Ageing. October, 2020. “Almost 100 per cent of Older Canadians Surveyed Plan to Live Independently in their Own Homes, But Is This Even Possible?” Retrieved at: <https://www.nia-ryerson.ca/commentary-posts/2020/9/22/almost-100-per-cent-of-older-canadians-surveyed-plan-to-live-independently-in-their-own-homes-but-is-this-even-possible>.

[6] Statistics Canada. June, 2019. “Report on housing needs of seniors.” Accessed at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs.html>.

[7] Wiles, Janine L., Annette Leibing, Nancy Guberman, Jeanne Reeve, Ruth E. S. Allen, “The Meaning of “Aging in Place” to Older People,” *The Gerontologist*, 52, no. 3 (June 2012): 357-366, <https://doi.org/10.1093/geront/gnr098>

[8] Statistics Canada. June, 2019. “Report on housing needs of seniors.” Accessed at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs.html>.

Given that seniors would like to age in their own homes, but sometimes have challenges doing so due to unmet needs, it appears that appropriate housing and hospitality services are positioned to play a key role in assisting seniors to age as they choose. Solutions which incentivize downsizing, as discussed throughout this paper, may also encourage seniors to consider independent living, by way of acting as a “pull” factor. Additionally, independent living’s non-medical approach (sometimes referred to as a “wellness model”) is likely to appeal to older adults looking to maintain or improve their lifestyle.

Meeting increasing demands

Like the rest of Canada, British Columbia’s population is aging. In fact, by 2036, 1 out of 4 Canadians will be over 65.⁹ This will result in broad sweeping economic and systemic challenges for Canadians and a host of other countries across the world.

Did you know?
By 2036, 1 out of 4
Canadians will be over 65

This includes disruptions to the labour force as more Canadians seek retirement, public expenditures related to benefit payments, and pressures on the health care system. Likewise, while getting older is not necessarily associated with becoming ill, health care utilization does increase with age.¹⁰

Already, British Columbians are facing significant challenges accessing necessary services. The Office of the Seniors Advocate has reported that the accessibility of seniors’ care services is on the decline, citing increasing wait times and longer wait lists.¹¹ According to the Conference Board of Canada, B.C. will require over 30,000 new long-term care spaces by 2035 to meet the demands of our changing demographics.¹²

Expanding the current system, while necessary, will come with a cost. While the 2021 B.C. Budget commits to renewing and expanding publicly-owned long-term care spaces—including adding 1,500 net new spaces and replacing 2,850 existing ones—additional capacity will be required to prepare for the future of our aging population. Consequently, BC Care Providers Association has called upon the provincial government to prepare today for an aging population through an investment of \$1.6 billion over three years to fund the construction and operation of 5,000 new long-term care beds across the province by 2027.¹³

[9] Statistics Canada. 2014. “Government of Canada — Action for Seniors report.” Accessed at: <https://www.canada.ca/en/employment-social-development/programs/seniors-action-report.html>.

[10] Canadian Medical Association. 2014. “Health and Health Care for an Aging Population: Policy Summary of The Canadian Medical Association”. Accessed at: https://www.cma.ca/sites/default/files/2018-11/CMA_Policy_Health_and_Health_Care_for_an_Aging-Population_PD14-03-e-0.pdf.

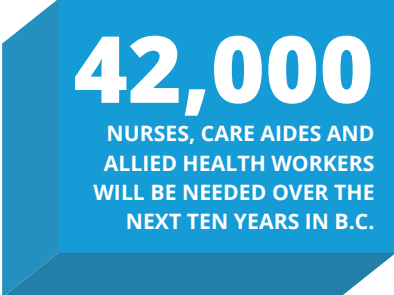
[11] BC Office of the Seniors Advocate. 2020. “Monitoring Seniors Services.” Accessed at: <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2020/12/MonitoringReport2020.pdf>

[12] BC Care Providers Association. 2019. “Bedlam in BC’s Continuing Care Sector: Projecting Future Long Term Care Needs.” Accessed at: from https://bccare.ca/wp-content/uploads/2019/05/Bedlam_in_BC_Continuing_Care_Sector.pdf

[13] BC Care Providers Association. October, 2021. “BC Budget 2022 Submission to the Select Standing Committee on Finance and Government Services.” Accessed at: <https://bccare.ca/wp-content/uploads/2021/10/BC-Budget-2022-Report-BC-Care-Providers-Association-%E2%80%93-September-2021.pdf>.

The challenge of adequately caring for an aging population is expected to be so acute that the Royal Bank of Canada notes in its report titled “Navigating the 2020’s” that “the financial demands of an older population will make it harder for governments to fund key growth priorities like education and skills development.” The RBC report goes on to say that “caring for seniors will consume 55% of provincial and territorial healthcare budgets in 2030 versus 45% now. Demand for long-term care beds alone could cost the provinces \$50 billion in construction costs by 2035.”¹⁴

While infrastructure, and measures which strengthen the seniors care sector are much needed in advance of an aging population, staffing shortages pose a concern which are equally, if not even more, significant. With an aging population, the continuing care sector is among Canada’s fastest growing industries. To meet the needs of older adults over the coming decades, British Columbia will require an expanded pool of qualified health care professionals. Over 42,000 additional nurses, care aides and allied health workers will be needed over the next ten years in B.C.¹⁵



42,000
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One attempt government made to address the demand for long-term care was to increase the scope of the publicly subsidized assisted living program. In 2016, the BC Ministry of Health announced changes to the Community Care and Assisted Living Act (CCALA) via the Community Care and Assisted Living Amendment Act, 2016 (Bill 16). The ensuing change to the Assisted Living Regulation changed the requirement that an assisted living residence offer no more than two prescribed services.¹⁶

Arguably, this change was made to better accommodate the needs of older adults with moderate levels of acuity; otherwise, these seniors would be prematurely transitioned into long-term care, despite not requiring 24-hour nursing care. However, it seems likely that this has created an unmet access need amongst seniors who would have previously transitioned into an assisted living setting but are no longer able to get into one of the limited numbers of publicly subsidized assisting living suites across the province. Whether an outcome of policy or demographics, evidence currently points toward an unmet need, as it relates to older adults who cannot manage at home independently but who are not able to access assisted living. Specifically, according to the Office of the Seniors Advocate, the waitlist for subsidized assisted living has grown each year over the past four years, with the exception of 2021, where it decreased by 23 percent, likely as a result of the COVID-19 pandemic.^{17 18} Operators are also finding it less cost effective to offer assisted living services, as while acuity has reportedly increased, the overall funding model has not been reconsidered.

[14] Royal Bank of Canada. January, 2020. “Navigating the 2020’s.” Accessed at: <http://www.rbc.com/economics/economic-reports/pdf/other-reports/navigating-2020s.pdf>

[15] B.C. Ministry of Health. September, 2018. “B.C. seniors to get the hours of care they need as funding and staffing increased.” New Westminster: Government of British Columbia. Accessed at: <https://news.gov.bc.ca/releases/2018PREM0072-001861>

[16] Prescribed services were previously defined as including: activities of daily living; central storage of medication; distribution of medication; administering medication or monitoring the taking of medication; maintenance or management of cash resources or property; monitoring of food intake or therapeutic diets; psychosocial rehabilitation or intensive physical rehabilitation; and structured behavioural programs.

[17] Office of the Seniors Advocate. 2020. “Monitoring Seniors Services.” Accessed at: <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2020/12/MonitoringReport2020.pdf>.

[18] Office of the Seniors Advocate. 2021. “Monitoring Seniors Services.” Accessed at: <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2022/02/MSS-Report-2021.pdf>.

As the government attempts to maximize the impact of scarce resources, there remains many older adults who would benefit from hospitality supports, including meals, housekeeping, and recreation. However, many of these same seniors would not meet the assisted living criteria, or would face long wait lists.

While many older adults can afford independent living, particularly as a result of a housing market which has been favourable to long-term homeowners, there are some seniors who cannot. For very low-income seniors, BC Housing offers the Seniors' Supportive Housing Program, which provides housing and hospitality services to older adults, seniors and people with disabilities. The Program assists low-income British Columbians who are 55 years of age or older, and people of any age who have a disability or diminished ability.¹⁹ However, accessing this program can be quite challenging.

The Shelter Aid for Elderly Renters (SAFER) program also exists to support lower income seniors. SAFER provides monthly cash payments to subsidize rents for eligible BC residents who are age 60 or over. However, as of March 2020, there were just under 25,000 seniors accessing the program. Further, while this program may be of assistance to some seniors, it has not kept pace with rental rates. In 2019, the maximum qualifying monthly income for single renters in Metro Vancouver was \$2,550 (\$2,446 in the rest of the province). A lack of applicability and availability of senior friendly housing solutions leaves a "hole" in the system, arguably resulting in the need for costlier services resulting from health care needs associated with slips and falls, social isolation, poor nutrition, and so on.

This is not to overlook the challenges faced by the growing number of family caregivers (largely women) who are providing care to older family members at home. In 2018, approximately one in four Canadians aged 15 and older (or 7.8 million people) provided care to a family member or friend with "a long-term health condition, a physical or mental disability, or problems related to aging." Almost half of those who reported caregiving (47%) reported caring primarily for their parents or parents-in-law.²⁰ While caregiving has been noted to have some positive outcomes for those providing support, it is generally well documented to have negative psychological, health, and financial and professional impacts, including the need to exit paid employment to provide care, lower incomes, lower pensions, and barriers to re-entering the labour force.^{21 22 23 24}

[19] BC Housing. Seniors Supportive Housing: <https://www.bchousing.org/housing-assistance/housing-with-support/seniors-supportive-housing>

[20] Statistics Canada. 2020. "Caregivers in Canada, 2018." Accessed at: <https://www150.statcan.gc.ca/n1/daily-quotidien/200108/dq200108a-eng.htm>.

[21] Abdollahpour, Ibrahim, Saharnaz Nedjat, and Yahya Salimi. "Positive Aspects of Caregiving and Caregiver Burden: A Study of Caregivers of Patients With Dementia." *Journal of Geriatric Psychiatry and Neurology* 31, no. 1 (January 2018): 34–38. <https://doi.org/10.1177/0891988717743590>.

[22] Statistics Canada. 2013. Martin Turcotte. "Family caregiving: What are the consequences?" Accessed at: <https://www150.statcan.gc.ca/n1/en/pub/75-006-x/2013001/article/11858-eng.pdf?st=E4VHdNdx>

[23] Lilly, M. B., Laporte, A., and Coyte, P. C. (2010). Do they care too much to work? The influence of caregiving intensity on the labour force participation of unpaid caregivers in Canada. *Journal of Health Economics*, 29, no.6 (2010): 895–903. <https://doi.org/10.1016/j.jhealeco.2010.08.007>

[24] Duxbury, Linda Elizabeth, Christopher Alan Higgins, and Bonnie Schroeder. Balancing paid work and caregiving responsibilities: A closer look at family caregivers in Canada. Ottawa, Ontario: Canadian Policy Research Networks, 2009. https://www.caregiversns.org/images/uploads/all/working_caregivers_EN.pdf

Independent Living: A solution

In summary, British Columbians are already facing challenges accessing services, and when this is considered alongside Canada's rapidly aging population, there is a strong indication that the worst is yet to come, as demonstrated by the growing wait list for assisted living services. Further, caregivers, particularly women, face a multitude of negative effects associated with their caring roles. These issues are exacerbated when services are inadequate in comparison to the needs of the person they are caring for.

While there is no argument that governments must act now to ensure that the appropriate supports can be provided to seniors, meeting the growing need will be costly. While some older adults will always require medical services (i.e., long-term care and assisted living), implementing upstream approaches, such as supporting the independent living model, can reduce the reliance on the health care system and offer a solution to this challenge.



As discussed in the second section of this paper, bolstering the independent living system offers a preventative approach, by providing residents with safe and supported living options, reducing loneliness, and promoting activity. What's more, doing so can meet the desires of seniors to age as independently as possible, by focusing on wellness, rather than illness.

Resident Stories



Chartwell Langley Gardens, Langley

Residents Velda and Rosalie deemed the "tie-dye queens" by Chartwell Langley Gardens in BC! #twinning



Chartwell Renaissance, Langley

Chartwell Renaissance is home to avid knitters like Helen, a resident, and Diane, a staff member. Together, they teamed up to create this wonderful crochet table cloth. Both staff and residents were so impressed with their handiwork that the table cloth went up for raffle, with all profits going to Vancouver Children's Hospital. What an amazing partnership!



The Benefits of Independent Living

This section of the paper addresses the ways in which independent living can help seniors age in their place of choice, by supporting residents in terms of their health, quality of life and social connectedness. It also discusses the ways in which a strong independent living system can play a role in addressing the challenges associated with 1) the demand on the health care system; 2) the housing crisis and 3) climate change.

Supporting Seniors to Age with Better Health and with Better Quality of Life

While there are limitations to the available research, there is evidence to suggest that congregate living can have beneficial effects on both the physical and mental well-being of older adults. This is particularly true as it relates to reducing loneliness, supporting physical and cognitive health, aiding in nutrition, reducing stress (both for the resident and the caregiver), and supporting the safety and wellbeing of residents through non-medical support.

“Living here has given us time to do things that we want to do, not things that we have to do...there are no worries here.”
- Valerie, Park Place Resident

Loneliness and Social Isolation

The proportion of Canadian seniors who reported feeling isolated often or some of the time more than doubled in 2021 (37 percent), compared with 2017 (17 percent). Canada had the highest proportion among the 11 countries surveyed.²⁵ While this dramatic increase is likely due to the impacts of COVID-19, living alone has been consistently noted as a driving risk factor for social isolation. Life transition factors such as a death of a spouse or losing a driver’s license further increase the risk of becoming socially isolated.²⁶ This is relevant, as loneliness and social isolation have significant impacts on health. According to a 2010 meta-analysis, people with adequate social relationships have a 50% greater likelihood of longevity compared to those with poor or insufficient social relationships.

[25] Canadian Institute for Health Information. “How Canada Compares Results From the Commonwealth Fund’s 2021 International Health Policy Survey of Older Adults in 11 Countries.” 2022. Accessed at: <https://www.cihi.ca/sites/default/files/document/how-canada-compares-cmwf-survey-2021-chartbook-en.pdf>.

[26] Government of Canada. “Report on the Social Isolation of Seniors, 2013-14.” Last modified 2016. Accessed at: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors/page05.html>

This means that addressing loneliness has an effect comparable to quitting smoking. It has been posited that addressing loneliness may be more important than factors such as obesity and physical inactivity.²⁷ As cited in the Government of Canada's Report on the Social Isolation of Seniors, studies show that the lack of a supportive social network is linked to a 60% increase in the risk of dementia and cognitive decline; while "socially-integrated lifestyles" protect against dementia.²⁸

Independent living communities may be a potential solution to alleviating challenges associated with loneliness and social isolation. As noted in a recent study these kinds of living environments "have great potential for mitigating loneliness and concurrently addressing depression and anxiety, due to proximity and homogeneity of residents, congregate space and programming, and potentially trusting relationship with housing staff."²⁹ The kinds of interventions offered through an independent living model may be particularly meaningful to seniors who have recently lost a spouse, friends, and/or family members.

Independent living also reduces the need for transportation, which can act as a major barrier to remaining social (as noted above), particularly as driving often becomes more challenging, or less desirable in later life. It is likely that independent living settings can mitigate against the effects of social isolation associated with transportation.³⁰

Staff also play a role in reducing social isolation, particularly by encouraging residents to participate in recreation and programming, encouraging them to participate in the dining experience, or just by providing casual companionship.

Purpose-Built Environment

According to the World Health Organization, falls are second only to traffic deaths in terms of cause of unintentional injury death, across the world. Demonstratively, older adults have the highest risk of death or serious injury arising from a fall and the risk increases with age.³¹ Of Canadian seniors who sustain fall-related injuries, over two-thirds sought medical treatment, most often from an emergency department.³² One study from the United

[27] Holt-Lunstad J, Timothy Smith and Bradly Layton. "Social Relationships and Mortality Risk: A Meta-analytic Review." PLOS Medicine 7, no.7 (2010): <https://doi.org/10.1371/journal.pmed.1000316>

[28] Government of Canada. "Report on the Social Isolation of Seniors, 2013-14." Last modified 2016. Accessed at: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors/page05.html>

[29] Taylor HO, Yi Wang, and Nancy Morrow-Howell, "Loneliness in senior housing communities," Journal of Gerontological Social Work, 61, no. 6, (2018), 623-639, DOI: 10.1080/01634372.2018.1478352

[30] Qin W, Xiang X, and Taylor H. Driving Cessation and Social Isolation in Older Adults. J Aging Health. 32, no. 9, (2020), 962-971, DOI:10.1177/0898264319870400.

[31] World Health Organization. Falls. April, 2021. Accessed at: <https://www.who.int/news-room/fact-sheets/detail/falls>

[32] Do, M T et al. "Fall-related injuries among Canadian seniors, 2005-2013: An analysis of the Canadian Community Health Survey." Health Promotion and Chronic Disease Prevention in Canada: Research, policy and practice vol. 35, no.7 (2015): 99-108. doi:10.24095/hpcdp.35.7.01

Kingdom, which looked at data over a one year period, found that falls amongst older adults cost the UK government £981 million pounds during that time (equivalent to over 1.7 billion dollars).³³ With an aging population, health care utilization resulting from fall-related injuries and associated costs are expected to increase substantially over the coming decades.

While falls are both harmful to those who endure them and expensive for the health care system, they are also, fortunately, largely preventable. According to one large scoping study, falls are often related to environmental aspects such as “slippery surfaces; inadequate lighting; loose, deep pile, or worn carpets; staircases without railings; unsupportive or badly arranged furniture; poorly designed tubs, toilets, and fixtures in the bathroom; clutter; and pets underfoot.”³⁴ Modifications to interior environments (such as those found in independent living homes) can reduce the probability of falls and injuries. This includes features such as appropriately placed light switches and electrical sockets, grab bars, walk-in showers and bathtubs, non-slip flooring, wider hallways as to accommodate mobility devices, fall-preventing furniture in common areas, and so forth.

Similarly, better accessibility resulting from age-friendly adaptations found in independent living homes can also likely result in better mobilization, greater independence and an increased likelihood that an older adult is active within the residence.

Physical Activity & Recreation

Amongst older adults, exercise and recreation can support cognitive and physical health, often delaying or reducing the incidence of diseases associated with later life including certain kinds of dementia, cardiovascular conditions, and diabetes. Supporting older adults to remain active is also important, as once older people become ‘homebound’ they have a significantly greater risk of



[33] Scuffham P, S Chaplin, R Legood. "Incidence and costs of unintentional falls in older people in the United Kingdom." *J Epidemiol Community Health*. 57, no. 9 (2003):740–4. Accessed at: <https://jech.bmj.com/content/57/9/740.short>.

[34] Pynoos, J., B.A. Steinman and A.Q. Nguyen. "Environmental assessment and modification as fall-prevention strategies for older adults." *Clinics in Geriatric Medicine*, 26, no. 4 (2010): 633–644. <https://doi.org/10.1016/j.cger.2010.07.001>

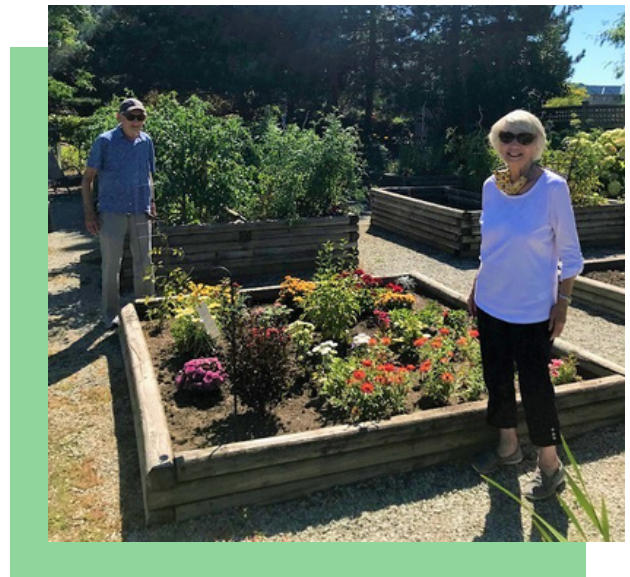
[35] Shabboo Valipoor, Pati Debajyoti, Kazem Zadeh Mahshad, Sahar Mihandoust, and Soheyla Mohammadigorji. "Falls in Older Adults: A Systematic Review of Literature on Interior-Scale Elements of the Built Environment." *Journal of Aging and Environment*, 34, no.3 (2020):1-24. DOI:10.1080/02763893.2019.1683672

death, even independent of “functional impairment and comorbidities.”³⁶

Perhaps unsurprisingly, research indicates that older people may be encouraged to increase their activities if they are influenced by family or friends, if costs are low and enjoyment is high, and if activities are group-based.³⁷ Independent living environments are purposely designed to promote participation in recreational activities, by providing access to planned, ability appropriate activities with like-minded peers. This has been demonstrated through at least one study which indicated that despite being older and in poorer health, “retirement village” residents reported greater frequency of participation in activities such as walking, dancing and lawn bowling than their community living counterparts.³⁸

Despite being older and in poorer health, “retirement village” residents reported greater frequency of participation in activities such as walking, dancing and lawn bowling than their community living counterparts

Given what we know about the importance of built environment as it relates to activity levels amongst older adults, it is also reasonable to assume that seniors residing in independent living can remain active within their community for a longer period of time than they would have if they were living alone in a detached house or apartment, particularly if the residence is located as part of a community, or purposefully located in a “walkable” neighbourhood.³⁹ This lends support for connecting independent living to Care Hubs, as described in BCCPA’s landmark paper *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.’s Communities*.⁴⁰



[36] Soones, Tacara, Alex Federman, Bruce Leff, Albert L. Siu, Katherine Örnstein. “Two-Year Mortality in Homebound Older Adults: An Analysis of the National Health and Aging Trends Study.” *Journal of the American Geriatrics Society*, 65, no.1 (September, 2016). <https://doi.org/10.1111/jgs.14467>.

[37] McPhee, Jamie S., David P. French, Dean Jackson, James Nazroo, Neil Pendleton, and Hans Degens. “Physical activity in older age: perspectives for healthy ageing and frailty.” *Journal of Biogerontology*, 17 (2016). Doi: 10.1007/s10522-016-9641-0

[38] Miller, Evonne and Laurie Buys. “Predicting Older Australians’ Leisure Time Physical Activity, Activities.” *Adaptation & Aging*, 31, no. 3, (2007): 13-30. DOI: 10.1300/J016v31n03_02.

[39] Barnett, D.W., A. Barnett and A. Nathan. “Built environmental correlates of older adults’ total physical activity and walking: a systematic review and meta-analysis.” *International Journal of Behavioural Nutrition and Physical Activity*, 14, no. 103 (2017). <https://doi.org/10.1186/s12966-017-0558-z>.

[40] BC Care Providers Association. December, 2019. *When a Hub Becomes Home: Placing Seniors at the Heart of B.C.’s Communities*. <https://bccpa.ca/wp-content/uploads/2019/12/When-a-Hub-Becomes-Home-December-2019.pdf>.

Other recreational activities can also be of positive benefit, both in terms of emotional/social and cognitive health. Opportunities – including card leagues, baking, woodworking, arts and crafts and so on – are regularly offered in independent living homes and are frequently adjusted to accommodate resident preferences.

Reducing Resident and Caregiver Stress

As noted previously, caregiving can result in negative psychological, health, financial and professional impacts for the caregiver.

While older adults can be reluctant to move into an independent living environment, those who do, often note that they feel reduced stress following the transition. According to EngAge BC operators, new residents often speak to the freedom they feel when they no longer need to manage home-related tasks, such as doing the shopping, performing home or lawn maintenance, worrying about security, or thinking about what would happen if they experienced a fall, or other health event.

These anecdotal reflections are aligned with research indicating that age-related declines in capabilities may compromise older adults' ability to maintain their homes, including difficulties with performing activities such as vacuuming, tidying, changing bed linens, washing dishes, doing laundry, cleaning the toilet, taking out the garbage, and general cleaning, mowing the lawn, painting the outside of the home, cleaning the gutters, etc.⁴¹

This reduction in feelings of stress is mirrored by family members. With the day-to-day activities of the resident now supported, they can focus on providing support of a companionship or emotional nature. This appears to be particularly impactful for caregivers who are supporting children concurrently.

Support of staff

The sense of security offered by independent living homes is something which residents often note as a benefit of a congregate living setting. Most independent living homes offer optional check-in services, and emergency call systems. Staff are on site 24/7 and will support a resident should they have a fall by contacting family or first responders. Staff, who are available to support residents are also able to work with the resident or the family if the person is experiencing changes in physical functioning or cognition. As a result, seniors living in independent living are more likely to be connected to necessary supports

[41] Fausset, CB, AJ Kelly, WA Rogers and AD Fisk. "Challenges to Aging in Place: Understanding Home Maintenance Difficulties." J Hous Elderly. 25, no. 2 (2011):125-141. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3209521/>.

at the appropriate time—i.e., to receive medical attention for an issue that they may have not otherwise sought support for, or access services. Generally, the support of staff is an aspect of independent living that provides considerable peace of mind for family caregivers.

For example, during B.C.'s historic 2021 "heat dome," which killed 595 people, over half of those who died lived alone, and two-thirds were seniors. Most had chronic diseases. In climate related emergencies such as these, staff support, and guidance can be of immeasurable benefit to older adults with vulnerabilities.⁴²

Nutrition

The dining experience and meal services are a cornerstone of independent living services. Many operators offer two meals a day, and some offer grab-and-go breakfasts and snacks, café or pub services, happy hours and so on. Dining room settings enable seniors to enjoy nutritionally balanced meals in a social environment, while not requiring seniors to shop or cook. According to EngAge BC's members, many residents report eating healthier upon moving to an independent living home.

This is of relevance, as malnutrition and undernutrition are considerable concerns for older adults and can lead to a greater risk of frailty, falls, hospitalization, institutionalization, and death. As indicated by the results of the 2008/2009 Canadian Community Health Survey – Healthy Aging, more than 4.1 million older Canadians, or over one third overall, are on the cusp of malnutrition. The study also noted that women were more likely to experience malnutrition (38%) than men (29%), as were people living alone, of whom (49%) were at nutritional risk, compared with 28% of those who lived with a spouse or other companion.⁴³

As cited in the study, higher rates of malnutrition and undernutrition amongst older adults are often related to factors such as diminished appetite, impaired taste and smell, reduced mobility that limits food shopping and meal preparation, eating alone, and loneliness. Factors such as poverty and depression are also associated with malnutrition and undernutrition amongst older adults.

[42] Report to the Chief Coroner of British Columbia. "Extreme Heat and Human Mortality: A Review of Heat-Related Deaths in B.C. in Summer 2021." June, 20220. Accessed at: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf

[43] Ramage-Morin, Pamela L. and Garriguet Didier. Statistics Canada, Health Reports, 24, no. 3 (2015). Nutritional risk among older Canadians. Accessed at: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2013003/article/11773-eng.htm>

Resident Stories



From left to right, Delcia, Olga, Zoria

Olga

Olga, an active volunteer, who is 92 years old, reflects on her decision to move into independent living:

One day my furnace went and it was seven thousand dollars and I just barely paid that and my fence went and that was another four thousand dollars, so I sat down and thought “my roof is going to go, my washer and dryer is going to go, and my taxes are going up.” So, I made a pros and cons list, it was cheaper for me to come here on my own decision than to stay at home. One of the things I like most is that if I want to have my kids and grandkids here, I reserve the dining room and I’m served like a queen! There is no cleaning dishes, putting dishes away, no one is over tired.

I would praise this place, on one out of ten, it would be a twelve!

What happened to a lot of my friends is that they say “I’m never leaving my own home,” and then their support system dies off, and it gets to the point where they are still in their home, and they leave their oven on, or they don’t have the proper food and they aren’t up to date with having a shower, washing their hair, and then they can’t go into independent living they have to go to [assisted living or long-term care] and they are never going to be happy with that, because it’s not their own choice. So, it’s a good idea to [make the choice while you can].

Resident Stories

Delcia

Delcia, a newer resident reflects on her choice to move:

I didn't want to live with any of my children and three of them had suites ready for me! I made my own decision, and thought "no, I'm coming here," this would be best for me...

I don't have any responsibilities, I can come and go as I please, we are fed very well, everything is taken care of beautifully. You really don't have any problems anymore.

It's good. It's a pity not every person can live like this.

I think that sometimes people have a different idea about [retirement living]. I have a friend who said, "Why are you moving there, you would be way happier in your own home." And then I brought her to a few activities here, and now she's selling her home and is on the waitlist here!

Zoria

Zoria shares her story about moving from Alberta, three years ago:

I was from Alberta and I was in my seventies when I lost my husband. I was still on the farm. It was a lot of work, and the kids were always on my case, "mom you can't be yourself, move!" I tried to survive on my own for seven years and it was hard, very hard, losing a partner of fifty years. You don't want to bother your kids because they have their own lives. So, coming up on three years ago, my kids said, mom you have to move, or we are coming to move you, [Zoria joked].

I have a son and a daughter in law here in B.C. who said "mom, come live with us." So, I came here and visited Greystone Manor and it's a wonderful place, everything is provided for you, good cooking, good cleaning, so I made a decision.

I really enjoy it, at the beginning it was hard to leave Alberta and adjust, but now I like the activities, I like everything. The meals. You can go wherever you want to go. If you want to go walking outside, you go walking outside, if you want to go shopping, you go shopping, and there is always good company.

Independent Living: Addressing the Most Pressing Policy Challenges

This section of the paper discusses how independent living – primarily as a social or preemptive intervention – relieves pressure on the health care system. It also discusses seniors independent living as it relates to two other challenges facing the province, namely the housing crisis and climate change.

Reducing, delaying, or eliminating the need for more costly services

The benefits associated with independent living, as outlined above, indicate that a housing and hospitality model has the potential to play a significant role in reducing, delaying, or eliminating the need for more costly services, such as assisted living or long-term care. Specifically, the preventative role which independent living can play should not be underestimated, both in terms of reducing health issues related to nutrition, and socialization, along with increasing the likelihood that residents will be connected to timely support, potentially leading to fewer emergency room visits. Independent living does this by focusing on maintaining wellness, rather than treating illness, and supporting older adults to maintain independence, which is a desire consistently expressed by seniors across the country.

While many studies have evaluated the potential savings which could be gained from expanding home health services, parallel research regarding independent living (potentially in concert with home health services) is much scarcer, yet the argument seems intuitive.

As previously noted, many older adults who reside in independent living also receive home health services. In some cases, this is delivered by the health authority as a publicly subsidized service (depending on the recipient's income) or as a private pay service, arranged directly by the resident or their family. Given the high density of independent living homes, older adults receiving services are often able to be "clustered". This is efficacious as travel time between clients is reduced, allowing for the maximum number of clients to be supported in the shortest amount of time.⁴⁴

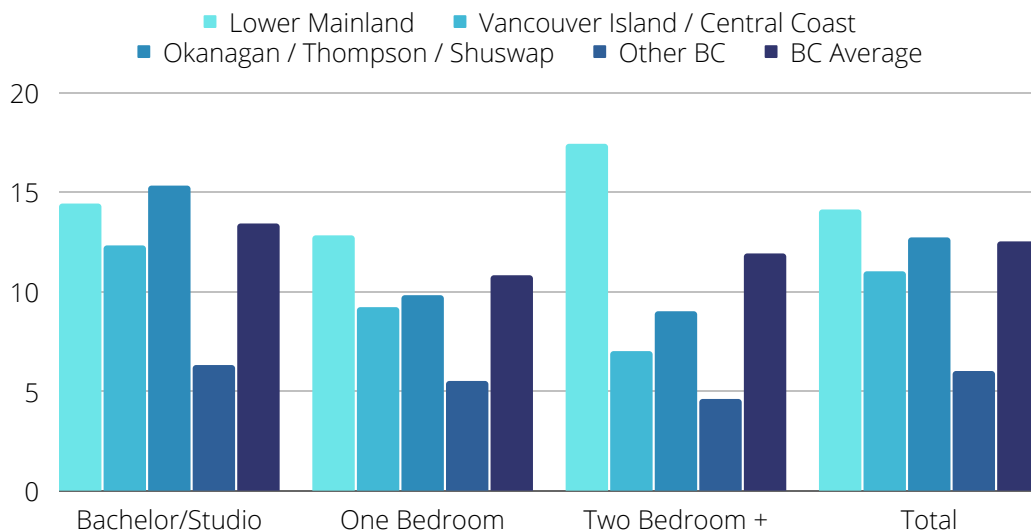
In terms of government services, this allows for the optimization of scarce resources. For example, a pilot program operated by Beacon Community services was able to indicate

[44] Chappell, N.L., B. Havens, M.J. Hollander, J.A. Miller and C. McWilliam. "Comparative Costs of Home Care and Residential Care." *The Gerontologist* 44 (2004): 389-400. Accessed at: <https://pubmed.ncbi.nlm.nih.gov/15197293/>.

that cluster care offers several additional benefits to both workers and clients including more flexibility to address individual care needs, a more flexible staff schedule, more client continuity and better employee satisfaction.⁴⁵

Unfortunately, independent living has been underutilized over the last year. A recent Canadian Mortgage and Housing Association report noted that in B.C. independent living vacancies continued to increase from 5.1% in 2020 to 12.5% in 2021. The largest increase was in the Lower Mainland, where vacancies increased from 4.7% to 14.7%. Higher priced independent living spaces had a larger vacancy increase (units over \$5,000 increased from 4.9% to 14.6%). Conversely, the \$1,900 to \$2,399 segment only saw an increase of 1.9 percentage points (from 5.3% to 7.2%).⁴⁶ While this rapid increase in vacancies is very likely attributable to the uncertainty created by the COVID-19 pandemic, it also demonstrates a missed opportunity to maximize scarce publicly subsidized resources and housing availability.

Vacancy Rates



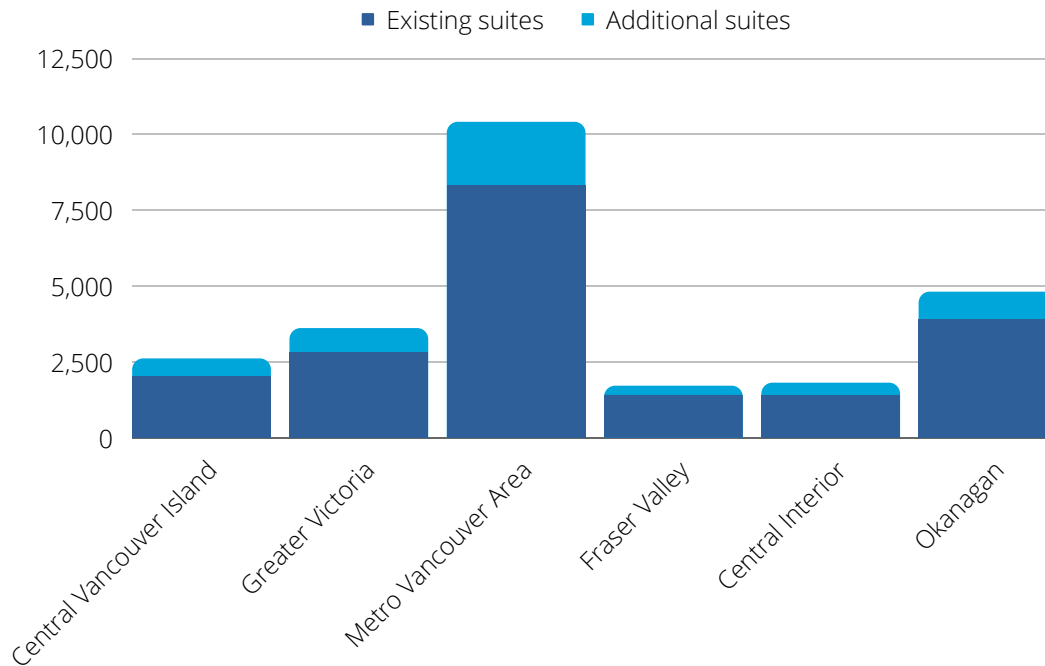
Fortunately, many anticipate that vacancy rates will recover to pre-pandemic levels. In fact, based on historical utilization rates and population growth forecasts, Westbridge Group Valuation Partner estimates that by 2027 B.C. will require an additional 600 independent living suites in Central Vancouver Island, 800 suites in Greater Victoria, 2,100 suites in the Metro Vancouver area, 300 suites in the Fraser Valley, 400 suites in the Central Interior and 900 suites in the Okanagan.⁴⁷

[45] Beacon Community Services. "Neighbourhood Home Support." 2018. Accessed at: <https://bccare.ca/wp-content/uploads/2018/06/Beacon-Community-Services-Community-Cluster-Model-of-Home-Support.pdf>

[46] Canadian Mortgage and Housing Corporation. "Seniors Housing Report." 2021. Accessed at: <https://www.cmhc-schl.gc.ca/en/blog/2021/2021-seniors-housing-survey-learn-more-insights>.

[47] Westbridge Group Valuation Partner, EngAge in Conversation presentation, March 2022.

Additional Suites Needed by 2027



Easing B.C.'s housing crisis & addressing climate change

As B.C. tackles the challenges associated with an aging population, two other concerns remain forefront – the housing crisis and climate change. While these policy challenges may not appear directly related to seniors' living at first, they are indeed interconnected.

Statistics Canada reports that approximately 25% of Canadian households are led by people over the age of 65 years. Of these households, 75% own and 25% rent accommodation.⁴⁸ Across Canada, many older adults are considered “over-housed.” For example, in 2017 within the Greater Toronto and Hamilton Area, the Canadian Centre for Economic Analysis estimates that 85 percent of those aged 65 and over could be designated as such.⁴⁹

While many older adults are considered over-housed, many younger people in B.C. struggle to find suitable housing due to housing shortages and a lack of affordability. A recent report by the National Bank of Canada, indicated that an annual household income of \$267,641 is now needed to afford an average house in the Vancouver region, which is now worth \$1.6 million, illustrating the effects of rising demand and limited housing supply.⁵⁰

[48] Government of Canada. Report on housing needs of seniors. June, 2019. Accessed at: <https://www.canada.ca/content/dam/canada/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs/report-seniors-housing-needs-EN.pdf>

[49] “Over-housed’ boomers looking to downsize have no place to go.” Toronto Star. April 5, 2017. Accessed at: <https://www.thestar.com/business/2017/04/05/over-housed-boomers-looking-to-downsize-have-no-place-to-go-wells.html>.

[50] “Housing affordability worsens by the most in 27 years in Q2 2021.” National Bank of Canada. August, 2021. Accessed at: <https://www.nbc.ca/content/dam/bnc/en/rates-and-analysis/economic-analysis/housing-affordability.pdf>.

As for climate change, high-density housing has been proffered as one way to combat this challenge. Particularly as greater square footage is associated with higher greenhouse gas emissions and single family homes with greater vehicle use.^{51 52} This indicates that the carbon footprint of a senior living in a single-family home is much greater than one living in modern congregate living.

EngAge BC is not the first organization to argue this position. In its report “Navigating the 2020’s,” the Royal Bank of Canada suggests that housing policy should focus on addressing “growing intergenerational tensions over housing affordability.” The RBC report goes on to say that:

*Canada’s aging population will offer an opportunity to address some of the country’s housing challenges. Over the coming decade, we expect baby boomers to ‘release’ half a million homes they currently own—the result of the natural shrinking of their ranks, and their shift to rental forms of housing, such as seniors’ homes, for health or lifestyle reasons. Downsizing boomers will put even more units on the market.” RBC speculates that this will result in more housing availability, but also an opportunity to transform housing supply and create more density.*⁵³

Certainly, many baby boomers who do decide to sell will be the beneficiaries of housing markets which have dramatically increased over the last number of decades, particularly in urban centres. This may be a reason to consider policies which incentivize downsizing.

[51] Goldstein, Benjamin, Dimitrios Gounaridis and Joshua P. Newell. “The carbon footprint of household energy use in the United States.” *Proceedings of the National Academy of Sciences*, 117, no. 32 (2020): 19122-19130; DOI: 10.1073/pnas.1922205117

[52] Royal Bank of Canada, “Navigating the 2020’s.” January 2020. Retrieved from: <http://www.rbc.com/economics/economic-reports/pdf/other-reports/navigating-2020s.pdf>

[53] Royal Bank of Canada, “Navigating the 2020’s.” January 2020. Retrieved from: <http://www.rbc.com/economics/economic-reports/pdf/other-reports/navigating-2020s.pdf>

Resident Story



Helga first started to think about independent living ten years ago. Now, she lives at Augustine House, swims three times a week and enjoys the flexibility to be alone when she wants to, and to enjoy the company of others the rest of the time.

I used to live in Kelowna and moved to be closer to my daughter. Before moving I went "shopping." I rented a guest suite to see if I would like it here, and stayed for a week.

It's like living in a hotel, I can go and stay as I choose. If I want company, I have company. If I want to go out, I go out. There are no special rules, I just sign-in and sign out.

I like that someone does the cooking for me. I don't have to worry about what food to buy, what I'm going to cook. I don't have to worry about the roof going, the wiring in my house, anything like that. That's what I like best.

There is a staff person here who keeps people moving and doing things. I'm learning snooker! We had a Hawaiian day yesterday. Everyday, there is something going on. If you want to join, you join. If you don't that's okay too.

Helga's advice for others:

It's a big decision. A different chapter in your life. See if they have a guest suite and stay for at least three days. Go ahead and shop around, see if it feels good for you, and then you choose! [Once you've moved] join everything they offer and keep the activities you like and discontinue the rest.

Areas of Focus

This paper has reviewed the independent living landscape in B.C., and in doing so has identified the ways in which it can support the physical and social wellbeing of seniors. It has also discussed how the housing and hospitality model can be utilized to address pressing challenges affecting governments and families alike.

As we begin to look forward to fully utilizing independent living, there are several actions which can be taken to support independent living to remain a viable option of seniors, and to improve accessibility. These actions fall under the following areas: 1) addressing barriers to independent living; 2) supporting sustainability; 3) creating affordable options; and 4) ensuring appropriate staffing.

Address barriers to independent living

As stated earlier in the paper, only 2.1 percent of those over 65 in B.C. and 2.6 nationally live in independent living.⁵⁴ Statistics Canada also reports that seniors are less likely to move than the general population. When an older adult does decide to move, their decision to do so can most often be characterized as driven by either “lifestyle,” “planning,” or “crisis,” each of which is typically underpinned by a number of “push” or “pull” factors.⁵⁵

In order to extol the benefits of independent living it is necessary to better understand its impact, through high quality data. The greater challenge, however, is to address the stereotypes and ageism which prevent older adults from considering independent living – i.e., we must differentiate independent living from care centric housing models.

1. Address stereotypes and ageism, which may prevent older adults considering independent living

Ageism, or internalized ageism, often presents barriers for older adults considering independent living models – i.e., potential residents consider independent living to be “just for old people,” rather than being a desirable lifestyle choice.

[54] Statistics Canada. 2011. Living Arrangements of Seniors. Accessed at: https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm.

[55] Statistics Canada. June, 2019. “Report on housing needs of seniors.” Accessed at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs.html>

As noted in a paper issued by Revera in 2016, addressing and reversing negative stereotypes and assumptions about older adults is something all Canadians can take action on immediately and at no cost. However, there is also a strong role for the independent living sector itself to play. By 1) showing accurate depictions of seniors' independent living and the wellness model which it employs, along with discussing the benefits of a seniors congregate living setting; and 2) by helping older adults and their supporters understand the differences between seniors living and care options such as assisted living and long-term care, it may be possible to address the fears held by some older adults. Ideally, this would support younger and more active seniors to benefit from independent living. One example of such efforts is EngAge BC's Seniors Living Expo, an event intended to celebrate the sector and older adults.

As biases against older adults and aging are deeply entrenched and often internalized this will not be done easily, or by one distinct party, but slowly and overtime.

2. Improve our understanding of the benefits of independent living

In British Columbia and across the country the Resident Assessment Instrument - Minimum Data Set (RAI-MDS) 2.0 is the standardized assessment tool used when a resident enters long-term care. It is also used quarterly, if there is a significant change in health status, and at the time of a resident's annual assessment. Unfortunately, this tool captures health data on seniors entering long-term care from independent living the same as it would if entering long-term care from a stand-alone community dwelling or apartment. This limits efforts to quantitatively examine the benefits of the independent living environment on the time at which an older adult enters long-term care.



By capturing how a senior's prior place of residence impacts long-term care utilization, it may be possible for stakeholders to better understand the effects of a wellness and hospitality model.

Support sustainability

Reducing building costs and creating incentives to create new independent living homes is one step which can be taken to ensure that options are available to respond to a rapidly aging population. With this kind of assistance, the sector can mitigate, reduce, and delay the need for future medical services and ensure that the continuing care system can remain intact for those who require it most.

3. Create incentives to build independent living housing

According to the Canadian Mortgage and Housing Association 877 spaces of mainly one-bedroom independent living units were added in B.C. in 2021. This represents a 2.7% increase in total units. The majority of the new additions are in the Lower Mainland.⁵⁶ While overall independent living demand was recently down (as discussed in the previous section), due to COVID-19, we can generally expect independent living demand to keep pace with an aging population.

Independent living construction costs have increased about 50 percent between 2015 and 2021 according to Westbridge Group Valuation Partner.⁵⁷ Additionally, over the same time period, land prices have increased sharply, as have operating expenses in independent living residences. For example, during the ten year period leading up to 2021 food costs rose by 48 percent, wages and benefits by 0.9 percent, and property insurance by a remarkable 119 percent, with much of the increase taking place in recent years, and inflationary pressures ahead.

Over the longer term, the Ministry of Housing and Social Development should consider incentives for building this kind of housing. Likewise, at the municipal level, governments should consider reducing development costs, fast tracking the process for building, reducing permit costs and allowing for land owned by government to be bought or leased at below market costs. Reduced costs may ultimately result in reduced rents for older adults accessing this kind of housing.

Alternatively, incentives could be provided for creating mixed community housing, whereas seniors living is intentionally integrated into broader community planning, or even Care Hubs.

[56] Canadian Mortgage and Housing Corporation. "Seniors Housing Report." 2021. Accessed at: <https://www.cmhc-schl.gc.ca/en/blog/2021/2021-seniors-housing-survey-learn-more-insights>.

[57] Westbridge Group Valuation Partner, EngAge in Conversation presentation, March 2022.

4. Provide breaks on property taxes

Providing breaks on municipal property taxes would also be a step which local governments could take to recognize the role which seniors living providers play in creating housing stock, and by doing so freeing up single family housing for younger families, or redevelopment. This would likely require a reduction in the mill rate used to calculate property taxes for independent living residences.

In B.C. all municipalities have the ability to offer permissive tax exemptions providing certain criteria are met. However, only Surrey provides permissive exemptions on an ongoing annual basis to the continuing care sector, and this is limited to sites offering funded long-term care beds.

Creating affordable options

While a large number of older adults will benefit from housing prices which have increased significantly over the last number of decades, there are also many who would benefit from the wellness advantages of independent living but cannot afford it. Many of these individuals would also not be considered in need enough for subsidized supportive living, or unwell enough for assisted living. Below are recommendations for integrating affordability into the independent living model so that its advantages can be available to those who could not historically consider it.

5. Implement tax credits to offset costs

By supporting older adults to access independent living and private home health services, B.C.'s government has an opportunity to situate older adults to age as independently as possible, all while offsetting health care costs and ensuring that care can be there for those who need it most by reducing the number of older people who require more costly publicly subsidized long-term care and assisted living services.

EngAge BC has recommended that a new stand alone, provincial tax credit be established, to help subsidize the costs incurred by seniors who access services privately. A refundable tax credit would support seniors to age in place and remain independent. It would also ensure that the public system can remain sustainable as our province prepares for an aging population. It is recommended that this credit be implemented in addition to the federal medical expense tax credit, and that applicants need not be eligible for the disability tax credit to apply.

An alternative model which may be considered in the development of such a credit is Quebec's "Tax Credit for Home-Support Services for Seniors". The credit is available to residents 70 or older. Residents are eligible for this tax credit even if they do not have any income tax to pay for the year. The tax credit is equal to 35 percent of the expenses paid for eligible home-support services. If a person's family income is over \$60,135 the tax credit is reduced by 3% of the amount by which the family income exceeds that threshold, and 7 percent of the portion of the annual family income that exceeds \$100,000.⁵⁸

Individuals who live in a "certified private seniors' residence," can claim the tax credit for certain home-support services included in their rent. The amount of eligible expenses for each service is pre-established. According to Revenu Quebec, services that are eligible for the tax credit include housekeeping services, laundry, personal care services, companion services, nursing, meal preparation and delivery, emergency call systems, etc.

On a related note, Quebec's tax credit and the relative affordability of independent living housing in Quebec are credited as some of the factors contributing to a much higher independent living utilization rate in that province.

A self-directed care model, as applied in jurisdictions such as Australia, may also be explored as a way to offer flexibility for seniors to age as they choose.

6. Incentivize seniors who choose to downsize

In 2016 only 5.5% of seniors 65 to 74 years old and 4.7% of those 75 years and older had moved compared to 13.0% of the general population in the previous year.⁵⁹ By providing a financial incentive to support older adults considering a move to downsize there is an opportunity to promote higher-density housing options such as seniors living. Such housing models are more environmentally sustainable and free up additional housing stock to the market, addressing housing shortages associated (in part) with over housing. For example, an older adult may receive a tax credit should they sell their home.

[57] "Overview of the Tax Credit for Home-Support Services for Seniors." Revenue Quebec. 2022. Accessed at: <https://www.revenuquebec.ca/documents/en/publications/in/IN-151-V%282022-01%29.pdf>.

[59] Statistics Canada. June, 2019. Report on housing needs of seniors. Accessed at: <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/report-seniors-housing-needs.html>.

7. Develop partnerships between operators and BC Housing to support a diversity of options for seniors of various income ranges

The demand for subsidized seniors housing continues to grow, year over year, and has not kept pace with the aging population. EngAge BC is recommending that funding be allocated to support partnerships between BC Housing and operators to ensure that independent living options remain available to all seniors.

In Canada, in 2020, the average after tax income for was \$68,500 for senior families and \$31,400 for single seniors. This compares to \$99,600 and \$35,900, for non-seniors.

Canadian Income Survey, 2020. Statistics Canada.
Accessed at: <https://www150.statcan.gc.ca/n1/daily-quotidien/220323/dq220323a-eng.htm>

However, in order to serve all older adults, options should also address not only low-income older adults, but also the “middle market.” This should include intentional partnerships with groups which are faith based, interest based, and/or groups which are equipped to deliver culturally appropriate or LGBTQ2S+ appropriate services and support.

8. Revise the SAFER program

As discussed earlier in this paper, the Shelter Aid for Elderly Renters (SAFER) program helps make rents affordable for B.C. seniors with low to moderate incomes. SAFER provides monthly cash payments to subsidize rents for eligible BC residents who are age 60 or over. As of March 2020, there were just under 25,000 seniors accessing the program.⁶⁰

Unfortunately the program has not kept pace with rental rates. In 2019, the maximum qualifying monthly income for single renters in Metro Vancouver was \$2,550 (\$2,446 in the rest of the province).⁶¹ This puts some seniors at risk for homelessness, or inadequate living conditions. It is EngAge BC’s recommendation BC Housing redesign this program, with special consideration to how older adults accessing independent living can be best supported, as independent living can offer a host of benefits not available to seniors aging in the community.

[60] BC Housing. Shelter Aid For Elderly Renters (SAFER). Accessed at: <https://www.bchousing.org/housing-assistance/rental-assistance-programs/SAFER>

[61] BC Housing. Shelter Aid For Elderly Renters (SAFER). Accessed at: <https://www.bchousing.org/housing-assistance/rental-assistance-programs/SAFER>

Ensure appropriate staffing

Finally, staffing challenges are paramount across the independent living sector. Attracting a new workforce who can see the opportunities associated with working in this quickly growing, client focused and rewarding industry, is crucial to the overall viability of the sector.


9. Provide ongoing support for the Home and Independent Living Training program and expanding FAST

In 2021, with support from the Ministry of Advanced Education and Skills Training Sector, Labour Market Partnership program, EngAge BC launched the Home and Independent Living Training program (HaIL). The program has since offered free training for people who want to become home health companions or hospitality workers in independent living and has graduated almost 70 participants, as part of this pilot.

EngAge BC is recommending that this program be continued as to connect those interested in working in the sector with rewarding and reliable job opportunities and has been working with potential partners to explore the refinement and continuation of this program.

EngAge BC also recommends expanding the federally funded Facilitating Access to Skilled Talent (FAST) program, which is operated by the Immigrant Employment Council of B.C. and aims to prepare immigrants for work in Canada by offering online tools for occupation-specific assessment of competencies and skills, as well as gap training.

Resident Stories

A large, light green decorative graphic consisting of several overlapping, teardrop-shaped loops, resembling a stylized leaf or a calligraphic flourish, positioned on the left side of the page.

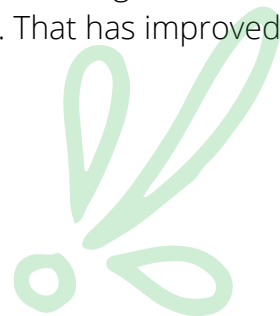
Joyce, 88, hadn't really thought about independent living, until her family brought up concerns about her needing to climb stairs to get to her condo. While it felt overwhelming at first, the view of Mount Tolmie, and friendly staff, helped to make the move easier.

My family had a big influence, and when I started thinking about not having to cook, or grocery shop, or carry my things up and down stairs it started to sound like a very good idea to me.

I didn't find downsizing hard. It felt good getting rid of things as I didn't use. There were some small adjustments like moving from a queen bed to a single - but being here has outweighed all those difficulties.

I love not having to cook, food shop or do dishes. The staff are amazing and are a huge part of why I am here. I appreciate them so much. It still blows my mind that everyone here knows my name and is always so helpful. If you need anything they come right away to help.

I'm definitely eating better than if I was on my own. I enjoy doing my own thing, but I have people I have made connections with, walk with and have coffee with. That has improved my daily life.



Conclusion

As discussed, there is evidence to suggest that congregate living scenarios can have beneficial effects on the well-being of older adults. This is particularly true as it relates to reducing loneliness, supporting physical and cognitive health, aiding in nutrition, reducing stress (both for the resident and the caregiver), and supporting the safety and wellbeing of residents through non-medical support.

Further, as outlined in this paper, there remains an opportunity to address the most pressing challenges facing our province – namely the demand on the health care system, the housing crisis and climate change – by supporting seniors through a housing and hospitality approach, which focuses on wellness.

EngAge BC recommends that taking actions in the areas outlined above (addressing barriers to independent living, supporting sustainability, creating affordable options and ensuring appropriate staffing) can help to maximize the positive impacts independent living can have on both pressing policy challenges, and seniors' wellness.