

**Finance Committee Pre-Budget Consultations (2017)**  
**Submission of the Abbotsford House Members Council**  
**August 5, 2016**

## **Executive Summary**

This submission is made by the members of the Abbotsford House Members' Council. Abbotsford House is an Elderly Persons Centre (EPC) supported by the province of Ontario and the City of Ottawa which is organizationally linked to the Glebe Centre long-term-care (LTC) facility. The Council has two main issues it wishes to bring to the attention of your Committee: (1) the important role that EPCs like Abbotsford play in promoting and supporting healthy aging; and (2) the need for government to take leadership in developing cheaper, alternative, senior housing options that will allow us to age in a place, in a place of our choice.

The extent to which longer lifespans remain healthy rather than plagued by chronic illness or disability will have a significant impact on the future demand for health and social services. If current trends prevail, aging baby boomers will shift the percentage of seniors in the Canadian population from roughly 16% to nearly one quarter over the next 20 years.

Mounting evidence shows that programs that offer opportunities for regular physical activities, mental stimulation and strong social networks can both delay and minimize the severity of chronic conditions and disabilities later in life. The extent to which a longer life will be a healthier one rather than one plagued by chronic illness or disability will have a significant impact on the future demand for health and social services.

Fully half of all seniors do not exercise regularly. They may be afraid of injury or they may not have access to programs designed for older adults. Fitness programs offered at senior centres like Abbotsford are specifically tailored by instructors to an older clientele. Without access the programs like those offered by Abbotsford, many of us would not regularly participate in vigorous exercise.

Aging in place helps seniors retain their social connections and identities. But, if we are to 'age in place' we need a place in which to age. Cohousing is a form of residential development that combines the autonomy of private dwellings with the advantages of shared common spaces and amenities. Elder cohousing incorporates features specifically designed to meet the need of older adults—smaller units, accessible common areas, shared utilities and accommodation for live-in care givers, should this become necessary.

Among other things, the 2009 Senate Report on Aging recommends that the federal government take steps (1) to promote active engaging (including promoting centres that offer seniors programs to increase mental and physical fitness) and (2) to support the development of new alternative forms of housing to make it possible for seniors age healthily in place.

In heartily endorsing those recommendations, we ask for:

A. Increase the number of EPCs in the community and strengthen their ability to provide affordable, accessible programs in physical and mental fitness, falls prevention, lifelong learning and health promotion.

B. Lower-cost pre-development funding through grants and/or government secured loans that would allow interested seniors to create elder cohousing communities.

Thank You

For more information contact:

Bill Robertson, President, [wknmax@gmail.com](mailto:wknmax@gmail.com), (613) 234-9438

Pat Steenberg, Vice-president, [mpsteenbergsympatico.ca](mailto:mpsteenbergsympatico.ca)

Julianna Ovens, Member at Large, [jmtovens@sympatico.ca](mailto:jmtovens@sympatico.ca)

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## **Introduction**

This submission is made by the members of the Abbotsford House Members' Council. Abbotsford House is an Elderly Persons Centre (EPC) supported by the province of Ontario and the City of Ottawa which is organizationally linked to the Glebe Centre long-term-care (LTC) facility. Abbotsford offers a comprehensive range of programs and services—from physical fitness to learning opportunities to social clubs to adult day care—for seniors living independently in the community.

The extent to which longer lifespans remain healthy rather than plagued by chronic illness or disability will have a significant impact on the future demand for health and social services. The Council has two main issues it wishes to bring to the attention of your Committee: (1) the important role that EPCs like Abbotsford play in promoting and supporting healthy aging; and (2) the need for government to take leadership in developing cheaper, alternative, senior housing options that will allow us to age in a place, in a place of our choice.

Aging is not an illness. Politicians and experts need to reshape the seniors policy narrative from one of 'illness, care and dependency' (read intergenerational burden) to one of independence and engagement. In truth, seniors are mostly healthy and financially self-sufficient. Key findings from the *Canadian Healthy Aging Survey* indicate that roughly three quarters of Canadians 65-74 years of age are in good functional health, as well as half of those over 75.

There are about 10 million Canadians born between 1946 and 1965 (baby boomers), approximately 1/3 of the population. If current trends prevail, aging baby boomers will shift the percentage of seniors from roughly 16% to nearly one quarter over the next 20 years.

While it is reassuring to hear that the impact of population aging on health care cost increases, has to date been relatively modest the increasing number of Canadians reaching older ages raises issues about demand for health services and delivery of care. Will boomers require the same level of health care services as previous elderly generations?

## Healthy Aging

The goal of healthy aging is to optimize the well-being of all Canadians as they age. While Canadian Healthy Aging Survey found the overall health status of seniors is positive and improving, we need to encourage and support them in their efforts to stay healthy. Mounting evidence shows that programs that offer opportunities for regular physical activities, mental stimulation and strong social networks can both delay and minimize the severity of chronic conditions and disabilities later in life.

The extent to which a longer life will be a healthier one rather than one plagued by chronic illness or disability will have a significant impact on the future demand for health and social services. Research has shown that the top 10% of Ontario seniors, those with the most complex health issues, accounts for 60% of the province's annual senior health care spending while the healthiest 50% consumes only 6%. The importance of older adults staying healthy is something we would all agree on.

Strategies and initiatives that have a positive impact on the health and well-being of older Canadians and are highly cost-effective. Physical activity can improve functional capacity, mental health, fitness and overall wellbeing, and also aid in the prevention of management of chronic conditions such as heart disease and high blood pressure. Regular physical activity also helps maintain muscle and bone strength, coordination, joint function and flexibility, enabling seniors to carry out the normal activities of daily living (ADL). Physical activity can mitigate anxiety and depression and can minimize the effects of chronic conditions, including the pain of osteoporosis and arthritis. As an added benefit, seniors maintain social connectedness by participating in physical activities with others.<sup>1</sup>

Mobility, balance and strength are all important in preventing and recovering from falls. Some 40 percent of admissions to nursing homes result from falls by older people. Falls by persons 65+ are estimated to cost the Canadian economy \$2.8 billion annually. A 20% reduction in falls could reduce the yearly number of hospital stays by 7,500, resulting in 1,800 fewer permanently disabled seniors and savings up to \$138 million annually.

Physical inactivity carries a high cost<sup>2</sup>. Seniors with chronic illnesses and injuries are the highest users of health care. In 2003, seniors' health care needs accounted for more than 44 percent of all provincial government health spending, as well as 90 percent of expenditures in long-term care institutions.<sup>3</sup>

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<sup>1</sup> The Chief Public Health Officer's report on the state of public health in Canada (2010).

<sup>2</sup> Canadian Fitness and Lifestyle Research Institute (CFLRI), 2004; Katzmarzyk et al, 2000.

<sup>3</sup> CIHI, Statistics Canada, 2005.

Enabling and encouraging seniors to be physically active may be one of the most effective ways of preventing and lowering the high costs associated with acute health care services. Investing in age-friendly environments that support physical activity and active living will also enable seniors to continue to make important contributions to society and the economy.

While we all accept that inactivity accelerates aging, fully half of all seniors do not exercise regularly. They may be afraid of injury or they may not have access to programs designed for older adults. Fitness programs offered at senior centres like Abbotsford are specifically tailored by instructors to an older clientele using, for example, "low impact" routines. Attention is paid to balance, mobility and strength training as well as aerobics, yoga, and tai chi. Participants still get a robust workout, but with a much lower risk of injury than they would have in other programs. This is important because our injuries take longer to heal and prevent us from continuing to exercise. In short, without access the programs like those offered by Abbotsford, many of us would not regularly participate in vigorous exercise.

Social connectedness also has a positive effect on health. Studies have shown that people who remain actively engaged in life and connected to those around them are generally happier, in better physical and mental health, and more empowered to cope effectively with change and life transitions.

Finally, Abbotsford also provides educational programs. Lifelong learning is linked to both longevity and quality of life by helping seniors develop new interests and stay actively involved in the community. They feel happier, healthier, more respected and more independent. These programs maintain cognitive skills such as memory, reasoning, and judgement.

Senior centres like Abbotsford House provide all these kinds of programs—physical and mental fitness, social connectedness and community engagement. Most importantly, it provides seniors with a wonderful space where like and unlike minds can meet, gather around a table, drink a cup of cheap coffee and just talk to each other. It is a community within a community—one in which we all care for one another. There is a sense of belonging that is particularly important to people who live alone. It is a refuge. And it brings together an engaged and curious company, many of whom are family caregivers or volunteer care givers. These centres serve an important social purpose in helping seniors stay strong, independent and engaged in the life of their community. We need more of them and more attention paid to them.

## Aging in Place: Active Aging in Age-Friendly Places of Choice.

Our second issue is the lack of housing options available to those of us who wish to ‘age in place’.

‘Aging in place’ has been defined as *the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income or ability level*<sup>4</sup> or as *having the health and social supports and services you need to live safely and independently in your home or your community for as long as you wish and are able*<sup>5</sup>.

Aging in place helps seniors retain their social connections and identities. Seniors who continue to live within the community tend to have lower rates of diagnosed depression than seniors living in long-term care facilities. And while some seniors living alone may need help with domestic work and home maintenance, most do not. Three quarters of seniors aged 75 are still fully capable of independently carrying out the daily activities of life.

But, if we are to ‘age in place’ we need a place in which to age. Most specifically one that is affordable and one that meets our changing physical needs as we age. Why is there no—or so little—discussion of housing options that are neither single-family dwellings nor large residential facilities. (For-profit facilities routinely cost as much as \$6500 a month for a room with separate charges for medicines and additional nursing or personal care.) Where is the research and funding for non-traditional types of ‘transitional’ housing, such as co-housing, that are widely supported and available in many other countries?

## Cohousing

Cohousing is a form of residential development designed to emphasize community interaction while still retaining and respecting individual privacy. Though relatively new on the North American residential landscape, cohousing has been practiced for some time in other countries such as the United Kingdom and Denmark and is emerging here as an appealing more affordable living arrangement for aging adults who wish to age in place among friends and neighbors.

Cohousing combines the autonomy of private dwellings with the advantages of shared common spaces and amenities. In addition to the social benefits of cohousing, pooling resources and shared amenities can lower overall costs, while have essential services

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<sup>4</sup> Centers for Disease Control and Prevention.

<sup>5</sup> Human Resources and Development Canada.

delivered onsite. Most importantly, senior cohousing allows residents to live independently and avoid institutional care for longer than may be possible in a single-family structure.

Elder cohousing incorporates features specifically designed to meet the need of older adults—smaller units, accessible common areas, shared utilities and accommodation for live-in care givers, should this become necessary. Residents agree to a predetermined level of co-care—usually limited to such things as shopping, meal preparation and housework; it does not extend to such activities as bathing, toileting and dressing.

The main challenges facing the cohousing movement is, firstly, simply lack of public awareness and, secondly, second is affordability. For many years the Canadian Coop Housing Federation (CHF) has raised concerns about barriers to community-based non-profit development, among which are the fact that most government funding programs favour private sector developers and municipally-run housing corporations who have access to cash flow simply now not available for private, community-based development.

## Conclusion

Among other things, the 2009 Senate Report on Aging recommends that the federal government take steps (1) to promote active engaging (including promoting centres that offer seniors programs to increase mental and physical fitness) and (2) to support the development of new alternative forms of housing to make it possible for seniors age healthily in place.

We heartily endorse those recommendations. According to the Active Living Coalition for Older Adults, there are a number of barriers which make it difficult for seniors to be more physically active, including physical accessibility of programs, the suitability of programs for seniors, the costs involved in the program and in the transportation to get to the program, and lack of motivation. We need to:

A. Increase the number of EPCs in the community and strengthen their ability to provide affordable, accessible programs in physical and mental fitness, falls prevention, lifelong learning and health promotion.

B. Ask the federal government to make available lower-cost pre-development funding through grants and/or government secured loans that would allow interested seniors to renovate and reconfigure existing multiple dwelling units or create new purpose built structures (private, non-profit housing, individual apartments with built-in care provisions

and communal facilities and services) that would allow them to remain in their communities and help and support one another as they grow older.

Thank You

For more information contact:

Bill Robertson, President, [wknmax@gmail.com](mailto:wknmax@gmail.com), (613) 234-9438

Pat Steenberg, Vice-president, [mpsteenbergsympatico.ca](mailto:mpsteenbergsympatico.ca)

Julianna Ovens, Member at Large, [jmtovens@sympatico.ca](mailto:jmtovens@sympatico.ca)