

# ROADMAP TO AGING CARE

For the Town of Oromocto

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November 2020



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Prepared by:



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## EXECUTIVE SUMMARY

This Roadmap to Aging Care defines a pathway for the creation of a regional Continuum of Care serving Oromocto and area residents. Initiated by the Town of Oromocto, their investment is reflective of a proactive approach in responding to community needs and addressing sectoral priorities. The municipality is extending an opportunity to leverage their assets for a demonstration or pilot project that incorporates cross-departmental objectives and advances an integrated service delivery model.

**There are currently zero nursing home or memory care beds in Oromocto – a community of approximately 10,000, with a service area of approximately 30,000.**

Previous efforts to close this service gap have not yielded results. It has become clear that aging care needs have been overlooked due to the unique demographic profile of the area (young military families). Additionally, the community's data set is embedded in the broader capital region. Oromocto is not part of Fredericton. Rather, it is a regional hub for a large rural service area.

The approach taken in developing this Roadmap responds to provincial prioritization of care for older adults in the home and the community, while aligning to the efforts of council and staff over the last 10-15 years to define and address needs. The insights and data collected during Oromocto's pursuit of **Age-Friendly Certification** confirmed that housing options for older adults, including the provision of long-term care, are the top community priority. The Town has undertaken several initiatives including cataloging existing housing stock, using municipal land to drive private sector development of garden homes, and bolstering recreational and outreach services to older adults through program design and the provision of space to service partners. Council has declared the development of the Continuum of Care as their top municipal priority.

However, each level of the Continuum of Care is subject to different licensing, funding, operating models, and standards. The mechanisms for bed allocations, licensing requirements, and risk-transfer fall under segregated policies that are stunting progress in the delivery of person- and family-centred care. Simplifying this process to spur development would be innovative and befitting of a demonstration or pilot project. Additionally, COVID-19 has placed a magnifying glass on the existing vulnerabilities within the sector and reminds us that investment must consider evidence-based models that are pandemic responsive.

Several factors position Oromocto as a prime community to move this needle. Availability of land, internal subject matter expertise, and progressive vision all form the basis for sound collaboration. Oromocto also offers an opportunity to work with priority groups including Canadian Armed Forces Veterans and Oromocto First Nations. Existing healthcare services can be leveraged through the Oromocto Public Hospital and Oromocto Community Health Centre to align economic and social objectives through a multi-purpose development and integrated service delivery approach. Oromocto already serves as a regional hub to citizens in surrounding communities, and the Greater Fredericton Area, for healthcare, recreation, and retail services and is well-positioned to extend access to aging care.

Sectoral innovation will come from open and effective collaboration among stakeholders. The Town of Oromocto has made significant investment and effort thus far, and now needs clarity on provincial

intent. The province controls the market through licenses. Finding a channel to allocate licenses, whether to transitional care, memory care, or skilled nursing care, is critical to progress.

New Brunswick has an opportunity to innovate in method and model. Through this Roadmap to Aging Care, the Town of Oromocto has outlined a number of key considerations that will help shape an approach that realizes an optimal return on public spending and modernizes the housing options and service offerings for our aging population.

# 1. INTRODUCTION

As communities grow and age, the need for suitable housing options and delivery of care for older citizens becomes more pressing. This is true for the residents of Oromocto, New Brunswick and surrounding communities. As a result, staff and council have identified the development of a Continuum of Care as their top priority for the region.

Oromocto's *Sustainable Community Strategy 2013-2063* clearly defines this goal by including a focus area dedicated to "seniors".

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## GOALS:

**Ensure fully accessible social and recreational services for seniors.**

**Ensure seniors have access to appropriate and affordable living facilities, such as assisted living and long-term care facilities, and all levels of care to meet needs.**

***-The Sustainable Community Strategy 2013-2063***

There are currently no nursing home or memory care beds in Oromocto and limited housing and service options for older adults. Several factors position Oromocto as a prime community for investment in the development of a Continuum of Care. Namely, a clear gap in regional service delivery, a diverse community composition, availability of land, access to healthcare services, key stakeholder relations, internal subject matter expertise, and progressive vision. These elements taken collectively can be harnessed towards a demonstration project that will advance the model of care for an aging population both within the Province and under a national spotlight.

The Town of Oromocto is ready, willing, and able to facilitate progress in aging care. The leadership they are demonstrating in the preparation of this plan underscores their ability to align with provincial priorities and be innovative not only within project scope but also within the process of execution.

This Roadmap to Aging Care (Roadmap) presented by the Town of Oromocto (The Town) is structured in five sections: **The Background, The Need, The Continuum, The Concept, The Impact,** and **The Next Steps** for moving forward.

## 2. THE BACKGROUND

The work related to building this Roadmap began in the early 2000s. The Town leadership identified a clear and critical need for long-term care (LTC) beds in the community. These efforts resulted in the establishment of a special care home, to which The Town continues to provide financial support. This initial success was only a partial victory.

In 2018, The Town re-energized its efforts to communicate to the Province the existing service gap given the lack of memory care or nursing home care beds in the community. These efforts resulted in The Town initiating meetings with the Department of Social Development (DSD) senior staff, correspondence with the appropriate Minister, and the establishment of a quarterly meeting with elected officials to drive alignment on community priorities. Concurrently, The Town collaborated with the Alzheimer's Society to increase community service levels and initiated the **Age-Friendly Community (AFC)** process following the framework set by the World Health Organization (WHO) and guided by the Wellness Branch in New Brunswick. The Age-Friendly Advisory Committee, established in August 2018, facilitated the community assessment through a series of consultations that included focus groups, extensive statistical analysis, and a detailed community survey. The resulting **AFC Action Plan for 2019-2020** (available upon request) was drafted and approved by Council in November 2019. Thereafter, The Town certification was achieved in March 2020.

The **AFC Action Plan** outlines priorities, deadlines, and measurement criteria in all sub-sections related to **Age-Friendly Certification** – Outdoor Spaces & Buildings, Transportation, Housing, Social Participation, Respect & Social Inclusion, Civil Participation & Employment, Communication & Information, and Community Support & Health Services. This has afforded The Town with a clear understanding of top community needs and they are taking a proactive approach in response. Several of the recommendations have been implemented or initiated.

Once the **AFC Action Plan** was compiled, housing was clearly identified as the top priority by the community. **This was not a surprise. The community requires LTC beds.** More than 90% of respondents indicated a need for more housing options serving older adults. Although nearly 87% of respondents live in their own homes today, transitional moves are expected within the next 3-10 years. Moreover, 40% of respondents indicated a planned move, and 30% remain unsure about their future. (Data is available in full upon request.)

Additionally, the community identified a strong desire to enhance social programming including intergenerational activities. The provision of supports for aging-in-place, including household activities like snow removal, was also of high priority. Thus, the top three priorities identified through **AFC** speak to housing, socialization, and in-home supports.

It is estimated there are more than 5,000 adults over the age of 50 in the local area per the New Brunswick Health Council.<sup>1</sup> This segment is growing as is the case across the province of New Brunswick. The Census Profile 2016 indicated a 27% increase in this demographic from 2011-2016.<sup>2</sup> The needs related to housing were identified in 2011 through Horizon Health's **2011 Community Health Needs**

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<sup>1</sup> My Community at a Glance | New Brunswick Health Council | 2017

<sup>2</sup> Census Profile | Sunbury County | 2016

**Assessment;** “appropriate and enabling housing” was categorized among the top ten key priorities for action.<sup>3</sup> The **2018 Community Health Needs Assessment** highlighted challenges associated with daily living such as grocery shopping, banking and picking up medication due to limited transportation services, as well as inadequacies in local respite supports.<sup>4</sup>

All of this amounts to Oromocto and its surrounding areas having both a current and growing number of older adults without sufficient access to housing, long-term care and services that support aging-in-place.

## 2.1 Approach

The **AFC Action Plan** set forth steps of cataloguing existing housing stock and care homes, engaging with developers, and pursuing a pilot project in long-term care. Also prioritized is the pursuit of affordable transportation services.

The Town took an active role in hosting planning sessions with developers. They learned that there are developers interested in projects, however they are unfamiliar with the provision of services to older adults. In reaching out to service providers it became evident to The Town that providers generally do not have the capacity to pursue real estate development projects due to lack of knowledge or capacity or a combination of the two. Their focus is on care.

With the realization that both groups are needed to serve the market of older adults, and the recognition that both groups are not linked currently, The Town determined it should advance pre-development planning by crafting a vision for a Continuum of Care that could be realized through various models.

The Town also recognized that a Continuum of Care could include outreach and transportation services. There are precedents for addressing multiple needs through progressive models that incorporate housing, care and community services. This includes the **Nursing Home Without Walls** approach established in other New Brunswick communities or **Horizon Health’s Hub-and-Spoke Approach** to healthcare. The internationally recognized **Programs of All-Inclusive Care for the Elderly (PACE®)** provides another evidence-based approach that could inform the alignment of principles in community-based service delivery.

Additionally, The Town acknowledged provincial realities. There existed a clear intention to avoid the development of new nursing homes and slow the uptake of the existing **Nursing Home Renewal Plan**. The Town’s efforts to engage DSD and political officials had not resulted in action, thus a new approach that offered the province a way to move forward in responding to sectoral needs was sought.

The Town engaged **Silvermark** to address this objective through preparation of this **Roadmap to Aging Care** (Roadmap). In crafting this plan The Town recognizes the utility of being proactive in their pursuit of a Continuum of Care serving Oromocto and area residents.

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<sup>3</sup> Oromocto and Surrounding Area Health and Well-being Needs Assessment | Horizon Health | 2011

<sup>4</sup> Oromocto and Surround Area Community Health Needs Assessment | Horizon Health | 2018



Within this effort it is also prudent to explore best-practice models that address the needs of our aging population post COVID-19. The vulnerabilities faced by older adults, and those that care for them, have been magnified during the pandemic. Thus, in examining development opportunities, criteria that considers how to advance, and not simply expand, the Continuum of Care should be prioritized. Advancement should include pandemic-responsiveness and addressing new parameters resulting in extended social isolation.

## 2.2 Priorities

The Town is committed to aligning planning with the priorities of the Department of Social Development (DSD), Department of Health (DH), and Horizon Health, to achieve the best possible outcomes for the province. Such outcomes could include, but are not limited to:

- Purpose-built design
- Person-centered care
- Workforce development
- Pandemic-responsiveness
- Long-term care
- Memory care
- Transitional care
- Specialized care
- Primary care
- Intergenerational programming
- Technological integration

In a province with restricted funds available for public spending it is critical that the greatest return on investment is realized. This can be best achieved through alignment of government, sector, and community priorities. Investment decisions should be vetted against how innovations can be realized in the project and how the project will inform strategic planning for the aging care sector moving forward.

COVID-19 has demanded an examination of the sector. Investment must be channeled to mid- and long-term solutions that protect and care for our most vulnerable. Traditional procurement will not yield the greatest return. Open collaboration with provincial departments and the health authority is the best way to inform the parameters for a project that will garner the highest return on public spending and realize multiple, complimentary, outcomes.

The Town maintains an understanding of the needs and complexities in fulfilling the current ***Nursing Home Plan*** and advancing the ***Home First Strategy*** simultaneously. They have also conferred with Horizon Health on local needs. Through a well-defined pilot project, several priorities can be incorporated that specifically address elements supporting the advancement of the aging care sector, and or primary care delivery, in New Brunswick. Again, the ***PACE*** program provides a valuable illustration of how both social and health care can be woven into a singular approach. The description of the ***PACE*** program below is shared to depict how cross-departmental objectives could be combined; however, it is not intended to be prescriptive in its approach at this stage.

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Delivering all needed medical and supportive services, a *PACE* program provides the entire Continuum of Care and services to seniors with chronic care needs while maintaining their independence in their home for as long as possible.

Services include the following:

Adult day care that offers nursing; physical, occupational and recreational therapies; meals; nutritional counseling; social work and personal care;

- Medical care provided by a *PACE* physician familiar with the history, needs and preferences of each participant;
- Home health care and personal care;
- All necessary prescription drugs;
- Social services;
- Medical specialties, such as audiology, dentistry, optometry, podiatry and speech therapy;
- Respite care; and
- Hospital and nursing home care when necessary.<sup>5</sup>

*-Programs of All-Inclusive Care for the Elderly (PACE®)*

## 2.3 Readiness

The Town is unique in its knowledge and capacity to support a pilot project. With defined community needs, subject matter expertise held by senior staff, prioritization directed from Council, and a desire to inform the province's overall approach to sector development they are a municipality willing and able to engage.

### Municipal Plan

Oromocto's *Municipal Plan*, ratified in March 2017, specifically highlights the continued path towards medium and high-density housing to serve an aging population.

<sup>5</sup> Programs of All-Inclusive Care for the Elderly (PACE®) Services | <https://www.npaonline.org/pace-you> | 2020

“ ”

With population aging, the provision of medium and high-density housing is increasingly important to meet the needs of seniors both resident within Oromocto and potentially considering Oromocto as a place to live. A major thrust of this Municipal Plan in relation to this need is to facilitate the development of higher density residential development within Oromocto. Developers should be encouraged to provide low- to medium-rise apartment structures in appropriate locations within new subdivisions as infill projects where such structures can be appropriately separated and/or buffered from lower-rise residential development.<sup>6</sup>

*-The Municipal Plan*

Most importantly, the ***Municipal Plan*** details policies and proposal statements that can serve as a baseline for the approach taken towards development. Prioritization of high-density housing supports models found within the Continuum of Care including campus-style developments, but more particularly the ***Municipal Plan*** points to the potential for multi-purpose development.

The presence of mixed-use is increasing in senior living. Today's older adults are seeking options that provide access to nature and the outdoors, provide walkable access to retail, entertainment and health care services, and provide opportunities for intergenerational connection. These integrations reflect advancement of the deinstitutionalization of long-term care by prioritizing a continued connection between older adults and the wider community.

The definition of mixed-use is evolving beyond projects incorporating retail and restaurants to projects featuring co-location of pharmacies, hotels, preschools, recreation facilities and libraries. The qualifier for mixed-use within the Continuum of Care is often rooted in market demand and municipal priorities.

Table A below highlights the policies detailed in the ***Municipal Plan*** that provide the foundational support needed for the consideration of a multi-purpose project in Oromocto. These policies should be referenced as criteria (in part) in the decision-making framework associated with project approvals.

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<sup>6</sup> Municipal Plan | Town of Oromocto | 2016

**Table A: Municipal Plan Policies**

Policy Reference	Details
P3.2.8	Consider the provision of housing for groups with special needs in a manner compatible with the scale and character of a proposed area. Special needs groups include: low to medium income families, senior citizens, nursing home residents, and the disabled citizens.
P3.3.6	Complement Policy P3.3.5 by encouraging mixed uses within structures in the Hazen Park District, particularly the incorporation of ground floor commercial uses in residential buildings.
P3.4.8	Undertake a study or studies to assess the most suitable location or locations for a community/ recreation centre and a new library.
P3.4.10	Consider the potential benefits to the community of co-locating some or all of the facilities giving particular consideration to merits of the current location site of the Oromocto Public Library central to a large residential area and adjacent schools.
P3.4.16	Encourage the provision of seniors' accommodations and health care facilities that are designed and located to best meet the needs of the community.
3.4.17	Encourage the Provincial Government and other organizations involved in seniors' care to continue to provide extramural health and other services and housing opportunities, which better enable seniors to live in a non-institutional environment.
P3.4.19	Encourage, where appropriate, the incorporation of commercial uses within institutional structures, particularly where such uses will serve the needs of building residents and users.

### Sustainable Community Strategy 2013-2063

The *Sustainable Community Strategy 2013-2063* serves as The Town's strategic plan and includes goals and actions related to the realization of care beds and services for older adults. This plan underscores the prioritization of housing needs, but also lays the framework for the inclusion of intergenerational programming in any development planning.

Table B below pinpoints the goals that speak specifically to older adults.

**Table B: Sustainable Community Strategy Goals and Objectives**

Pillar	Focus Area	Goals
Economic	Pursue modest growth and preserve small town culture	Attract new residents by promoting Oromocto as an excellent retirement community that boasts a broad array of activities and services for seniors
Social	Housing	Facilitate housing that is affordable and accessible to individuals and families in order to meet the housing needs at all stages of life and abilities that include rental units, co-operative projects and smaller less expensive homes for downsizing.
Social	Seniors	Ensure fully accessible social and recreational services for seniors.  Ensure seniors have access to appropriate and affordable living facilities, such as assisted living and long-term care facilities, and levels of care to meet needs.
Culture	Youth and Senior Cross-Gen Inclusiveness	Collaborate with community stakeholders on the planning and implementation of inter-generational programming.

### Supporting Plans

Execution of focus areas detailed in the *AFC Action Plan*, and *Active Transportation Plan, Future Sport, Recreation, and Cultural Facility Needs Assessment* dovetail with a readiness to address the housing and care needs of older citizens. (Copies of the plans can be found on The Town's website or provided upon request.)

### Available Land

The potential development opportunities in Oromocto are further strengthened by the provision of available lands held by The Town. There are multiple parcels available, including those earmarked for long-term care that The Town is prepared to leverage to attract development. The Town will not compete with, but will work alongside, the development community to bring a project(s) to fruition.

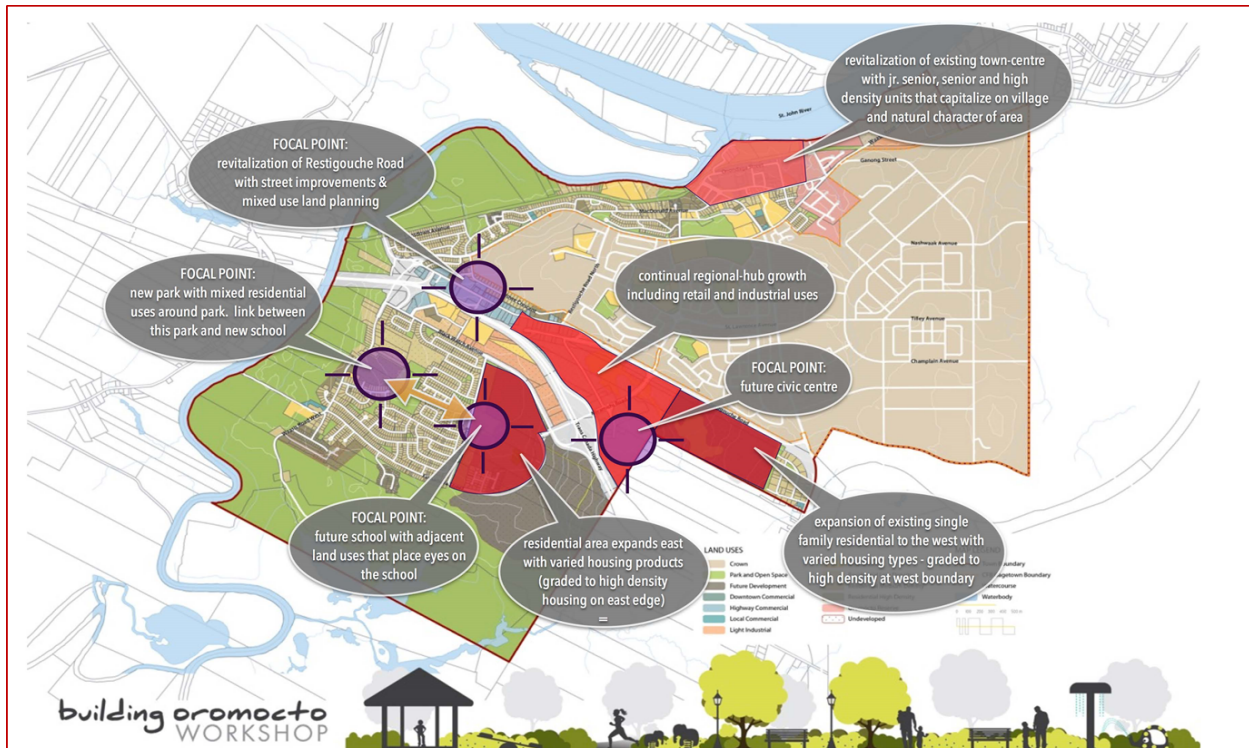
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The town of Oromocto owns most of the undeveloped land within its limits, which gives Council a powerful tool for directing development that most other communities do not have available to them. The Town owns approximately 473 hectares (1,170 acres) of undeveloped land south of Highway 2, of which 76% (360 hectares or 890 acres) is suitable for development. Within this large holding, Council can control the location and timing of development to an extent that is not achievable through conventional plan policy and zoning regulations.<sup>7</sup>

*-The Municipal Plan*

Figure A below illustrates a generalized plan for development opportunities.

**Figure A: Available Land**



Source: Trace Planning and Design (NOTE: this concept is a generalization of ideas generated from the Building Oromocto Workshop and, while it has guided development of the Municipal Plan, it is not intended to represent the policy of The Town of Oromocto)<sup>8</sup>

<sup>7</sup> Municipal Plan | Town of Oromocto | 2016

<sup>8</sup> Municipal Plan | The Town of Oromocto | 2016

Oromocto offers a significant advantage with more than one site being ready and available for development. Site selection can include review of criteria that address more than one priority (e.g. ease of transportation, proximity to other services), but also provides the potential for a phased approach to the development of the Continuum of Care. The Town is not limited to the possibility of a singular demonstration project.

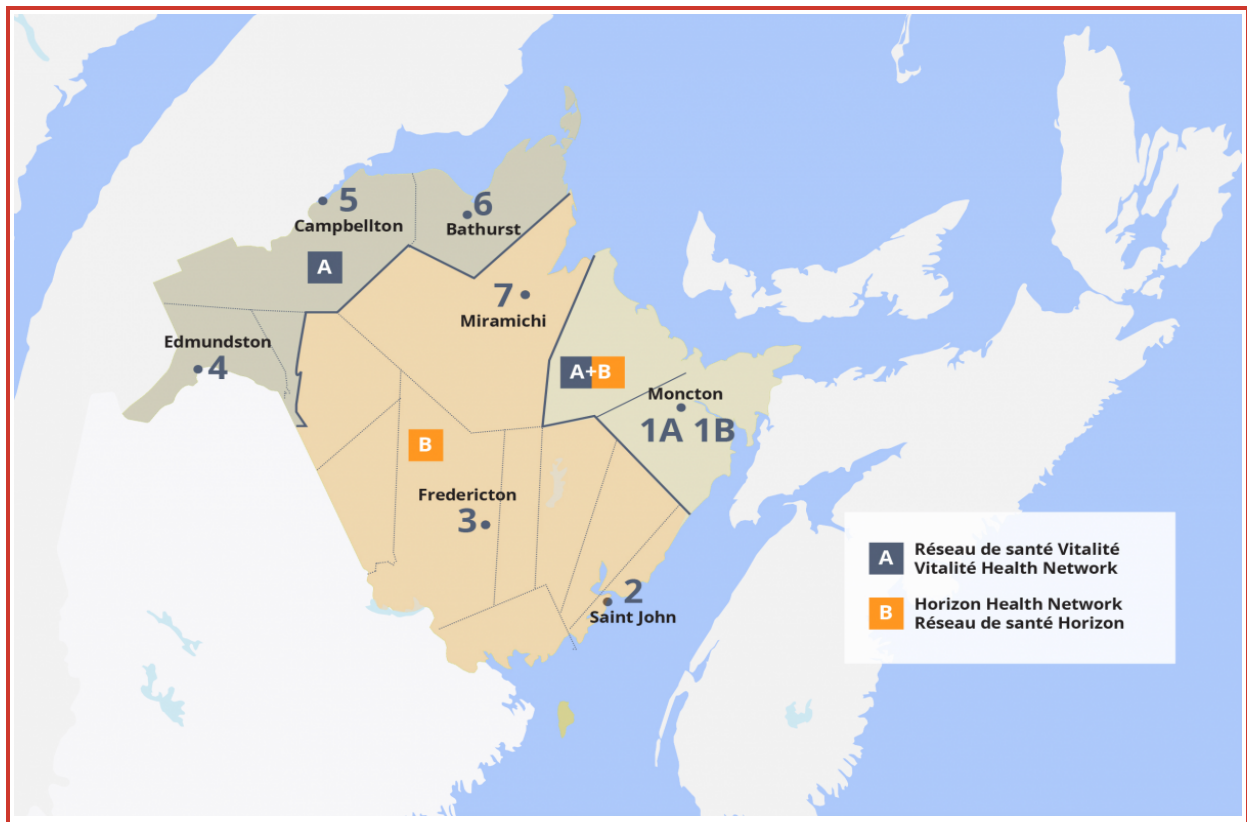
### 3. THE NEED

The following section provides an overview of the need for a Continuum of Care located in the Town of Oromocto, New Brunswick, including a gap analysis informed by the **AFC Initiative** and existing offerings in the market. Appendix A provides a summary of existing offerings in Oromocto.

#### 3.1 Service Area

In defining the service area for a Continuum of Care situated in the Town of Oromocto it is necessary to consider both formal boundaries as well as linked communities. Oromocto falls within Region 3 (Fredericton) per the service areas defined by DSD and Horizon Health, however the composition of surrounding communities presents several implications.

**Figure B: Region 3**



The Town of Oromocto is located in Sunbury County; comprising the municipalities of Oromocto, Fredericton Junction and Tracy and the parishes of Lincoln, Burton, Maugerville, Blissfield, Sheffield, Northfield, and Gladstone. The county also includes Welamukotuk (Oromocto) First Nation.

Beyond these mapped boundaries, residents living in other communities frequent Oromocto with regularity. Residents from Hampstead, Wirral, Hoyt, Rusagonis and New Maryland, in addition to the



communities noted above, access services provided in Oromocto including schools, recreation, and healthcare.

Horizon Health uses the reference “*Oromocto and Surrounding Area*” to define the service area, recognizing that Oromocto serves as a hub to many smaller, rural communities.

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**The Town of Oromocto is a service hub for many of the smaller surrounding villages and Local Services Districts. Many citizens that call this area of the province home live in the many smaller, more rural, communities extending along Highway 102 to Gagetown and down Highway 101 from Tracy through Fredericton Junction to Hoyt.<sup>9</sup>**

**- 2018 Community Health Needs Assessment**

A key characteristic of the area is also the connection to CFB Gagetown; the second largest army base in Canada. The location of CFB Gagetown results in a unique composition within the service area including adding approximately 6,500 military personnel and 1,000 civilians.<sup>10</sup>

The city of Fredericton, with a population of 59,405<sup>11</sup>, should also be considered in defining the service area. The city of Fredericton is allocated partially to York County and Sunbury County. Oromocto is located approximately 20 kilometers southeast of the city and is considered part of the Greater Fredericton Area.

Although Fredericton is home to a variety of services across the Continuum of Care, (including four licensed nursing homes at capacity with wait lists), many residents access services in Oromocto. Frederictonians commonly visit the Oromocto Public Hospital, retain family doctors, shop, visit, attend recreational events, in and around Oromocto.

The Greater Fredericton Area, along with Oromocto and Surrounding Areas, should be considered a Regional Service Area to be serviced by a Continuum of Care based in central Oromocto.

<sup>9</sup>2011 Community Health Needs Assessment | Horizon Health | [https://en.horizonnb.ca/media/197619/oromocto\\_needs\\_assessment\\_-\\_executive\\_summary\\_english\\_-11.pdf](https://en.horizonnb.ca/media/197619/oromocto_needs_assessment_-_executive_summary_english_-11.pdf) | 2011

<sup>10</sup> Canadian Forces Base Gagetown | About the Base | <http://www.army-armee.forces.gc.ca/en/5-canadian-division/5-canadian-division-support-base-gagetown/index.page> | 2020

<sup>11</sup> Census Profile | Fredericton, New Brunswick | 2016

### 3.2 Composition

Sunbury County is comprised of a population of 27,644<sup>12</sup> with Oromocto's total population being 9,223<sup>13</sup>. When considering the service area outlined above, against demographics, it is estimated that there are nearly 5,000 adults aged 50+ in the local area.<sup>14</sup>

Because it is a military centre, Oromocto posts a lower median age in comparison to the rest of the Province. The "30-year old" working on the Base remains age 30 forever with continual turnover of military personnel. It must be recognized that the remaining 20,000 residents in the catchment area are aging on par with the rest of the Province.

“ ”

**...the town is likely to maintain a youthful profile as young adults will be steadily renewed, often bringing with them young families or starting families in the town.<sup>15</sup>**

**-The Municipal Plan**

This "youthful" profile should not disregard the needs of the area's older citizens. Further, it is deserving of greater examination of how younger adults can synergistically be recruited to support aging care services in the community.

### 3.3 Key Stakeholders

Oromocto is unique in composition as it offers the potential for focused service delivery of two key stakeholder groups – Veterans and First Nations.

#### Veterans

As noted, the municipality is adjacent to the second largest military base in Canada. The implications of this go beyond the influx of younger families described above, as it also results in a growing retirement population among service personnel and their families. Oromocto is one of the most attractive retirement areas for Veterans; particularly for those seeking retirement in Eastern Canada.

The fact that the Fredericton service office for Veterans Affairs Canada relocated to Oromocto in 2018 provides clear indication of where Veterans can best be reached and supported. It also provides opportunity for alignment programmatically.

However, it is also critical to note that the financial policies supporting Veterans requiring 24-hour personal and nursing care only apply to those falling under the definition of "War Service Veterans"

<sup>12</sup> Census | Sunbury County | 2016

<sup>13</sup> Census Profile | Sunbury County | 2016

<sup>14</sup> My Community at a Glance | New Brunswick Health Council | 2017

<sup>15</sup> Municipal Plan | Town of Oromocto | 2017

defined as those who “served in the Second World War or the Korean War, including Merchant Navy Veterans.”<sup>16</sup>

This means that the existing federal policy framework which allocates contract beds in long-term care for Veterans will be phased out as those eligible are nearing end-of-life. The responsibility of serving all Canadian Armed Forces (CAF) Veterans falls under provincial jurisdiction, as the group is defined as civilians who are entitled to benefits due to their war time service.<sup>17</sup>

### First Nations

The Welamukotuk (Oromocto) First Nation (OFN) has a registered population of 748<sup>18</sup> and has expressed that eldercare is a priority for their community. In 2019, the band acquired an additional 169 acres of land for the use and benefit of OFN. The Reserve is situated North and adjacent to the town limits of Oromocto and now comprises nearly 250 acres.

Consideration of any demonstration project addressing aging care should include engagement with our First Nations community to determine their needs. In many cases, Indigenous seniors are underserved because of the lack of coordination between federal and provincial/territorial jurisdictions.

The ***First Nations and Inuit Home and Community Care (FNIHCC) Program*** maintains a mission to create “a continuum of home and community care services that are comprehensive, culturally safe, accessible, effective, and equitable to that of other Canadians”<sup>19</sup> and may serve as a funding mechanism or resource pool for a demonstration project.

Engagement with our First Nations community presents an opportunity for New Brunswick to demonstrate collaborative problem-solving between departments and agencies that can be replicated within other communities/jurisdictions.

## 3.4 Existing Services

### Long-Term Care

There are no skilled nursing beds or memory care beds in Oromocto despite a prevalence of dementia and Alzheimer’s in the province. Per Horizon Health, there are an estimated 13,000 people in New Brunswick living with dementia currently, and approximately seven New Brunswickers develop dementia every day.<sup>20</sup>

There are four Adult Residential Facilities (ARF) and two Nursing Homes (NH) located within Sunbury County for a total of 200 licensed beds. Only 51 of these beds are found in Oromocto and fall under the category of Special Care Home. The closest LTC services are in Fredericton approximately 20 km away. The two NHs within the service area are located approximately 40 km away in opposing directions.

<sup>16</sup> Veterans Affairs Canada | Benefits Navigator | <https://www.veterans.gc.ca/eng/services/information-for/war-service-veterans> | 2020

<sup>17</sup> Veterans Affairs Canada | Mandate, Mission, Vision, Values and Ethics |

<https://www.veterans.gc.ca/eng/about-vac/what-we-do/mandate#definition> | 2020

<sup>18</sup> [https://fnp-ppn.aadnc-aandc.gc.ca/fnp/Main/Search/FNRegPopulation.aspx?BAND\\_NUMBER=12&lang=eng](https://fnp-ppn.aadnc-aandc.gc.ca/fnp/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=12&lang=eng)

<sup>19</sup> First Nations and Inuit Home and Community Care | <https://www.sac-isc.gc.ca/eng/1582550638699/1582550666787> | 2020

<sup>20</sup> Memory changes and dementia | Horizon Health | <http://en.horizonnb.ca/home/media-centre/horizon-news/memory-changes-and-dementia.aspx> | 2020

Tables C & D capture the details related to long-term care services in the area and also highlight that two ARFs within the service area do not serve older adults exclusively.

**Table C: Adult Residential Facilities (Oromocto region)**

Home	Type	Beds	Location	Distance from Town Center*
Oromocto Special Care Home	ARF	24 Level-2 27 Level-3G	Oromocto	1 km
Gagetown Special Care Home	ARF	5 Level-2 27 Level-3B	Gagetown	42 km
Riverview Comfort Special Care Home	ARF	19 Level-2**	Gagetown	41 km
Your At Home Retreat	ARF	11 Level-2** 7 Level-3B**	Burton	9 km

\*Calculated from Shoppers Drug Mart at 1198 Onondaga Street for illustrative purposes

\*\*not exclusively serving older adults

**Table D: Nursing Homes (Oromocto & Fredericton region)**

Home	Type	Beds	Location	Distance from Town Center*
White Rapids Manor	NH	40 Level-3	Fredericton Junction	34 km
Orchard View Long Term Care home	NH	40 Level-3	Gagetown	40 km
Pine Grove	NH	70 Level-3	Fredericton	25 km
Shannex, Thomas Hall	NH	72 Level-3	Fredericton	20 km
Shannex, Frederick Hall	NH	36 Level-3B	Fredericton	20 km
Shannex, Neill Hall	NH	60 Level-3	Fredericton	25 km
York Care Centre	NH	218 Level-3	Fredericton	28 km

\*Calculated from Shoppers Drug Mart at 1198 Onondaga Street for illustrative purposes

Wait list data for ARFs is not maintained by DSD as the providers are exclusively private operators who must market their services. The Oromocto Special Care Home runs regularly at capacity and often provides referrals to the other ARFs in the area.

Wait list data for NHs is maintained by DSD, however it is compiled by Region making the demand for long-term care specific to Oromocto undefined. As noted previously, Oromocto falls in Region 3 which maintains a wait list of approximately 150 individuals awaiting placement in a long-term care setting.

The data compiled by the NB Health Council reinforces unmet needs. Both the number of special care beds and nursing care beds are the lowest in the province in Region 3. There are only 4 special care beds, and 6.3 nursing care beds per 100 New Brunswickers ages 75 and older.<sup>21</sup>

### **Alternative Level of Care (ALC)**

Among the 150 individuals awaiting placement in long-term care it is not uncommon for half to be residing in hospital in what is referred to as Alternative Level of Care (ALC). People are admitted to hospital (Oromocto Public Hospital or Dr. Everett Chalmers Hospital) to receive acute care. Once acute care has been provided many patients are discharged, however others cannot leave a hospital without their health and safety being placed at risk. These patients are designated as ALC patients. They remain in hospital not needing hospital care while awaiting the service in another setting. Horizon Health cites ALC as a top challenge, "...increasing alternate level of care (ALC) admission rate coupled with a lack of nursing home care availability".<sup>22</sup> In the Fredericton region, the average number of days from assessment to placement in a nursing home is among the highest in the province at 57.6 days.<sup>23</sup>

There are three issues affiliated with high levels of ALC patients.

- ALC patients are not getting the care they need. Long wait times in hospital can lead to the onset of new health issues which can lead to deterioration to the point where more acute care is needed. Most ALC patients experience functional decline.
- Community members endure long wait times for admission because ALC patients are using resources, including beds and time from hospital staff. Commonly this impact in wait times can be seen by ER patients or elective surgical patients.
- ALC is the most expensive form of care in the long-term care system. The costs of caring for someone in ALC; someone who does not need to be in a hospital setting, are exponentially higher than the provision of care in NHs, ARFs, or through Home Care.

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<sup>21</sup> The ABCs of ALCs | NB Health Council | 2018

<sup>22</sup> Acute Care Fact Sheets | Horizon Health | 2019

<sup>23</sup> The ABCs of ALCs | NB Health Council | 2018

## Day Activity Centres

Day Activity Centres are commonly referred to as Adult Day Programs (ADP). Normally, these services are provided to older adults that live at home who benefit from planned recreational and social programming and sometimes personal care support.

There is one licensed ADP located in Oromocto. *Meaningful Connections* is approved for 12 participants but is not operational since its opening plans were impacted by COVID-19.

## Home Support Services

There are a few agencies serving Oromocto and surrounding communities through licensed Home Care (HC). Due to the fact that all providers are private organizations/individuals aggregated data on the number of area residents receiving HC is not available. None of the providers are headquartered or have offices located in Oromocto.

The New Brunswick Home Support Association lists *Bayshore Home Health*, *Integrity Home Health Services*, *Kindred Home Care*, and the *Canadian Red Cross* as licensed providers serving the community of Oromocto.

New Brunswick's Extramural Nursing Program (EMP) services the entire Province and is administered through Medavie. Inter-disciplinary EMP teams deliver acute, palliative, chronic, rehabilitative and supportive care to individuals in their own homes and within Special Care Homes by physician referral.

## Healthcare

The town of Oromocto is home to Oromocto Public Hospital (OPH), the Oromocto Community Health Centre and Public Health Oromocto (offering diagnostics and testing).

The OPH provides inpatient family practice, palliative care, rehabilitation and has a transitional care unit, an ambulatory surgical center, mammography screening program and emergency department. As noted in the description of the service area, many residents within the Greater Fredericton Area access services at the hospital in addition to the citizens of Oromocto and surrounding communities.

The Oromocto Community Clinic was originally established at the OPH having moved to its existing location in 2016. Originally, staffed by a physician, two nurse practitioners, a licensed practical nurse, a dietitian, and a social worker, the nurse practitioner(s) are currently not seeing patients due to lack of space within the Clinic. The Town has offered space to support resuming of services. Additionally, the youth mental health counselors are now working out of portables.

Additionally, geriatric assessment services are not available in the community. Residents must travel to the Woodbridge Centre in Fredericton. In consultation with the Woodbridge Centre in forming this Roadmap, it was indicated that a satellite office in Oromocto would be beneficial.

These circumstances point to the need for additional space to service existing and future service delivery. The Town continues to be proactive in its engagement to support service provision through Horizon Health.

## The Alzheimer Society of New Brunswick

As recently as 2018 there was no footprint from the Alzheimer Society in Oromocto, however The Town addressed this gap by initiating an arrangement with the organization and providing office space. Prior, clients from Oromocto and surrounding areas had to drive to the northside of Fredericton for support. This collaboration was well received; however, The Alzheimer Society of New Brunswick has been significantly impacted by COVID-19. The organization is no longer running in-person group meetings or programs, at any locations. They are navigating virtual meetings with those they serve. When in-person sessions resume, The Town will continue to provide space to facilitate appointments and programming.

## Meals on Wheels

Meals on Wheels serves Oromocto, Lincoln, Burton and Geary. Fortunately, this service has been able to sustain a decline in volunteers as a result of the pandemic. Food preparation remains based out of the Oromocto Public Hospital; however, the Executive do not have an office outside of their homes.

## Volunteer Groups

There is a quiet, but strong network of volunteer groups in Oromocto. In particular, the Autumn Years Seniors Club and Sunbury Seniors Club offer regular recreation activities and opportunities to socialize. There are also several active service clubs including the Rotary Club.. These groups provide informal ridesharing, organize seasonal day and overnight trips, participate in community fundraising campaigns, and coordinate vibrant and regular social programming.

The Artists Who Care Club and Music Academy are also noteworthy. The former provides art classes taught by older adults on a volunteer basis and the latter comprises four levels of choirs including intergenerational singers aged 11 to 70+ who perform on stage together.

## Recreation

The Town of Oromocto's Recreation & Tourism Department coordinates wellness offerings for the community at large including specifically curated programming for older adults. Programs are incredibly well-attended with enrollment having grown from 385 in 2000 to approximately 1,939 in 2018.

The ***Future Sport, Recreation, and Cultural Facility Needs Assessment*** provides an overview of the cultural and recreation facilities in Oromocto and recommends those requiring replacement or addition as summarized in the table below. These capital projects could be considered in tandem with the provision of aging care if a multi-purpose project is prioritized.

**Table E: Capital Project Priorities**

Replacement	Addition
Kings Arrow Arena	Gymnasium
Flexible Multi-Purpose Space	Indoor Walking Track
Library	Arts & Culture Space (non-performing)

## 4. THE CONTINUUM

Before moving to a defined project concept, it is important to unify the definition for the Continuum of Care serving older adults. The following subsections offer definitions and highlight models that could be explored through a pilot project and/or private development in Oromocto.

### 4.1 Definition

A Continuum of Care refers to the increasing intensity of support and healthcare services that a person may need as they age. It is important to make the distinction between “The Continuum of Care” and “A Continuum of Care”. The former refers to the specific housing options that exist to service older adults from retirement to end-of-life. The latter applies within a senior living environment that offers transitions through more than one level of care as needs change.

There is a further distinction to be made within the Continuum of Care in that at earlier stages within the Continuum single-family dwellings are the most common design whether the “home” is a house, condominium, or apartment. Services are brought into the “home”.

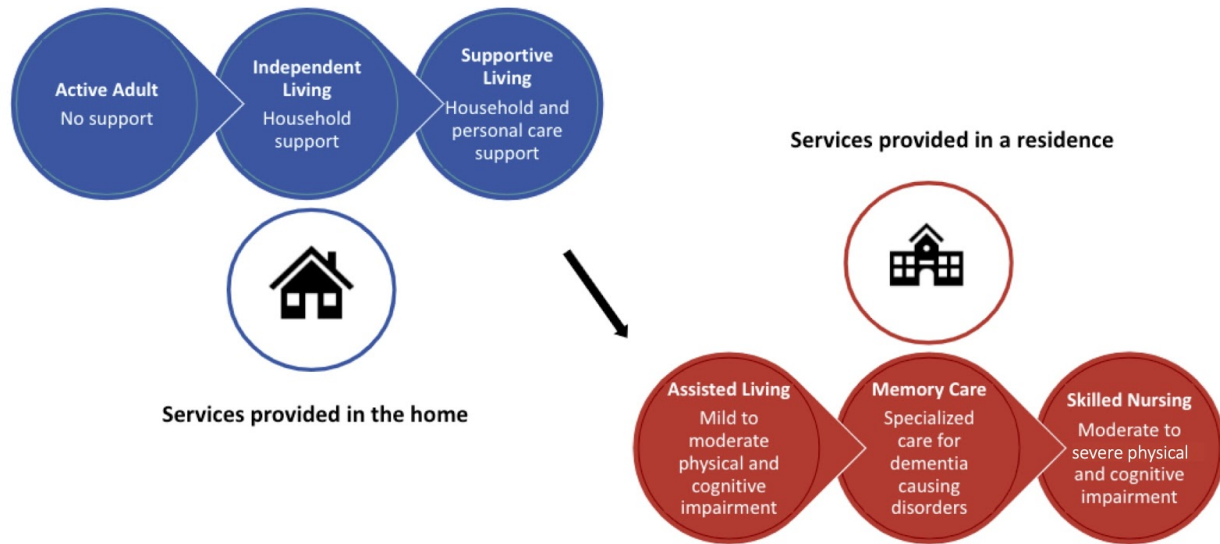
A transitional move is often referenced when one moves from their “home” to a “residence”. A “residence” reflects a living environment where 24-hour supports are available within a communal setting. In New Brunswick “residences” refer to a grouping of housing options that fall under legislation and are regulated by the provincial government. The provincial government also provides oversight through defined standards, procedures and regular inspection.

Residents must meet assessment criteria to enter a “residence” and assessments are performed through the government. As part of the assessment process a determination of the older adult’s level of independence in the “activities of daily living” is determined. The “activities of daily living”, referred to as ADLs, include the following functions: eating, bathing, toileting, dressing, grooming, ambulating, and transferring.

The typical demographics, housing type, financial model, reasons for entry and benefits associated with each level in the Continuum of Care are outlined below. Figure C highlights the differentiation between a “home” and a “residence” within the Continuum of Care.



Figure C: Continuum of Care



#### Active Adult (AA) = housing, no services

**Typical demographic** – Age of 55+, healthy, active, independent, and interested in the social benefits of living among peers and accessing shared amenities.

**Functional abilities** – Fully independent in all aspects of activities of daily living, household management and transportation.

**Housing type** – Age-restricted single-family homes, townhomes, apartments, or other attached housing with full privacy of interior spaces.

**Financial model** – Generally, sales not rentals, with a monthly homeowner's fee for outdoor maintenance. Other services may be a la carte.

**Reasons for entry** – A lifestyle decision linked to economic and logistical priorities (e.g. accommodate travel or relocate closer to family) along with a desire to remain healthy and active. Moving is based on choice, not need.

**Benefits** - Emotional and physical wellness with an emphasis on amenities and common areas that offer a range of opportunities for residents to both stay fit and socialize (e.g. clubhouse, pool). Residents are completely independent, but they do not want to move into multifamily communities where their lifestyles may conflict with younger residents.

**Independent Living (IL) = housing + home support services**

**Typical demographic** – Generally age 65+, healthy, active, and independent, but there is a need or impending need for support.

**Functional abilities** – Generally mobile and fully independent in all activities of daily living. Assistance needed with meals, transportation, and/or errands. Care needs are beginning to emerge.

**Housing type** – Senior-restricted apartments with dining services and shared common spaces in the interior and sometimes on the exterior.

**Financial model** – Monthly fee that includes rental and dining. Other home support services like housekeeping and laundry may be included or available for additional fees.

**Reasons for entry** – A decision based on need or anticipated need. Economic and logistical priorities may be factors, but the common motivator is access to support and a desire to prevent social isolation.

**Benefits** – Provision of meals, planned wellness activities, housekeeping, transportation, and security.

**Supportive Living (SL) = housing + home support services + home care**

**Typical demographic** – Older adults who can live independently without continuous medical care but require a supportive environment due to physical and functional health challenges.

**Functional abilities** – Assistance needed with meals, transportation, and/or errands. Support in the activities of daily living required.

**Housing type** – Typically apartment-style living with studio, one or two-bedroom suites with kitchenettes.

**Financial model** - Monthly fee that includes rental, dining and home support services. Additional support in the activities of daily living are available through trained home care providers for additional fees based on individualized care plans.

**Reasons for entry** – A decision based on current needs and a desire to prevent social isolation with a desire to retain privacy and autonomy found in one's own home.

**Benefits** – Provision of meals, planned wellness activities, housekeeping, transportation, and security plus personal care and medication management as needed.

**Assisted Living (AL) = licensed residential-living with 24-hour care**

**Typical demographic** – Older adults who are medically stable but present with minor physical and/or cognitive impairments, potential for wandering and behavioral changes that require the availability of supervision on a 24-hour basis.

**Functional abilities** – Partially dependent on others for activities of daily living and medication management. No longer driving independently.

**Housing type** – Licensed residential community living with 24-hour care.

**Financial model** – Monthly payment inclusive of all services; may be eligible for financial subsidy from government depending on jurisdiction and income level.

**Reasons for entry** – Physical and/or cognitive impairment, wandering, or having a caregiver who is unable to continue providing care in one's own home. Ability to afford SL options, or there being a lack of SL options in the market may also be factors.

**Benefits** – Provision of meals, planned activities/day trips, housekeeping, transportation, security and monitoring and personalized care plan to address supports in all activities of daily living. Skilled nursing not required 24-hours per day but staffing compliment may include allied health professionals such as recreational therapists, physiotherapists, or occupational therapists. Often, mobile services like hair care, footcare, and dental are arranged.

**Memory Care (MC) = licensed residential-living with 24-hour care specific to residents with dementia**

**Typical demographic** – Older adults who require specialized care for memory impairment and other forms of dementia, are medically stable but present with physical and/or cognitive impairments, potential for wandering and behavioral changes that require the availability of supervision on a 24-hour basis.

**Functional abilities** – Dependent on others for activities of daily living and medication management. Requiring specialized care due to memory impairment.

**Housing type** – Licensed residential community living with 24-hour care and secure access points for resident safety.

**Financial model** – Monthly payment inclusive of all services; may be eligible for financial subsidy from government depending on jurisdiction and income level.

**Reasons for entry** – Deterioration in cognitive functioning and behavioral changes as a result of Dementia.

**Benefits** – Provision of all services in AL plus trained, specialized care, and lower resident to staffing ratios.

### Skilled Nursing Care (SNC) = licensed nursing home with 24-hour nursing care

**Typical demographic** – Older adults with chronic physical, cognitive, and/or behavioral impairments that require professional supervision and holistic care on a 24-hour basis which cannot be provided in the community via available support services.

**Functional abilities** – Dependent on others for activities of daily living and medication management and generally requiring two-person assist for transfer.

**Housing type** – Licensed nursing facility.

**Financial model** - Monthly payment inclusive of all services; eligible for financial subsidy from the government depending on income level.

**Reasons for entry** – Requirement for 24-hour access to skilled nursing care.

**Benefits** – Medical, nursing and allied health providers in the management of impairments to promote the best quality of life possible.

## 4.2 Setting

There are three distinctive settings related to the Continuum of Care. Each has a place in delivering comprehensive housing and care options.

### Aging in Place

**Definition** – The older adult remains at home with the provision of support and services needed to live safely and independently for as long as the older adult wishes and is able.

**Placement along the Continuum of Care** – Active Adult, Independent Living and Supportive Living, as well in original home.

Aging in Place provides the opportunity for increasing levels of care to be delivered without a change in housing or setting. Most older adults prefer to remain in their own home. Every effort should be made to realize this preference in support of independence, familiarity, and choice. However, often a move to a more senior-friendly home is still necessary. By example, moving from a rural area to city-centre to access community-based services and local amenities or moving from a two-story home to a one-level garden home to eliminate stairs. Thus, Aging in Place should not be considered exclusively to mean that an older adult remains in their original home.

When building a Continuum of Care, it is necessary to consider the impacts of social isolation and the changing needs of those older adults who age alone. Many older adults are single or widowed and without a local family. Without a plan, older adults can decline in health, experience loneliness, isolation and boredom, or be left residing in unsafe conditions; all potentially resulting in a lower quality of life and greater risks for their well-being. Finding the proper in-home supports is critical.

“ ”

While Aging in Place may bring seniors a sense of control, it requires a variety of services and supports to be a successful long-term living arrangement, especially for the oldest and frailest of us. Seeking out and managing most of these essential services requires a support team, money and flexibility among team members to manage a senior's ever-changing needs.<sup>24</sup>

- Aging Care “Is Aging in Place Always the Best Place for Seniors?” | John Schappi

### Aging in Care

**Definition** – The provision of long-term care in an environment with 24-hour healthcare services.

**Placement along the Continuum of Care** – Assisted Living, Memory Care, and Skilled Nursing Care.

Aging in Care is most often referred to as long-term care and in traditional terms refers to an institutional delivery of housing and services.

Advancements in design and delivery of person-centered care have provided a pathway towards the deinstitutionalization of long-term care. Progress, particularly that which is evidence-based, should be integrated into any new infrastructure investment. However, there remains a need for Aging in Care.

Within Assisted Living, Memory Care and Skilled Nursing Care, personal care is provided on a 24-hour basis and regular or constant nursing care is available depending on the housing type. Physical, cognitive and emotional decline can all contribute to the need for Aging in Care.

In New Brunswick, we have significantly more demand for Aging in Care than options. Approximately, 150 individuals are awaiting placement care in Region 3 alone. Around 50% of those remain in ALC. Thus, progressive development responding to the immediate needs of our vulnerable citizens must continue to be prioritized. There are innovations to be realized provided they are prioritized in the issuance of licenses.

### Aging in Community

**Definition** – A residential setting with greater access to services and care, where value is placed on the cultivation of social capital and its links to aging well.

**Placement along the Continuum of Care** – Can encompass any aspect of the Continuum from Active Adult to Skilled Nursing.

<sup>24</sup> “Is Aging in Place Always the Best Option for Seniors?” | John Schappi | AgingCare | <https://www.agingcare.com/articles/is-aging-in-place-always-the-best-option-for-seniors-185858.htm> | 2020

There is a third option - Aging in Community. This setting can encompass the entirety of the Continuum of Care provided an emphasis is placed on fostering positive social interactions and shared interests by housing type. Aging in Community recognizes the value of connectedness and interdependence and is an appealing and viable alternative to the traditional approach in long-term care.

In response to the Continuum that positions traditional Aging in Care at one end of the spectrum, and a sometimes-idealized vision of Aging in Place at the other, Aging in Community originated with an intentional focus on relationships and shared interests. The concept has grown to become all-encompassing through the introduction of new models centred on relationships and not simply physical needs.

“ ”

**The concept of aging in community is presented here as a useful successor to the concept of Aging in Place because the former shifts the emphasis away from dwellings and toward relationships.<sup>25</sup>**

**- “Moving Beyond Place: Aging in Community” | Thomas and Blanchard**

### Transitional Care Beds

Lastly, there is an important addition to the Continuum of Care to be considered that rests outside of the spectrum of care and supports. Transitional care beds offer a community-based response that is completely outside the healthcare setting. They are not long-term care beds and are often not even located in a retirement or nursing home (although they can be).

A transitional care bed program addresses ALC by providing short-term care for those ready to be discharged from hospital, but who are not ready to go home. Generally, individuals are awaiting assessment for placement within the Continuum of Care. This provision of transitional care frees up acute care for those of highest and most need and offers a significantly less expensive service delivery model.

Individuals may need temporary rehabilitation or re-enablement to regain strength or agility. This approach also provides time for decision-making about future housing and service needs while in a home-like environment which is beneficial for overall health, independence, and social and emotional well-being.

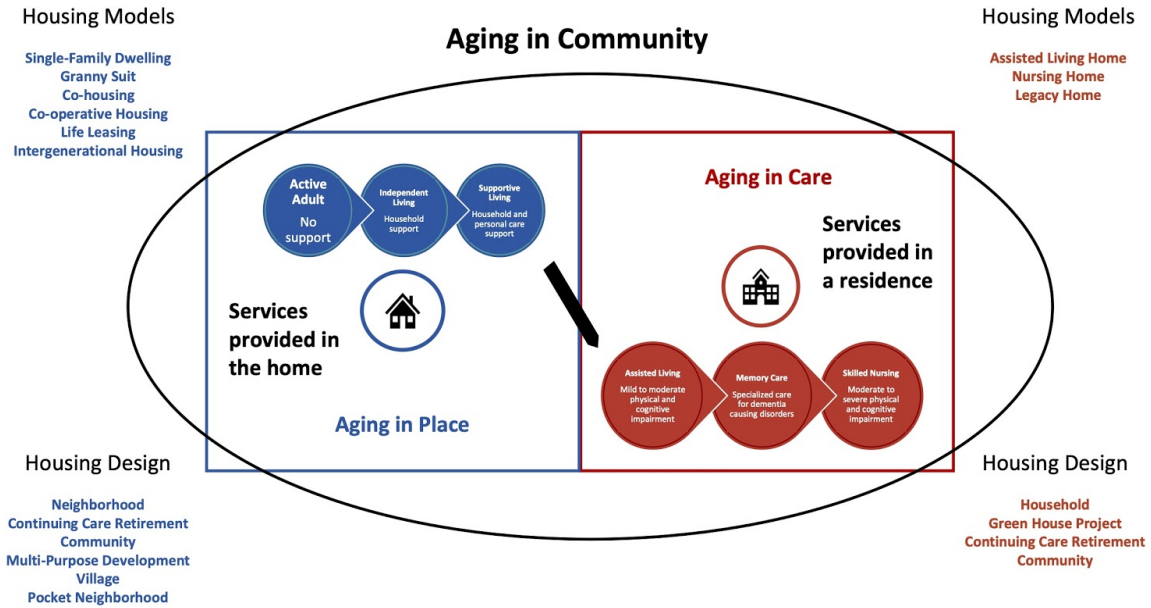
Oromocto is a prime location for the introduction of a transitional care bed program with the location of OPH, the provision of lands held by The Town, and the Woodbridge Centre’s willingness to establish an outreach program.

<sup>25</sup> “Moving Beyond Place: Aging in Community” | Journal on the American Society of Aging | [https://www.philanthropysouthwest.org/sites/default/files/resources/Generations%20Blanchard%20and%20Thomas\\_.pdf](https://www.philanthropysouthwest.org/sites/default/files/resources/Generations%20Blanchard%20and%20Thomas_.pdf) | 2020

### 4.3 Models

There are many housing models to be explored within the Continuum of Care. Figure D provides an illustration encompassing the settings noted above. Brief definitions of varying housing design approaches follow in the next section.

**Figure D: Continuum of Care with Settings**



#### Single Family Dwelling

**Definition** – A single-family dwelling, detached house, semi-detached, apartment or condominium used by one family as their primary place of residence.

**Other Names** – None

**Suitability of Continuum of Care** – Active Adult, Independent Living and Supportive Living

**Licensing Requirements** – None

#### Granny Suite

**Definition** – A fully equipped independent living space, usually with separate entrance, contained within or adjacent to a single-family home.

**Other Names** – None

**Suitability of Continuum of Care** – Active Adult, Independent Living and Supportive Living

**Licensing Requirements** – None

### Co-Housing

**Definition** – Co-housing can simply refer to two people sharing a home or it can refer to a more formal arrangement of private homes supplemented by common facilities such as laundry, and recreational spaces. Shared outdoor space may include parking, walkways, open space, and gardens. Residents may also share resources like tools and lawnmowers. Households have independent incomes and private lives, but residents or neighbours collaboratively plan and manage community activities and shared spaces. Co-housing facilitates interaction thereby provides social, practical, economic, and environmental benefits.

**Other Names** – Home Sharing

**Suitability of Continuum of Care** – Active Adult, Independent Living and Supportive Living

**Licensing Requirements** – None

### Co-Operative Housing

**Definition** – Co-operative housing refers to a membership-based arrangement. A primary advantage of a cooperative is the pooling of the members' resources to leverage buying power either to secure the development or lower the cost per member in accessing the services and products associated with home ownership.

**Other Names** – Housing Co-op

**Suitability of Continuum of Care** – Active Adult, Independent Living and Supportive Living

**Licensing Requirements** – None

### Life Lease Housing

**Definition** – Life lease housing is an increasingly popular housing choice for older adults who are able to live independently. In life lease housing, you do not own a property; you hold an “interest” in that property in exchange for a lump sum payment up-front, with monthly maintenance fees and property tax payments. The life lease interest gives you the right to occupy, or live in a unit rather than owning the unit itself.

**Other Names** – Life Plan

**Suitability of Continuum of Care** – Active Adult, Independent Living and Supportive Living

**Licensing Requirements** – None



### Assisted Living Residence

**Definition** – Assisted living is a communal residence providing lodging, meal service and 24-hour assistance with activities of daily living.

**Other Names** – Residential Care Home, Adult Residential Facility, Adult Family Home, Personal Care Home, Special Care Home, Generalist Care Home

**Suitability of Continuum of Care** – Assisted Living

**Licensing Requirements** – Yes

### Memory Care Residence

**Definition** – Assisted living is a communal residence providing lodging, meal service and 24-hour assistance with activities of daily living specifically for residents contending with Dementia or related memory loss conditions.

**Other Names** – Residential Care Home, Adult Residential Facility, Adult Family Home, Personal Care Home, Special Care Home

**Suitability of Continuum of Care** – Memory Care

**Licensing Requirements** – Yes

### Nursing Home

**Definition** – Nursing homes provide licensed housing and services for medically stable but chronic physical, cognitive, and/or behavioral impairments that require professional supervision from a doctor, skilled nursing and holistic care on a 24-hour basis.

**Other Names** – Long-Term Care Home, Retirement Home, Manor

**Suitability of Continuum of Care** – Skilled Nursing

**Licensing Requirements** – Yes

### Continuing Care Retirement Community

**Definition** – A continuing care retirement community (CCRC) is a community designed where the aging care needs can all be within a singular location. These various levels of housing and care may be accommodated on different floors or wings of a single high-rise building or in physically adjacent buildings, spread out in a campus setting.

**Other Names** – Campus, Campus of Care

**Suitability of Continuum of Care** – Active Adult, Independent Living, Supportive Living, Assisted Living, Memory Care and Skilled Nursing

**Licensing Requirements** – Yes for the latter stages of the continuum with higher levels of care

## 4.4 Design

### Neighborhood

**Definition** – A Neighborhood is a localized community. Neighborhoods tend to have their own identity, or "feel" based on the people who live there and the places nearby. Residents may have similar types of families, incomes, and education levels.

### Pocket Neighborhood

**Definition** – Pocket neighborhoods are clustered groups of neighboring houses or apartments gathered around a shared open space — a garden courtyard, a pedestrian street, or a series of joined backyards — all of which have a clear sense of territory and shared stewardship. They can be in urban, suburban or rural areas. They typically include a dozen or so neighbors who interact on a daily basis around a shared green space.

### Village

**Definition** – The Village concept links neighbors and local businesses together to help each other stay in their homes as they grow older. Assistance is provided by the able-bodied village members, younger neighbors or via community programs.

### Intergenerational

**Definition** – Intergenerational housing programs provide accommodations for older and younger adults under the same roof. Developments can be designed specifically for this shared market or be approached programmatically usually by moving younger adults or students into the homes of older adults.

### Mixed-Use

**Definition** – Also known as Multi-Purpose, is a combination of housing and commercial space such as retail, daycares, or offices. Mixed-Use developments can be applied to a spectrum of housing models from Active Adult to Nursing Home. Co-location of unique spaces generally offers a unique value proposition to residents and a greater return on investment.

### Traditional

**Definition** – A reference to Traditional design signals an approach considered institutional and characterised by long corridors.

### Household

**Definition** – A household or “small house” is the generic name for a de-institutionalized design. A household is an intentional community of 9 to 12 persons and a staff of highly trained workers who live and work in a purpose-built environment organized and operated around the humanistic guiding principles of autonomy and dignity.

## 4.5 Integrated Service Delivery

Our goal should be Integrated Service Delivery, as defined by the World Health Organization (WHO).

“ ”

**Integrated health services delivery is defined as an approach to strengthen people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care. It should be effectively managed to ensure optimal outcomes and the appropriate use of resources based on the best available evidence, with feedback loops to continuously improve performance and to tackle upstream causes of ill health and to promote well-being through intersectoral and multisectoral actions.<sup>26</sup>**

**–The World Health Organization | Integrated Care Models: An Overview**

New Brunswick has most notably implemented Integrated Service Delivery (ISD) through child and youth teams which deliver services to children and youth with emotional, behavioural, mental health concerns or who are experiencing issues related to substance use. These multidisciplinary teams are comprised of professionals in various fields, such as psychology, social work and education.

Taking a similar approach in care for older adults has been difficult to establish because current systems and policies do not support integrated living. Each component of the Continuum of Care is subject to different economic conditions, bed allocations, licensing requirements, procurement models, and risk transfer mechanisms in New Brunswick. Finding a pathway to address the obstacles to ISD is the linchpin of sectoral innovation.

Only through a demonstration project can we begin to remove the obstacles to the advancement of the Continuum of Care and test an approach(es) that addresses care needs from the most important perspective – the person. Person-centered care is impeded by the systemic conditions noted above. By

<sup>26</sup> Integrated Care Models: An Overview | World Health Organization | 2016 |

[https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/322475/Integrated-care-models-overview.pdf](https://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf)

having a conditional model for each level of care the province is making it impossible for the sector to modernise the system.

There are precedent models, including those referenced previously (Nursing Home Without Walls, *PACE*, Transitional Care, multi-purpose developments, and more) that can inform a progressive approach. ISD and person-centered care have both been adopted by the province. The Town of Oromocto is seeking to collaborate on a community care model that prioritizes person- and family-centered care while capitalizing on existing community assets and addressing the most urgent systemic pressures. Moreover, this approach provides an opportunity to find alignment between the Departments of Social Development and Health.

## 5. THE IMPACT

### 5.1 Features

The intent behind this Roadmap is not to be prescriptive, but rather to provide a comprehensive illustration of what a Continuum of Care can include and how a progressive approach can be taken to development in Oromocto.

To that end there are several key features that could significantly enhance the value proposition associated with a pilot project that are unique to Oromocto. These include, but are not limited to the following:

- Defined community needs for housing serving older adults
- A willing and engaged Mayor & Council who have prioritized aging care development
- Town staff with sector specific expertise in long-term care
- Potential synergies with other municipal infrastructure priorities
- Available municipal lands earmarked for aging care development
- Strong volunteer network
- Location of Oromocto Public Hospital
- Stress within Alternative Level of Care (ALC)
- Space provision required by Horizon Health
- Proximity to CFB Gagetown
- Significant population of underserved Veterans
- Presence of Oromocto First Nation and recognition of their prioritization of aging care within their community

### 5.2 Alignment

The approach taken in developing this Roadmap, and to be continued in developing the scope of a demonstration project, has been to seek alignment with provincial priorities. The following provincial plans and strategies, and those currently under development are relevant:

- 2018-2023 Nursing Home Plan
- Home First Strategy
- We are all in this together: An Aging Strategy for New Brunswick
- New Brunswick Family Plan
- Healthy Seniors Pilot Project (HSPP)
- Horizon Health Strategic Plan: A Healthier Future for New Brunswick
- Community Health Needs Assessments
- Broadening our Focus: Identifying regional priorities from the needs of our communities

### 5.3 Priorities

This Roadmap has illustrated that Oromocto is a prime location positioned to service a larger Regional Service Area. Several of the following priorities could be addressed through the leveraging of existing community-based assets to expand and enhance the Continuum of Care.

- Introduction of Transitional Beds
- Expansion of Memory Care Beds
- Expansion of Nursing Home Beds
- Expansion of Specialized Care
- Expansion of Respite or End-of-Life Care
- Piloted workforce recruitment and retention strategies
- Introduction of Integrated Service Delivery for older adults
- Prioritization of Primary Care
- Provision of space for existing and future programming delivered by Horizon Health (e.g. Nurse Practitioners)
- Satellite offices for the Health Aging Clinic (Woodbridge Centre)
- Increased visibility of community-based services such as those delivered by the Alzheimer Society
- Advancement of intergenerational programming
- Innovation in social and built environments
- Pursuit of pandemic-responsive solutions both in design, training and protocol

Inherent in the approach to be taken by The Town will be to respect the Department of Social Development's principles and standards for long-term care.

### 5.4 Concept

At the origin of this Roadmap is a desire to see a new nursing home built in Oromocto. Much of the analysis herein supports the extension of a boundary mapped for Fredericton to include Oromocto in the next procurement of nursing home beds. However, there is potential for a more significant, and innovative project.

In particular, the other defined infrastructure priorities for Oromocto (as referenced in Section 3.4) give rise to the potential for a Mixed-Use development. Mixed-use development within the Continuum of Care can take many forms, but all share an objective to include offerings that are open to both residents and members of the surrounding community.

A development that includes a group of co-located structures, including senior housing options, with one or more complementary elements is an option not yet realized in this market, however, is proving to be the future direction in senior living.

“ ”

**Senior residents like mixed-use for the access to shopping, retail and health care, social integration and walkability. Business owners like it because it brings a built-in consumer base. Municipalities like it because seniors create little impact on high-traffic public use areas such as roads and schools. Senior living providers like it because adding a mixed-use element can help a project take flight.<sup>27</sup>**

***-Strategies for Mixed-Use Development in Senior Living | Senior Housing News***

Mixed-Use is also proving to be preferred over the Campus model in some markets. Having been the hallmark approach to expansion of the Continuum of Care for more than a decade, and the only model alternative to a stand-alone operation found in New Brunswick. It is not conducive to smaller markets or rural settings and potentially can create a disconnect between older adults and their wider community.

“ ”

**“If you have a big, sprawling campus, it may feel more isolating than a mixed-use campus,”...because stand-alone senior living communities create what he calls an “artificial barrier” between the seniors and the rest of the neighborhood.<sup>27</sup>**

***-David Block, Director of Development | Evergreen Real Estate***

In approaching a mixed-use development, the composition needs to make sense for the location. In the case of Oromocto, strong consideration should be given to combining infrastructure and housing priorities. By example, co-location of a new library or arena with long-term care beds, transitional beds, or intergenerational housing should all be explored. The combination of uses should be thought of creatively and exhaustively to arrive at the best value proposition for all parties.

Appendix B, (excerpts from) *Strategies for Mixed-Use Development in Senior Living*, provides relevant reference projects to aid visioning, including projects that:

- Offer Independent Living, Assisted Living, and Memory Care on upper levels with a ground floor hospital right-sized when moving from primarily in-patient to out-patient services
- Combine Independent Living and subsidized Affordable Housing with a public library
- Repurpose a former naval air station into a multi-service “city within a city”

<sup>27</sup> Strategies for Mixed-Use Development in Senior Living | Senior Housing News | 2020

Additionally, the implementation of Integrated Service Delivery should be paramount in the design of a pilot project. Integration and collaboration are the foundation of this model. ISD can take many forms, but the elements in common are using a primary community care approach, ensuring all caregivers and their organizations are connected and working together, and strengthening core service delivery.

Following this approach will provide a framework to integrate social and health programs for older adults and can inform future healthcare and aging care planning for New Brunswick.

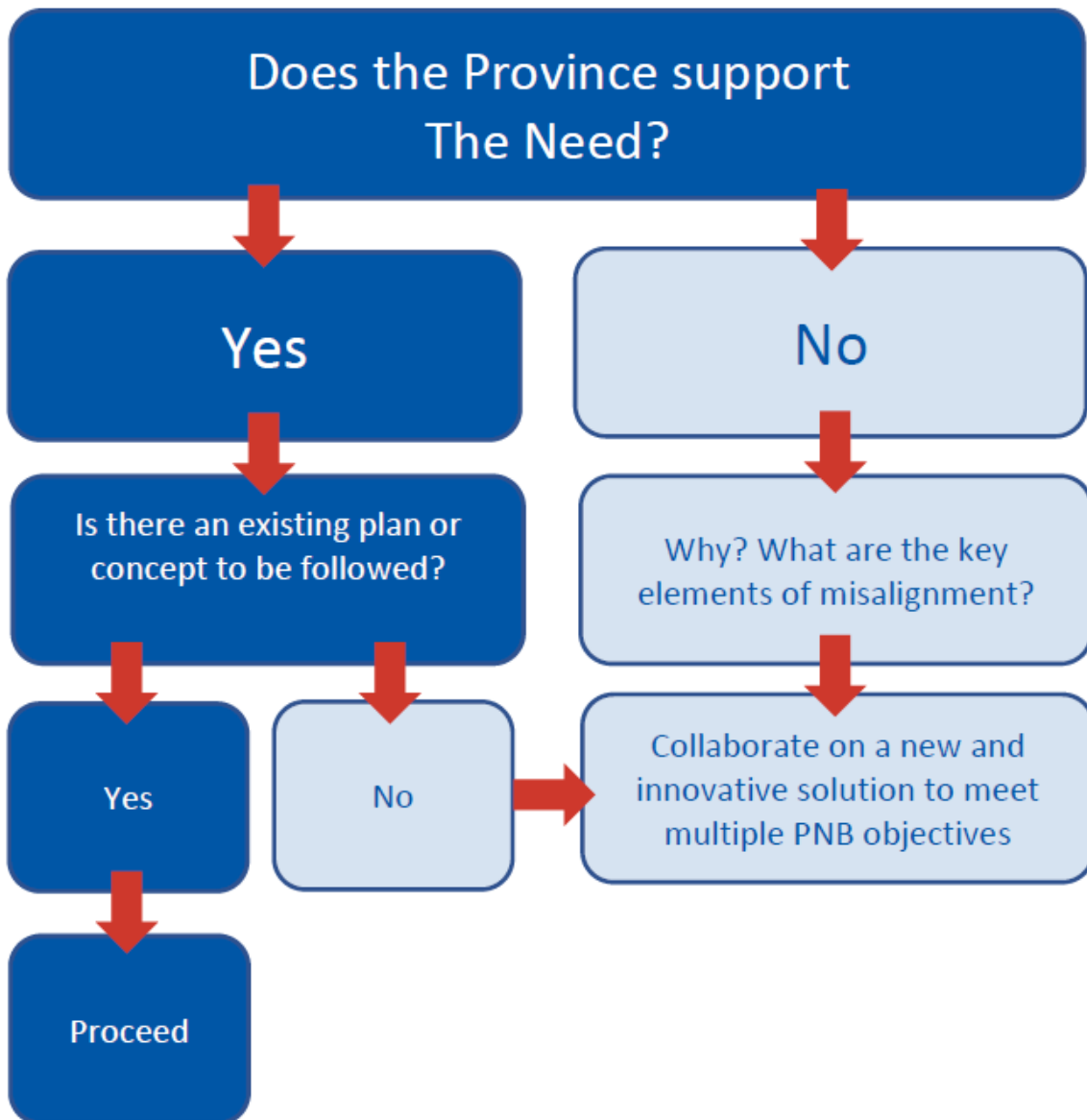


## 6. THE NEXT STEPS

### 6.1 Confirm Support and Validate Requirement

The Town has made significant investment to arrive at the preparation of this Roadmap. However, The Town cannot move forward without a clear indication of provincial support.

The following question must be answered to confirm support and validate the requirement to advance the Continuum of Care in the region.



## 6.2 Define Project Scope

Several strategic and policy themes that could be met through a demonstration project have been outlined herein. In moving forward, clarity is needed on how to best align to provincial priorities to ensure the greatest return on investment for public dollars.

With identification of priorities The Town can facilitate further engagement with key stakeholders particularly if a focus is placed on serving a specific population such as CAF Veterans and/or Oromocto First Nations. If the province is focused on a specific capacity, such primary care, infection control, or labour force development, The Town can pivot to align.

However, The Town cannot move forward without a decision from the province. The provision or approval to allocate beds or licenses is required to support any further intellectual or capital investment. To define the project scope, the type of the licenses must be confirmed whether they be singularly or a combination of Nursing Home, Memory Care, or Transitional Care.

The Town's previous discussions with provincial officials have resulted in a positive and responsive desire to find an innovative solution. However, regardless of the capabilities of the municipality, arriving at a clearly defined scope rests with the province. They are the gatekeepers of the data that inform prioritization of community needs and are jurisdictionally responsible to deliver care.

## 6.3 Establish Development Criteria

With a defined project scope, the parameters for engagement and service delivery can be vetted against qualifying criteria and a determination regarding procurement methodology can be made.

The Town does not intend to pursue a development project directly but will play a continued role in engaging and supporting a pilot project. It is anticipated that the preferred model would be to source a third party to fill the role of developer. The Town can play a facilitating role in attracting developers and providers to the opportunity and would expect to assist in defining the economic benefits that will ensue as part of the undertaking.

Potential project partner profiles should be reviewed against the project qualifying criteria to guide partner selection. It should be expected that the scale and scope of a project will impact the ability to attract industry leaders. Bringing the right partners to the table to inform the project from design, to development, to operationalization will significantly enhance the return on investment. There is also an opportunity to engage a project that will garner national standing.

## 6.4 Select Project Management Approach

A determination of how the demonstration project will be project managed is required. The macro-level considerations for moving forward should highlight the options of the project being led by:

- by a contracted Project Manager engaged by the Municipality, funded by the Province
- by the Province of New Brunswick
- by a third party (development team or otherwise)

## 6.5 Conclusion

Beyond defining the nature of a project, how it will be developed, and how it will be managed, the most important criteria in moving forward is a commitment from the province.

Advancing the Continuum of Care is provincial jurisdiction. The Town of Oromocto has made significant investment to arrive at this stage, and is willing to collaborate to full realization, however they cannot pursue a project alone.

This Roadmap has demonstrated that The Town can serve as a regional hub for service delivery and has highlighted how a progressive approach can be taken in responding to sector needs. Currently, significant investment is being made both at the federal and provincial levels in addressing demands that have arisen due to the pandemic, however these investments are short-term. The citizens who rely on our system of care, and those who work to support them, are deserving of an investment that will respond to mid- and long-term needs.

Serious consideration should be given to harnessing transfer or resiliency funding allocated to pandemic responsiveness, as well as the \$75M provided through the Healthy Seniors Pilot Project.<sup>28</sup> The provincial government, in partnership with the community and private sector, is responsible to support older adults in their homes, communities and care facilities. These funding streams, when combined with the land and resources being offered by the Town of Oromocto, should provide the means and framework to commit to a demonstration project today.

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<sup>28</sup> Province of New Brunswick | Healthy Seniors Pilot Project | 2020 |  
[https://www2.gnb.ca/content/gnb/en/departments/social\\_development/seniors/content/healthy\\_seniors.html](https://www2.gnb.ca/content/gnb/en/departments/social_development/seniors/content/healthy_seniors.html)

# APPENDICES

# Appendix A: Existing Offerings in Oromocto

## Housing

- 65 Brayson Blvd | 40 condos
- 7 Doyle Drive | 24 condos
- Canadian Foresters Manor | 21 seniors apartments
- Cook Court | 16 garden homes
- Sunbury Manor | 30 seniors apartments

## Homecare

- Homecare is available, but no provider has an office in Oromocto

## Adult Day Program

- Meaningful Connections | 12 Licenses (not operational due to operator having left region)

## Long-Term Care

- Oromocto Special Care Home | 24 Level-2 + 27 Level-3G beds

## Healthcare

- Homecare is available, but no provider has an office in Oromocto
- Oromocto Community Health Centre
- Public Health Oromocto (diagnostics and testing)

## Community Programs

- Alzheimer Society of New Brunswick (not operational due to COVID)
- Autumn Years Seniors Club
- Fay Tidd Public Library (programming targeted to older adults)
- Local churches (programming targeted to older adults)
- Meals on Wheels
- Music Academy
- Oromocto Legion
- Oromocto Rotary Club
- Sunbury Seniors Club
- The Artists Who Care Club
- Veterans Affairs Canada (VAC) Oromocto

## Recreation

- 55+ Aquafitness
- 55+ Bridge group (not meeting due to COVID)
- 55+ Carpet Bowling group
- 55+ Chair Yoga
- 55+ Pilates
- 55+ Recycle Teens (exercise group)
- 55+ Summer Club
- 55+ Walking Club (winter season, may not meet due to COVID)
- Gage Golf & Curling Club
- Oromocto & Area Pickleball Group
- Oromocto Pioneer Quilters
- Oromocto Pioneers Square Dance Club

## Appendix B: Strategies for Mixed-Use Development in Senior Living



# STRATEGIES FOR MIXED-USE DEVELOPMENT IN SENIOR LIVING

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seniorhousingnews.com



# A skybridge, a hospital, a hotel and senior housing

**Lesson:** think creatively to increase walkability and deliver care



Courtesy of Belmont Village Senior Living

## **CASE STUDY: BELMONT VILLAGE SANTA FE**

**LOCATION:** Mexico City

**OPENED:** May 2017

**STORIES:** 20

**UNITS:** 133 total — 67 assisted living, 32 memory care, 34 separate memory program

**OWNERSHIP ARRANGEMENT:** Belmont Village Senior Living owns the building in a partnership with investors in Mexico City, and acts as landlord, collecting rent checks from business tenants.

**CARE OPERATOR:** Belmont Village Senior Living

**ARCHITECT:** Alberto Garcia Lascurain

**TENANTS:** Full service restaurant, high-end coffee shop, pharmacy, convenient store, Hyatt Hotels, parking garage, medical offices

**OCCUPANCY:** About 33%, as it is still in the fill-up stage.

**CONSTRUCTION COST:** \$55 million



### Reason for mixed-use:

When Houston-based senior housing owner and operator Belmont Village Senior Living prepared to open a \$55 million mixed-use assisted living and memory care tower in Mexico City, Belmont Village CEO Patricia Will saw a very small piece of acreage with room to build up, not out.

The mixed-use approach made sense due to the city's population and land density.

"It made sense if you can conquer that [density] problem to put more than one use on the land," Will says.

The Mexico City investors found the land. Belmont Village took over after that. Will and her team created Belmont Village Santa Fe (BVSF), which is mixed-use in two ways. First, in its own building it offers retail and restaurants on the ground floor, 11 stories of senior housing, an eight-story Hyatt Hotel above the senior housing and underground parking. All of this sits on just an acre and a half of land.

Second, across the street from BVSF is ABC Medical Center — the top hospital in Mexico City — along with a medical school. While the hospital system does not own nor control the land, they were consulted about what they felt the development most needed. The connection between the hospital's needs and that of the development are physical too: the Hyatt and the hospital are connected via a skybridge.

"All of these uses work incredibly well together," Will says. The hospital serves the senior housing and vice-versa, while the Hyatt gives family members of the senior housing a place to stay while visiting. Belmont Village Senior Living owns the building in a partnership with local investors in Mexico City and serves as landlords to the retail, hotel and parking, collecting rent checks on all of them.

"It demonstrates that in dense urban markets where it is difficult to find and acquire land, you can combine uses which helps you pay for the land, but also create synergies that would probably not be there if they were not all attached," Will says.



The skybridge at Belmont Village Santa Fe in Mexico City, connecting the senior living community to the ABC Medical Center across the street. (Courtesy of Belmont Village Senior Living)



**Biggest challenge in launch:**

Other than land acquisition and design, the biggest challenge was that the building isn't just new — the entire idea is new. Belmont Village is working on a similar project in Chicago, and though that community is scheduled to open in the summer of 2019 it is already taking deposits.

Mixed-use senior living is a known commodity in Chicago. Not so in Mexico City.

“So we are both establishing a mixed-use project and a category,” Will says.

The upside for Belmont Village is that the Mexico City project is paving the way for more work. The company is also at work developing its second mixed-use senior living product in Mexico City.

“I think that once people see and understand what the product is, we will have less of a burden to both create the project and the category,” Will says. “The demand is there, but it's a longer sell because people don't know what it is.”

**What new entrants should watch out for:**

Mixed-use projects are difficult, because all of the players have to make compromises on their piece to ensure that the total package works — compromises you might not have to make in a standalone.

“Unless you have a group of sophisticated players who are willing to give up something for the sake of the whole, and listen to each other, it can be a very difficult process,” Will says.

Will advises providers creating vertical mixed-use with businesses on upper floors — like the Hyatt — to build separate elevator systems with separate lobbies. That way, the senior living residents have their space separate from the non-residents.

“

**In many contexts, the largest customers of physicians are seniors. So you are facilitating proximity to a medical office tower that is populated by specialists that seniors would be seeing. ... The result is really stunning.**

Patricia Will, Co-Founder and CEO, Belmont Village Senior Living



# Senior living as hospital tenant

**Lesson:** when health care and senior living team up, care — and business — thrive



Courtesy of American House Senior Living Communities

## **CASE STUDY:** **AMERICAN HOUSE GROSSE POINTE AT COTTAGE**

**LOCATION:**

Grosse Pointe Farms, Michigan

**OPENED:** 2015

**STORIES:** 3 (ground floor hospital, top two floors senior living)

**UNITS:** 40 independent living, 29 assisted living and 15 memory care over two floors

**OWNERSHIP ARRANGEMENT:**

Henry Ford Health System Cottage Hospital owns the building and sold two floors in a condominium arrangement to American House Senior Living Communities, which developed those floors for senior living.

**CARE OPERATOR:** American House Senior Living Communities

**DEVELOPER:** REDICO

**DESIGNER:** Innerspace Design, Inc.

**ARCHITECT:** Hobbs and Black Architects, Inc.

**CONSTRUCTION MANAGER:** T.H. Marsh Construction

**MIXED-USE ELEMENTS:** The outpatient hospital

**OCCUPANCY:** 98% — American House's portfolio averages just above 92%

**CONSTRUCTION COST:** undisclosed



### Reason for mixed-use:

When the model for the Henry Ford Health System Cottage Hospital became untenable, American House was there to help. The hospital, located about 10 miles northeast of Detroit, was shifting from an inpatient care model to more outpatient care.

This left the hospital with significant operational losses — they had too many beds. They reached out to nearby American House to find a solution. The two entities partnered up: American House purchased two floors in the hospital in a condominium arrangement and converted one floor to assisted living and the other to memory care.

“Our residents are very pleased because those services are right there on site,” says American House CEO Dale Watchowski. “What we’ve found is that our residents, if they weren’t using physicians of Henry Ford, they’ve shifted to Henry Ford as their health care provider.”

The condominium structure is American House’s preferred arrangement for mixed-use.

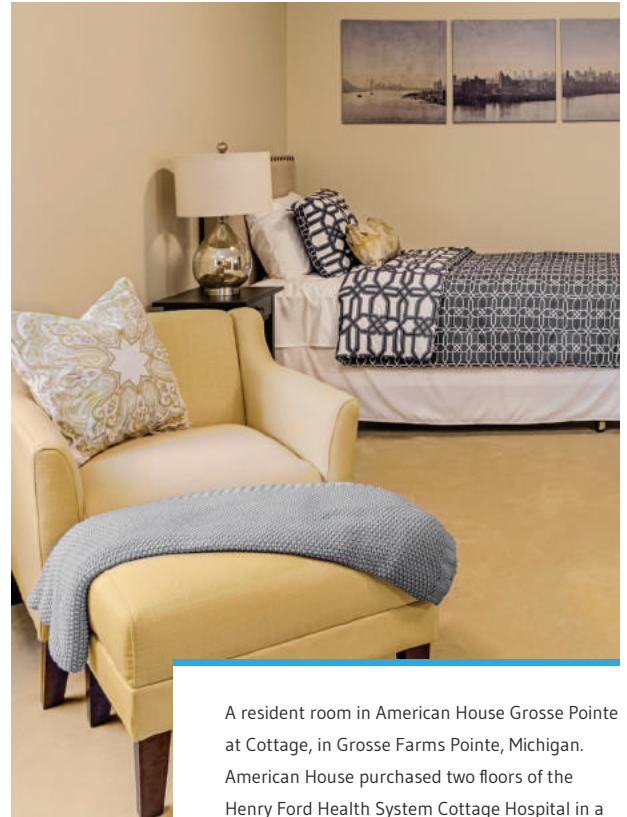
“We’re very pleased with the form of ownership,” Watchowski says. “We are in the senior housing business, and we do that well. Henry Ford is in the business of health care and they do that well. We can live and benefit synergistically through the relationship.”

### What new entrants should watch out for:

Watchowski is not just CEO of American House, but also CEO, COO and president of commercial real estate developer REDICO. While some senior housing providers get tripped up by the other uses in mixed-use, Watchowski does not.

Therefore he sees several risks for new entrants. The first risk area is an entry into commercial real estate, specifically the impact that the rapidly evolving business of health care has on architecture, and the challenges of property management. The second risk is not knowing how to capitalize on the opportunity as an investor.

“The reason I decided to pursue mixed-use development is because I am a bit of a hybrid,” Watchowski says. “REDICO provides commercial real estate services and has done so for 50 years, and American House provides operating experience and has done so for 40 years. Without the history in knowing how each of those respective asset classes performs, it might be a scary prospect to embark on a project that would include a mixture of these uses.”



A resident room in American House Grosse Pointe at Cottage, in Grosse Farms Pointe, Michigan. American House purchased two floors of the Henry Ford Health System Cottage Hospital in a condominium arrangement and repurposed them as care-based senior living. (Courtesy of American House Senior Living Communities)

“ There is an amazing synergy here that goes three ways. It works well for the community, it works well for the health care system, and it works well for us as a senior housing provider.

Dale Watchowski, President and CEO,  
American House and REDICO



# The affordable senior housing library

**Lesson:** meet a community's need and make a community whole



Courtesy of John Ronan Architects and Evergreen Real Estate Group

## **CASE STUDY:** **INDEPENDENCE BRANCH LIBRARY**

**LOCATION:** The Independence is one of three library-housing developments under construction in Chicago

**OPENING:** Library will be open by the end of 2018, with the housing available in early 2019

**UNITS:** 44 affordable independent living units, including 30 units with rent subsidy

**OWNERSHIP ARRANGEMENT:** Evergreen Real Estate Group will be the building owner and property manager for the senior living, with the library as a tenant.

**CARE OPERATOR:** Evergreen Real Estate Group

**ARCHITECT:** John Ronan Architects

**MIXED-USE ELEMENTS:** public library

**CONSTRUCTION COST:** Approximately \$23.8 million for the Independence branch



### Reason for mixed-use:

On October 30, 2015, the Independence branch of the Chicago Public Library was destroyed in a four-alarm fire. This was a devastating loss for its community — despite floating from location to location, the library had been part of the Chicago Public Library system since 1914.

When community activists began a movement for a new, permanent library, the mayor's office, library system and Chicago Housing Authority teamed up for a solution that was previously successful in San Francisco: a single structure with 44 units of independent living and a new library. For thirty of the 44 units, rent is calculated as 30% of the tenant's income, while 14 affordable units have rent set at a fixed level for tenants at 60% of the area's median income.

Chicago is opening three such projects, with the libraries open for business at the end of 2018 and the housing available in early 2019.

"In many ways, libraries have become a kind of community center," says David Block, director of development of Evergreen Real Estate, which is building two of the three library-housing projects, including the new Independence library. "That's why co-locating them with senior housing makes a lot of sense."

### How the project came together:

Along with the mayor's office, the CHA and the library system, decision makers on these projects included five city aldermen, four banks and the Illinois Housing Development Authority. The library and housing are financed together; once the project is completed, developer Evergreen will be the building owner and property manager for the independent living, with the library as a tenant.

In the case of these co-located libraries, the need for the libraries came first, and the senior living component made the project more attractive to the city, thus creating a benefit for seniors that Block thinks is lost in standalone senior living communities.



Rendering of the Independence library project in Chicago, a mixed-use community with a public library, open at the end of 2018, and affordable independent living, open early 2019. (Courtesy of John Ronan Architects and Evergreen Real Estate Group.)



“If you have a big, sprawling campus, it may feel more isolating than a mixed-use campus,” he says. That’s because standalone senior living communities create what he calls an “artificial barrier” between the seniors and the rest of the neighborhood.

“Many of the clients or the customers of the library are seniors,” he says. “And for many of these folks, particularly low-income seniors who don’t have cars, it’s a way for them to stay connected, to get access to services, to connect with peers. Having senior housing connected to these buildings really creates a natural constituency for that library.”

“

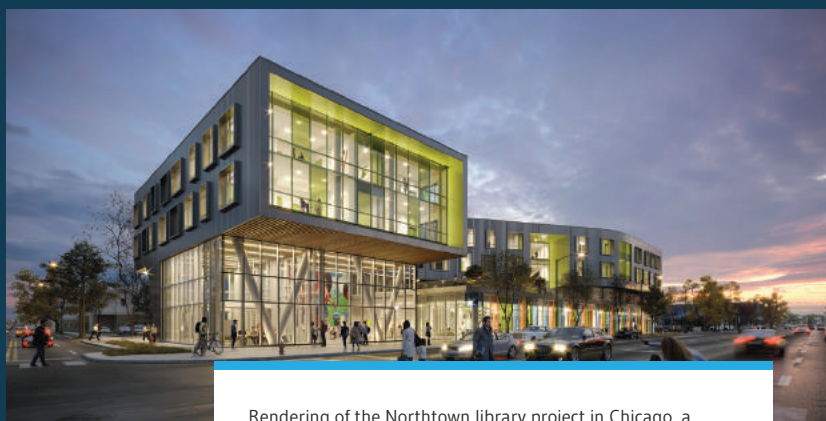
**You are going to see a demand for [senior] housing, and putting it in mixed-use development is certainly one way to fill that demand.**

David Block, Director of Development, Evergreen Real Estate Group



### 3 best practices for vertical mixed-use

- Determine your preferred business arrangement for the retail floors (i.e. who owns the building, and how do the other operators end up with the floors?)
- Select the mixed-use element that makes sense for the location
- Find partners who care about senior care



Rendering of the Northtown library project in Chicago, a mixed-use community with a public library, open at the end of 2018, and affordable independent living, open early 2019. Construction cost is approximately \$24.2 million. (Courtesy of Perkins + Will and Evergreen Real Estate Group.)





# A city within a city needs senior living

**Lesson:** connect your brand with a master plan



Courtesy of Vi at The Glen

## **CASE STUDY: THE GLEN**

**LOCATION:** Glenview, Illinois — 13 miles north of Chicago

**OPENED:** Process began in 1997

**ACRAGE:** 1,121 total acres — 88, business park; 84 retail/commercial; 342 residential, including 38 for senior housing (source: Urban Land Institute)

**HOUSING:** 1,969 total housing units, including 673 senior units (source: Urban Land Institute)

**SENIOR LIVING OPTIONS:** Vi at The Glen (CCRC), Chestnut Square at The Glen (Independent Living), Emerald Place (memory care)

**MIXED-USE ELEMENTS:** Shopping, dining, entertainment, housing, apartments and green space



### Reason for mixed-use:

Following the closure of the Glenview Naval Air Station in 1993 in Glenview, Illinois, the city of Glenview conducted a development plan for the 1,121-acre piece of land. The Glen was born: a veritable city unto itself with shopping, dining and entertainment, all grouped in the 470,000-square foot Glen Town Center.

That space includes 181 rental apartments above store fronts; all told, the overall master plan offers a variety of living options, including for-sale and rental houses and apartments.

It also has senior living. Illinois's Anthem Memory Care runs Emerald Place. Bethany Methodist Communities of Glenview, Illinois, runs Chestnut Square at The Glen. And Chicago-based CCRC provider Vi operates Vi at The Glen.

By 2001, 95% of the total amount of land at The Glen had either been sold or leased. In 2002, Vi at The Glen opened. Situated on 26 acres, the Vi CCRC is the luxury senior living option at The Glen, a name loosely applied to all development on the original naval base, not just that which is operated by the Glen Town Center.

"Our residents love the lifestyle that is offered here," says Steve Samson, Vi at The Glen's community relations manager. "We have a great relationship with this community, and in fact, we are one of the proud sponsors of the annual 4th of July parade in Glenview each July."

That interaction with the youth residents of broader Glen community creates an intergenerational element for the senior residents of Vi at The Glen. Consistency of homelife and community is very important to Vi at The Glen residents, with around 90% of them moving from within a 10-mile radius.

The shopping and entertainment offered by The Glen is a draw for residents, as are the nearby gardens, children's museum and public library. Its marketing materials makes clear the advantages of living within the master planned community. Age-qualified for 62 and better, Vi at The Glen has 296 individual apartments or freestanding villas, 23 assisted living units, 13 memory support units and 47 nursing care units.



Front entrance of Vi at The Glen at master planned community The Glen in Glenview, Illinois. The residents at the luxury CCRC from Vi have regular interactions with the all-age families living throughout The Glen, sponsoring The Glen's 4th of July parade and hosting trick-or-treating at Halloween. (Courtesy of Vi at The Glen)

“ We open up our place to all of the neighboring kids and their parents on Halloween. They all come dressed up. It's a great event because it's very intergenerational. ... The seniors love it and the Glenview community loves it.

Steve Samson, Community Relations Manager, Vi at The Glen

