

Coronation Seniors' Housing Needs Assessment



prepared for the

Town of Coronation

under the auspices of the

**Coronation and District
Seniors Housing Society**



March 2007



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by

housing *strategies inc.*

March 2007

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Members of the Coronation and District Seniors Housing Society

dawna elliott	<i>Chairperson and Town Council Representative</i>
Elizabeth (Bubbles) Bullick	<i>Co-Chair</i>
Shirley McLarty	<i>Secretary</i>
Susan Wills	<i>Treasurer</i>
Eunice Champion	<i>Member</i>
Shelly Creasy	<i>Member and Century 21 REALTOR™</i>
Carol Funnell	<i>Member and Coronation Hospital Coordinator</i>
Dale McKay	<i>Member</i>
Dr. Lynne McKenzie	<i>Member and Physician Coronation Medical Clinic</i>
Ted McKenzie	<i>Member</i>
Roxanne Osetsky	<i>Member and Hospital Continuing Care Manager</i>
Tom Wraight	<i>Member</i>
Janet Zimmer	<i>Member</i>

Additional Participants in the Key Person Interviews:

Michelle Ball	<i>Home Care Coronation - RN</i>
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Joyce Webster	<i>Coronation Review</i>

Prepared by:

Housing Strategies Inc.

Matthew MacNeil, *Principal*

Email: housing@telus.net



executive *summary*

purpose

The purpose of the Coronation Seniors' Housing Needs Assessment is to provide a current analysis – both quantitative and qualitative – of the local housing needs for seniors in the Town of Coronation as compared to the surrounding communities. The findings will be used to assist Coronation to initiate funding requests for appropriate affordable seniors' 'independent and supportive living' infrastructure assistance, allowing seniors "to age in place". The completed public document will be tabled and presented to the Town of Coronation and district community, the County of Paintearth, and the M.L.A's office. The committee will make presentations to elected officials such as federal and provincial ministers. The findings will also be used in making the case accessing support from the David Thompson Health Region and to support an application for seniors' housing funding.

methodology

The methodology used to develop the Coronation Seniors' Housing Needs Assessment combined statistical analysis (*quantitative*) with key person interviews (*qualitative*) and reference to prior research conducted in the community by the Coronation and District Seniors Housing Society (including a multi-community survey) and internet/literature review. Existing population and, where available, housing data were analyzed for the following communities/areas:

- Town of Coronation
- Town of Castor
- Village of Consort
- Village of Veteran
- Paintearth County No. 18
- Province of Alberta

Analysis of these data was done in order to:

- describe the local housing situation, with emphasis on seniors' housing;
- *quantify* the likely number of seniors' households having difficulty affording housing in Coronation; and
- comparing those estimates to the surrounding communities.

Additional *qualitative* data was collected through key person interviews to provide anecdotal evidence and texture (the human side of the facts and figures) to the statistical findings. Interviews were held among Coronation and District Seniors Housing Society members and other community interests (stakeholders) identified by the Society.



key *findings*:

The following are the key findings from this Needs Assessment. It should be noted that all population, demographic and income data were derived using a combination of Statistics Canada Census 1996 data, Census 2001 data and the Town of Coronation's 2002 Municipal Census data. Anecdotal evidence derived during the key person interviews indicates that the trends observed between 1996 and 2001 may have reversed in recent years. 2006 Census data is currently unavailable. When that data becomes available, it is expected to reveal recent trends.

population *growth*

- According to the Town's 2002 Municipal Census, the population of Coronation is 1,074.
- Based on Statistics Canada Census data going back to 1991 and the Town's 2002 Census data, the population of Coronation has been declining at an average annual rate of 0.8% (1991 – 2002).
- Anecdotal evidence suggests this population decline may have reversed in the last five years as a result of Alberta's increased oil and gas activity.
- 2001 and 2002 data indicate there are between 175 and 210 seniors living in Coronation.

demographic *changes*

- Based on Statistics Canada Census data, it appears that Coronation lost a number of families – both young families and established families between 1996 and 2001.
- Conversely, Coronation experienced an increase in the actual number and relative percentage of empty nesters (adults aged 55-64) and older seniors (adults aged 75 and over) during that same period.
- Anecdotal evidence suggests Coronation has recently become a draw once again for families and that the community is starting to see larger families (i.e., more children per family).

income *levels*

- *Average* family incomes in Coronation rose slightly between 1996 and 2001 while *median* family incomes fell. This suggests there were more affluent families with significantly higher-than-average incomes in the community in 2001 than there were in 1996, thus bringing up the average.
- Both average and median *household* incomes in Coronation declined between 1996 and 2001. While the number and percentage of households earning less than \$19,999 increased, the number of households earning incomes of more than \$20,000 declined.



- This suggests those households leaving the community between 1996 and 2001 were a number of higher income singles and families, particularly a few significantly higher-than-average income families.

housing *supply and costs*

- Housing in Coronation consists predominantly of single family and mobile home dwellings with relatively few townhouse or apartment units.
- Most residents of Coronation are homeowners. There are limited rental opportunities in the community.
- Average housing costs have increased from \$59,940 in 1991, through \$65,936 in 1996 to \$74,100 in 2006.
- The most recent rental data for Coronation come from the Statistics Canada Census 2001, indicating that average rents in the community were \$397.
- Coronation has several housing options available to seniors, including
 - (i) 16 Seniors' Self-Contained (Manor) units
 - (ii) 19 Supportive Living units
 - (iii) 23 Continuing Care Units
 - (iv) 1 respite accommodation
- Coronation does not have any Lodge units available in the community.
- Coronation currently does not have any emergency shelters or transitional housing options nor does it currently have any PLRS-supported units. There are, however, two subsidized family housing units in the community.

housing *needs*

- The 2006 *Core Need Income Threshold* (CNIT) for a one-bedroom rental unit in Coronation is \$20,500. Single seniors and senior couples whose total before-tax household income is at or below this CNIT may be experiencing housing hardship and could potentially qualify for subsidized or supported housing.
- Two seniors' housing targets have been identified for Coronation: 1) the highest-needs group consisting of seniors (individuals and couples) earning *combined annual household incomes* below \$10,000 and paying more than 30% of their gross income on shelter; and 2) the medium-needs group consisting of seniors (individuals and couples) earning *combined annual household incomes* between \$10,000 and \$20,500 and paying more than 30% of their gross income on shelter.
- Estimates indicate there may be between 20 and 35 seniors in the *high-needs target group* and between 40 and 75 seniors in the *medium-needs target group*.
- Based on a comparison of seniors' housing available in Coronation, Consort and Castor, Coronation appears to be under-served.



- Coronation is the largest of the three communities¹ with the second highest total number of seniors yet in 2007 will have the lowest total number of seniors' housing units.
- Assuming the projected 2007 supply of seniors' housing in Castor represent a reasonable regional average, Coronation should possess a total of 82 seniors' housing units. This suggests that Coronation needs at least another 23 seniors' housing units to be on par with its neighbours.

recommendations

- Pursue immediate opportunities to develop 20-25 Lodge units in Coronation.
- Pursue immediate opportunities to encourage the private sector to develop more seniors' independent housing opportunities.
- Plan to update the Coronation Seniors' Housing Needs Assessment in 2007 when 2006 Census Data becomes available.
- Explore the future need and feasibility of renovating King's Court and Windsor Manor within the next 5-10 years.
- Explore the future need and feasibility of replacing Prairie Rose Assisted Living within the next 5-10 years.
- Explore the future need and feasibility of expanding the Continuing Care Centre within the next 10-15 years.

community impacts *of housing unaffordability*

Safe, appropriate, and affordable housing for all residents is essential for a healthy, vibrant community. The lack of housing affordability can have both direct and indirect impacts on individual households and, by extension, the broader community.

Findings from key person interviews indicate that the long-term viability of Coronation may be threatened due to the lack of appropriate seniors' housing *within* Coronation. Seniors surveyed indicated that they would prefer to move out of the region entirely (i.e., move to Red Deer or Stettler) when the time comes for them to move into seniors' independent or supportive housing rather than move to Consort or other local communities. Communities leaders interviewed indicated that this pending loss of seniors could have a number of detrimental impacts on the community, including:

- continued population decline (and the resultant decline in general community economic and social vitality);
- loss of specific economic and community opportunities (i.e., providing community and business services to the seniors market); and
- loss of social opportunities (i.e., the loss of important community elders and the social value of their collective wisdom and contributions to the community).

¹ According to the Town of Coronation 2002 Municipal Census.



The lack of safe, stable, affordable housing has a number of other negative impacts on the community, including:

- family stability
- social inclusion
- individual health and safety
- education
- emotional stability
- economic stability
- community building

Together, these impacts can have a spiraling effect on both individuals and the community as a whole, affecting its long term health and vitality.



chapter 1: *introduction and background*

Representatives from the Coronation and District Seniors Housing Society have commissioned Housing Strategies Inc. to prepare the Coronation Seniors' Housing Needs Assessment for the Town of Coronation. The purpose of the Coronation Seniors' Housing Needs Assessment is to provide a current analysis – both quantitative and qualitative – of the local housing needs for seniors in the Town of Coronation as compared to the surrounding communities. The findings will be used to assist Coronation to initiate funding requests for appropriate affordable seniors' 'independent and supportive living' infrastructure assistance, allowing seniors "to age in place". The completed public document will be tabled and presented to the Town of Coronation and district community, the County of Paintearth, and the M.L.A.'s office. The committee will make presentations to elected officials such as federal and provincial ministers. The findings will also be used in making the case accessing support from the David Thompson Health Region and to support an application for seniors' housing funding.

1.1 *project background*

Significant work has already been initiated by Coronation and District Seniors Housing Society to identify seniors' housing needs. In April 2006, the *Coronation Seniors Housing Study* was completed through the assistance of a summer student (Polly-Anne Green). This study incorporated findings from an extensive community survey and preliminary demographic data collection along with a synopsis of available financial assistance options, and a glossary of housing terms (including seniors' housing). During the summer of 2005, the Coronation and District Seniors Housing Society conducted a *Seniors' Housing Needs Assessment Survey* seeking feedback from residents in both Coronation and the surrounding communities. Followed by, a multi-community *Seniors' Housing Needs Assessment - Service Providers and Family Physician Survey 2006*.

These three prior initiatives, along with the collection of additional statistical (quantitative) and qualitative population and housing data form the basis of the *Coronation Seniors' Housing Needs Assessment*.

1.2 *project methodology*

As mentioned above, the methodology used to develop the *Coronation Seniors' Housing Needs Assessment* combined analyses of statistical (*quantitative*) data with data derived both from key person interviews (*qualitative*) and a community housing needs survey.

Existing population and, where available, housing data was analyzed for both Coronation and the surrounding communities in order to describe the local housing situation and *quantify* the likely number of households having difficulty affording housing in Coronation as compared to its neighbours. Sources for this data included:



- Statistics Canada Census Data for 1996 and 2001;²
- Population totals from the Town of Coronation 2002 Municipal Census;
- Compiled population statistics available through AlbertaFirst.com;
- Current internet-based housing data

Additional *qualitative* data was collected through key person interviews to provide anecdotal evidence and texture (the human side of the facts and figures) to the *quantitative* findings. A series of key person interviews were held among Coronation and District Seniors Housing Society members and other interests (stakeholders) identified by the Society. These data helped to identify the particular housing challenges faced by low-income seniors in Coronation as well as the impacts these challenges may be having not only on individual households but on the community as a whole.

1.3 data sources

The primary sources of data (both quantitative and qualitative) used in this study include the following:

- Statistics Canada *Census Data* for 1996 and 2001 as published by Statistics Canada and by AlbertaFirst.com;
- Coronation and District Seniors Housing Society *Seniors' Housing Needs Assessment Survey 2005; Seniors' Housing Needs Assessment – Service Providers and Family Physician Survey 2006;*
- Coronation and District Seniors Housing Society *Coronation Seniors' Housing Study, April 2006;*
- Alberta Seniors and Community Supports *2006 Core Need Income Thresholds (CNITs);*
- Real estate listing data as published by MLS, WeList.com, ComFree, and Point2Homes; and
- Key person interviews with local residents, community leaders and seniors' housing, care and service providers.

1.4 format of this report

The following report is organized into six primary sections:

1. A **demographic analysis** discussing the changing nature of Coronation's population and income structures (Chapters 3 and 4);

² *Appendix A: Statistical Data Sources and Discrepancies* explains the nature of Statistics Canada data and identifies important discrepancies between these data sources and other sources (i.e., Municipal sources).



2. A **housing supply analysis** describing Coronation's current housing supply and recent trends (Chapter 5);
3. a **comparative community analysis** describing the similarities and differences between Coronation and its neighbours in terms of population and seniors' housing supply (Chapter 6);
4. A **seniors' housing needs analysis** identifying the likely number of seniors' households that may be experiencing difficulties affording market housing (Chapter 7); and
5. **Recommendations** based on the findings of this Needs Assessment (Chapter 8).

Additional background information is included in the appendices:

- *Appendix A: Regional Distribution of Senior's Housing 2006/2007* provides a summary and comparison (in both table and chart format) of the current and projected supply of seniors' housing in Coronation, Castor in Consort.
- *Appendix B: Community Consultations* provides a summary of input and feedback gathered from the community through a multi-community survey conducted in May and June of 2005, a multi-community service providers and family physician survey conducted in January and February of 2006 and a series of key person interviews held in September 2006.
- *Appendix C: Common Issues Related to the Lack of Housing Affordability and Choice* describes potential impacts that a lack of sufficient affordable housing may be having on individual households and the community as a whole in addition to those identified during the community consultations.
- *Appendix D: Glossary of Seniors' Housing Terms* provides an extensive series of definitions for terms relating to affordable housing generally and seniors' housing specifically.
- *Appendix E: Seniors' Housing Needs Assessment Survey 2005* provides an extensive summary of the findings and results from the multi-community survey conducted in May and June of 2005 by the Coronation and District Seniors Housing Society.
- *Appendix F: Seniors' Housing Needs Assessment Service Providers and Family Physicians* provides a summary of the findings and results from the multi-community survey conducted in January and February of 2006 by the Coronation and District Seniors Housing Society .



chapter 2: *about Coronation*

Coronation is a small town of approximately 1,000 people³ located in east-central Alberta at the junction of Primary Highway 12 and Secondary Highway 872 (see *Map 1: Coronation and Area* on following page) within the County of Paintearth No. 18. Approximately 111 kilometers (69 miles) west of the Saskatchewan border, Coronation is 196 kilometers (122 miles) east of Red Deer and 269 kilometers 167 (miles) south-east of Edmonton.

Coronation began its history in 1911 when it was named to commemorate the Coronation of King George V. First registered as a Village on December 16, 1911, Coronation was declared a Town less than four months later (on April 12, 1912) following a flurry of new development and construction. Some of these original buildings still remain in the town today.

At its inception, Coronation's economic base centered on agriculture – including farming and ranching. It later expanded in the 1950s to include petroleum following the discovery of both oil and natural gas in the area. Today, Coronation serves both industries through cattle, feedlots, hogs and grain farming along with a variety of oil and gas services.

Coronation also functions today as a service centre to the surrounding area, providing a wide range and variety of business and community services. Business services include hospitality, gas services, transportation services and restaurants and food services. Community services include recreation, health care, emergency services and education. There are also a number of community and faith-based organizations in Coronation fueling residents' sense of community, belonging and neighbourhood involvement. As a testament to Coronation's active neighbourhood involvement, the Community's In Bloom program has awarded the town Four Blooms for Community Participation two years in a row!

2.1 *about the Coronation and District Seniors Housing Society*

The Coronation and District Seniors Housing Society is a coalition of local agencies and interested individuals who are concerned about the lack of affordable housing in the community. The coalition began in November 2004, when the Town of Coronation established a volunteer Seniors Housing Committee to investigate, research and develop a long term plan for seniors' accommodation. The committee aggressively researched government publications, research papers and industry publications on seniors' care facilities. Members of the committee also conducted meetings with other seniors' accommodations facilities.

The committee with the assistance of Ralph Hubele (Alberta Government Seniors representative) developed a seniors' housing needs assessment survey designed to reflect the uniqueness of the Coronation and district communities. The board also designed a survey for the 30 to 64 demographic population, designed to gain insight into the needs of this 'feeder' group. The multi-community survey was conducted from May to June 2006 (*Appendix E*). In response to

³ The official population of Coronation has fluctuated over the past fifteen years from a high of 1,184 in 1991 to a low of 900 in 2001 and is currently (as of the June 22, 2002 Municipal Census) estimated at 1,074.



these survey results, the committee designed a multi-community survey for local service providers and local medical practitioners, which was conducted in January and February of 2006 (*Appendix F*). The committee agreed in order to add credibility to their survey results an up-to-date needs assessment was required. The society submitted a funding proposal to the Alberta Real Estate Foundation and received a grant. The Society then entered into a contract with *Housing Strategies Inc.* to evaluate the community's current and future 'supportive living' infrastructure and to provide a current analysis – both quantitative and qualitative – of the local housing needs for seniors in the Coronation community as compared to the surrounding communities.

In early 2006, the committee formed a non-profit society called Coronation and District Seniors Housing Society. The objectives of the Coronation and District Seniors Housing Society are:

- To secure/maintain housing for seniors in the Coronation area, in order that Coronation residents may age in place.
- To solicit and receive by gift, bequest, devise, transfer or otherwise, property of every nature and description.
- Subject to any prior trust conditions imposed on the use of the property and to the extent that public funds are not available for the purpose, to hold, use and enhance the care of seniors and any people in need of medical attention and in particular to finance or assist in the financing or the construction, equipping, operation, maintenance and management of seniors' housing, forming part of Coronation and District Seniors Housing Society.
- The income and property of the Society shall be applied solely towards the promotion of the objects of the Society and no portion shall be paid or transferred to be available directly or indirectly by way of bonus, dividend or otherwise, howsoever for the benefit of the other object. The society shall operate as a not for profit organization only.
- To further assistance, care and education in the communities.



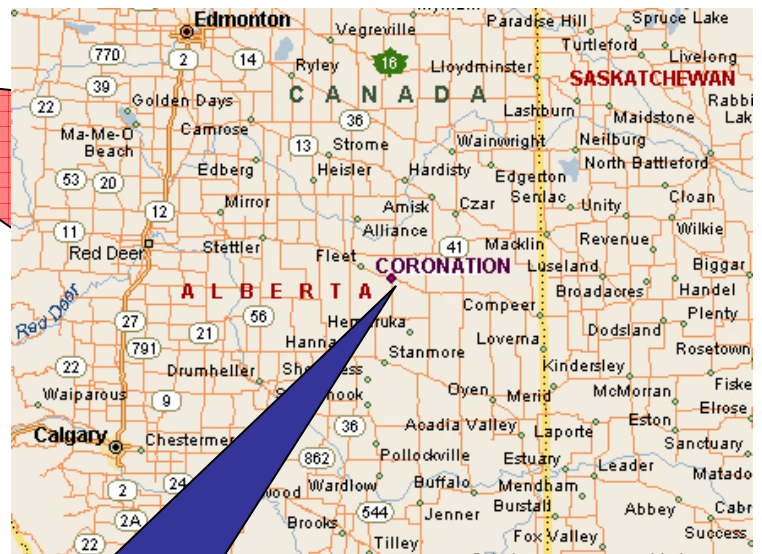
Map 1: Coronation and Area



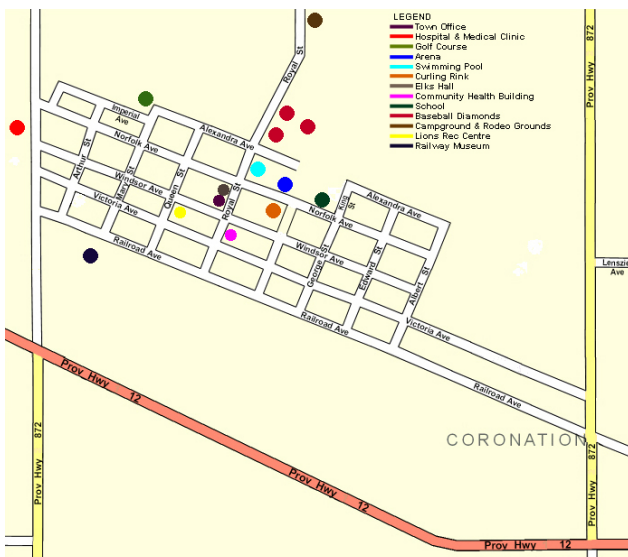
Map Source:

Parks Canada website
(<http://www.parksCanada.gc.ca>)

Region – East-Central Alberta



Town of Coronation



Map Source:

Town of Coronation website
(<http://www.town.coronation.ab.ca>)

Map Source:

Town of Coronation website
(<http://www.town.coronation.ab.ca>)



chapter 3: *demographic analysis – Coronation (all households)*

3.1 introduction

Communities across Alberta have experienced significant changes over the past ten years. Some communities have experienced a combination of rapid population growth, demographic changes and changing income levels, leading to supply and demand imbalances and subsequent issues with housing affordability. Other communities have experienced significant demographic fluctuations resulting in an existing housing stock that no longer meets the needs of the current and future population. This chapter looks at the changing nature of Coronation's population to gain a sense of what factors may be leading to housing affordability issues in the community.

3.2 population *change*

This section uses available census data primarily from Statistics Canada with additional data from the July 22, 2002 Municipal Census to identify recent population changes in Coronation. Table 1 shows population changes between 1991 and 2002 based on these data.

Table 1: Official Population of the Town of Coronation (1996 and 2001 Statistics Canada Census Data and July 22, 2002 Municipal Census Data)

Characteristics	Coronation	Paintearth County	Alberta
Population in 1991	1,184	2,324	2,545,553
Population in 1996	1,166	2,316	2,696,826
Population in 2001	902	2,192	2,974,807
Population in 2002 (Unofficial)	1,074 ²	N/A	3,050,889 ³
1991 to 1996 population change (%)	-1.5%	-0.3%	5.9%
1996 to 2001 population change (%)	-22.6%	-5.4%	10.3%
1991 to 2001 population change (%)	-23.8%	-5.7%	16.9%
2001 to 2002 population change (%)	19.1%	N/A	2.6%
Avg. Annual Population Change 1991-2001 (%)	-2.4%	-0.6%	1.7%
Avg. Annual Population Change 1991-2002 (%)	-0.8%	N/A	1.8%

Primary Data Source: Statistics Canada Census 1996 and 2001 data

² *Additional Data Source: Town of Coronation July 22, 2002 Municipal Census*

³ *Additional Data Source: Alberta Municipal Affairs 2002 Official Population List*

According to these data, Coronation has seen some dramatic population fluctuations over the past decade. Between 1996 and 2001, the total population of the town declined by more than 20% followed by a significant increase in population of nearly 20% during the one-year period between the May 2001 Statistics Canada Census and the July 2002 Municipal Census. This is not



the case. During the community consultations, it was revealed that several households were not surveyed by the Statistics Canada enumerators in 2001. As a result, these households were not recorded in the 2001 Census. In response to this omission, the Town of Coronation conducted its own municipal census the following year to derive what it felt was a more accurate population count.

According to the Statistics Canada data, the population of Coronation has been declining at an average rate of 2.8% since 1991. However, when the 2002 Municipal Census data is taken into account, the population has only been declining at a rate of 0.8% since 1991 – reflecting a similar pattern to Paintearth County where the population declined by 0.6% between 1991 and 2001. This trend, however, is the opposite of that occurring provincially where the total population is both increasing and at an ever increasing rate over time.

Since data from the May 2006 Statistics Canada Census are not yet available, it is difficult to ascertain the Town's current official population. Nor is it possible to identify recent population trends in order to develop reasonably accurate population projections, especially given the fluctuations observed.

3.3 demographic *changes*

This section uses available census data from Statistics Canada to identify recent demographic changes in the two communities.

Table 2 shows a breakdown of Coronation's population by age.

Table 2: Age Characteristics of the Population of the Town of Coronation (1996 and 2001)

Coronation Population Characteristics	1996 Total	% Total	2001 Total	% Total	%Change (Total)	%Change (%)
Age 0-4	80	6.9%	55	6.1%	-31.3%	-10.9%
Age 5-14	175	15.1%	115	12.8%	-34.3%	-14.8%
Age 15-19	105	9.1%	50	5.6%	-52.4%	-38.3%
Age 20-24	80	6.9%	50	5.6%	-37.5%	-19.0%
Age 25-54	460	39.7%	370	41.3%	-19.6%	4.3%
Age 55-64	70	6.0%	80	8.9%	14.3%	48.1%
Age 65-74	90	7.8%	65	7.3%	-27.8%	-6.4%
Age 75 and over	100	8.6%	110	12.3%	10.0%	42.6%
Total - All persons	1,160	100.0%	895	100.0%	-22.8%	0.0%

*Data Source: Statistics Canada 1996 and 2001 Census
NOTE: numbers may be subject to rounding and suppression*

Coronation has seen population declines (both in terms of real numbers and percentages of the population) in a number of age categories including:



- Infants (ages 0-4);
- Children (ages 5-14);
- Youth (ages 15-19);
- Young Adults (ages 20-24);
- Adults (Ages 25-54); and
- Early Seniors (ages 65-74)

The most dramatic population declines between 1996 and 2001 occurred among youth (a 52.4% drop in real numbers), young adults (a 37.5% decline), and children under the age of 15. Given the age groups affected, it appears that Coronation may be losing families – both young families and established families. Conversely, Coronation is experiencing an increase in the actual number and relative percentage of empty nesters (adults aged 55-64) and older seniors (adults aged 75 and over).

A number of factors could explain this trend, including a lack of high paying jobs in the local economy compared to northern oil patch communities, a lack of local amenities and services (including educational services), and (particularly for early seniors) a lack of appropriate housing combined with the lack of services. If these trends have continued into 2006, these observations suggest that a significant number of local residents may be leaving the community in search of better jobs and educational opportunities. Those staying in Coronation may be doing so because of strong commitments to the community (e.g., long-term residents who were born and raised in the community and have lived in Coronation all or most of their lives – some of whom may even have been born in Coronation when the community was still relatively young – e.g., during or shortly after the Great Depression of the 1930s).

Anecdotal evidence, however, suggests that these trends observed in the Statistics Canada data may have reversed themselves somewhat over the last five years. Rather than population decline, local REALTORS™ are seeing population increases as demonstrated by a significant increase in demand for housing. As much as five years ago, houses up for sale remained on the market for several years before finding a suitable purchaser. Currently, houses on the market are selling within a few weeks. As a result, there are significantly fewer houses available on the market at any given time. Others in the community have observed an increase in the number of young children. They are observing increased school enrollment, larger families (with 3-5 children) and an increase in the usual number of weddings taking place in the community. This suggests that Coronation may have once again become a draw for young families and people working in the oil and gas industry.

Table 3 (next page) provides a breakdown of the highest level of schooling achieved by Coronation's population by age group based on Statistics Canada 2001 data.



**Table 3: Highest Level of Schooling for the Town of Coronation vs. Alberta
(2001 Statistics Canada Census Data)**

Highest Level of Schooling	Coronation Total	Alberta Total	Difference (%)
Total population aged 20-34	115	641,520	N/A
Less than a high school graduation certificate	39.1%	18.2%	114.8%
High school graduation certificate and/or some postsecondary	26.1%	32.2%	-18.9%
Trades certificate or diploma	0.0%	11.6%	-100.0%
College certificate or diploma	26.1%	18%	45.0%
University certificate, diploma or degree	13.0%	20%	-35.0%
Total population aged 35-44	155	515,670	N/A
Less than a high school graduation certificate	38.7%	20.3%	90.6%
High school graduation certificate and/or some postsecondary	22.6%	23.8%	-5.0%
Trades certificate or diploma	22.6%	16.4%	37.8%
College certificate or diploma	9.7%	19.7%	-50.8%
University certificate, diploma or degree	6.5%	19.8%	-67.2%
Total population aged 45-64	190	658,835	N/A
Less than a high school graduation certificate	34.2%	26.2%	30.5%
High school graduation certificate and/or some postsecondary	42.1%	20.1%	109.5%
Trades certificate or diploma	15.8%	15.8%	0.0%
College certificate or diploma	5.3%	17.1%	-69.0%
University certificate, diploma or degree	0.0%	20.9%	-100.0%

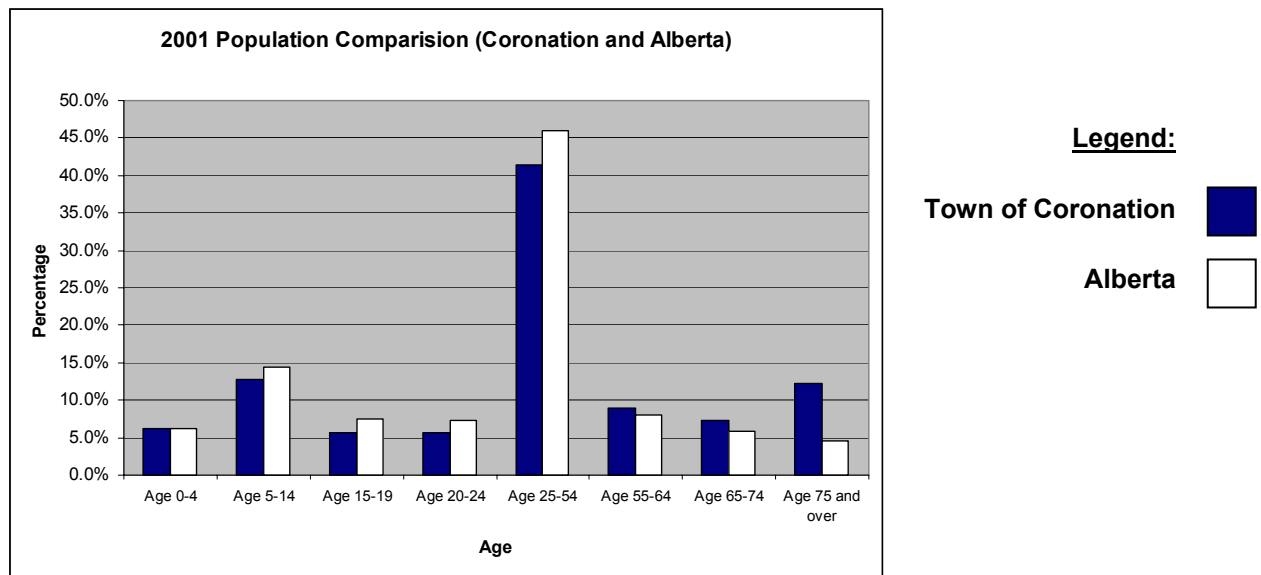
Data Source: Statistics Canada Census 2001 data

This data shows a higher overall percentage of adults in Coronation compared to Alberta with either less than a high school graduation certificate or with a Trades certificate or diploma and a lower overall percentage of adults in Coronation with college or university certificates, diplomas or degrees, which corroborates the suggestion that young adults and adults may be leaving the community in pursuit of higher education. However, the higher than average percentage of adults age 20-34 with a college certificate or diploma suggests that recent efforts to encourage distance learning to the community may be having a positive impact.



Figure 1 compares the age structure of Coronation to that of Alberta based on 2001 Statistics Canada Census data.

Figure 1: 2001 Population Comparisons (Town of Coronation vs. Alberta)



Source: Statistics Canada 2001 Census
NOTE: numbers are subject to rounding and suppression

Based on this comparison, Coronation has a higher proportion of empty nesters (adults age 55 and over) and *especially* older seniors (adults age 75 and over) than the province as a whole. Coronation also has lower percentages of adults, young adults, youth and children. Interestingly enough, despite the lower percentage of young adults and adults, Coronation's proportion of infants age 0-4 appears to be on par with the provincial averages.

3.4 household *characteristics*

The following summary of household characteristics for Coronation is based on available Statistics Canada Census Data for the years 1996 and 2001.

3.4.1 household *composition*

According to Statistics Canada 1996 and 2001 Census Data, Coronation has, as the observations above suggest, been losing families. In 1996, Coronation had 245 married-couple and common-law families. In 2001, however, that number had dropped by 12.2% to 215 (of which 185 families were husband-wife and 30 families were common-law).⁴ Based on an average family size in 1996 of 3.3 persons, this resulted in the loss of approximately 99 residents. In terms of lone-parent

⁴ Census Data for 1996 did not separate married-couple families from common-law families. As a result, a comparison of changing household characteristics is not available on that level.



families, Statistics Canada Census Data show no change in numbers (i.e., 25 lone-parent families were recorded for both 1996 and 2001). Thus, the remainder of the population decline between 1996 and 2001 appears to be single individuals, most likely youth and young adults leaving Coronation to go to work or school outside the community.

3.4.2 household *income*

Data on household incomes in Coronation is drawn from information published online at AlbertaFirst.com and derived from Statistics Canada Census data.

Tables 4 and 5 (below and next page) show the distribution of incomes in Coronation for both families (married- and common-law families, with or without children) and all households (families, singles and other household types) in 1996 and 2001.

**Table 4: Family Income for Coronation
(1996 and 2001 Census Data)**

Family Income	1996	%	2001	%
Less than \$19,999	20	8.2%	20	9.8%
\$20,000 - \$39,999	40	16.3%	60	29.3%
\$40,000 - \$59,999	80	32.7%	65	31.7%
\$60,000 and over	105	42.9%	60	29.3%
Total Number of Families	245	100.0%	205	100.0%
Average Family Income	\$59,192	--	\$60,896	--
Median Family Income	\$56,128	--	\$50,637	--

Information Source: AlbertaFirst.com

Original Data Source: Statistics Canada 1996 & 2001 Census

NOTE: numbers are subject to rounding

According to this data, *average* family incomes in Coronation rose between 1996 and 2001 while *median* family incomes fell. This suggests that there were a few more affluent families with significantly higher-than-average incomes in the community in 2001 than there were in 1996, thus bringing up the average. However, the decreasing median income suggests that the majority of families in Coronation had lower incomes in 2001 than they did in 1996. This is supported by the significant increase in the number and percentage of families earning between \$20,000 and \$39,999 combined with the significant decline in the number and percentage of families earning \$60,000 and over. It also supports the suggestion presented in Section 3.3 above that among those households leaving the community between 1996 and 2001 were a number of higher income families.



**Table 5: Household Income for Coronation
(1996 and 2001 Census Data)**

Household Income	1996	%	2001	%
Less than \$19,999	70	15.9%	80	21.3%
\$20,000 - \$39,999	125	28.4%	110	29.3%
\$40,000 - \$59,999	110	25.0%	75	20.0%
\$60,000 and over	45* (145)	10.2%* (33.0%)	110	29.3%
Total Number of Households	440	100.0%	375	100.0%
Average Household Income	\$49,775	--	\$47,944	--
Median Household Income	\$44,985	--	\$38,407	--

Information Source: AlbertaFirst.com

Original Data Source: Statistics Canada 1996 & 2001 Census

NOTE: numbers are subject to rounding

** NOTE: *denotes actual published figure () denotes adjusted figure*

Table 5 above compares incomes for all households in Coronation, including families and singles. According to this data, *both* average and median household incomes in Coronation declined between 1996 and 2001. While the number and percentage of households earning less than \$19,999 increased, the number of households earning incomes of \$20,000 declined in all categories. It should be noted that the published AlbertaFirst.com data for households earning \$60,000 in 1996 (45 households) appears to be incorrect. First, with 45 households, the numbers do not add up to 440. Second, how can there be 105 *families* earning that amount as depicted in Table 4 (previous page) but only 45 *households* when the total number of single households and families is combined to create Table 5. For that reason, the estimated number of households in Table 5 was adjusted up (from 45 to 145). If this adjustment is correct, then the household income data in Table 5 further supports the suggestion that those households leaving the community between 1996 and 2001 were a number of higher income singles and families, particularly a few significantly higher-than-average income families.

Additional income data is available directly from Statistics Canada based on the 2001 Census (Table 6).

**Table 6: Median Household Income by Household Size for Coronation
(2001 Statistics Canada Census Data)**

Household Type and Characteristics	Income
Median Household Income – All Households	\$38,407
Median Household Income – One-Person Households	\$19,999
Median Household Income – Two-or-More Person Households	\$56,694

Data Source: Statistics Canada Census 2001 data

This data shows that two-or-more person households earn significantly more than one-person households. This stands to reason since two-or-more person households have a greater



probability of having two or more income earners (and therefore twice the median income). However, the median income of two-or-more person households is almost three times that of one person households (2.8 times higher).



chapter 4: *demographic analysis – Coronation (senior households)*

4.1 introduction

This chapter looks at the changing nature of the seniors populations within the Town of Coronation to gain a better sense of what factors may be leading to seniors' housing needs and affordability issues in the community.

4.2 current *population of seniors*

Table 7 compares the seniors population of Coronation for 1996 and 2001 based on Statistics Canada Census data. According to this data, the number of empty nesters (age 55-64) in the community grew by 14.3% from 70 to 80 residents. During the same period, the number of early seniors (age 65-74) declined by 27.8% from 90 to 65 residents yet the number of older seniors (age 75 and over) grew by 10.0% from 100 to 110. In 2001, according to Statistics Canada Census data, there were 175 seniors age 65 and over living in the Town, representing 19.6% of the population. This represents a 7.9% drop from 1996 when there were 190 seniors age 65 and over living in Coronation.

**Table 7: Official Seniors Population of the Town of Coronation
(1996 and 2001 Statistics Canada Census Data)**

Age Characteristics of the Population	1996		2001		% Change	
	Total	% Total	Total	% Total	(Total)	(%)
Age 0-4	80	6.9%	55	6.1%	-31.3%	-10.9%
Age 5-14	175	15.1%	115	12.8%	-34.3%	-14.8%
Age 15-19	105	9.1%	50	5.5%	-52.4%	-38.3%
Age 20-24	30	2.6%	50	5.5%	37.5%	19.0%
Age 25-54	450	39.7%	370	41.3%	-19.6%	4.3%
Age 55-64	70	6.0%	80	8.9%	14.3%	48.1%
Age 65-74	90	7.8%	65	7.3%	-27.8%	-6.4%
Age 75 and over	100	8.6%	110	12.3%	10.0%	42.6%
Total – Seniors Age 65 and over	190	16.4%	175	19.6%	-7.9%	19.4%
Total - All persons	1,160	100.0%	895	100.0%	-22.8%	N/A

Data Source: Statistics Canada Census 2001 data

NOTE: numbers are subject to rounding

4.3 projected *population of seniors (to 2016)*

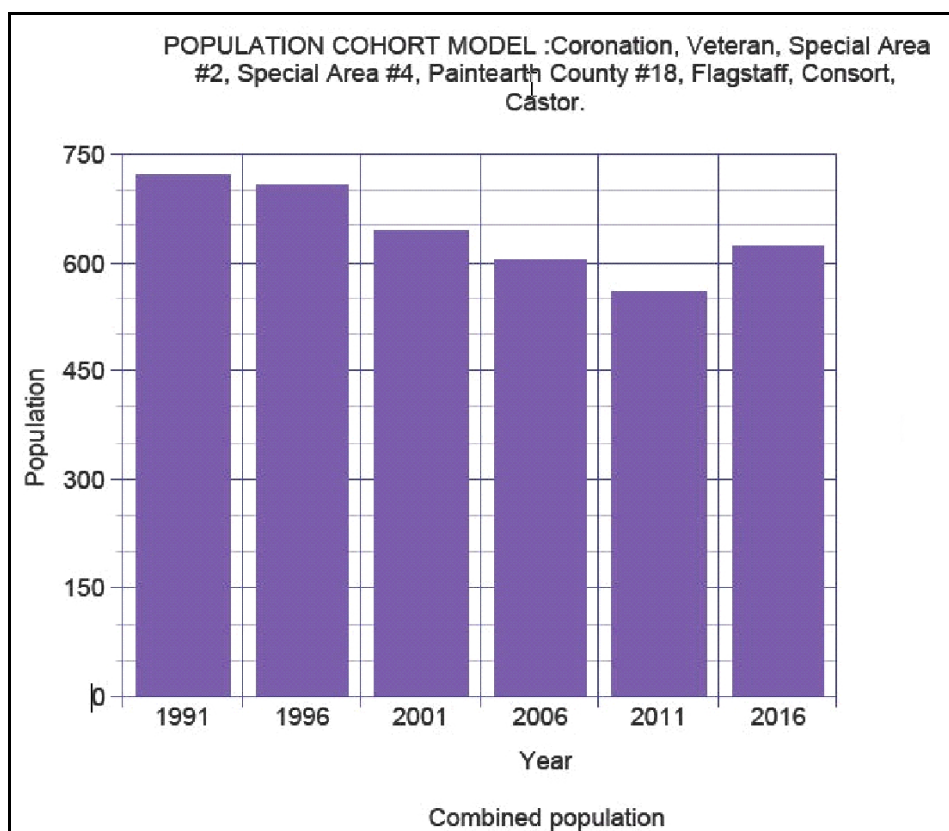
As mentioned above, Coronation has seen some significant fluctuations in its reported census populations between 1991 and 2002. Since 2006 Statistics Canada Census data is currently unavailable, it is difficult to predict with any certainty how the demographics and age



characteristics in Coronation may have changed recently and, therefore, how they can be expected to change in the near future. However, a number of population cohort models were generated, including population projections, for Coronation and its neighbours as part of the *Coronation Seniors Housing Study, April 2006*. These models represent the current best estimates of how Coronation's population characteristics might look over the next five to ten years.

Figure 2 shows the actual and estimated seniors population from 1991 to 2016 for Coronation, Veteran, Consort, Castor, Flagstaff, Paintearth County #18 and Special Areas #2 and #4.

Figure 2: Seniors Population Estimates for Coronation, Veteran, Special Area #2, Special Area #4, Paintearth County #18, Flagstaff, Consort and Castor (1991 to 2016)

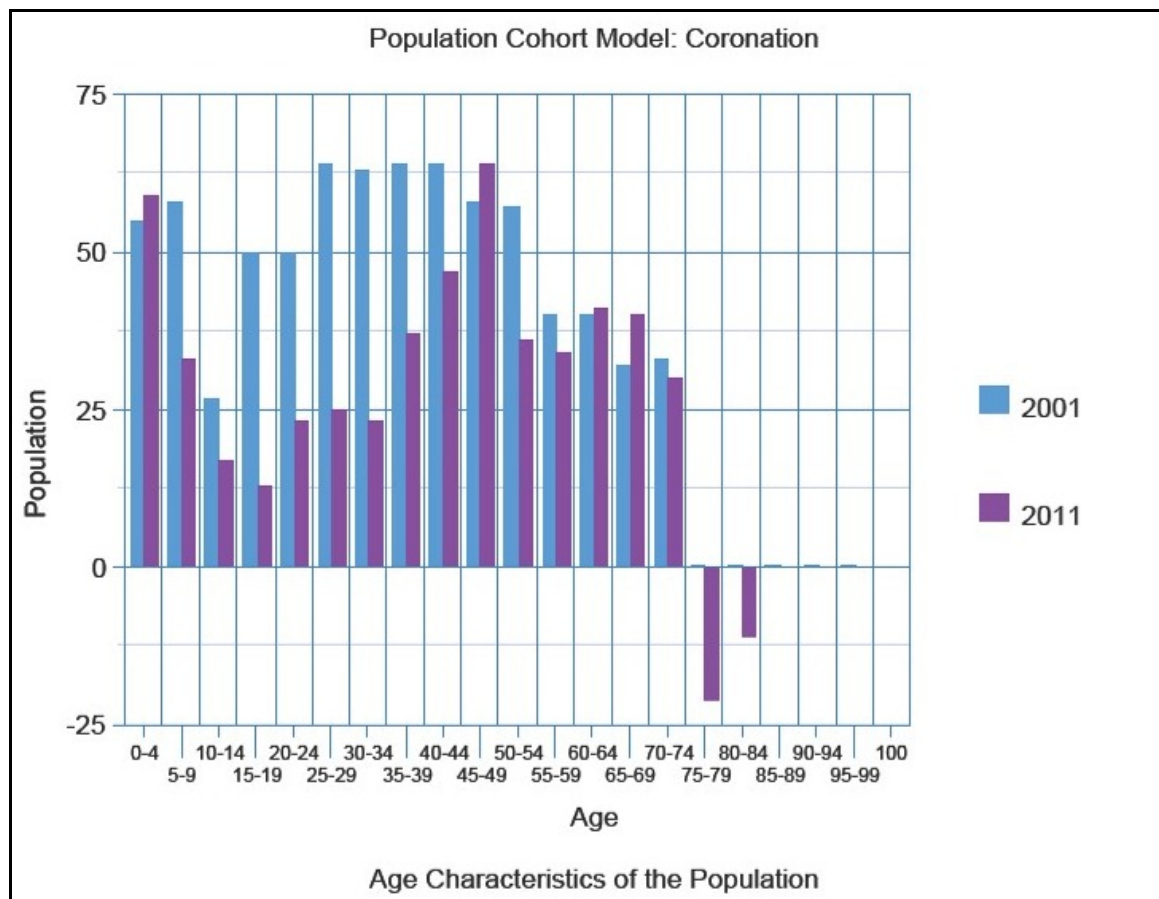


Source: Coronation Seniors Housing Study, April 2006

This figure shows a continued decline in the total seniors population of the area up until 2011; at which point the seniors population begins to increase again to 2016. A more detailed analysis of Coronation (Figure 3) estimates that between 2001 and 2011 the total number of seniors between the age of 65 and 69 will increase while the total number of seniors age 70 and over will decrease.



Figure 3: Age Characteristics of the Population of Coronation (2001 to 2011)



Source: Coronation Seniors Housing Study, April 2006

If these estimates hold true (i.e., are reflected in the 2006 Statistics Canada Census data when published), the Town of Coronation should expect to see a declining number of seniors over time. This suggests a potential for *declining overall demand* for seniors' subsidized housing in the community.

This is not to say, however, that Coronation could not benefit from additional subsidized seniors' housing. If the current demand for seniors' subsidized housing is going largely unmet, then despite the declining number of seniors, there could still be enough seniors living in the community long-term to justify additional units. Also, this declining number of seniors could be a direct result of the lack of sufficient subsidized seniors' housing in the community. If this is the case, then the provision of additional units could potentially help to stabilize this population decline.

Long-term sustainability is the key consideration for deciding whether or not additional seniors' subsidized housing is warranted in Coronation. Additional units should only be developed if there is reasonable certainty that enough seniors will continue living in the community to make any

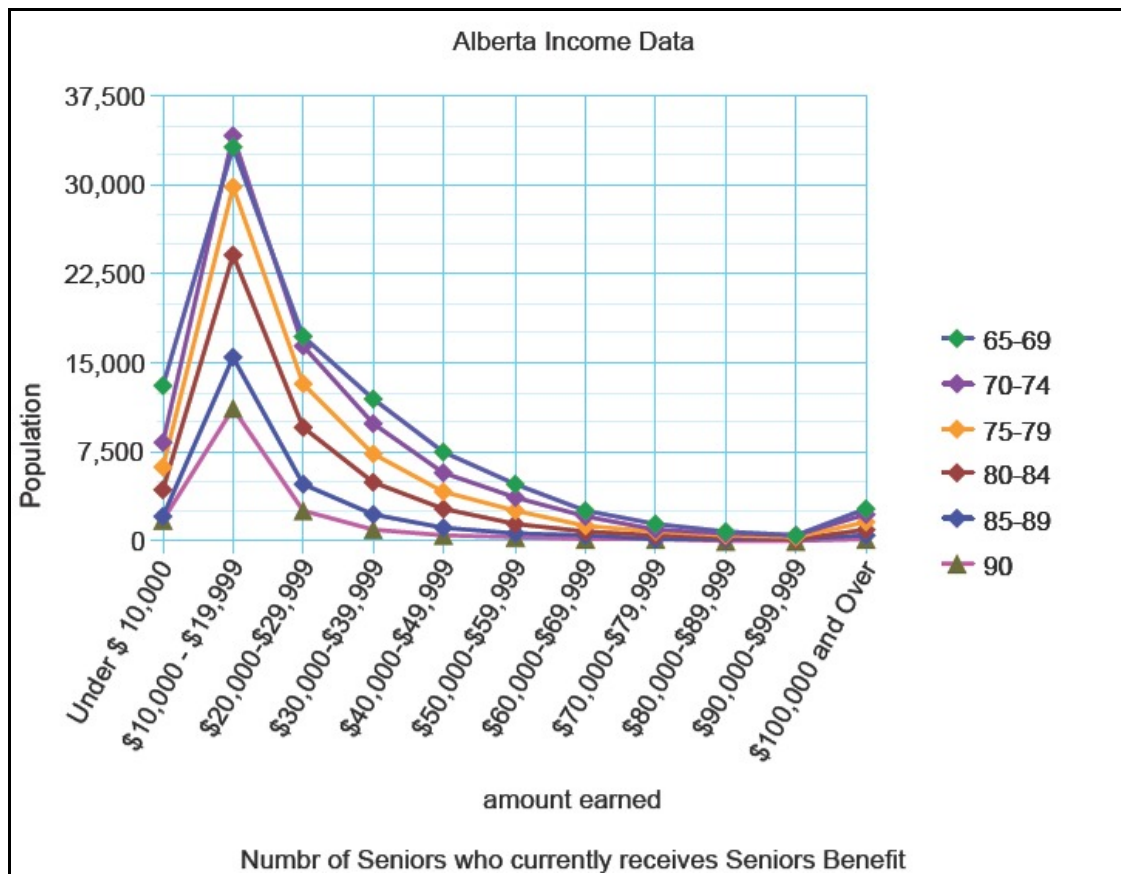


new housing project or addition to an existing project financially sustainable both short- and long-term. If only *short-term* sustainability can be assured, it may be preferable to explore other seniors' housing options. If only *long-term* sustainability can be assured (i.e., in five to ten years when the seniors population starts to increase once again), it may be more financially prudent to wait a few years before pursuing a new housing project.

4.4 seniors' incomes

Figure 4 shows the current provincial distribution of incomes among seniors by age group.

Figure 4: Seniors' Incomes by Age Group (Alberta)



Source: Coronation Seniors Housing Study, April 2006

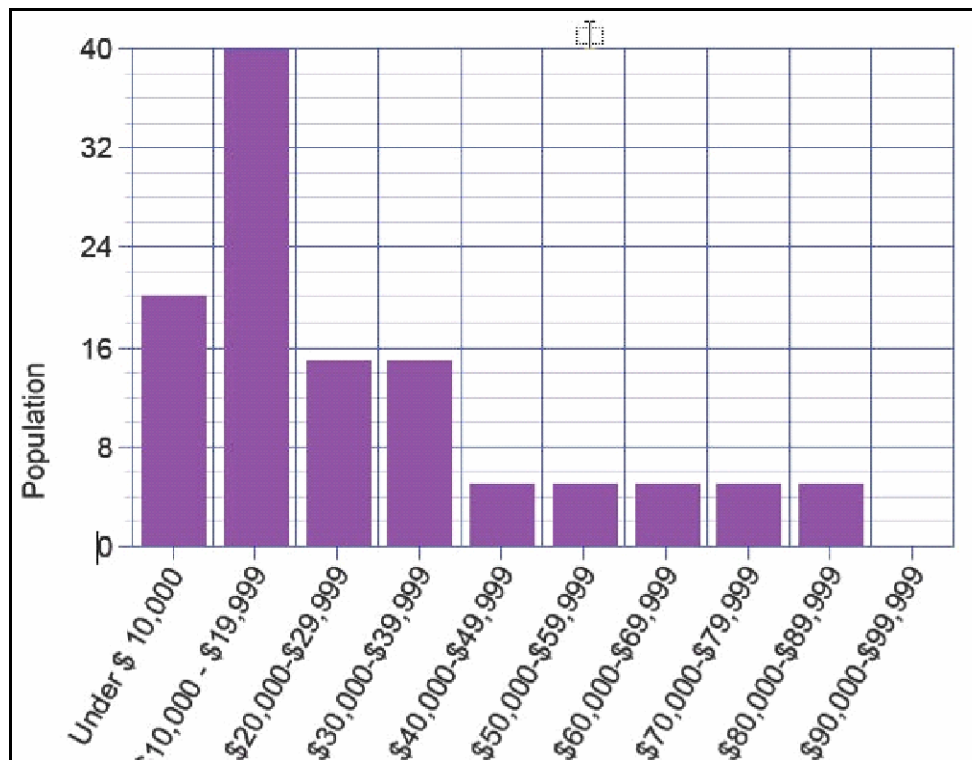
Based on this information, seniors' incomes follow a consistent distribution regardless of age. The largest percentage of seniors (the mode) based on numbers are earning annual incomes between \$10,000 and \$19,999. The next largest percentage and number of seniors are earning incomes of \$20,000 to \$29,999 followed by what appears to be a close tie between those earning



incomes of \$30,000 to \$39,999 and those earning \$10,000 or less. The total number of seniors gradually tapers off as incomes increase to \$99,999 and beyond.⁵

Figure 5 shows the distribution of incomes among seniors in Coronation by age group. This figure shows a similar pattern (income distribution) to that of the province as a whole (Figure 4 above).

Figure 5: Seniors' Incomes by Age Group (Coronation)



Source: Coronation Seniors Housing Study, April 2006

Based on the values drawn from the above figure, Table 8 (next page) shows a breakdown of seniors' incomes for an estimated 115 senior individuals.

⁵ Note that the apparent climb in the number of seniors earning incomes of \$100,000 and over is the result of all incomes in that range being combined rather than continuing to be charted at \$10,000 increments.



**Table 8: Family Income for Coronation
(1996 and 2001 Census Data)**

Income Level	N ^o	%	Est. N ^o	Est. N ^o
Under \$10,000	20	17.4%	30	37
\$10,000 - \$19,999	40	34.8%	61	73
\$20,000 - \$29,999	15	13.0%	23	27
\$30,000 - \$39,999	15	13.0%	23	27
\$40,000 - \$49,999	5	4.3%	8	9
\$50,000 - \$59,999	5	4.3%	8	9
\$60,000 - \$69,999	5	4.3%	8	9
\$70,000 - \$79,999	5	4.3%	8	9
\$80,000 - \$89,999	5	4.3%	8	9
\$90,000 and over	0	0.0%	0	0
Total	n=115	100.0%	n=175	n=210

Data Source: Coronation Seniors Housing Study, April 2006
NOTE: numbers are subject to rounding and suppression

According to these figures, just over half (52.2%) of all senior individuals in Coronation are earning incomes below \$20,000. Another 26.0% of seniors are earning incomes between \$20,000 and \$39,999. Less than one-quarter (21.7%) of seniors are earning incomes of \$40,000 or higher (just slightly above the mean 2001 income of \$38,407 for all households in Coronation).

It should be noted that these figures are for senior *individuals*. Senior *couple* households are expected to earn higher annual incomes than those presented above.

Two additional seniors population and income estimates are provided in Table 8 above derived from two other estimates of the total seniors population in Coronation. The first estimate (n=175) is based on the 175 seniors age 65 and over identified in the 2001 Statistics Canada Census (see Table 7 on page 15) representing 19.6% of the total population in 2001. The second estimate (n=210) is based on an estimated number of seniors in 2002 (19.6% of the total population of 1,074 identified in the July 2002 Coronation Municipal Census).



chapter 5: *housing supply analysis*

5.1 introduction

This chapter looks at the existing housing supply in Coronation in order to gain an understanding of how closely the existing supply of housing meets the needs of the current population. Current housing data is summarized in terms of market housing (rental and ownership) and non-market housing (social/subsidized and emergency/transitional).

5.2 existing *housing stock*

Table 9 provides a summary of the existing housing stock in Coronation as of 2001. According to this data, there were a total of 375 occupied private dwellings in the Town.

**Table 9: Private Dwelling Characteristics in the Town of Coronation
(1996 and 2001 Census Data)**

Dwelling Type	1996	%	2001	%
Apartments	10	2.3%	0	0.0%
Detached Duplexes	0	0.0%	20	5.3%
Movable Dwellings	115	26.1%	75	20.0%
Other Single Attached Houses	0	0.0%	0	0.0%
Row and Semi-Detached Houses	20	4.6%	15	4.0%
Single-Detached House	295	67.1%	265	70.7%
Total Number of Occupied Private Dwellings	440	100.0%	375	100.0%
Private Dwellings, Owned	295	67.1%	310	82.7%
Private Dwellings, Rented	145	32.9%	65	17.3%

Information Source: AlbertaFirst.com

Original Data Source: Statistics Canada 1996 & 2001 Census

NOTE: numbers are subject to rounding

The vast majority of these dwellings (70.7%) are single-detached houses followed by movable dwellings (i.e., mobile and manufactured homes). According to this data, the community appeared to have lost a large number of dwellings between 1996 and 2001, including:

- 10 apartment units
- 40 movable dwellings
- 5 row and semi-detached houses
- 30 single-detached houses



However, in response to perceived errors in the Statistics Canada 2001 Census data as reported by AlbertaFirst.com, a more recent survey of housing in the community was conducted by members of the Coronation and District Seniors Housing Society (REALTOR™ Shelly Creasy and Town Councillor dawna elliott) on January 31, 2007. The results of this survey (see Table 10) show that the majority of homes in Coronation continue to be single-detached houses (69.8%) followed by movable dwellings/mobile homes (23.5%). However, this data also shows that the current total number of dwellings (including the total number of apartment units) in Coronation has increased rather than decreased from the number identified in 1996. These discrepancies may be due to a combination of differences in how each housing form was defined, changes to the local housing supply between 2001 and 2007 and omissions by Statistics Canada enumerators in 2001 (coinciding with omissions in population counts – see page 8).

**Table 10: Private Dwelling Characteristics in the Town of Coronation
(January 31, 2007 Survey)**

Dwelling Type	2007	%
Apartments	16	3.5%
Detached Duplexes	10	2.2%
Movable Dwellings (Mobile Homes)	106	23.5%
Other Single Attached Houses	0	0.0%
Row and Semi-Detached Houses	4	0.9%
Single-Detached House	315	69.8%
Total Number of Occupied Private Dwellings	451	100.0%

Source: Shelly Creasy, REALTOR™ and Town Councillor, dawna elliott

In terms of tenure, the majority of homes in 2001 (82.7%) – according to Statistics Canada Census data – were owner-occupied, compared to 17.3% of units being rented. The figures shown in Table 9 (previous page) suggest that the 20 additional duplexes created between 1996 and 2001 were almost, if not all, owner-occupied. If these data are accurate (which they may not according to the January 31, 2007 survey conducted by members of the Coronation and District Seniors Housing Society), it appears that the vast majority of housing removed from the community between 1996 and 2001 may have been rental units.

Table 11 (next page) shows the age of homes in Coronation as determined during the Statistics Canada 2001 Census.



Table 11: Private Dwelling Characteristics by Age (Period of Construction) in the Town of Coronation (2001)

Private Dwellings by Period of Construction	N ^o	%
Constructed before 1946	55	14.3%
Constructed between 1946 and 1960	40	10.4%
Constructed between 1961 and 1970	70	18.2%
Constructed between 1971 and 1980	125	32.5%
Constructed between 1981 and 1990	60	15.6%
Constructed between 1991 and 2001	35	9.1%
Total Number of Private Occupied Dwellings	385	100.0%

Information Source: AlbertaFirst.com

Original Data Source: Statistics Canada 1996 & 2001 Census

NOTE: numbers are subject to rounding

Based on this data, the majority of homes in Coronation (57.1%) were built in the last 35 years (i.e., since 1971). However, a number of homes in the community (14.3%) were built prior to 1946 and are therefore more than 60 years old. Depending on the nature of both their construction and upkeep over the years, some of these homes may no longer be adequate (i.e., in good enough repair to be safe for the resident).

5.3 market housing – *ownership*

As mentioned above, the majority of housing in Coronation is owner-occupied. Table 12 shows the average value of homes in Coronation between 1996 and 2001 as compared to those of the region (Paintearth County) and the province.

Table 12: Average Dwelling Values (1996 – 2001) in Coronation, Paintearth County and Alberta

Characteristics	Coronation	Paintearth County	Alberta
Average Dwelling Value (1996)	\$59,940	\$82,036	\$126,979
Average Dwelling Value (2001)	\$65,936	\$82,943	\$159,698
Percent Change	10.0%	1.1%	25.8%

Source: Statistics Canada 1996 and 2001 Census data

Housing costs increased in Coronation by 10.0% between 1996 and 2001 according to Statistics Canada census data. The average value of a home in Coronation in 1996 was \$59,940. By 2001, the average value of a home had increased to \$65,936. These values remain significantly lower (more than 20%) than homes in the County where housing prices appear to have remained relatively stable (or even flat) over the five-year period. The relatively lower home values in Coronation (as compared to the County) could be due to two primary factors: first, the relatively



high number of movable dwellings (mobile homes) in the Town; and 2) the higher market value of acreages out in the County.

Several higher-priced homes have been developed in Coronation since 2001 based on the value of residential building permits. Table 13 shows the number of housing starts and value of residential building permits in Coronation between 2001 and 2005.

Table 13: Average Dwelling Values (1996 – 2001) in Coronation, Paintearth County and Alberta

Residential Building Permits	2001	2002	2003	2004	2005
Residential Building Permit Value	\$269,000	\$2,000	\$254,000	\$631,000	\$14,000
Total Housing Starts	2	0	1	2	0

Information Source: AlbertaFirst.com

Original Data Source: Statistics Canada 2002-2004 Building Permits

NOTE: numbers are subject to rounding

Based on a total value of \$1,154,000 for the building permits issued for the five (5) housing starts between 2001 and 2005 (i.e., not including building permits issued for smaller upgrades, renovations and garages), the average value of new homes currently being built in Coronation is approximately \$230,800. This average value is 3.5 times higher than the 2001 average dwelling value shown in Table 13 above.

A survey of online listings of homes for sale in Coronation provides a more current and detailed overview of housing prices in the community (Table 14 – next page). This survey occurred throughout the month of August 2006 and involved reviewing a number of online real estate listing of homes available for sale between April and August 2006. These sources included:

- Multiple List Service (MLS): <http://www.mls.ca>
- WeList.com: <http://www.welist.com>
- ComFree: <http://www.comfree.com>
- Point 2 Homes: <http://homes.point2.com>

According to this survey, the average cost of homes available for purchase in Coronation is approximately \$106,500 (see Table 14 on the next page). The average (only) current list price for a mobile home is \$69,900 and the average list price for a single-detached home is \$100,565. As of September 3, 2006, there were four available listings in Coronation: one acreage, one 280-acre farm and two single detached homes. Excluding the farm, the average list price for the remaining three homes is \$161,266.



Table 14: Average Home List Prices in Coronation (August 2006)

Characteristics	N ^o Listings	Average	Low	High
Bare Residential Lot	0	--	--	--
Mobile Home	1	\$69,900	\$69,900	\$69,900
Single-Detached	6	\$100,565	\$16,900	\$179,900
Acreage	1	\$179,000	\$179,000	\$179,000
Farm	1	\$400,000*	\$400,000*	\$400,000*
Total Average**		\$106,540		

Sources: MLS, WeList.com, ComFree and Point 2 Homes

**NOTE: This particular acreage is a 280 acre farm listed at \$400,000 "or \$450,000 turnkey" indicating additional construction is required.*

***NOTE: Total average value of homes listed for sale between April and August 2006 does not include the single farm listing.*

Table 15 shows average house prices in Coronation for all homes listed for sale between January and August 2006. According to this data, the current average home purchase price in Coronation is approximately \$61,000.

Table 15: Average Home List Prices in Coronation (January to August 2006)

Characteristics	N ^o Listings	Average	Low	High
Bare Residential Lot	0	--	--	--
Mobile Home	6	\$27,666	\$11,900	\$69,900
Single-Detached	19	\$71,579	\$16,900	\$140,000
Acreage/Farm	N/A	--	--	--
Total Average	\$61,040			

Source: Shelly Creasy, REALTOR™

5.4 market housing – *rental*

According to Table 9 (on page 21), there were 65 rental units in Coronation in 2001 representing 17.3% of the total housing units in the community. Additional rental data for Coronation is limited.

Normally, rental data from Alberta Seniors and Community Supports would be consulted to provide a detailed account of rental costs both currently and over time. Alberta Seniors and Community Supports conducts the annual *Alberta Apartment Vacancy and Rental Cost Survey*, which covers 64 Alberta communities with a population over 1,000 and that have 30 or more rental units. The survey includes all private, non-subsidized buildings containing four or more rental units. However, given the population of Coronation and the limited number of rental units that meet the survey criteria, Coronation has not been included in the survey and, therefore, such data is not available.



What official data is available, albeit limited, comes from the Statistics Canada 2001 Census.⁶ According to the Census (Table 16), the average gross monthly payments for a rental unit in Coronation in 2001 was \$397. This is compared to \$484 for the average monthly payments for owner-occupied dwellings.

Table 16: Average Housing Costs in Coronation (2001)

Housing Costs	
Number of Rented Dwellings	65
Average Gross Monthly Payments (Rental Dwelling)	\$397
Number of Owner-Occupied Dwellings	310
Average Monthly Payments (Owner-Occupied Dwelling)	\$484

Data Source: Statistics Canada 2001 Census
NOTE: some numbers may be subject to rounding

Anecdotal evidence from local REALTORSTM indicates that there are currently no vacancies in Coronation and very rental units available in the community – either formally (e.g., apartments) or informally (e.g., single-family homes owned by individuals and rented out).

5.5 seniors' *housing*

Seniors'-specific housing includes both market (private for-profit) and subsidized non-market (non-profit or community-owned) housing. Once seniors are no longer able to reside in their own home, they generally have five subsidized seniors' housing options available to them:

1. Independent Living (e.g., Manors)
2. Lodge
3. Supportive Living
4. Assisted Living
5. Continuing Care

Seniors' **independent living** units (e.g., Manors) provide self-contained accommodation for low-income seniors who are able to live independently with minimal supports (e.g., Home Care). Rent is based on 30% of income. The Province typically owns the apartments; however, management and tenant selection have been delegated to Management Bodies. Additional personal and professional care can be provided through Home Care.

Lodges provide housing for seniors who do not need access to unscheduled personal or nursing care. Lodges provide a combination of housing, meals, housekeeping, linen/laundry service,

⁶ While this data is available for the 2001 Census, it is not available for the 1996 Census. Therefore, a direct comparison of rental rates in Coronation over time is not available.



recreational programs and 24-hour safety and security services. Additional personal and professional care can be provided through Home Care.

Supportive Living provides housing along with scheduled and unscheduled personal care (e.g., bathing and dressing), meals, housekeeping, linen/laundry service, recreation programs and 24-hour emergency response services. Unscheduled personal care is provided by Health Care Aides while professional services such as nursing and rehabilitation services are provided on a scheduled basis through Home Care.

Assisted Living provides housing and services similar to Supportive Living but at a higher level of professional care (Licensed Practical Nurses along with Health Care Aides).

Continuing Care provides housing and services but at an even higher level of professional care. Registered Nurses are available on a 24-hour basis to assist residents with complex medical conditions that may require unscheduled assistance. In addition to nursing care, residents also have access to physiotherapists, occupational therapists and dietitians.

There are currently 16 Manor units, zero (0) Lodge units, 19 Supportive Living units, zero (0) Assisted Living units and 23 Continuing Care units in Coronation.

There are a total of 93 Lodge units in the area, including 30 units in Consort, 33 units in Castor, and 30 units in Oyen. There are also five (5) Cottage units in Consort and a total of 35 Manor units – four (4) in Veteran, five (5) in Consort, and 26 in Castor.

5.6 other *non-market housing*

Other non-market housing includes a range of housing and shelter options including:

- Emergency shelters
- Transitional housing
- Community (subsidized) family housing
- Private Landlord Rent Supplement (PLRS)

Coronation currently does not have any emergency shelters or transitional housing options nor does it currently have any PLRS-supported units. There are, however, two subsidized family housing units in the community.



chapter 6: *comparative analysis of Coronation and its neighbours*

6.1 introduction

This chapter compares Coronation to its neighbours in terms of population and housing.

6.2 population *comparisons*

Table 17 shows a breakdown of the population for Coronation and its neighbours for the years 1991, 1996 and 2001 according to Statistics Canada Census data.

Table 17: Population Comparisons (Coronation and its Neighbours)

Characteristics	Coronation	Consort	Castor	Paintearth County	Alberta
Total Population in 1991	1,184	714	933	2,324	2,545,553
Total Population in 1996	1,166	794	970	2,316	2,696,826
Total Population in 2001	1,074 ²	634	935	2,192	2,974,807
Population Change					
1991 to 1996	-1.5%	11.2%	4.0%	-0.3%	5.9%
1996 to 2001	-22.6%	-20.2%	-3.6%	-5.4%	10.3%
1991 to 2001	-23.8%	-11.2%	0.2%	-5.7%	16.9%
Avg. Annual Pop. Change 1991-2001	-0.8%	-1.1%	0.0%	-0.6%	1.7%

Primary Data Source: Statistics Canada Census 1996 and 2001 data

² *Additional Data Source: Town of Coronation July 22, 2002 Municipal Census*

Based on this data, Coronation is the largest municipality in Paintearth County with a total 2002 population of 1,074. Statistics Canada Census data also provides a comparison of the seniors populations in each of these communities (Table 18).

Table 18: Seniors (Age 65+) Population Comparisons (Coronation and its Neighbours)

Communities	1996 Total	%	2001 Total	%	% Change (%)
Coronation	190	16.4%	175	19.6%	19.4%
Consort	135	17.0%	105	16.7%	-1.9%
Castor	270	27.7%	270	28.9%	4.3%
Veteran	45	14.1%	30	10.3%	-26.4%
Paintearth County	215	9.3%	235	10.7%	15.0%
Alberta	266,905	9.9%	308,400	10.4%	4.7%

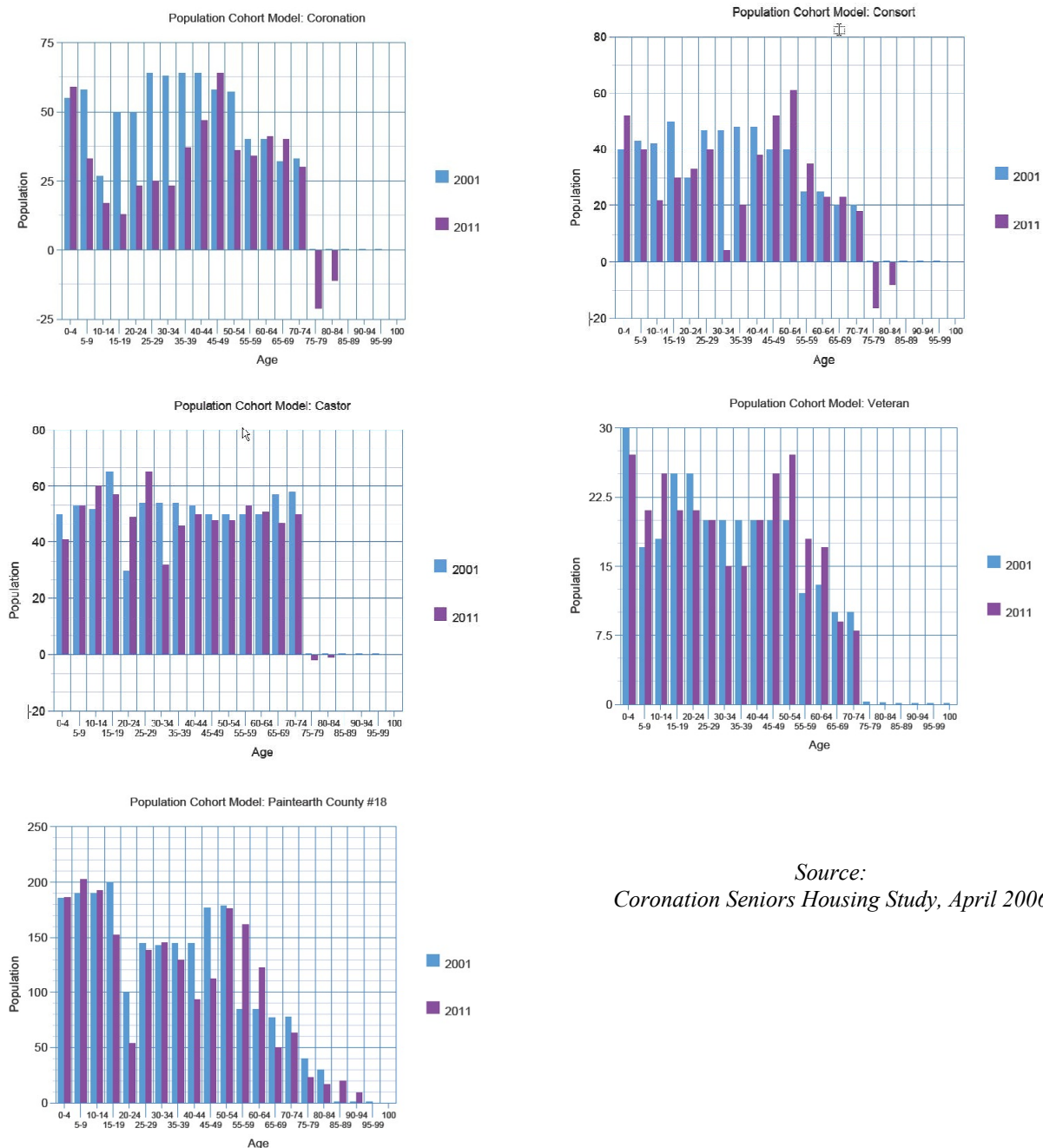
Data Source: Statistics Canada 1996 and 2001 Census



According to this data, the Town of Castor had the highest number of seniors *as a percentage of the total population* (28.9%) in 2001 followed Coronation (19.6%) despite Coronation having a larger total population. Anecdotal evidence suggests that the greater number of seniors' housing units being built in Castor is the primary reason for this difference (i.e., the greater number of seniors' housing in Castor is providing more of a draw for seniors to that community and preventing seniors from having to move out of that community in search of appropriate housing).

Figure 6 shows population projections for Coronation and its neighbours taken from the *Coronation Seniors Housing Study, April 2006*).

Figure 6: Population Projections to 2011 (Coronation and its Neighbours)



Source:
Coronation Seniors Housing Study, April 2006



According to these population models, the total number of seniors is expected to decline in each of the surrounding communities between 2001 and 2011. However, the sole exception is the total number of seniors age 65-69 in both Coronation and Consort. While this age cohort is expected to decline in most of the neighbouring communities, it is expected to climb slightly in Consort by 2011 and more significantly in Coronation by 2011.

6.3 demographic *comparisons (incomes)*

Table 19 compares the incomes of residents in Coronation, Castor and Paintearth County.

Table 19: Household Income for Coronation, Castor and Paintearth County (2001 Census Data)

Household Income	Coronation	Castor	Paintearth County
Less than \$19,999	21.3%	22.9%	14.0%
\$20,000 - \$39,999	29.3%	43.4%	28.7%
\$40,000 - \$59,999	20.0%	20.5%	26.5%
\$60,000 and over	29.3%	14.5%	30.9%
Total Number of Households	100.0%	100.0%	100.0%
Average Household Income	\$47,944	\$38,184	\$51,132
Median Household Income	\$38,407	\$35,513	\$45,346

Information Source: AlbertaFirst.com
Original Data Source: Statistics Canada 2001 Census
NOTE: numbers are subject to rounding

According to this data, overall Coronation is a more affluent community than its neighbour Castor; yet less affluent than the surrounding County. These income differences could be due to: 1) the higher number and percentage of seniors living in Castor; and 2) larger landowners living on (and being able to afford) farms, acreages and country residential parcels in the surrounding County.

6.4 housing *comparisons*

Table 20 compares average dwelling values for Coronation and its neighbours for the years 1996 and 2001 according to Statistics Canada Census data.

Table 20: Average Dwelling Values for Coronation and its Neighbours (1996 – 2001)

Characteristics	Coronation	Castor	Consort	Veteran	Paintearth County	Alberta
Average Dwelling Value (1996)	\$59,940	\$53,978	\$69,221	\$53,472	\$82,036	\$126,979
Average Dwelling Value (2001)	\$65,936	\$67,660	\$78,267	\$47,905	\$82,943	\$159,698
Percent Change	10.0%	25.3%	13.1%	-10.4%	1.1%	25.8%

Source: Statistics Canada 1996 and 2001 Census data



According to this data, average housing values in Coronation in 2001 were relatively affordable compared to average housing values in the other surrounding communities. Average housing values in Coronation were slightly lower (2.5% lower) than those in Castor and significantly lower (15.8% lower) than those in Consort. Housing values also did not appreciate as fast in Coronation between 1996 and 2001 as they did in Castor and Consort. In Coronation, average home values increased by 10.0% during that period, whereas average home values increased by 13.1% in Consort and 25.3% in Castor.

These differences in average home values are not necessarily reflected in average housing costs (i.e., rents and mortgage costs). As shown in Table 21, average monthly payments for owner-occupied dwellings (i.e., mortgage/property tax payments) appear to be only somewhat consistent with the differences in average home values in the various communities. For example, since average dwelling values in Coronation and Castor are very close, one would expect average monthly payments for owner-occupied dwellings to also be very close. However, while 2001 housing values in Coronation were 2.5% lower than Castor, average monthly payments for owner-occupied dwellings in 2001 were 12.6% higher.

Presumably, average gross rents in Coronation would be lower than both Castor and Consort reflecting the lower dwelling values. However, as Table 21 also shows, average rents in Coronation are significantly lower than those in Castor (despite similar average dwelling values) and on par with rents in Consort (despite significantly higher average dwelling values).

**Table 21: Average Housing Costs for Coronation and its Neighbours
(2001 Census Data)**

Household Income	Coronation	Castor	Consort	Veteran	Paintearth County
Number of Rented Dwellings	65	95	25	20	55
Average Gross Monthly Payments (Rental Dwelling)	\$397	\$512	\$397	N/A	\$321
Number of Owner-Occupied Dwellings	310	320	240	100	190
Average Monthly Payments (Owner-Occupied Dwelling)	\$484	\$430	\$762	\$583	\$562

Data Source: Statistics Canada 1996 & 2001 Census

NOTE: numbers may be subject to rounding

A number of factors can explain these discrepancies including a different rental housing market (supply and demand factors and/or different types/sizes of rental housing available) in each community, relatively more newer homeowners in one community compared to another resulting in different original purchase prices (and therefore mortgage costs), and different types and sizes of homes in one community compared to another resulting in a skewing of the averages in one direction or another.



6.5 seniors' housing *comparisons*

According to the *Coronation Seniors Housing Study, April 2006*, senior's housing in the region consists of the following:

- Coronation (59 total):
 - (v) 16 Seniors' Self-Contained (Manor) units
 - (vi) 0 Lodge units
 - (vii) 19 Supportive Living units
 - (viii) 23 Continuing Care Units
 - (ix) 1 respite accommodation

- Consort (56 total with plans for 85 in 2007):
 - (i) 5 Seniors' Self-Contained (Manor) units
 - (ii) 5 Cottage units (with an additional 5 units planned for 2007)
 - (iii) 30 Lodge units (with an additional 14 units planned for 2007)
 - (iv) 0 Supportive Living units (with 10 units planned for 2007)
 - (v) 15 Continuing Care Units
 - (vi) 1 respite accommodation

- Castor (81 total with plans for 106 in 2007):
 - (i) 26 Seniors' Self-Contained (Manor) units
 - (ii) 33 Lodge units (with an additional 25 units planned for 2007)
 - (iii) 20 Continuing Care Units
 - (iv) 2 respite accommodations

The Study also identified an additional 30 Lodge units in nearby Oyen.

Table 22 provides a comparison of the current and projected level of seniors' housing available in each community as a percentage of the 2001 seniors population using Census data and findings from the *Coronation Seniors Housing Study, April 2006* (see *Appendix A: Regional Distribution of Senior's Housing 2006/2007* for more detailed information).

Table 22: Seniors (Age 65+) Population vs. Housing Comparisons (Coronation and its Neighbours)

Communities	2001 Seniors Pop. ¹	2006 Seniors' Housing Supply ²	2007 Projected Seniors' Housing Supply ²	2006 %	2007 %
Coronation	210*	59	59	28.1%	28.1%
Consort	105	56	85	53.3%	81.0%
Castor	270	81	106	30.0%	39.3%

Data Source¹: Statistics Canada 1996 and 2001 Census

Data Source²: Coronation and District Seniors Housing Society Survey of Seniors' Housing Supply

**Estimated number of seniors based on the Town of Coronation 2002 Municipal Census*



Based on this information, Coronation appears to be markedly under-served in terms of seniors' housing, especially compared to Consort where housing in 2006 is currently available for an estimated 53.3% of its senior population and in 2007 an estimated 81.0% of its population. Coronation is also the largest of the three communities⁷ with the second highest total number of seniors yet in 2007 will have the lowest number of seniors' housing units.

Assuming that the 2007 figures for Castor represent a reasonable average, Coronation should possess a total of 82 seniors' housing units (for up to 39% of its seniors population). This suggests that Coronation needs at least another 23 seniors' housing units.

⁷ According to the Town of Coronation 2002 Municipal Census.



chapter 7: *seniors' affordable housing needs analysis*

7.1 introduction

This chapter uses the Core Need Income Threshold to estimate the likely need for affordable housing among seniors in Coronation (i.e., the estimated number of seniors households in the community who may be having difficulty affording market housing).

7.2 Core Need *Income Threshold*

“Core housing need” is a measure developed by CMHC to determine the number of households who must pay in excess of 30% of their gross income in order to acquire safe, adequate and suitable median-rental housing. The cost of rental housing is used because of the difficulty tracking household mortgage payments which will vary greatly according to when the home was purchased (which affects the purchase price of the home) and the size of the downpayment.

Core Need Income Thresholds (CNITs – pronounced “snits”) are established on an annual basis by Canada Mortgage and Housing Corporation (CMHC) and Alberta Seniors and Community Supports for communities with populations of less than 10,000. CNITs are established through calculations that determine what incomes would be required to afford the Median Market Rent for various sizes of units in any given community or market area using 30% of a household's before-tax income as the maximum. Households with annual incomes equal to or less than CNIT are said to have insufficient income to afford the on-going costs of suitable and adequate rental units in their area.

Core housing need is also based on *National Occupancy Standards*. These *Standards* set minimum criteria for number of persons per bedroom and level of privacy for members of a household. These standards require a maximum of two persons per bedroom, that the parent(s)'s bedroom be separate from that of the children(s)'s, that family members over the age of 17 are eligible for a separate bedroom, and that family members of the opposite sex over age four do not share a bedroom. These standards are reflected in the Alberta Housing Act, Regulation 244/94. The Alberta Housing Act states:

“8 (3) For the purposes of subsection (2)(a), accommodation is not suitable if

- (a) more than 2 persons must share a bedroom and there is at least 1 individual in each of the other bedrooms;
- (b) an individual, 18 years of age or older, must share a bedroom with another member of the household, unless that individual is married or in a common-law relationship with that member; or



- (c) an individual, 5 years of age or older, must share a bedroom with an individual of the opposite sex.”

Caution should be exercised when estimating housing need. While income is the standard measure used to determine affordability needs, standard measures are not able to take into consideration individual lifestyle choices or particular external needs. In other words, a household may be deemed to be low-income and therefore likely in need of more affordable housing, yet because they purchased their home several years ago when house prices were lower and with a significant downpayment, the household’s *actual* mortgage payments are within an affordable range for their income. Conversely, a household may be deemed to have an adequate income to afford average market housing, yet have particular health (medication, treatment by specialists, etc.) needs that reduce its disposable income to the point where housing becomes an issue. Despite these limitations, the Core Need Income Threshold is the standard used for assessing affordable housing needs among seniors in a community.

7.3 CNITs *for Coronation*

Table 23 (next page) shows the 2006 CNITs for South Central Region of Alberta (which includes Coronation, Castor, Consort and Veteran) based on dwelling size along with the estimated number of seniors who may have insufficient income to afford the ongoing costs of market housing in the community.

Since Alberta Seniors and Community Supports generally only subsidizes one-bedroom units for seniors, only the need based on the one-bedroom CNIT is calculated. Three estimates are provided for number of seniors who may have insufficient income to afford the ongoing costs of market housing in the community. These estimates are based on three different estimates of the total seniors population in Coronation: 1) the 2001 Statistics Canada Census; 2) income figures presented in the *Coronation Seniors Housing Study, April 2006*; and 3) income figures presented in the 2006 study extrapolated onto a potential seniors population estimate derived from the total population identified in the 2002 Coronation Municipal Census (see Section 4.4 above).

Caution should be exercised when assessing the *actual* number of households within each target group. A combination of data rounding and suppression found in the various data sources, population growth and changes since 2001 not reflected in the available data, and different levels of housing equity⁸ among senior households makes these numbers *approximations at best*.

⁸ Numerous senior homeowners may have built up significant equity in their homes – especially those seniors who have been living in the area for a number of years, who purchased their homes many years ago when prices were significantly lower than they are today, and who now own their homes mortgage-free.



**Table 23: 2006 Core Need Income Thresholds (CNITs) for Coronation
Based on CNITs for the South Central Region of Alberta)**

Dwelling Size	CNIT	Est. No. of Seniors' Households		
		2001 Census	2002 Census	2006 Study
One-Bedroom	\$20,500	90	110	60
Two-Bedroom	\$24,500	--	--	--
Three-Bedroom	\$29,000	--	--	--
Four-Bedroom	\$33,000	--	--	--
Total		90	110	60

Source: Alberta Seniors and Community Supports

Based on a comparison of the 2006 CNITs to the three seniors population and income estimates, there may be between 60 and 110 seniors in Coronation that do not earn sufficient incomes to afford housing appropriate to their needs.

This is not to say that there are between 60 and 110 seniors in Coronation experiencing housing hardship; rather, that there may be up to this many seniors whose annual income *suggests* that they may need more affordable and/or supportive housing. For those seniors (individuals and couples) who own their own homes outright (and whose homes are both in good repair and suitably accessible), the combination of their lifestyle choices and individual circumstances (financial, physical and cognitive health) may mean that their annual incomes are sufficient to meet their ongoing needs. This will not be the case for all seniors.

7.4 affordable *housing targets*

Based on the figures presented above, the two seniors' housing targets for Coronation are as follows:

1. The **high-needs** group consisting of seniors (individuals and couples) earning *combined annual household incomes* below \$10,000 and expected to be paying more than 30% of their gross income on shelter. Maximum rents for this target group are \$250 per month (approximately \$265 per month if utilities are included)⁹.
2. The **medium-needs** group consisting of seniors (individuals and couples) earning *combined annual household incomes* between \$10,000 and \$20,500 and expected to be paying more than 30% of their gross income on shelter. Maximum rents for this target group are between \$250 and \$515 per month (between \$265 and \$545 per month if utilities are included).

According to the three population estimates, there may be **between 20 and 35** seniors in the *high-needs target group* and **between 40 and 75** seniors in the *medium-needs target group*.

⁹ A maximum of 32% of gross income is used when utilities are included in the rent.



A third group of seniors in need may be those seniors earning incomes between \$20,500 and \$29,999 who have never owned their own home and therefore have limited financial assets along with a limited, fixed income. This latter group might also require more affordable housing but may not qualify for subsidized (rent-geared-to-income) seniors' housing because their income exceeds the CNIT thresholds for available units in the community. This latter group of seniors is a growing concern in many communities as they are seen to be falling through the cracks (i.e., they earn too much to qualify for subsidized housing but do not earn enough to afford market housing).

7.5 seniors' *housing needs*

Feedback gathered during a series of key person interviews revealed for levels of seniors' housing need in the community.

7.5.1 seniors' *lodge*

Local physicians, health care and Home Care providers, seniors themselves and seniors' housing providers all indicated an immediate need for a Seniors' Lodge in Coronation.

The lack of a Lodge in Coronation is causing a number of inefficiencies and bottlenecks in the seniors' housing continuum. For example, there are seniors living in the Manor who would be more appropriately housed in a Lodge. The Manor maintains an ongoing waitlist that could be filled if those seniors more suited to Lodge living were able to move out of the Manor and into such a facility. During the key person interviews, it was revealed that one senior in the community has been on the waitlist for three (3) years and continues to live on the family farm. Others on the waitlist have simply moved out of the community in search of appropriate housing elsewhere. These seniors are currently being underserved.

Home Care staff has suggested that there maybe seniors currently residing in supportive living care beds and seniors currently living in the Manors would be more appropriately housed in a Lodge – which indicates an immediate need for 20 Lodge units.

The recommendation from health care providers was to develop an Enhanced Lodge that was separate from yet accessible to the hospital. The general feeling is that seniors want to be close to the hospital yet close to downtown and that to physically adjoin a Lodge with the existing Assisted/Supportive Living and Continuing Care facilities might cause problems with Lodge seniors and their families expecting Assisted/Supportive Living or Continuing Care levels of service. It is also felt that the Assisted/Supportive Living model may not be financially viable in the long-term and that an Enhanced Lodge with opportunities to tie into the health care services provided through Continuing Care and the hospital when needed may be more efficient and financially viable.



7.5.2 seniors' *independent living*

The second priority in Coronation is to increase the number of seniors' housing options that support independent living – whether they be delivered by the private sector or the non-profit sector.

It was expressed that the existing Manors were built in the 1980s and may not be suitable for seniors with advanced mobility challenges and health care needs due to a lack of accessibility and a lack of storage space (e.g., parking scooters and storing oxygen equipment). It was also expressed that the existing Manor units may be too small for senior couples.

However, it was not suggested that the Manors need to be replaced. Rather, it was suggested that additional opportunities for seniors' independent living should be developed in Coronation. These opportunities could include rental, homeownership or Life Lease units that provided a mix of unit sizes (for single seniors and senior couples) and sufficient parking, storage space and separate entrances. The development of additional private-sector seniors' rental housing might encourage higher-income seniors currently living in the Manors to choose these other more appropriate housing options.

7.5.3 seniors' *supportive/assisted living*

The third priority for seniors' housing in Coronation is to replace the Prairie Rose Assisted Living building. The facility was built in 1972 and is felt to be approaching the end of its useable lifespan. There are also challenges with Prairie Rose meeting new Provincial operating standards for Assisted Living (e.g., call bells, 24/7 manager on duty – indicating that the Prairie Rose facility either needs to be upgraded or the status of the facility downgraded to Supportive Living).

The construction of a Lodge (or Enhanced Lodge) in Coronation would extend the timeframe for upgrading the Prairie Rose facility. It was also suggested that integrating a Lodge with the existing (and eventually upgraded) Prairie Rose facility might provide opportunities to share resources and staff costs (e.g., management staff) making both facilities more financially viable and able to meet Provincial operating standards. The key would be to integrate the two facilities yet ensure that they were physically separate and distinct.

7.5.4 seniors' *continuing care*

The fourth priority for seniors' housing in Coronation is to upgrade and expand the Continuing Care facility. This is a long-term priority as the current facility was built in 1984 and is well equipped. Health care staff have indicated that there is no perceived need for additional Continuing Care beds in Coronation at this time. With the seniors population of Coronation and the surrounding communities expected to start increasing by 2016 and beyond Coronation (having the largest and best equipped hospital in the region) may need additional Continuing Care beds and also be best suited to provide those beds within the next 10-15 years assuming current population projections remain the same.



7.5.5 other seniors' housing needs

Two other seniors' housing needs were identified during the key person interviews. The first is opportunities for respite care/guest suites – both for seniors currently living at home but whose caregivers are going out of town temporarily and for friends and family who are in town for a few days while they visit seniors who are living in Assisted/Supportive Living or Continuing Care.

The second was the need to be more forward thinking in how housing, supports and health care are delivered to seniors. It was expressed that the ideal situation would be to allow seniors who must leave their family home to make one (1) single move and to have health care and supports delivered to them rather than asking seniors to move each time their health care needs increase beyond what their current housing can deliver. The need to move causes significant stress to seniors and it also can result in couples being separated as one lives in Assisted Living while the other lives in Continuing Care. The suggestion was to look at opportunities to combine housing and levels of care into more flexible, integrated packages.

7.6 seniors' housing targets

Based solely on the total estimated seniors population of Coronation, it is reasonable to anticipate the following total seniors' housing needs for Coronation:

- Seniors' Self-Contained and Assisted Living units: 10-20 units
- Seniors' Continuing Care units: 5-10 units

These figures may not be representative of the actual need in Coronation (which may transcend Provincial averages and/or indicate a larger seniors population than that recorded in various Census data). According to the *Seniors' Housing Needs Assessment Survey 2005* (see Section 7.6 and Section 8.2.2 below), a total of 23 seniors in the community indicated their intention to move into a seniors' housing complex. Of these 23 seniors:

- 16 indicated they intended to move into a Seniors' Lodge or similar housing complex; and
- 7 indicated that they intended to seek Assisted Living.

If the findings from this survey represents a more accurate account of current demand for seniors' housing in Coronation, it is reasonable to anticipate a current need for **zero (0) Continuing Care units and between 15 and 25 units of Seniors' Self-Contained and Assisted Living housing.**

A third estimate of the housing need in Coronation can be derived from regional averages (as opposed to provincial averages). As shown in Table 21 (see page 31), Castor currently maintains enough seniors' housing to service 30.0% of its 2001 seniors population with plans to increase its supply in 2007 to service up to 39.3% of its 2001 seniors population. Consort currently maintains enough seniors' housing to service 53.3% of its 2001 seniors population with plans to increase its supply in 2007 to service up to 81.0% of its 2001 seniors population. Assuming that the 2007 projections for Castor represent a reasonable average, Coronation should possess a total of 82 seniors' housing units (for up to 39% of its seniors population). This suggests that Coronation needs **another 23 seniors' housing units** – which is remarkably similar to the need identified in



the *Seniors' Housing Needs Assessment Survey 2005*. It is also consistent with suggestions presented by Home Care staff during the key person interviews.

7.7 **other *indicators of need***

Other indicators of potential housing hardship or the need for more supportive housing include usage of Meals on Wheels, Handi-Bus and/or Home Care. It should be noted, however, that these services are generally provided in order to promote greater independence and therefore help seniors remain in their own homes longer rather than an indicator of the number of seniors currently unable to manage on their own in their own homes.

According to the *Seniors' Housing Needs Assessment Survey 2005*, among those seniors surveyed, a total of four (4) seniors age 65 and over regularly access Meals on Wheels, while an additional seven (7) seniors access the service occasionally. A total of six (6) seniors access Home Care regularly to provide health care and nursing services, while an additional eight (8) seniors access those services occasionally. A total of seven (7) seniors indicated they access the Handi-Bus service, and then only occasionally.

Another indicator of the need for more seniors' subsidized housing in Coronation is the number of people supporting further investment in a seniors' housing complex. Of those residents of Coronation age 55 and over who participated in the *Seniors' Housing Needs Assessment Survey 2005*, 30.5% (36 out of 118 respondents) indicated they would be willing to invest in a seniors' housing complex. (Among those respondents age 65 and over, 21 responded positively to this question). A total of 81 respondents from Coronation (68.6%) indicated that they did not support that investment. One (1) respondent was undecided.

Presumably, those respondents who indicated support for the additional investment were those who would actually benefit from such investment; while those who did not indicate support either did not see the need or saw other community priorities taking precedent. If this assumption is correct, the *Seniors' Housing Needs Assessment Survey 2005*, could indicate the *perceived need* for between 21 and 36 additional seniors' housing units.

However, the *Seniors' Housing Needs Assessment Survey 2005* included a more targeted series of questions regarding the current need for seniors' housing. Respondents were asked if they were "currently considering some form of supportive living or seniors' housing." Of the 73 respondents age 65 and over who answered this particular question¹⁰, 23 (31.5%) answered "yes." A total of 16 of those 23 seniors indicated their intention to move into a Seniors' Lodge or similar housing complex. The other seven (7) indicated that they intended to seek assisted living. An additional nine (9) seniors indicated their intention to move into an adult/seniors' condominium complex. Together, these survey findings suggest that the seniors community in Coronation sees the need for up to ten (10) units of Assisted Living and approximately 15 units of Seniors' Lodge units.

¹⁰ A total of 85 seniors age 65 and over responded to the survey, however only 73 respondents answered this particular question.



chapter 8: *recommendations*

As mentioned earlier in this report, long-term sustainability is the key consideration for deciding whether or not additional seniors' subsidized housing is warranted in Coronation. Additional units should only be developed if there is reasonable certainty that enough seniors will continue living in the community to make any new housing project or addition to an existing project financially sustainable both in the short-term and the long-term. If only *short-term* sustainability can be assured, it may be preferable to explore other seniors' housing options. If only *long-term* sustainability can be assured, it may be more financially prudent to wait a few years before pursuing a new housing project.

Currently, there are a number of government funding programs (Federal and Provincial) available for seniors' housing, affordable housing and homelessness (see Appendix D: Glossary of Seniors' Housing Terms compiled by Polly-Anne Green on behalf of the Coronation and District Seniors Housing Society as part of the *Coronation Seniors Housing Study, April 2006*). Through these programs, various sources of funding are available for new construction or the operating of projects once they are built. However, government funding programs can and do eventually expire. Often they are replaced by new programs based on new priorities. These new programs may have new foci, direction and/or funding conditions that can change the opportunities available to a community to address its housing needs. Therefore, before pursuing any new seniors' housing project, it will be prudent for the Coronation and District Seniors Housing Society both to ensure that long-term operating dollars can be secured and to consider other alternatives (e.g., public-private partnerships, and/or integrating new housing projects with existing projects) for improving long-term sustainability in the eventuality of future government funding reductions and/or constraints.

recommendation #1: *pursue immediate opportunities to develop 20-25 Lodge units in Coronation*

Feedback gathered through this Needs Assessment indicates an immediate need for 20-25 Lodge units in Coronation. It is recommended that the Coronation and District Seniors Housing Society initiate negotiations with the County of Paintearth, elected officials such as federal and provincial ministers and the David Thompson Health Region and begin seeking funding (both capital and operating) to build 20-25 Lodge units in the immediate future with the long-term goal of expanding the Lodge – both in terms of number of units and services provided (i.e., becoming an Enhanced Lodge).

Opportunities should be explored with the County of Paintearth, elected officials such as federal and provincial ministers, the David Thompson Health Region and the Town of Coronation to develop the Lodge either on hospital lands or nearby land owned by the Town (if such land is available). The goal should be to create a facility that is functionally integrated yet physically independent of the hospital, Prairie Rose Assisted Living and Continuing Care centre (i.e., an integrated “package” of housing and supports). Examples of best practices presented by community leaders during this needs assessment included Daysland and Brooks.



recommendation #2: *pursue immediate opportunities to encourage the private sector to develop seniors' independent housing*

Feedback gathered through this Needs Assessment indicates an immediate need for additional seniors' independent living units in Coronation to meet the needs of seniors wishing to move into town or out of their family home. It is recommended that the Coronation and District Seniors Housing Society work with the Town of Coronation to explore opportunities and incentives to attract private developers to build affordable adult/seniors' housing in the community.

Given the relatively small population of Coronation, opportunities could be explored to create an integrated mixed-age, mixed-income adult living community with a mix of rental, homeownership, and Life-Lease units. Profits from the higher-end, market-priced units could be used to cross-subsidize the more affordable units. By integrating market and non-market units, such a development could avoid stigmatizing low-income seniors while making the overall project more financially viable.

recommendation #3: *plan to update the Coronation Seniors' Housing Needs Assessment in 2007 when 2006 Census Data becomes available*

The accuracy of the population analysis in this needs assessment was hampered by the age and availability of statistical data. It is recommended that the Coronation and District Seniors Housing Society update the figures presented in this Needs Assessment. This report provides a template that could be readily updated in-house through the assistance and expertise of individual Town staff and Society members.

recommendation #4: *explore the future need and feasibility of renovating King's Court and Windsor Manor*

Feedback gathered through this Needs Assessment suggests there may be a future need (i.e., within the next five to ten years) to conduct major upgrades to King's Court and Windsor Manor. These upgrades might include better climate control, new roofs, increased storage capacity, greater accessibility and larger rooms. Should a Lodge be developed along with other private sector seniors' independent living opportunities, a temporary lull in occupancy levels (i.e., vacancies) at either of the Manors may actually provide an opportunity to conduct major renovations to achieve these upgrades. A feasibility study will be required to determine whether or not these upgrades are: 1) warranted; 2) permissible by the Province; and 3) financially viable. It is recommended that the Coronation and District Seniors Housing Society explore opportunities to support management of the two Manors in pursuing this recommendation with the Province.



recommendation #5: *explore the future need and feasibility of replacing Prairie Rose Assisted Living*

Feedback gathered through this Needs Assessment indicates that the Prairie Rose Assisted Living building may be approaching the end of its useable lifespan and may need to be replaced within the next five to ten years. There are also challenges with Prairie Rose meeting new Provincial operating standards for Assisted Living. It is recommended that the Coronation and District Seniors Housing Society work with Prairie Rose management and hospital staff to explore this recommendation in the future with the David Thompson Health Region.

recommendation #6: *explore the future need and feasibility of expanding the Continuing Care Centre*

With the seniors population of Coronation and the surrounding communities expected to begin increase by 2016 and beyond Coronation may need additional Continuing Care beds within the next 10-15 years. Since Coronation has the largest and best equipped hospital in the region, it is likely best suited to provide those beds. It is recommended that the Coronation and District Seniors Housing Society work with Continuing Care centre and hospital staff to explore this recommendation in the future with the David Thompson Health Region as a means of both positioning itself and preparing for the future of the community and region.



appendix a:

*regional distribution of senior's housing
2006/2007*





SENIORS' HOUSING NEEDS ASSESSMENT 2006 SERVICE PROVIDERS SURVEY RESULTS

Appendix F (see comprehensive results :Survey SP1.SA; Survey SP2.HCF)

1. Special Accommodation: (Lodges; Assisted/Supportive Living; Manors)
2. Health Care Facilities: (Long Term Care)

SENIORS HOUSING SPECIAL NEEDS ACCOMMODATION

- a. LTC - Continuing Care
- b. Respite Accommodation
- c. Supportive Living
- c.c. Supportive Living (2007 Additions)
- d. Lodges
- d.d. Lodges (2007 Additions)
- e. Manors
- f. Cottages and/or Self Contained Units
- f.f. Cottages &/or SCU (2007 Additions)

Current 2006 TOTALS

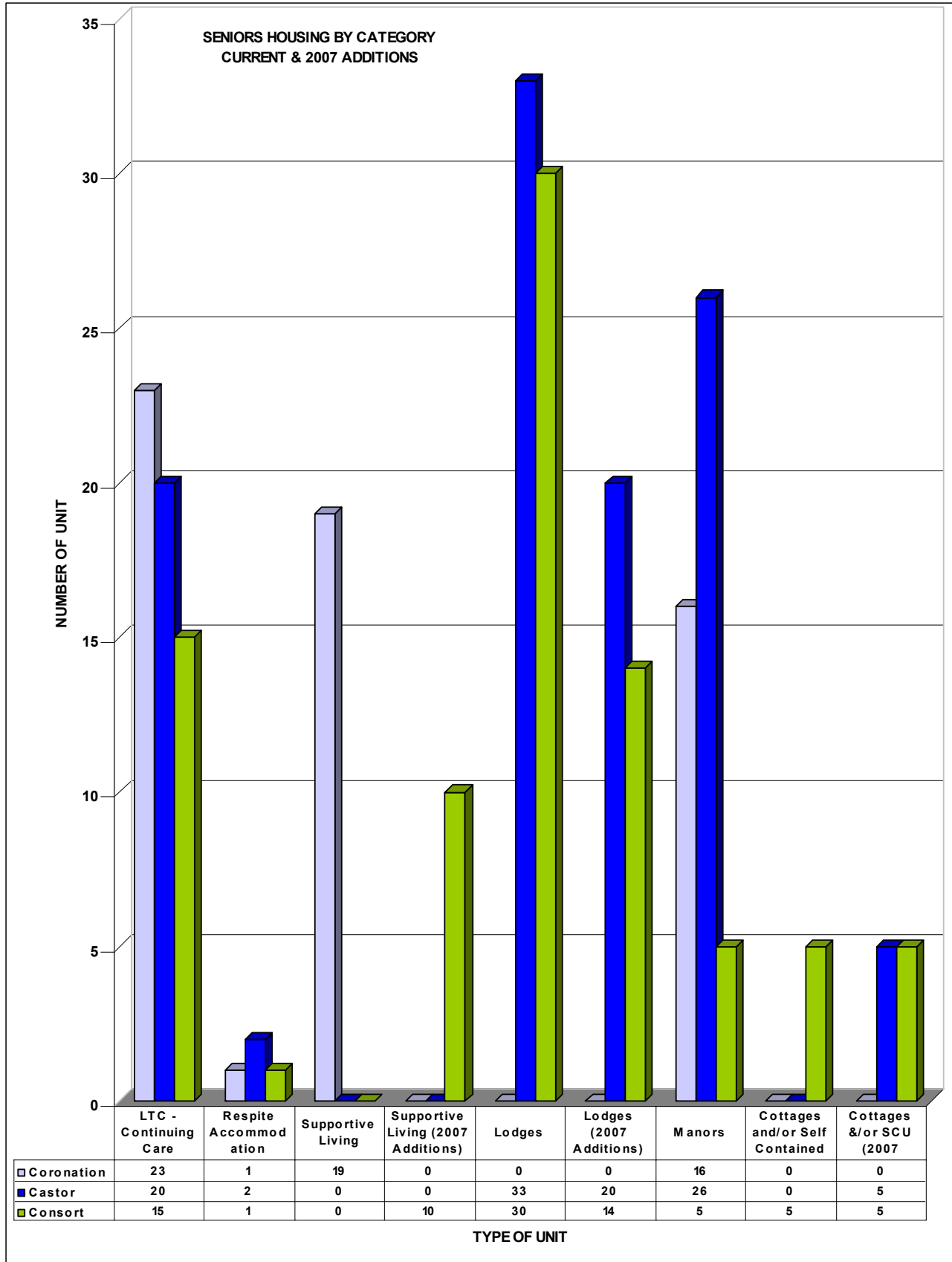
Current w/ 2007 Additions TOTALS

- h. Rural & Native Housing

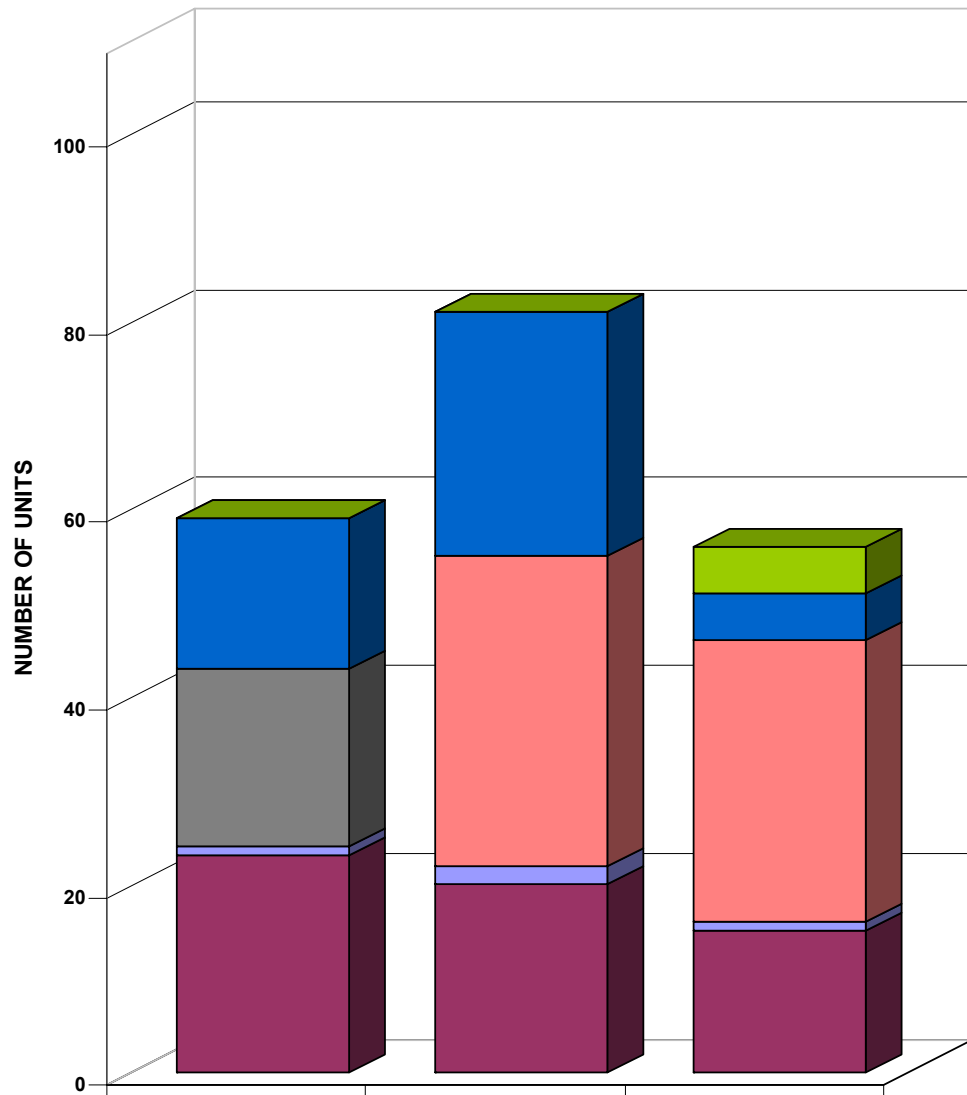
SENIORS HOUSING AVAILABLE		
No. of seniors that can be accommodated by community		
Coronation	Castor	Consort
23	20	15
1	2	1
19	0	0
0	0	10
0	33	30
0	20	14
16	26	5
0	0	5
0	5	5
59	81	56
59	106	85
2	4	2

(these units were not included as they cover housing for handicapped and low income with no age restriction)





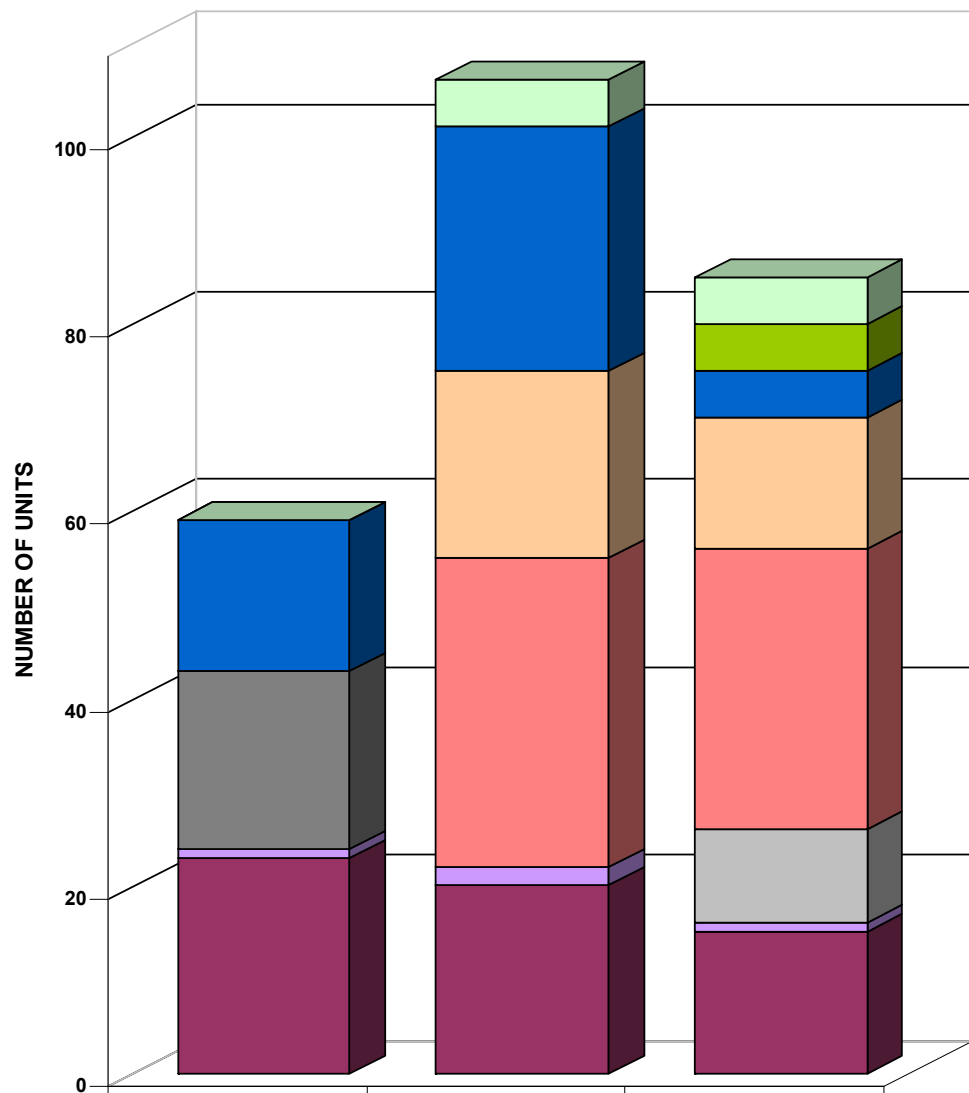
**CURRENT HOUSING
AVAILABLE TO SENIORS**



	Coronation	Castor	Consort
Cottages and/or Self Contained Units	0	0	5
Manors	16	26	5
Lodges	0	33	30
Supportive Living	19	0	0
Respite Accommodation	1	2	1
LTC - Continuing Care	23	20	15



**PROPOSED 2007 HOUSING
AVAILABLE TO SENIORS**



	Coronation	Castor	Consort
Cottages &/or SCU (2007 Additions)	0	5	5
Cottages and/or Self Contained Units	0	0	5
Manors	16	26	5
Lodges (2007 Additions)	0	20	14
Lodges	0	33	30
Supportive Living (2007 Additions)	0	0	10
Supportive Living	19	0	0
Respite Accommodation	1	2	1
LTC - Continuing Care	23	20	15



appendix b:

community consultations



appendix b: *community consultations*

introduction

This chapter provides a summary of community feedback gathered from two distinct processes: 1) the *Seniors' Housing Needs Assessment Survey 2005*; and 2) key person interviews conducted in the late Summer of 2006 as part of completing this Housing Needs Assessment.

seniors' *housing needs assessment survey 2005*

The *Seniors' Housing Needs Assessment Survey 2005* was conducted during May and June 2005 and gathered feedback from individuals age 30 and over living in the communities of Coronation, Brownfield, Veteran and Paintearth County.

about *the survey respondents (Coronation residents)*

A total of 245 individuals responded to the survey; of which 124 respondents (50.6%) were residents of Coronation.

The breakdown of Coronation respondents by age and marital status is as follows:

Table B-1: Age and Marital Status of Survey Respondents (Coronation)

Age Characteristics	Married	Common-Law	Single	Widowed	Unknown
Age 51-64	31	1	2	4	1
Age 65-74	22	1	1	13	4
Age 75-84	14	0	2	13	0
Age 85 and over	0	0	1	14	0
Total	67	2	6	44	5

Sources: Seniors' Housing Needs Assessment Survey 2005

In terms of housing, Coronation *senior* respondents displayed the following attributes:

Table B-2: Age and Living Accommodations of Survey Respondents (Coronation)

Age Characteristics	House	Mobile Home	Apartment	Manor	Other
Age 65-74	29	3	4	3	2
Age 75-84	23	2	1	3	0
Age 85 and over	7	0	0	5	1
Total	59	5	5	11	3

Sources: Seniors' Housing Needs Assessment Survey 2005



In terms of housing tenure, a total of 65 senior respondents indicated that they own their home while 14 respondents indicated that they do not. A total of six (6) senior respondents did not answer this question.

Living arrangements varied among these Coronation senior survey respondents. Of the 85 seniors who responded, 42 (49.4%) live alone, 38 (44.7%) live with their spouse, and one (1) senior lives with family (either his/her children, brother or sister). Since another option in this particular question was whether or not the respondent lived “with my children/grandchildren,” it is reasonable to assume that this individual is living with a sibling.

survey findings

Seniors living in Coronation have strong ties to their community. When asked what community they would like to live in when they retire, 72 (84.7%) of senior respondents identified Coronation as their preferred home. Another six (6) respondents indicated “other” as their intended retired community, while seven (7) respondents did not answer the question. When asked “(i)f you found that you could no longer remain in your current home and had to move into retirement housing or a care facility, where would you consider moving to?” a total of 65 senior respondents (76.5%) indicated a preference to stay in the town/community they currently live in, while another six (6) respondents indicated a preference to stay in the immediate area.

There are a number of determining factors influencing this continued preference for Coronation including:

▪ Family and friends live there	66	(77.6%)
▪ Climate and natural environment	22	(25.9%)
▪ Lower cost of living	30	(35.3%)
▪ Available health care services	52	(61.2%)
▪ Available recreation facilities and services	30	(35.3%)
▪ Available suitable housing	18	(21.2%)
▪ Access to shopping, banks, etc.	48	(56.5%)
▪ Other	1	(1.2%)

Being close to friends and family, followed by access to available health care services and access to shopping were the top three reasons for Coronation seniors preferring to remain in their community upon retirement.

This is consistent with findings from the *Coronation Seniors Housing Study, April 2006* which found that:

Most older Canadians prefer to stay in their own homes. They have routines, friends and support networks around them. The familiarity and nostalgia. Such considerations may override other factors like inappropriate living circumstance. Older people could therefore be living in homes needing repair or renovations, homes too large or expensive for them to operate, or without required support services.



Some older people strongly resist the pressure to move. This resistance may be rooted in a fear of institutionalization, sometimes seen as the main alternative to living at home. The rest of our society, too, disapproved of unnecessary institutionalization, not only from a financial standpoint, but also from a psychological one and finds community based solutions more acceptable.

...Housing is more than just a dwelling. Price, location in relation to other destinations, and nature of the surrounding neighbourhood has a major influence on moving decisions. For older people, these include access to amenities and support services. While the younger end of the market will be interested in recreational amenities, services and facilities supporting an active lifestyle, the older end will seek more personal care and social and health related services...

The Coronation Seniors Housing Society is promoting housing alternatives that include various options combined with social, recreational and support services. These allow their older residents to continue to live as independently as possible in the community.

In terms of housing adequacy (i.e., quality of housing in terms of level of repairs and maintenance required), senior survey respondents indicated that, for the most part, their homes are well maintained. A total of 48 respondents indicated that their homes are not in need of any repairs other than regular/routine maintenance. Another 16 respondents indicated their homes were in need of repairs but only minor repairs (such as small cracks in interior walls and ceilings, broken light fixtures and switches, leaking sink, cracked or broken window panes, some missing shingles or siding, some peeling paint, etc.). Another eight (8) respondents, however, indicated the need for some major repairs to their homes (such corroded pipes, damaged electrical wiring, sagging floors, bulging walls, damp walls and ceilings, crumbling foundation, rotting porches and steps, etc.)

In terms of housing accessibility, a total of 24 respondents (28.2%) indicated that they had made adaptations to their homes in order to make them more accessible. These modifications included:

▪ Installed grab bars in the bathroom	23	(27.1%)
▪ Modified bathtub, installed shower	3	(3.5%)
▪ Added hand railing to stairs	10	(11.8%)
▪ Added ramp or stairlift	1	(1.2%)
▪ Relocated bedrooms to main floor	0	(0.0%)
▪ Modified kitchen cupboards and counters	0	(0.0%)
▪ Other	1	(1.2%)

Additional modifications under consideration (among those seniors who have already made some modifications to their homes and those who have not yet made any modifications) include:

▪ Installing grab bars in the bathroom	16	(18.8%)
▪ Modifying bathtub, installed shower	7	(8.2%)



▪ Adding hand railing to stairs	5	(5.9%)
▪ Adding ramp or stairlift	4	(4.7%)
▪ Relocating bedrooms to main floor	4	(4.7%)
▪ Modifying kitchen cupboards and counters	4	(4.7%)
▪ Other	2	(2.4%)

These survey findings suggest that a number of seniors in Coronation both prefer and intend to continue living in their own homes (and adapting them as need be) for as long as possible.

As mentioned in Section 7.5 above, when asked if they were “currently considering some form of supportive living or seniors’ housing,” of the 73 respondents age 65 and over who answered this particular question, 23 (31.5%) answered “yes.” A total of 16 of those 23 seniors indicated their intention to move into a Seniors’ Lodge or similar housing complex. The other seven (7) indicated that they intended to seek Assisted Living. An additional nine (9) seniors indicated their intention to move into an adult/seniors’ condominium complex.

key *person interviews*

A series of in-person consultations were conducted on September 21 and 22, 2006 with a number of community representatives. These representatives included seniors, members of Council and Administration, physicians, health care and Home Care staff, members of the business community, members of the faith community, REALTORS™, seniors’ housing providers, and the Coronation and District Seniors Housing Society.

These consultations helped to add more detail and texture to the study, provided clarification of some of the study findings, and shed more light on housing needs among seniors in the community (as discussed in Chapter 7 above). Key themes that emerged from these consultations include:

- The strong desire to retain seniors in the community;
- The desire for more housing opportunities and choice for all members of the community; and
- The desire for Coronation to get its fair share of seniors’ housing as compared to its neighbours.

These consultations also revealed an appreciation for the vital role that seniors play in the overall health, vitality and quality of life of Coronation and the potential negative impacts that could result from the loss of seniors as they move to other community (by choice or otherwise) in search of more appropriate housing.

the importance *of seniors to Coronation*

Findings from key person interviews indicate that the long-term viability of Coronation may be threatened due to the lack of appropriate seniors’ housing *within* Coronation. Furthermore, seniors surveyed through the *Seniors’ Housing Needs Assessment Survey 2005* indicated that they would prefer to move out of the region entirely (i.e., move to Red Deer or Stettler) when the time



comes for them to move into seniors' independent or supportive housing rather than move to Consort or other local communities. Communities leaders interviewed indicated that this pending loss of seniors could have a number of detrimental impacts on the community, including:

- continued population decline (and the resultant decline in general community economic and social vitality);
- loss of specific economic and community opportunities (i.e., providing community and business services to the seniors market); and
- loss of social opportunities (i.e., the loss of important community elders and the social value of their collective wisdom and contributions to the community).

Seniors represent the majority of the community's volunteers serving on a variety of committees such as *Communities in Bloom*, delivering the Handi-Bus and Meals on Wheels services and other important community services. Community volunteerism not only helps to foster and maintain a stronger commitment to the community, it also helps to provide key community services that, in the absence of volunteers, would either not be available to the community or only available on a for-purchase basis. It is through many of these volunteer services provided by seniors that people in need receive supports, assistance and stay connected to their community. Seniors also have years of experience and both the ability and desire to mentor the younger generation of volunteers. Without seniors, the current level of volunteerism in Coronation would likely diminish along with the critical services and supports they provide.

Seniors are a key economic driver in Coronation. Seniors have a greater propensity to purchase the majority of their goods and services locally – as opposed to the younger generations who are more likely to drive to the larger centres (e.g., Red Deer and Calgary) to meet their shopping and entertainment needs. Seniors also attract visitors to Coronation in the form of family and friends who then make additional purchases such as going out to a restaurant for lunch or dinner, purchasing gas, and visiting local attractions. Seniors moving to other communities in search of more appropriate housing take their consumer dollars with them as well as those of their friends and family (according to statements made during the key person interviews, it is common for families to leave Coronation soon after their senior parents leave in order to live close by one another). Thus, the lack of appropriate housing for seniors in Coronation could have a long-term detrimental impact on the economic viability of the community.

The reverse is also true. Seniors living in Coronation often attract their friends and families to the community for visits. It was suggested during the key person interviews that as friends and family continue to visit Coronation, they develop relationships with and within the community. As those relationships grow, so too does the potential to want to move to Coronation and establish permanent roots. Community leaders have also seen examples of children leaving Coronation in search of schooling and work only to return years later, attracted by the opportunity to live close to family. As more seniors are able to stay in the community, the desire or impetus for friends and family to visit Coronation and in time decide to move to Coronation will likely increase. However, a challenge emerges in attracting families to the community when seniors are unable to move out of their family home and into more appropriate housing locally. The inability to move into a more appropriate housing means that seniors remain in their own homes longer – homes that could be opened up and sold to those looking to move to Coronation. The lack of available homes for purchase was cited as a major deterrent to people looking to



move to Coronation and numerous examples were cited of people turning down local job opportunities as a result.

Seniors are also a key users, and therefore supporters, of the local health care system. During the key person interviews, it was discovered that Coronation has the largest and best equipped hospital in the area. The doctors in Coronation expressed a strong desire to remain in the community. However, they also acknowledged that if seniors continue to leave the community in search of more appropriate housing, the long-term viability of the hospital might suffer. If the hospital was no longer viable, the doctors themselves would likely have to move on. Maintaining the hospital is seen by the community leaders as critical to the continued health and vibrancy of Coronation (no seniors means no hospital; no hospital means no community).

A similar pattern is anticipated with the local schools. If seniors leaving the community encourages their families to leave the community as well, the number of children living in Coronation and attending school would likely decline. This could have a significant impact on the viability of the local schools. Conversely, as more families with children are attracted to Coronation, the long-term viability of the local schools will likely increase.

The intergenerational and mutually supporting character of small towns is one of the key attributes that is making small town so attractive to families with children. As a small, rural community, Coronation maintains a strong sense of community, social networks and informal supports. That strong culture of mutual support and caring was evident during the key person interviews. Neighbours know one another and look out for each other, and seniors are at the hearth of this. Many of the seniors in Coronation have lived in the community most if not all of their lives. Their families also grew up in Coronation. That longevity has helped to forge and maintain strong social ties and communal bonds. As seniors leave the community in search of more appropriate housing and new residents move into the community, those social bonds can become eroded, or at least more difficult to forge and maintain, thus reducing the attractiveness of Coronation as a place to live and raise a family.

individual *impacts*

According to feedback gathered during the key person interviews, the lack of appropriate housing for seniors in Coronation could be having a negative impact not only on the health of seniors but also on the quality of the local housing stock when seniors remain in their own homes longer than they otherwise should.

Seniors living in inappropriate housing may be experiencing significant stress and putting themselves at risk of physical harm. Seniors who are living alone in their own homes may not be taking adequate care of their own nutrition. They also may not be able to obtain the help they need soon enough in the event of a medical emergency. Other seniors may be experiencing significant stress and anxiety resulting from fear that they are going to have to move either into an institutional setting or leave the community altogether because appropriate supportive housing is not available in Coronation. Anecdotal evidence from the key person interviews suggests that continued stress and anxiety may be triggers that lead to other medical conditions, including early onset of dementia and other mental health issues. It was also suggested that, in certain *extreme*



cases, the stresses associated with forced uprooting of seniors may lead to the early demise of a senior.

Some seniors living alone in their own homes may be unable to properly maintain these homes – either because of the cost of doing so or the physical labour required. This means that some seniors' homes may be falling into disrepair. If the required repairs are not addressed soon enough, these homes may become unsafe and unsuitable. In certain extreme cases, rather than being upgraded, these homes may need to be demolished and replaced at a significant cost to the homeowner.



appendix c:

*common issues related to a lack of
housing affordability and choice*



appendix c: *common issues relating to the lack of housing affordability and choice*

introduction

Safe, appropriate, and affordable housing for all residents is essential for a healthy, vibrant community. Generally speaking, the lack of housing affordability and choice can have both direct and indirect impacts on individual households and, by extension, the broader community. *Housing* instability can lead to *household* instability which in turn affects a number of dynamics including health, education, employment, the broader economy, community participation and social cohesion. These impacts often have a spiraling effect, with a problem in one area causing problems in other areas and vice versa. These issues are also particularly problematic for children (inadequate housing is associated with poorer health, lower educational attainment, a more hazardous environment and negative social behaviour in children).

The following sections summarize the common impacts associated with housing unaffordability and lack of choice.

family *impacts*

Housing unaffordability has a direct impact on families. Some household heads may find that they have to hold down more than one job to make ends meet. Working several jobs means there is less time spent with children. It also increases one's stress levels. Higher stress levels can mean that "little things" get blown out of proportion, leading to big arguments. Many households may find that they are living pay cheque to pay cheque. This means that unforeseen expenses (e.g., car troubles) can turn into major problems. One of the most common arguments that couples cited is over finances. Living unaffordability increases the likelihood of those arguments. The higher stress levels and increased arguments can lead to family breakdown. Conversely, incompatible couples may stay together simply because of the high cost and limited supply of alternate housing. While this can serve to maintain the family unit, it can prove to be problematic in cases of domestic violence when there is nowhere else to go.

social *impacts*

Working long hours and multiple jobs has social impacts as well. Individuals may find that they are often too tired, too stressed, and/or have less time to socialize. They may also find that their inability to make ends meet or afford nice clothing, etc. leads to lower self-esteem and less desire to socialize. This impacts their sense of belonging. People with affordability problems may be less likely to participate in community life and community events (declining church attendance, poor volunteer rates, low turnout for community events and programs, etc.). Residents who are finding it difficult to make ends meet may be compelled to move out of the community. This can lead to high population turnover rates, which in turn makes it more difficult for neighbours to get to know one another, and has a negative impact on the small town atmosphere of the community.



health *impacts*

The high stress levels associated with living unaffordably can also lead to medical problems (ulcers, etc.). Low-income single parents do not always eat properly because they run out of money for food (they often feed their children first and then do not eat themselves). The lack of a healthy, stable diet can lead to a variety of medical problems down the road. Lack of disposable income also means people may not be maintaining regular health check ups (e.g., with the dentist) which may lead to chronic health problems. Furthermore, households with affordability problems are less able to afford needed medicines. Children from families with inadequate housing are significantly more likely to get sick and more likely to be hospitalized due to illness.

educational *impacts*

It is widely recognized that people with housing affordability problems have less time, energy, and money to pursue educational upgrading or training. This can impact their employability and wage earnings thus exacerbating housing affordability problems. Children who are living in unaffordable and inadequate housing conditions typically achieve less in school due to poor nutrition, stressful home environments, poor health, and emotional problems, etc. They are also less likely to finish school or go on to achieve a higher education. (NOTE: scholastic performance has more to do with household stability, a sense of belonging and family values around education than it does I.Q.);

emotional *impacts*

The inability to make ends meet may have a significant impact on the emotional well-being of individuals in the community (e.g., lowered self-esteem, chronic feelings of helplessness and hopelessness, etc.). These feelings can lead to chronic or severe depression. In some cases, people may turn to drugs and alcohol to alleviate their feelings of despair. This can lead to substance abuse. For males who find their egos eroding because they feel they cannot adequately care for their families, feelings of frustration may lead to anger and violence.

economic *impacts*

Local businesses may find it difficult to recruit and retain skilled staff as a result of local housing unaffordability. This may be because:

- workers are moving from job to job trying to find a high enough paying job to afford housing;
- workers living in unstable, unaffordable housing are moving often trying to find suitable housing;
- skilled workers are not moving into the community because more affordable housing opportunities exist in other communities; etc.



As a result, local business may experience high staff turnover rates (which increases training costs) and poor staff efficiency. In response to the higher housing costs, businesses may have to increase wages or offer incentives to attract workers. Increased staffing costs lead to lower profits, which can be hard on small businesses with low profit margins. Some businesses may decide to move out of the community as a result of these problems. Households living in unaffordable homes may also find that they have less disposable income to purchase goods and services. This further impacts local businesses.

community *impacts*

Together, these impacts can have a spiraling effect on both individuals and the community as a whole, as individuals are kept in the cycle of poverty. While these impacts may not be felt directly by everyone in the community, they can be felt indirectly as community energy is channeled to social supports rather than community building. When individuals in the community fail to thrive, the community as a whole fails to thrive (i.e., fails to live up to its full potential).

In the case of affordable housing, “an ounce of prevention” truly is “worth a pound of cure.”



appendix d:

glossary of seniors' housing terms



appendix d: *glossary of seniors' housing terms*

The following glossary of senior's housing terms was developed by Polly-Anne Green as part of the *Coronation Seniors Housing Study*, April 2006.

financial *assistance options*

Source: Canada Mortgage and Housing Corporation

www.cmhc-schl.gc.ca

Housing Trust Funds: Housing trust funds (HTF) are non-profit organizations provided with funding from a dedicated and on-going government source. These organizations are committed to using this funding to support non-profit and for-profit developers, public agencies and other entities producing or operating affordable housing. The organizations generally have a semi-autonomous relation with the sponsoring government, and also benefit from having strong community representation. They have become important funders of affordable housing in the US, in large part because they are able to respond in a flexible and innovative manner to local needs and opportunities.

Revolving Loan Funds: Revolving loan funds have been used by governments at all levels to assist in maintaining existing housing and funding affordable housing projects. Because the funds typically operate with a fixed and one-time capital allocation, funding is most often provided through repayable loans, but generally at no or at low interest rate. Once funding has been repaid, the revolving fund can serve other borrowers. When used to support affordable housing projects, because the funds are limited, they are often provided for only certain aspects—such as providing landlords and lower-income homeowners with renovation and repair funds, pre-development project financial assistance or temporary equity—used in conjunction with conventional loans and other forms of financial assistance.

Proposal Development Funding (PDF): Proposal Development Funding (PDF) loans help with the up-front expenses incurred during the process of developing an affordable housing project proposal. A PDF loan enables housing proponents to carry out the activities required to bring their proposal to the point where they can apply for mortgage financing. Loans of up to \$100,000 are available for affordable housing project proposals by non-profit or private sector proponents who can demonstrate that their intended housing project can meet CMHC'S affordability criteria.

External Research Program: CMHC's External Research Program offers funding assistance to help Canadian researchers carry out research investigations on topics related to housing. The intent of the program is to encourage and draw out new ideas, innovative solutions, and better understanding of housing issues. ERP grants, which may be up to \$25,000, are available for a limited number of research projects each year. Once the research studies are completed, CMHC will publish and disseminate the result through the Canadian Housing Information Centre.

Canadian Centre for Public-Private partnerships in Housing: The program provides seed funding for early stage housing developments that will be affordable for the community.



Capacity development training funds assist groups in organizing themselves and to develop and manage the projects. Consultation services are available to assist with projects.

Housing Awards – Best Practices in Affordable Housing: CMHC established the Housing Awards Program in 1988 to recognize significant contributions to the advancement of Canadian housing. The Housing Awards are presented every second year. Through the Housing Awards Program, the very best practices in housing are identified and celebrated, and then share with communities across the country.

Source: Alberta Seniors and Community Supports

www.gov.ab.ca

Affordable Housing Partnerships Initiative Phase I: Canada-Alberta Affordable Housing Program Agreement being signed between Alberta Seniors (now Alberta Seniors and Community Supports) and Canada Mortgage and Housing Corporation on June 24, 2004.

The Affordable Housing Partnerships Initiative provides capital grants to assist in the construction of new affordable housing projects, major renovations to convert existing non-housing projects into housing, or undertake major restoration of existing housing stock to accommodate low and moderate-income working households.

Alberta Seniors and Community Supports encourages municipalities (or organizations representing or authorized by the municipality) to support proposals for funding under this initiative. Parties interested in preparing affordable housing proposal applications are requested to work with their local municipality to ensure their project addresses local needs.

Affordable Housing Partnerships Initiative Phase II: Phase I of the Affordable Housing Partnerships Initiative (AHPI) resulted from the signing of the Canada-Alberta Affordable Housing Program Agreement between Alberta Seniors and Community Supports and Canada Mortgage and Housing corporation on June 24, 2002.

On August 15, 2005, Phase II of the Affordable Housing Partnerships Initiative was signed, which will commit \$63 million over the next two years to increase the supply of affordable housing in Alberta.

Rural Affordable Supportive Living (RASL): The purpose of the Rural Affordable Supportive Living Program is to provide affordable supportive living options to accommodate persons with high health care needs that would benefit from a more appropriate alternative to long-term care accommodation.

The program is limited to the development of projects outside of the municipal boundaries of the cities of Edmonton and Calgary.



Source: Alberta Lottery Fund

www.albertalotteryfund.ca/grants/

Thousands of groups across the province receive funding through the Alberta Lottery Fund every year. In order to qualify for funding, organizations must be a registered charitable or non-profit organization, and meet the specific eligibility guidelines of the program or foundation they are applying to.

Community Initiative Program (CIP): The community Initiatives Program will support project-based initiatives in areas such as community services, seniors' service, libraries, arts and culture, sports, education, health and recreation. The maximum grant will be \$75,000 per project per year, and applications can be submitted anytime throughout the year.

CIP funding is approved on a matching grant basis. The matching requirement may be met in the form of any contribution of money, volunteer labour, services, or donated materials or equipment for the project. If a group can demonstrate significant difficulty in raising matching funds, up to \$10,000 will be considered on a non-matching basis.

Source: Wild Rose Foundation

www.dc.gov.ab.ca/all_about_us/commissions/wild_rose/

Quarterly Grants Program: The Quarterly Grants Program supports community service non-profit organizations in their ability to meet the challenges of today and tomorrow by investing in the lives of people from children to older persons – to live in strong, caring and healthy communities. The Quarterly Grants Program goes beyond providing financial resources by working with others in our communities to support life-enhancing programs and services.

Source: Alberta Real Estate Foundation

www.aref.ab.ca/affordable_housingproject_guidelines.htm

Affordable Housing: The Alberta Real Estate Foundation is a legislated industry foundation that supports real estate related projects throughout Alberta. Projects funded by the Foundation benefit the industry and people of Alberta.



glossary of housing terms

Abbeyfield Housing: Is a communal living concept affiliated with the world wide Abbeyfield Housing Organizations. It is for seniors who are able to live independently but with an interest to live in a setting with a greater level of socialization. Dwellings generally accommodate 6 to 10 people with private rooms and shared living and dining areas.

Accessory Apartment: An additional self-contained living unit is created in a single-unit house by converting part of the dwelling or adding one or more rooms to the existing structure.

Acute Care Hospital Referral: The process of forwarding a request for long term care assessment to Home Care for an individual in an acute care hospital.

Admission Agreement: A document signed by the operator and client (or their legal representative) that indicates the policies, services and fees for services provided, and rules and role of the facility, as well as client's responsibilities and rights.

Adult Day Program: Provides a range of health services, social, and recreational activities in a group setting, for people who are frail or disabled and who reside in the community.

Advanced Directives: Enables a competent adult to provide instructions regarding personal, non-financial matters such as where to live and associate, health care decisions, non-financial legal matters etc. In Alberta, Advanced Directives are legislated by the Personal Directives Act and administered by the Public Guardian's Office.

Affordable Housing: Affordable Housing is modest in terms of floor area and amenities, based on household needs and community norms and is priced below average market housing rents in a community, or area.

Aging in Place: Aging in place is growing older without having to move from one's present residence in order to secure necessary support services in response to changing needs. This enables elderly people to grow older in the familiar and comfortable surroundings of their homes while providing them with the assistance necessary to maintain a relatively independent lifestyle.

Alberta Building Code: Building standards and respective regulations established by the Province of Alberta, under the Safety Codes Act. This code establishes minimum regulations for public health, fire-safety, and structural sufficiency.

Alberta Housing Act: Provincial legislation that establishes management bodies, operational direction and requirements that board members and administrators are responsible for being familiar with, in the operation of Provincially owned subsidized housing projects.

Assessment: The collection of information about an individual's functional abilities, psychosocial status, mental status, behaviors, medical requirements, environmental and support network in order to identify needs. The assessment information is used to determine the amount and type of long term care services required by the individual.



Assisted Living Supported Living: Residentially oriented accommodation primarily targeted to seniors, providing a combination of housing, board, and supportive services/personal care assistance. These units may be available through various types of tenure such as rental, life-lease, or ownership. It is important to note that there is considerable variability in operating philosophies, services and the staffing available in these projects.

Assistance to Daily Living Services: Assistance to daily living services enables individuals to function as independently as possible by supporting them and their families in the management of their health care. These services include basic activities of daily living (grooming, bathing, feeding, etc.) and instrumental activities of daily living (laundry, housekeeping, meal preparation, etc.).

Assistance with Accessing Community Services: The coordination of visits with community services providers (including visiting health professions) in order that the residents can access community-based services. Visiting health professionals means medical doctors, nurses, foot care practitioners, dentists, denturists, optometrists, audiologists, pharmacists, etc. that have regular work sites outside of the housing facility.

Assistance with Medication: It includes the safe storage of medications, reminding residents to take medications, placing medication where the residents will take it, and providing aid to the residents if needed to take the medication including pills (e.g., blister packs and dosettes), liquid medications, or eye/ear drops.

Barrier-free Design: Environments that contain no architectural, design, or psychological features that might prevent anyone, able-bodied or impaired, from using the environment to the full extent of their abilities.

Care Centre (long-term care, nursing home, continuing care centre): Provides accommodation in a setting for residents with very high personal care needs, who require the availability of 24 hour a day support for unscheduled professional health care needs. These settings may be owned by public, private not for profit, or private organizations.

Care Housing: Care Housing features a life lease ownership agreement where clients have an opportunity to live with a spouse, companion or adult child and a pet. The Care Housing operator provides scheduled or planned nursing, 24-hour personal care and supervision, meals, house cleaning and programmed activities.

Care Plan Development: The care plan identifies which needs will be addressed, the desired outcome, and the plan of how and when the outcome will be reached. The care plan must be mutually agreed upon and consider all available community resources.

Care/Service Plan: The client specific written documentation defining the detailed assessment, care plan and service provision as determined by the Community Care Coordinator (CCC) in consultation with; the client, client's family, or substitute decision-maker, operator and other health professionals.



Case Management: A collaborative process involving the arrangement and coordination of formal and informal health services. It generally includes: screenings assessing, planning, arranging, coordinating, and providing services, determining consistent allocation of services.

Combined Seniors Facility: A combined facility has both independent living units and supportive living units in the same building or as adjoining buildings on the same site and are operated by the same organization.

Community Care Coordinator: Employee of the Health Region, Home Care, who works with older adults and families to determine their needs for health care support. Their role includes case management and the provision of direct professional health services.

Community Long Term Care Services: Services in the community that are available to meet the long-term needs of individuals.

Community Reassessments: A review of the long term care needs of and services provided by Home Care long term care individuals, to ensure the eservice plan continues to be suitable.

Comprehensive Community Care: A program targeted to help frail seniors stay in their own homes as long as possible. Through a site and community based approach, the program will support participating individuals with 24 hours a day, seven days a week support with a range of services from medication to foot care, to help seniors stay independent and in charge of their own lives.

Condominium: Shared ownership in property. Owners have title (ownership) to individual units and a proportionate share in the common elements. There is a monthly fee to cover the operating costs for the individual and communally shared spaces.

Congregate Housing: Multi-residential settings generally targeted to a specific group (e.g. seniors). Residents usually have fully self-contained, independent living units that contain their own kitchens and bathrooms. Units are generally studio or one bedroom in size. The suites are intended for individuals who are physically and mentally capable of living on their own with minimal supports. Supports that are provided usually involve an arrangement between the resident and the service provider.

Continuing Care System: Continuing care is a system of service delivery. The system provides individuals who have health conditions or disabilities with integrated access to the services they need in order to maximize their independence and quality living. These services include professional services, personal care services, and a range of other health and social services. They may be provided for a short term or a long term and in a variety of settings including the home, supportive housing and/or long term care centres.

Co-operative Housing: A legal association formed for the purpose of providing homes to its members on a continuing basis. A co-op is different from other housing associations it its ownership structure and its commitment to co-operative principles. It is controlled by the residents, who are members with a voice and a vote in decisions about their housing. There is no outside landlord. Co-op housing offers a home, not an investment. In a typical Canadian co-op,



from one-quarter to three-quarters of households pay a reduced monthly charge, based on their income. The others pay the full monthly charge set when the members approve the co-op's yearly operating budget. Housing co-ops operate as close to cost as possible. The full monthly housing charge rises only as the co-op's costs increase.

Dementia: Progressive and degenerative brain disorders that affects an individual's mental and physical abilities and behaviour. Alzheimer's disease is a major form of dementia. These disorders are generally classified in to mild, moderate and severe.

Designated Assisted Living: A designated assisted living facility is defined as a supportive living facility that has been accepted by Alberta Seniors and Community Supports as having designated assisted living (DAL) units. Residents must be placed into the DAL unit by the regional health authority on the basis of health needs.

Discharge: Discharge is the discontinuation of formal involvement between Home Care staff and the client. It occurs when the client no longer needs or chooses to have service. Discharge planning begins at the time a client is initially referred (intake).

Discharge Planning: The process of planning for an individual to move from a long-term care facility to accommodation in the community. This includes arranging for appropriate community services.

Emergency Call System: There is an intercom system, call ball, pull-cord, or other such device within the resident's rooms that can be triggered by the residents, which transmits to a central or reception area in case of emergency.

Emergency Nursing Care: There is a medical doctor, registered nurse, or licensed practical nurse on duty or available 24 hours a day to respond to emergency needs.

Emergency Response System: A system available within the resident's private spaces that can be triggered by the resident in case of an emergency. This system transmits a message to a central or reception area that is operational 24 hours a day.

Enhanced Lodges: An "enhanced lodge" is a new concept that describes a new generation of lodges. These enhanced lodges provide services beyond those currently provided.

Facility Living: A housing option for people with complex and chronic health needs who require the supports and services that are only available within an institutional setting. Facility living consists of Continuing Care Centres that are accessed only when a person's needs cannot be met either at home or in supportive housing.

Facility Waitlist Management: A rational and equitable process of prioritizing and listing individuals who have been approved for admission to a long-term care facility.

Family Care Homes: Provide care for three to four individuals in a family home setting, with a live-in operator. Individualized personal care, private bedrooms, health monitoring,



housekeeping, laundry and meals are some of the services provided in this intimate setting. This setting is ideal for a senior who is medically and physically stable.

Freedom of Information and Protection of Privacy Act: Provincial legislation that describes access to the records in the custody or control of a public body subject to limited and specific exceptions; and the manner in which a public body may collect, use and disclose personal information.

Furnished Room: Bed, wardrobe or storage closet, chair, bedside table, curtains or window furnishings, “basic” cable as supplied by local cable provider or the minimum level supplied by the operator, privacy curtains where accommodation is shared.

Granny Flat (Garden Suite): A self-contained, portable unit installed temporarily on the property of a single-unit home, sharing electricity, water, and other services. The living arrangement enables seniors to live in close proximity to relatives.

Guardianship: Guardianship as defined under the Dependent Adults Act, involves the appointment of a guardian to make decisions relating to an individual’s personal affairs when that individual has been deemed incompetent by the Court because of a mental disability that affects his/her ability to make reasonable judgments about his/her persons. Guardianship relates only to personal decision matters.

Guidance/Advocacy/Counseling/Advisory Role: The provision of assistance to residents to cope with issues that impact their lives. This assistance ranges from helping residents to fill out forms, to establishing links with a variety of external services, to liaising with families, as well as other services specific to the residents.

Health Care Service: Health care service means nursing service, rehabilitation therapy service, and health care procedures authorized and supervised by a nurse or a rehabilitation therapist.

Home Adaptation Program (HAP): Provides a Provincial grant to modify existing homes for wheelchair users. Grants are for permanent modifications, which help improve access to and movement in the home. This program will also provide funds for incremental costs of accessibility features in new construction. This is not a general housing repair program.

Home Care: Health care, personal care and support provided in the home to help people live as independently as possible. Can be provided by private agencies or through the Home Care Programs.

Home Care Appeal: A formal request by an individual or their advocates for the review of a decision or recommendation regarding admission and services by the Home Care Program through an appeal mechanism by the Health Unit Board.

Home Care Program: A service responsible for the provision of Case Management and Professional Health Services to Home Care Clients. Any personal care that is required is provided to clients through agencies contracted by the Health Region. Access to the Program is through Community Access.



Home Support: Home and community based long term services: generally provided by persons other than professionals such as nurses or rehabilitation therapists (e.g., homemakers), are often referred to as “Home Support” services, even though some of these services are provide in the community. Adult day care and group home services are community based “Home Support” services.

Housing Registry: Housing Registries are operated on a not-for-profit basis to assist households in locating appropriate housing.

House/Home Sharing Program: Programs that match owners or renters who have extra space with potential tenants. Owners/renters may simply want to share costs or they may want to have the assurance of someone else around. They might also accept personal care or other support from tenants in exchange for lodging or reduced rent.

Identification of Needs: The exchange of information, which occurs between the client, caregiver and case coordinator leads to the determination of strengths, limitations, risks, and goals. The capacity of the client and informal caregivers to meet identified needs is considered.

Implementation of the Care Plan: Implementation puts the care plan into action. The following are considered in implementation: meeting the client’s assessed needs, cost of service, the avoidance of fragmentation and duplication, and service provision in the least restrictive environment.

Independent Seniors Housing: Independent living units are designed for seniors in congregate living settings who are functionally independent. Each unit, rented or owned, has its own bathroom and kitchen with little or no support services provided or available from the facility.

Laundry Services: The regular laundering of either linens and towels or personal laundry or both. Linen and Towel Service: the regular laundering of linens and towels provided by the facility or a laundry service for the exclusive use of the residents. Linens include bed sheets and pillowcases. Towels include bath towels, hand towels and face cloths.

Level of Care: A method of categorizing groups of individuals according to their service needs.

Licensed Facility: A facility that has been licensed under provisions of the Social Facility Licensing Act.

Licensed Practical Nurse (LPN): A health professional licensed and bound by the code of ethics of the College of Licensed Practical Nurses of Alberta

Life Lease: A legal agreement that permits its purchaser to occupy a dwelling unit for life in exchange for a lump sum prepayment and monthly operating fees. The lump sum may equal or be less than the market value of the unit. The monthly fees are paid to cover maintenance and other ongoing costs.



Lodges: Lodge settings provide room and board services for seniors who are functionally independent. This is a public housing program established by Alberta Municipal Affairs that offers affordable accommodation to senior citizens.

Management Body: Is a body established by Provincial legislation that is responsible for the administration and operation of provincially owned rental housing.

Meals: It means the provision of breakfast, lunch, supper or dinner. Dinner is a hot meal (excluding breakfast) that can be served either around noon or in the late afternoon or early evening.

Meal Services: The provision of breakfast, lunch, supper or dinner approved by a dietitian in accordance with the Canada Food Guide. Main meal means a hot lunch or supper.

Nursing Care: The provision of services by health professionals, such as medication administration, wound dressing and injections.

Palliative Care: Is an interdisciplinary approach combining all appropriate forms of medical treatment and resources with the aim of relieving suffering and improving the quality of life of terminally ill individuals.

Personal Care: The availability of a range of services relating to personal hygiene care and assistance with the personal activities of daily living that are generally assessed by the Regional Health Authority. This may include assistance with meals, bathing, toileting, dressing, grooming, getting in and out of bed, etc.

Personal Care Aid (Certified): An individual who has taken an accredited course in the provision of personal care at a provincially recognized educational facility.

Personal Care Home Program: A home in a residential area that has been approved by the Calgary Health Region and contracted to provide room, board and personal care for 3-6 adults.

Personal Response System: There is an intercom system, call bell, pull-cord or other such device in the residents' rooms that can be triggered by the resident, which transmits to a central or reception area.

Power of Attorney: Legal authority granted by a resident empowering and authorizing the person named in the power of attorney to do all acts and things in the name of and on behalf of the resident's benefit and account in relation to the resident's property

Prescription Assistance/Administration (PA): Provided by qualified and trained personnel with the responsibility to ensure that the resident receives his/her medication. It is understood that the resident has the right to refuse.

Private Care Homes: A residential facility that meets local regulations and provides room, board and personal support to one to five persons. Access to the homes is through the operator.



Private Home Support Services: Privately provided health care and support services delivered in the home to help people live as independently as possible. Access to these services is through operators of private home support services. Cost of services is paid for directly by the client from their own resources.

Private Room: A room with not more than one bed.

Primary Health Care: Primary health care is health care that is provided at the first level of contact with the health system, where people first enter the health system. Services are mobilized and coordinated, usually by an interdisciplinary team, to promote health, prevent illness, care for common illness and manage health problems. Primary health care workers can be a variety of health care professionals such as physicians, nurses, therapists, and social workers. Usually a team of health care professionals coordinates these services.

Protection of Persons In Care Act: Residential care facilities that receive direct funding from the Provincial Government fall under the provisions of this Act and are subject to its regulations regarding the reporting of abuse of residents in these facilities.

Public Health Act-Housing Regulation: Provincial legislation to protect residents renting accommodation, ensuring the property is structurally sound, in safe condition, and in good repair.

Private Non-Profit Housing/Providers: Projects that are owned by the private non-profit organizations. The projects may or may not receive any assistance from the government. Tenant selection and rental charges are not governed by the Alberta Housing Act.

Public Non-Profit Housing/Providers: Projects that are subsidized by the government; and the tenant selection criteria and rental charges for the projects are regulated by the Alberta Housing Act.

Medication Administration: Medication that is provided to an individual under the direction of a health care professional.

Medication Assistance: Medication that is provided to an individual who then administers it under their own direction.

Nursing Home Act/Regulations: Provincial legislation that regulates the operation of nursing homes in the Province of Alberta. Responsibility for the administration of the Act and Regulations is through the local Regional Health Authorities.

Registered Nurse: A graduate trained nurse who has been licensed by a provincial authority after qualifying for registration.

Residential Care Homes: There are two types of Residential Care Homes: small Group Homes and Family Care Homes. Small Group Housing for Seniors provides an atmosphere which assists lower income seniors to remain independent within the community by providing the senior with supportive daily assistance in a group setting. The focus is on community support networks and enabling individuals to remain active within the community. Living in Family Care Homes



encourages seniors to “age in place,” with dignity and independence. They provide seniors with the benefits of an assisted living atmosphere while remaining intimately involved in the community network.

Residential Tenancy Act: Provincial legislation that delineates the rights and obligations of residential landlords and tenants.

Respite Accommodation: The provision of a supported accommodation for a defined period of time. Can be used to provide caregivers with opportunities for vacation or relief from the provision of support to individuals they are supporting in the community.

Residential Rehabilitation Assistance Program (RRAP): Assist low-income households who live in substandard rental units, by providing financial assistance to landlords to repair or rehabilitate the property to a minimum level of health and safety. This program also provides funds for qualifying homeowners to undertake renovations to improve accessibility and repair their homes to meet minimum standards established by Canada Mortgage and Housing Corporation.

Rent-Geared-to-Income: Instead of a flat rate payment for rent, rent will fluctuate depending on income. In the case of a couple (or two people) sharing an apartment, the rent paid is based on the combined income of both tenants. Generally, found in subsidized non-profit rental buildings.

Respite Care: Temporary admission to a Continuing Care Centre, for one to six weeks, enabling caregivers to take a break or go on a vacation.

Secured Care Floor: The entire facility, floor, wing or specific section of the facility is secured or locked to prevent wandering, etc.

Seniors Benefits Program: The program provides a monthly cash benefit for eligible seniors, and determines eligibility for Alberta Health Insurance premium exemptions.

Senior Citizen Lodge Program: This program provides a form of assisted living funded by the Provincial Government and administered through Alberta Seniors Ministry. The residents are expected to be independent, except for meal preparation and housekeeping services. Facilities are provided with an ongoing operational subsidy to ensure the affordability of this option to low income seniors.

Senior Citizen Self-Contained Housing Program: This program offers provincially owned senior citizen apartments targeted to low-income senior citizens. Management and tenant selections are delegated to management bodies.

Seniors Housing: Low-cost housing for low-income seniors or supportive housing that facilitates independent living for seniors who require assistance with some or all of their daily needs.

Seniors Special Needs Assistance Program: Provides a lump-sum cash payment to lower-income seniors having financial difficulties. This program assists seniors who have no other



resources from which to draw. Based on monthly income and allowable expenses, seniors can receive up to a maximum payment of \$5,000.

Seniors Supportive Housing: An intermediate housing option for seniors between home living and facility living that offers shelter and supportive services in a private, yet congregate living setting. Supportive Housing is a non-institutional approach for seniors who are no longer able to live independently in their family home that focuses on health promotion, well being, independence and the functional abilities of seniors. The housing may be self-contained (providing full private living units in combination with common amenity space) or shared (providing a private living area with common kitchen, dining and amenity areas and possibly bathrooms).

Single Point of Entry (Transition Services, Calgary Health Region): Process designed to streamline and coordinate access to continuing care services.

Social Facility Licensing Act: Applies to residential facilities operating within the Province of Alberta with four or more residents receiving room, board, and care.

Special Care Housing: For adults with challenging behaviors and medical needs, special care housing provides enhanced staffing-to-client ratios, a secured, wheelchair accessible environment plus a full range of health and personal services.

Special Diets: Specially prepared meals that are over and above the “Meal Services” generally provided. Typically, special diets are required due to a medical condition and are not based on personal preference.

Supportive Housing: It is defined as a way of providing housing to frail seniors who do not require the services of a Long Term Care Facility. It provides private living accommodation, a safe and barrier-free environment, 24 hour monitoring and emergency response, options for meals, housekeeping, transportation, social and recreational activities, some basic living services and personal care as required. The housing may be Self-Contained, shared, owned, or rental units.

Transportation: Regularly scheduled (as opposed to on demand) transportation of residents to appointments and social events in a vehicle that is appropriate for that purpose.

Transitional Housing: Combination of housing and services intended to facilitate self-reliance and self-sufficiency. It is considered second or third stage housing that is intended to provide individuals with the necessary support services and employment training opportunities to allow them to move toward a more independent lifestyle.

Trusteeship: As defined under the Dependent Adult Act, involves the appointment of a trustee to manage an individual’s financial affairs when that individual has been deemed incompetent by the Court because of mental disability that affects his/her ability to make reasonable judgments about his/her financial affairs. Trusteeship relates only to financial decision matters.



Universal Design: A philosophy of housing design that enables easy modification to the housing unit as the physical needs of the individual(s) change. This approach facilitates the accommodation of changing physical needs through the life-cycle.

Visiting Dental Services: A dentist or denturist that has a work site(s) outside of the housing facility and he/she visits the housing facility to provide services to residents on a regular basis.

Visiting Foot Care: A Foot Care Practitioner that visits the housing facility to provide services to residents on a regular basis.

***Visiting Physician:** A medical doctor that has a regular work site outside of the housing facility and he/she visits the housing facility to provide medical services to residents on a regular basis.

24 Hour Medical Staffing: There is a medical doctor, registered nurse, or licensed practical nurse on duty and on site 24 hours a day.

24-Hour Non-Medical Staffing for Safety & Security: One or more staff member working on site and on duty 24 hours per day, 7 days a week. On site means in the building or in close proximity to the building (i.e. next door in case of adjoining buildings).



appendix e:

Coronation Seniors' Housing Survey 2005





CORONATION SENIORS' HOUSING NEEDS ASSESSMENT SURVEY 2005

The residents of Coronation & District were invited to participate in a Seniors' Needs Assessment Survey, all surveys were mailed out in May of 2005 with a self addressed / postage paid return envelope.

Resident Survey 65 years of age and older

Respondents must be 65 years of age and older and reside in the Coronation area. Only one respondent per household is required.

Please note:

- we have many senior citizens who would like to stay in the area
- will you find the kind of housing and support services that are needed?
- it is important that we start planning now as these projects can take up to 3 to 4 years to get off the ground
- in order to begin we need information from anyone who may be interested in future housing needs in the area

Please complete the survey questionnaire and note the following:

- this will be kept strictly confidential – do not put your name on the survey
- information will be used to develop statistics for our community
- it will be used only as it relates to securing alternative housing and support services for seniors
- this information will help us to pursue government support
- please complete the survey that applies to you before **July 1st, 2005**
- return in self-addressed envelope provided

***The following are the
2005 Needs Assessment Survey Results
for Residents 65 years of age and older***

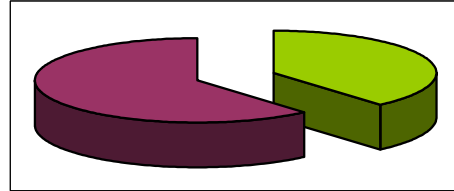


Number of Responses **134**

1. Your gender:
- | | |
|----|--------|
| 53 | Male |
| 84 | Female |

Your gender:

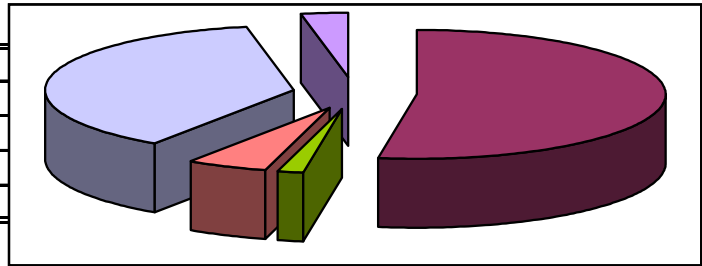
	62.7	Female
	39.6	Male



2. Your marital status:
- | | |
|----|----------------------------|
| 70 | married |
| 2 | common-in-law |
| 7 | single |
| 50 | widowed/divorced/separated |
| 4 | other |

Your marital status:

	52.2	married
	37.3	widowed/divorced/separated
	5.2	single
	3.0	other
	1.5	common-in-law



3. Your year of birth: **1940 + >**

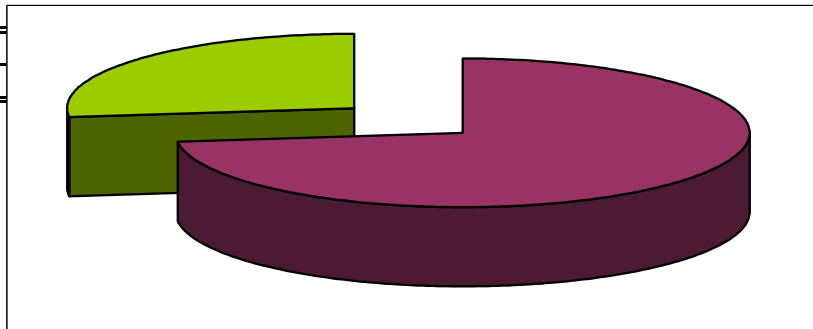
Your spouses year of birth: **1940 + >**
(if applicable)

4. What community do you live in: **Coronation, Paintearth County, Brownfield & Veteran**

5. Do you live:
- | | |
|----|-----------------|
| 98 | in town |
| 36 | in a rural area |

Do you live:

	73.1	in town
	26.9	in a rural area

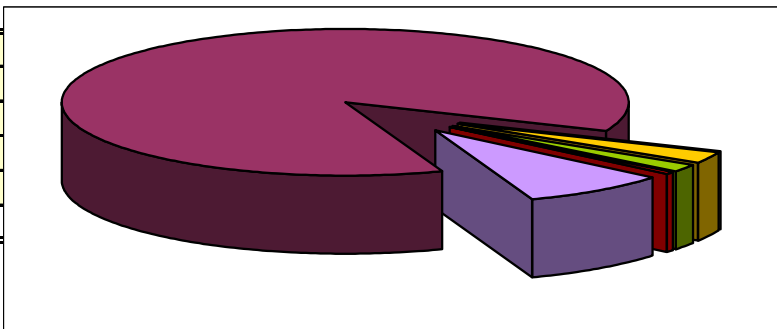


6. What community would you like to retire in the future:

106	Coronation
0	Castor
3	Consort
2	Stettler
1	Red Deer
10	Other

What community would you like to retire in the future:

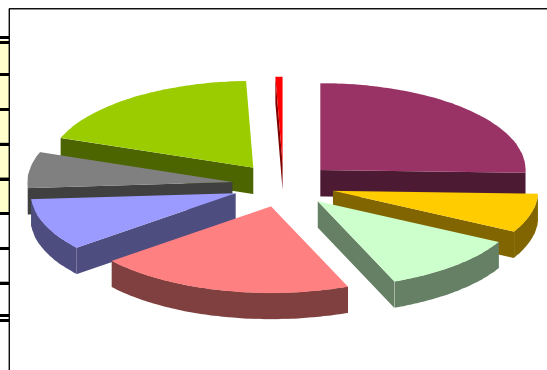
TOP 5	
79.1	Coronation
7.5	Other
2.2	Consort
1.5	Stettler
0.7	Red Deer
0.0	Castor



6.b Why? (you may check more than one)

105	family and friends live there
30	climate and natural environment
45	lower cost of living
84	available health care services
40	available recreation facilities and services
27	available suitable housing
78	access to shopping, banks, etc
2	other

TOP 5 Why?	
78.36	family and friends live there
62.69	available health care services
58.21	access to shopping, banks, etc
33.58	lower cost of living
29.85	available recreation facilities and services
22.39	climate and natural environment
20.15	available suitable housing
1.49	other



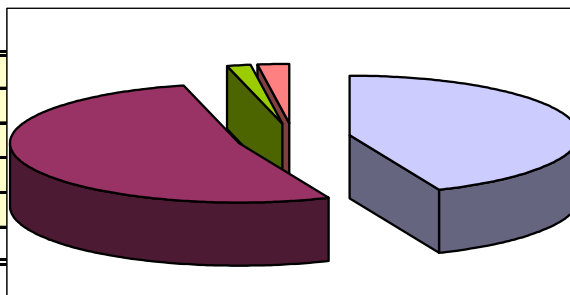
7. How many years have you lived in your present location:

45 yrs +



8.	Living Arrangement:	57	live alone
		69	live with spouse
		2	live with my children/grandchildren
		3	live with family (children/brother/sister)
		0	live with friend/helper
		0	other

TOP 5	Living Arrangement:
51.5	live with spouse
42.5	live alone
2.2	live with family (children/brother/sister)
1.5	live with my children/grandchildren
0.0	live with friend/helper
0.0	other



9. Do you currently receive a cash benefit from Alberta Seniors Benefits program:

56	yes
62	no
4	don't know

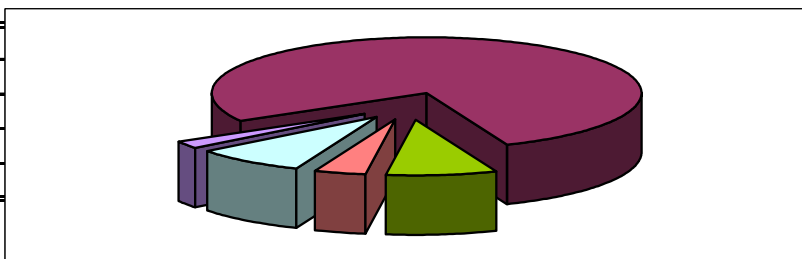
Do you currently receive a cash benefit from Alberta Seniors Benefits program:

46.3	no
41.8	yes
3.0	don't know

10.	I presently live in a:	102	house
		11	mobile home
		5	apartment
		11	manor
		3	other

I presently live in a:

76.1	house
8.2	mobile home
8.2	manor
3.7	apartment
2.2	other

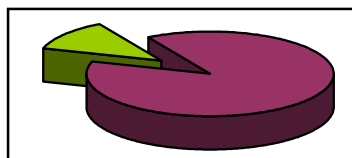


11. Do you own your home:

112	yes
15	no

Do you own your home:

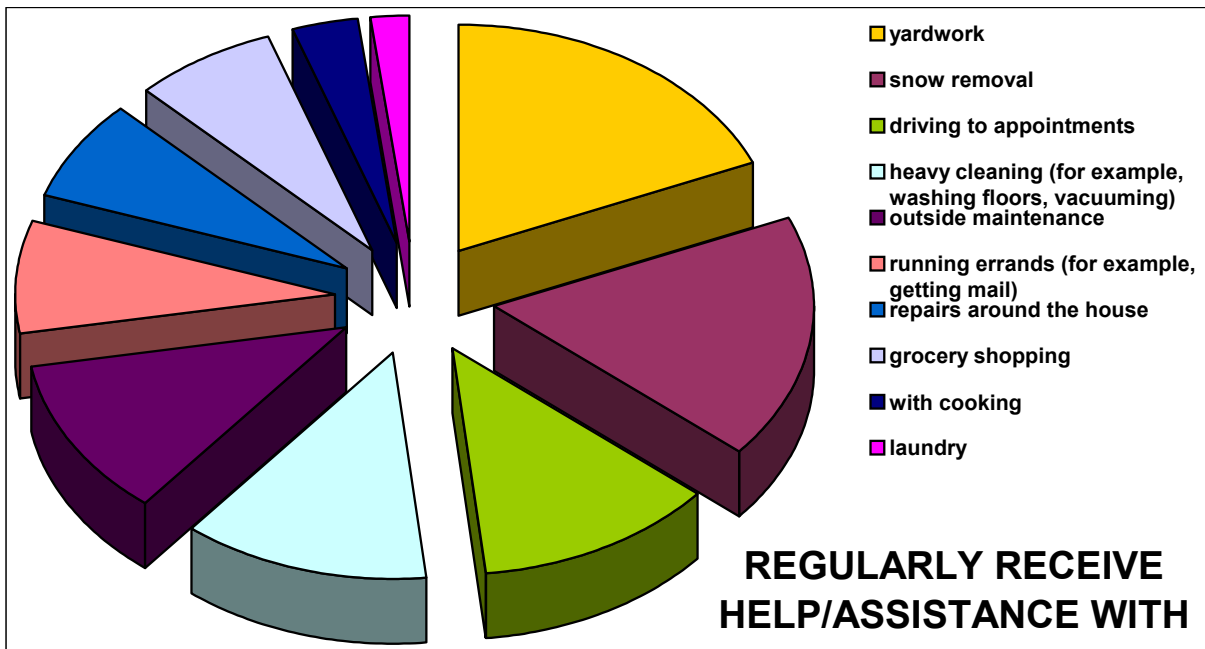
83.6	yes
11.2	no



12. Do you receive help or assistance with any of the following activities:

Regularly	Occasionally	Never	(you may check more than one)
7	51	39	repairs around the house
18	27	45	yardwork
11	38	38	outside maintenance
17	36	38	snow removal
7	6	64	grocery shopping
8	7	61	running errands (for example, getting mail)
12	27	53	driving to appointments
12	13	58	heavy cleaning (for example, washing floors, v
2	3	75	laundry
3	4	71	with cooking

TOP 5 Do you receive help or assistance with any of the following activities:			
Regularly	Occasionally	Never	
13.4	20.1	33.6	yardwork
12.7	26.9	28.4	snow removal
9.0	20.1	39.6	driving to appointments
9.0	9.7	43.3	heavy cleaning (for example, washing floors, vacuuming)
8.2	28.4	28.4	outside maintenance
6.0	5.2	45.5	running errands (for example, getting mail)
5.2	38.1	29.1	repairs around the house
5.2	4.5	47.8	grocery shopping
2.2	3.0	53.0	with cooking
1.5	2.2	56.0	laundry

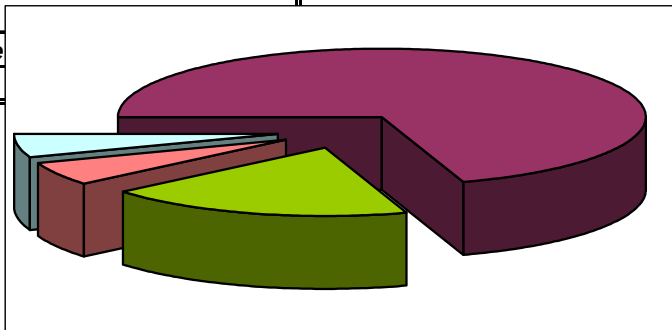


13. If you found that you could no longer remain in your current home and had to move into retirement housing or a care facility, where would you consider moving to:

89	in the town / community you currently live in
24	in this area
7	move elsewhere in the province
7	other

Where would you consider moving to when you required retirement housing?

66.4	in the town / community you currently live in
17.9	in this area
5.2	move elsewhere in the province
5.2	other

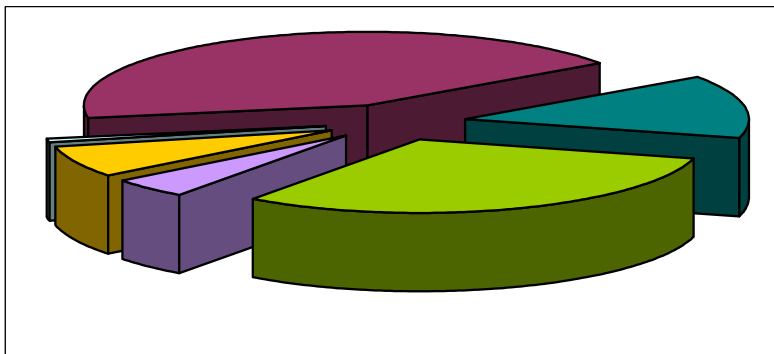


14. If you prefer to remain in this town/community, where would you prefer that your retirement housing and care facility be located?

56	close to downtown
18	in a residential part of town
40	close to hospital and care facilities
6	in the surrounding countryside
9	closer to social/recreational facilities
1	other

TOP 5 Where would you prefer that your retirement housing and care facility be located?

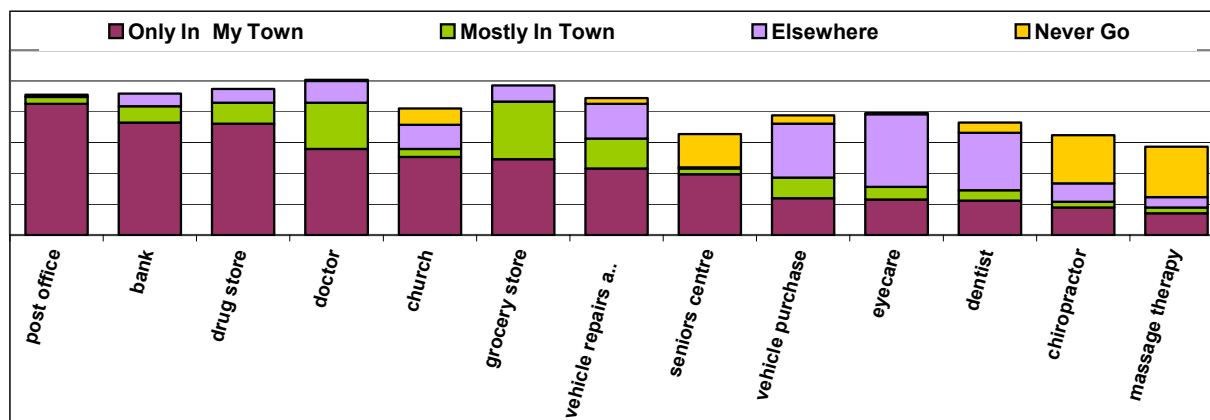
41.8	close to downtown
29.9	close to hospital and care facilities
13.4	in a residential part of town
6.7	closer to social/recreational facilities
4.5	in the surrounding countryside
0.7	other



15. Where do you normally go for the following: (you may check more than one)

Only In My Town	Mostly In Town	Elsewhere (specify)	Never Go	
75	40	19	1	doctor
114	6	2	0	post office
97	18	12	0	drug store
66	50	14	0	grocery store
53	5	1	29	seniors centre
98	14	11	0	bank
68	7	21	14	church
30	9	50	9	dentist
19	5	9	44	massage thera
24	5	16	42	chiropractor
58	26	30	5	vehicle repairs
32	18	47	7	vehicle purchas
31	11	63	1	eyecare

TOP 5 Where do you normally go for the following:				
Only In My Town	Mostly In Town	Elsewhere	Never Go	
85.1	4.5	1.5	0.0	post office
73.1	10.4	8.2	0.0	bank
72.4	13.4	9.0	0.0	drug store
56.0	29.9	14.2	0.7	doctor
50.7	5.2	15.7	10.4	church
49.3	37.3	10.4	0.0	grocery store
43.3	19.4	22.4	3.7	vehicle repairs and service
39.6	3.7	0.7	21.6	seniors centre
23.9	13.4	35.1	5.2	vehicle purchase
23.1	8.2	47.0	0.7	eyecare
22.4	6.7	37.3	6.7	dentist
17.9	3.7	11.9	31.3	chiropractor
14.2	3.7	6.7	32.8	massage therapy



16. Is your home in need of any repairs?

80 NO, only regular maintenance is needed (for example, painting, fixing leaking faucets, cleaning clogged gutters or eavestroughs)

or

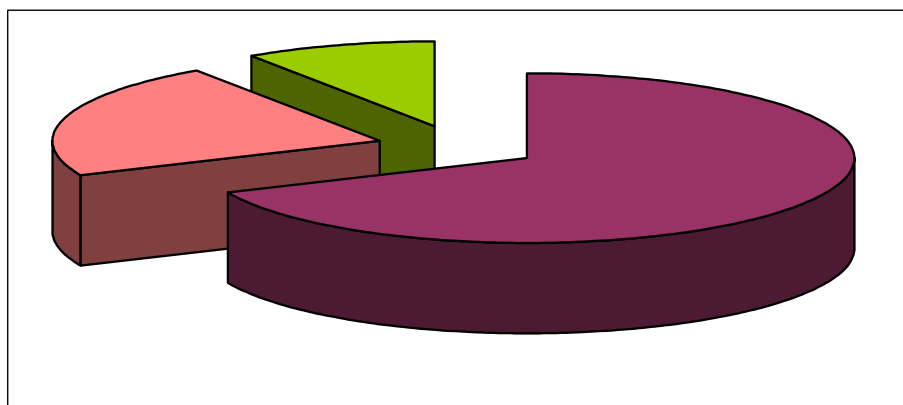
26 YES, but only minor repairs are needed (to correct, for example, small cracks in interior walls and ceilings, broken light fixtures and switches, leaking sink, cracked or broken window panes, some missing shingles or siding, some peeling paint)

or

11 YES, and some major repairs are needed (to correct, for example, corroded pipes, damaged electrical wiring, sagging floors, bulging walls, damp walls and ceilings, crumbling foundation, rotting porches and steps)

Is your home in need of any repairs?

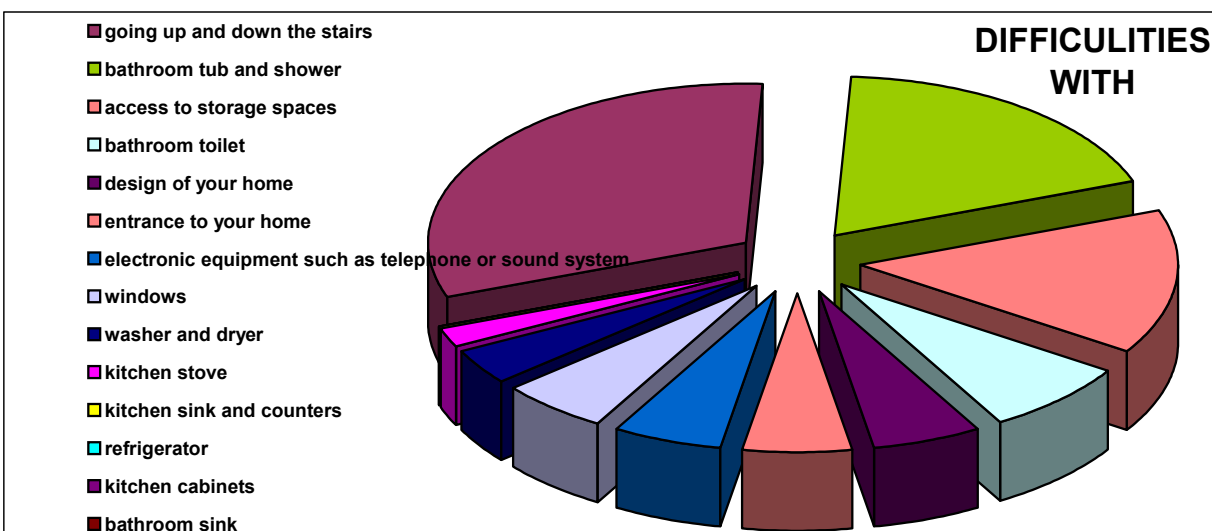
59.7	NO, only regular maintenance
19.4	YES, only minor repairs
8.2	YES, some major repairs are needed



17. In your residence, do you have difficulty using any of the following:

Yes	No	(you may check more than one)
1	109	kitchen stove
0	107	kitchen sink and counters
0	106	kitchen cabinets
0	107	refrigerator
10	100	bathroom tub and shower
4	105	bathroom toilet
0	104	bathroom sink
2	107	washer and dryer
3	98	electronic equipment such as telephone or sound system
17	92	going up and down the stairs
8	95	access to storage spaces
3	95	windows
3	101	entrance to your home
3	102	design of your home

TOP 5		In your residence, do you have difficulty using any of the following:
Yes	No	
12.7	68.7	going up and down the stairs
7.5	74.6	bathroom tub and shower
6.0	70.9	access to storage spaces
3.0	78.4	bathroom toilet
2.2	76.1	design of your home
2.2	75.4	entrance to your home
2.2	73.1	electronic equipment such as telephone / sound system
2.2	70.9	windows
1.5	79.9	washer and dryer
0.7	81.3	kitchen stove
0.0	79.9	kitchen sink and counters
0.0	79.9	refrigerator
0.0	79.1	kitchen cabinets
0.0	77.6	bathroom sink



18. Some homeowners modify their home to make it more accessible. For example, they add a ramp or stairlift, make a den on a main floor into a bedroom, or install grab bars in the bathroom.

Have you modified your home in any way to make it more accessible:

38	yes	(see question 18.a.)
81	no	(see question 18.b.)

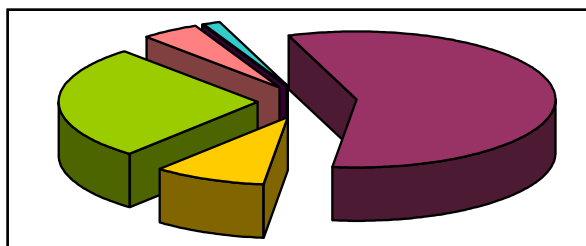
Have you modified your home in any way to make it more accessible:

60.4	no
28.4	yes

- 18.a. (if yes) What modifications have you made?

(you may check more than one)

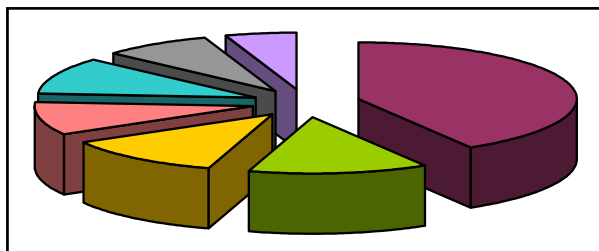
38	installed grab bars in the bathroom
6	modified bathtub, installed shower
18	added hand railing to stairs
3	added ramp or stairlift
0	relocated bedrooms to main floor
0	modified kitchen cupboards and counters
1	other



TOP 5	(if yes) What modifications have you made?
28.4	installed grab bars in the bathroom
13.4	added hand railing to stairs
4.5	modified bathtub, installed shower
2.2	added ramp or stairlift
0.7	other
0.0	relocated bedrooms to main floor
0.0	modified kitchen cupboards and counters

- 18.b. (if no) Do you plan on doing any of these modifications in the future:

31	installed grab bars in the bathroom
10	modified bathtub, installed shower
9	added hand railing to stairs
7	added ramp or stairlift
8	relocated bedrooms to main floor
6	modified kitchen cupboards and counters
4	other



TOP 5	(if no) Do you plan on doing any of these modifications in the future:
23.1	installed grab bars in the bathroom
7.5	modified bathtub, installed shower
6.7	added hand railing to stairs
6.0	relocated bedrooms to main floor
5.2	added ramp or stairlift
4.5	modified kitchen cupboards and counters
3.0	other



19. Does anyone in your home use the following services: (you may check more than one)

Regularly	Occasionally	Never	
0	7	104	Handi-bus
4	7	99	Meals On Wheels
8	13	96	Homecare (health care / nursing services)

Does anyone in your home use the following services:

6.0	9.7	71.6	Homecare (health care / nursing services)
3.0	5.2	73.9	Meals On Wheels
0.0	5.2	77.6	Handi-bus

20. Have you experienced any problems with any of the above services:

2	yes
83	no

Have you experienced any problems with any of the above services:

61.9	no
1.5	yes

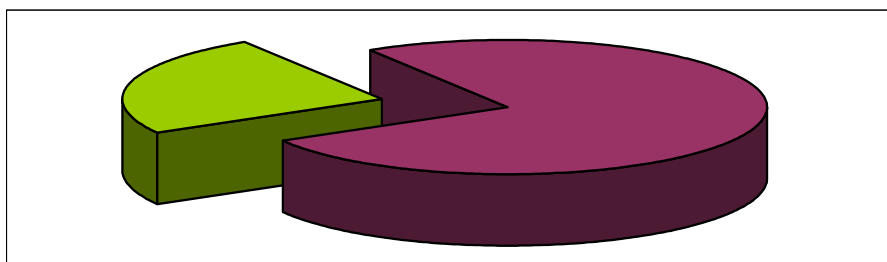
- 20.a. If yes, please specify:

21. Are you currently considering some form of supportive living or seniors' housing?

28	yes
86	no

Are you currently considering some form of supportive living or seniors' housing?

64.2	no
20.9	yes



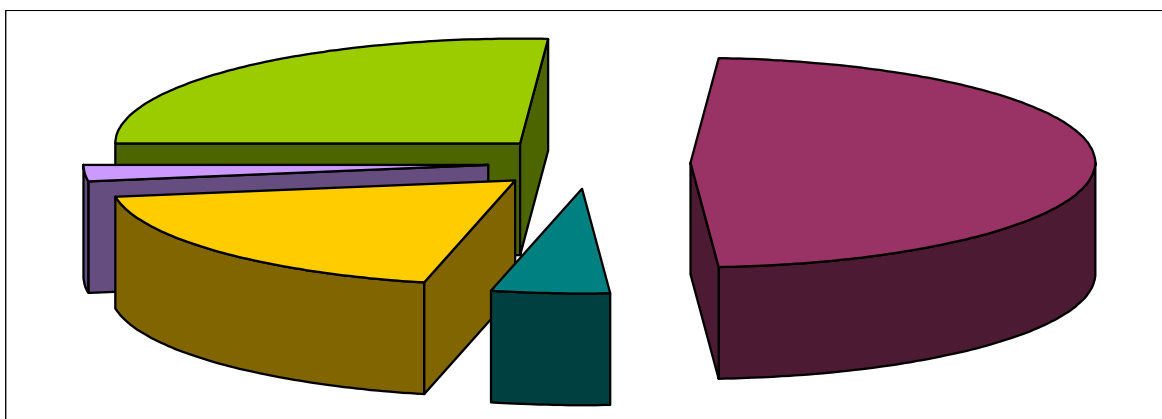
21.a. If yes, please indicate the facility you will be moving into:

(refer to definitions Appendix 1)

11	adult/seniors condominium complex
20	seniors lodge/housing complex
2	supportive services
8	assisted living
1	long term care (nursing home)

If yes, please indicate the facility you will be moving into:

14.9	<i>seniors lodge/housing complex</i>
8.2	<i>adult/seniors condominium complex</i>
6.0	<i>assisted living</i>
1.5	<i>supportive services</i>
0.7	<i>long term care (nursing home)</i>

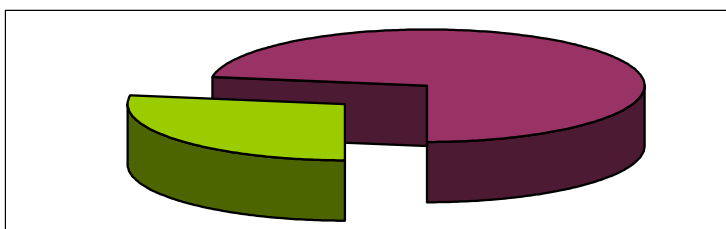


22. Would you be willing to invest in a Seniors Housing Complex:

32	yes
84	no

Would you be willing to invest in a Seniors Housing Complex:

62.7	<i>no</i>
23.9	<i>yes</i>

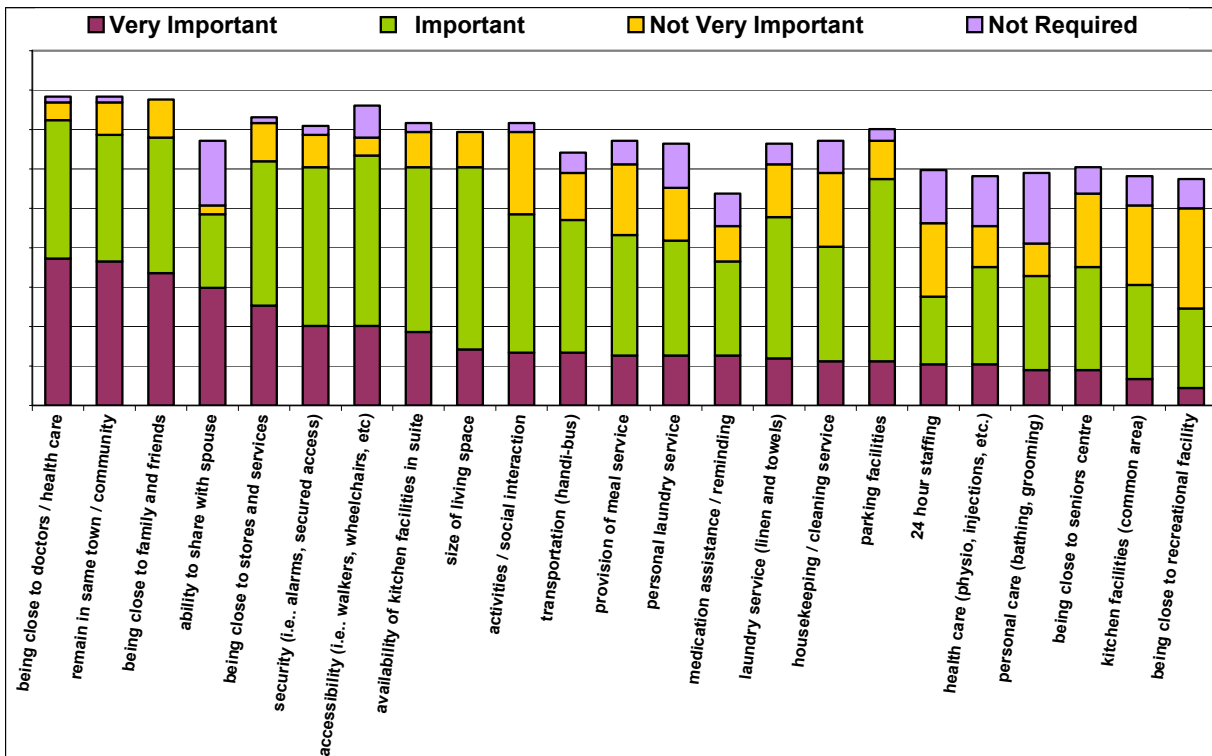


23. Please rate the importance of the following if you were to move into alternative seniors housing:

Very Important	Important	Not Very Important	Not Required	(you may check more than one)
19	62	12	0	size of living space
40	25	3	22	ability to share with spouse
27	54	11	3	security (i.e.. alarms, secured access)
27	58	6	11	accessibility (i.e.. walkers, wheelchairs, etc)
18	47	28	3	activities / social interaction
17	41	24	8	provision of meal service
25	56	12	3	availability of kitchen facilities in suite
9	32	27	10	kitchen facilities (common area)
16	48	18	7	laundry service (linen and towels)
17	39	18	15	personal laundry service
15	39	25	11	housekeeping / cleaning service
14	23	25	18	24 hour staffing
15	62	13	4	parking facilities
18	45	16	7	transportation (handi-bus)
45	46	13	0	being close to family and friends
34	49	13	2	being close to stores and services
50	47	6	2	being close to doctors / health care
17	32	12	11	medication assistance / reminding
12	32	11	24	personal care (bathing, grooming)
14	33	14	17	health care (physio, injections, etc.)
12	35	25	9	being close to seniors centre
6	27	34	10	being close to recreational facility
49	43	11	2	remain in same town / community

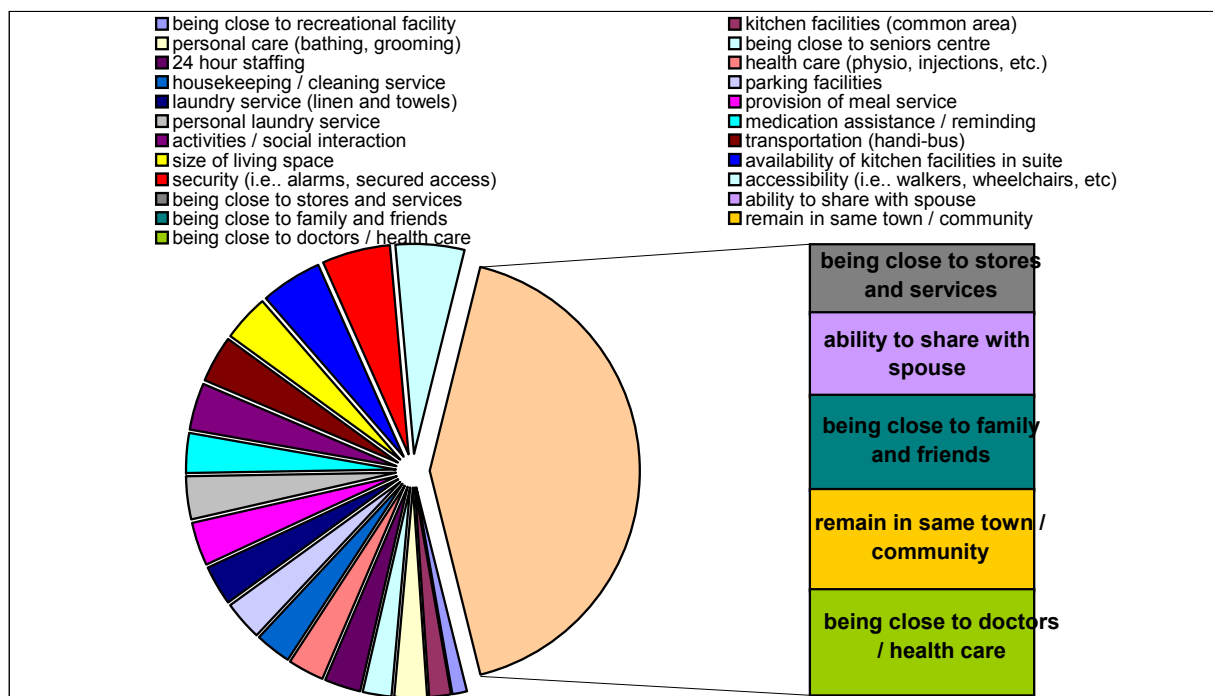


	Very Important	Important	Not Very Important	Not Required
<i>size of living space</i>	14.2	46.3	9.0	0.0
<i>ability to share with spouse</i>	29.9	18.7	2.2	16.4
<i>security (i.e.. alarms, secured access)</i>	20.1	40.3	8.2	2.2
<i>accessibility (i.e.. walkers, wheelchairs, etc)</i>	20.1	43.3	4.5	8.2
<i>activities / social interaction</i>	13.4	35.1	20.9	2.2
<i>provision of meal service</i>	12.7	30.6	17.9	6.0
<i>availability of kitchen facilities in suite</i>	18.7	41.8	9.0	2.2
<i>kitchen facilities (common area)</i>	6.7	23.9	20.1	7.5
<i>laundry service (linen and towels)</i>	11.9	35.8	13.4	5.2
<i>personal laundry service</i>	12.7	29.1	13.4	11.2
<i>housekeeping / cleaning service</i>	11.2	29.1	18.7	8.2
<i>24 hour staffing</i>	10.4	17.2	18.7	13.4
<i>parking facilities</i>	11.2	46.3	9.7	3.0
<i>transportation (handi-bus)</i>	13.4	33.6	11.9	5.2
<i>being close to family and friends</i>	33.6	34.3	9.7	0.0
<i>being close to stores and services</i>	25.4	36.6	9.7	1.5
<i>being close to doctors / health care</i>	37.3	35.1	4.5	1.5
<i>medication assistance / reminding</i>	12.7	23.9	9.0	8.2
<i>personal care (bathing, grooming)</i>	9.0	23.9	8.2	17.9
<i>health care (physio, injections, etc.)</i>	10.4	24.6	10.4	12.7
<i>being close to seniors centre</i>	9.0	26.1	18.7	6.7
<i>being close to recreational facility</i>	4.5	20.1	25.4	7.5
<i>remain in same town / community</i>	36.6	32.1	8.2	1.5



Please rate the importance of the following if you were to move into alternative seniors housing:

TOP 5				
Very Important	Important	Not Very Important	Not Required	
37.3	35.1	4.5	1.5	being close to doctors / health care
36.6	32.1	8.2	1.5	remain in same town / community
33.6	34.3	9.7	0.0	being close to family and friends
29.9	18.7	2.2	16.4	ability to share with spouse
25.4	36.6	9.7	1.5	being close to stores and services
20.1	40.3	8.2	2.2	security (i.e.. alarms, secured access)
20.1	43.3	4.5	8.2	accessibility (i.e.. walkers, wheelchairs, etc)
18.7	41.8	9.0	2.2	availability of kitchen facilities in suite
14.2	46.3	9.0	0.0	size of living space
13.4	35.1	20.9	2.2	activities / social interaction
13.4	33.6	11.9	5.2	transportation (handi-bus)
12.7	30.6	17.9	6.0	provision of meal service
12.7	29.1	13.4	11.2	personal laundry service
12.7	23.9	9.0	8.2	medication assistance / reminding
11.9	35.8	13.4	5.2	laundry service (linen and towels)
11.2	29.1	18.7	8.2	housekeeping / cleaning service
11.2	46.3	9.7	3.0	parking facilities
10.4	17.2	18.7	13.4	24 hour staffing
10.4	24.6	10.4	12.7	health care (physio, injections, etc.)
9.0	23.9	8.2	17.9	personal care (bathing, grooming)
9.0	26.1	18.7	6.7	being close to seniors centre
6.7	23.9	20.1	7.5	kitchen facilities (common area)
4.5	20.1	25.4	7.5	being close to recreational facility





CORONATION SENIORS' HOUSING NEEDS ASSESSMENT SURVEY 2005

The residents of Coronation & District were invited to participate in a Seniors' Needs Assessment Survey, all surveys were mailed out in May of 2005 with a self addressed / postage paid return envelope.

Resident Survey 30 to 64 years of age

Respondents must be between 30 to 64 years of age and reside in the Coronation area. Only one respondent per household is required.

Please note:

- we have many senior citizens who would like to stay in the area
- will you find the kind of housing and support services that are needed?
- it is important that we start planning now as these projects can take up to 3 to 4 years to get off the ground
- in order to begin we need information from anyone who may be interested in future housing needs in the area

Please complete the survey questionnaire and note the following:

- this will be kept strictly confidential – do not put your name on the survey
- information will be used to develop statistics for our community
- it will be used only as it relates to securing alternative housing and support services for seniors
- this information will help us to pursue government support
- please complete the survey that applies to you before **July 1st, 2005**
- return in self-addressed envelope provided

***The following are the
2005 Needs Assessment Survey Results
for Residents Between 30 to 64 years of age***



Number of Responses **195**

1. **How many people living in this household are between the ages of 30 and 64 years of age:**

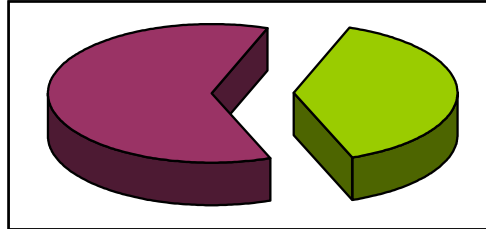
373

Number of Residents **373**

2. Your gender:
- | | |
|-----|--------|
| 88 | Male |
| 140 | Female |

Your gender:

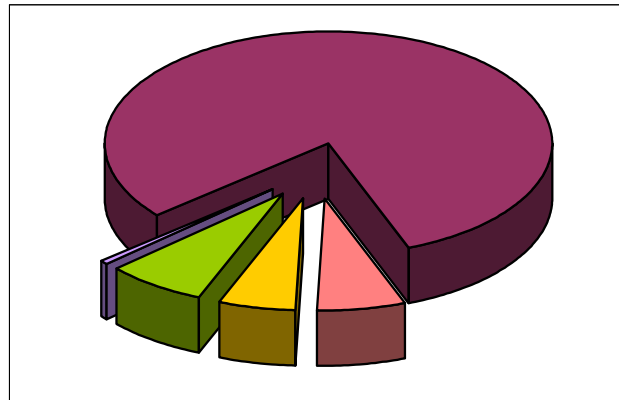
71.8	Female
45.1	Male



3. Your marital status:
- | | |
|-----|----------------------------|
| 164 | married |
| 13 | common-in-law |
| 11 | single |
| 15 | widowed/divorced/separated |
| 1 | other |

Your marital status:

84.1	married
7.7	widowed/divorced/separated
6.7	common-in-law
5.6	single
0.5	other



4. Your year of birth: **1975+>**

Your spouses year of birth: **1970 +>**

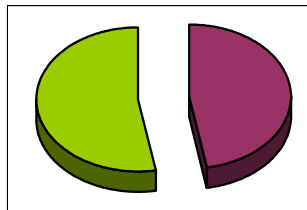
5. **What community do you live in:**

Coronation, Paintearth County, Brownfield and Veteran

6. Do you live:
- | | |
|-----|-----------------|
| 92 | in town |
| 103 | in a rural area |

Do you live:

52.8	in a rural area
47.2	in town

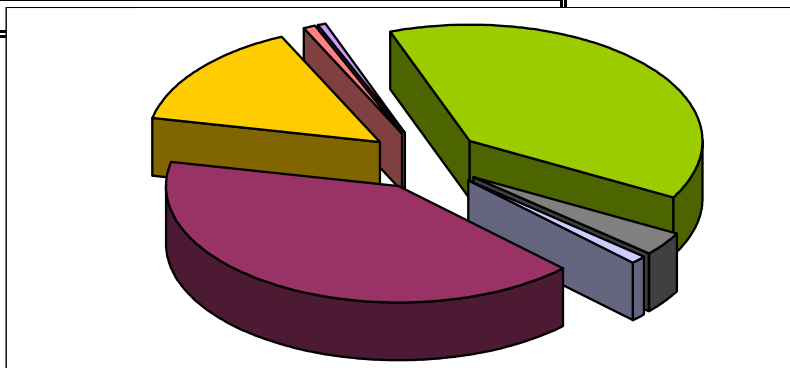


7. How many people living in this household between the ages of 30 and 64

226	are currently employed
20	are currently retired
6	are retired and have chosen to re-enter the workforce
126	own or are considering operating their own business
86	are active volunteers
4	require support to maintain an independent lifestyle
4	other

NOTE: used total resident for percentages

TOP 5 <i>How many people living in this household between the ages of 30 and 64</i>	
64.6	own or are considering operating their own business
60.6	are currently employed
23.1	are active volunteers
5.4	are currently retired
1.6	are retired and have chosen to re-enter the workforce
1.1	require support to maintain an independent lifestyle
1.1	other



8. In what year did you or do you expect to retire:

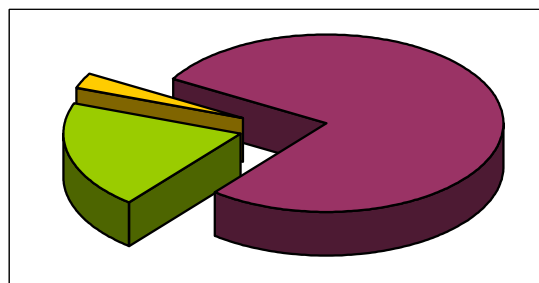
2007 +>

9. Would you consider retiring in Coronation:

145	yes
37	no
5	maybe

Would you consider retiring in Coronation:

74.4	yes
19.0	no
2.6	maybe

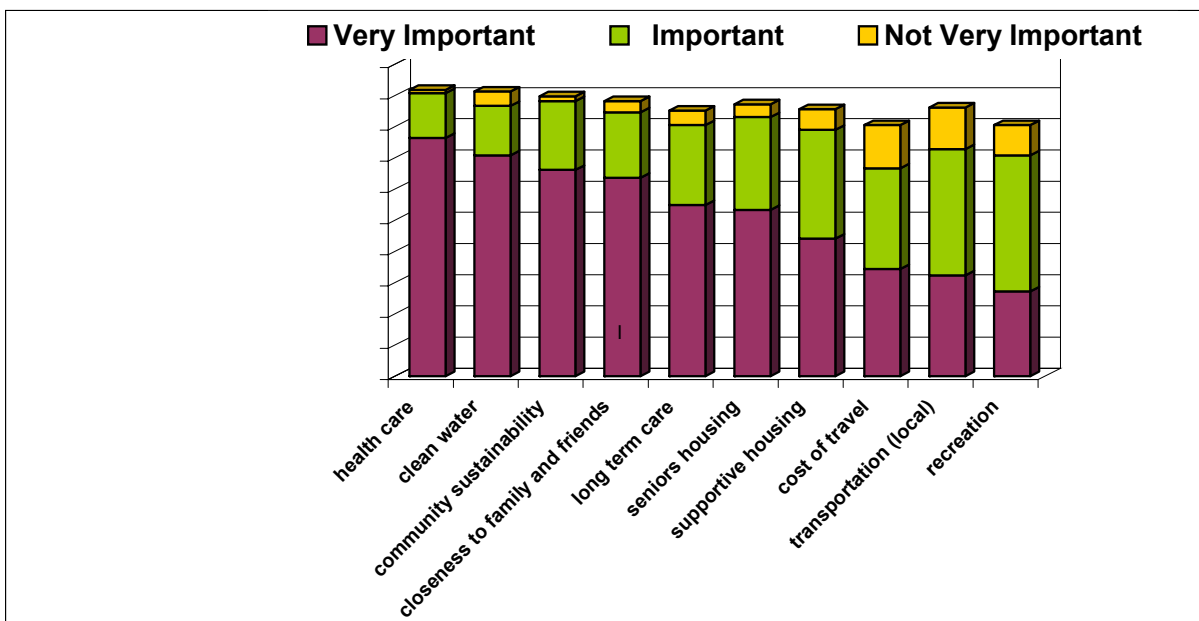


10. Please rate the importance of the following concerns when you retire in Coronation:

Very Important	Important	Not Very Important	(you may check more than one)
124	41	7	closeness to family and friends
149	28	2	health care
138	31	9	clean water
53	85	19	recreation
63	79	26	transportation (local)
104	58	8	seniors housing
86	68	13	supportive housing
129	43	3	community sustainability
67	63	27	cost of travel
107	50	9	long term care

Please rate the importance of the following concerns when you retire in Coronation:

TOP 5			
Very Important	Important	Not Very Important	
76.4	14.4	1.0	health care
70.8	15.9	4.6	clean water
66.2	22.1	1.5	community sustainability
63.6	21.0	3.6	closeness to family and friends
54.9	25.6	4.6	long term care
53.3	29.7	4.1	seniors housing
44.1	34.9	6.7	supportive housing
34.4	32.3	13.8	cost of travel
32.3	40.5	13.3	transportation (local)
27.2	43.6	9.7	recreation



11. Do you anticipate having a need for any of the following services in Coronation:

(you may check more than one)

adult/seniors condominium complex

seniors lodge/housing complex

supportive services

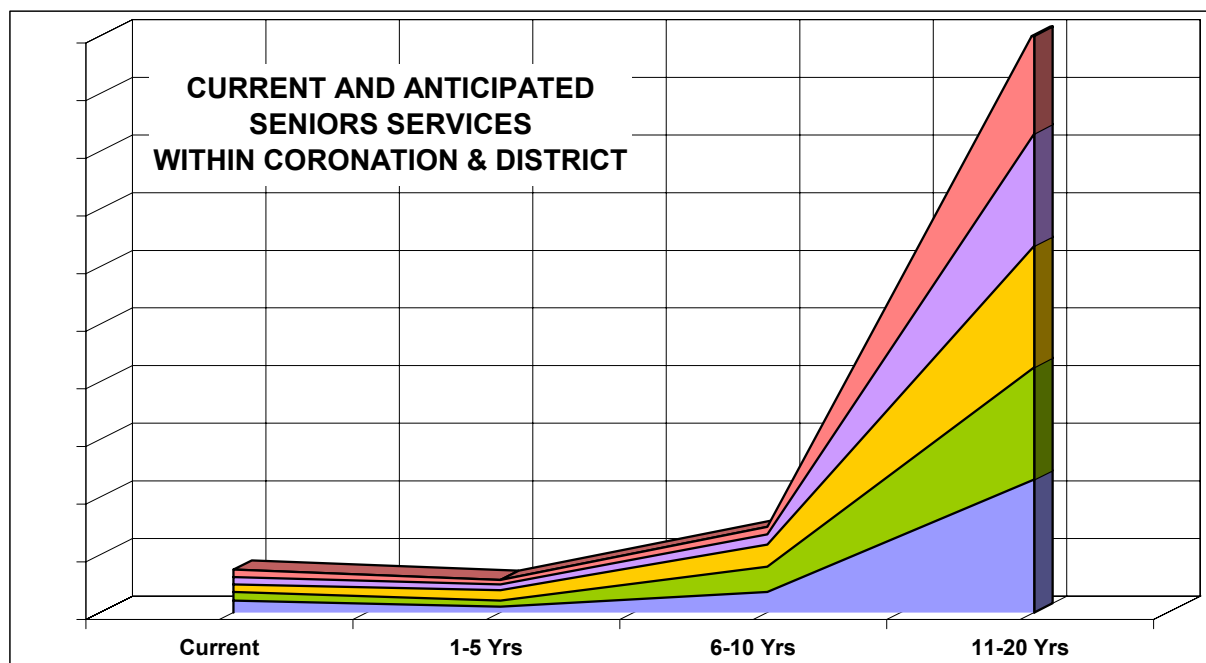
assisted living

long term care (nursing home)

Current	1 to 5 Years	6 to 10 Years	11 to 20 Years
5	7	15	82
8	4	14	90
6	4	17	76
5	4	7	76
5	3	5	69

Do you anticipate having a need for any of the following services in Coronation:

Current	1-5 Yrs	6-10 Yrs	11-20 Yrs	
4.1	2.1	7.2	46.2	seniors lodge/housing complex
3.1	2.1	8.7	39.0	supportive services
2.6	3.6	7.7	42.1	adult/seniors condominium complex
2.6	2.1	3.6	39.0	assisted living
2.6	1.5	2.6	35.4	long term care (nursing home)



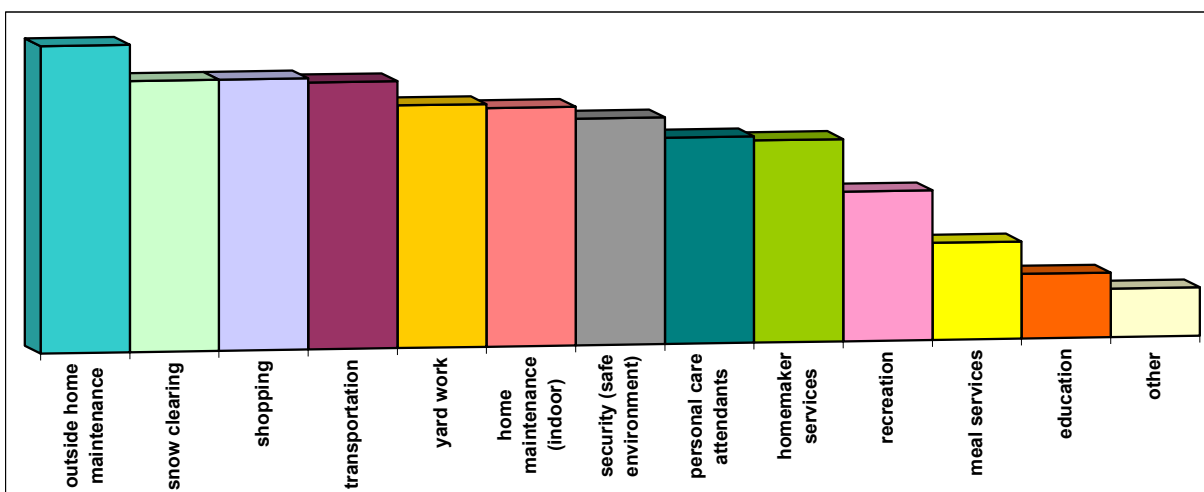
12. To maintain an independent lifestyle, seniors must have access to a variety of support services.

Please indicate the areas that you feel Coronation is currently lacking:

51	personal care attendants
50	homemaker services
59	home maintenance (indoor)
76	outside home maintenance
67	snow clearing
60	yard work
24	meal services
67	shopping
66	transportation
16	education
37	recreation
56	security (safe environment)
12	other

To maintain an independent lifestyle, seniors must have access to a variety of support services. Please indicate the areas that you feel Coronation is currently lacking:

TOP 5	
39.0	outside home maintenance
34.4	snow clearing
34.4	shopping
33.8	transportation
30.8	yard work
30.3	home maintenance (indoor)
28.7	security (safe environment)
26.2	personal care attendants
25.6	homemaker services
19.0	recreation
12.3	meal services
8.2	education
6.2	other



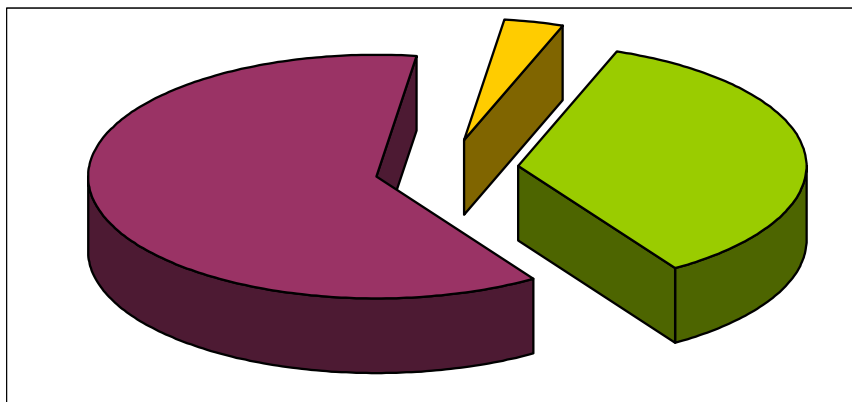
13. If made available in Coronation, what leisure, recreational or educational activities would you have an interest in pursuing?

14. Would you be willing to invest in a Seniors Housing Complex:

63	yes
109	no
6	maybe

Would you be willing to invest in a Seniors Housing Complex:

55.9	<i>no</i>
32.3	<i>yes</i>
3.1	<i>maybe</i>



appendix f:

*Coronation Seniors' Housing Survey
2006 Service Providers & Family
Physicians*





SENIORS' HOUSING NEEDS ASSESSMENT 2006 SERVICE PROVIDERS SURVEY RESULTS

The service providers of Coronation, Castor and Consort were invited to participate in a Seniors' Needs Assessment Survey, all surveys were mailed out in January of 2006 with a self addressed / postage paid return envelope.

Service Providers 2006 Survey

Like most communities, ours has many senior citizens. The number will probably continue to grow because older Canadians seem to want to stay in their communities. Will there be adequate support services for seniors in the future? You will appreciate that we should consider this question now so that we can better plan for the future.

We need to identify community services available to seniors now and to assess how requirements are likely to change over time. Your organization can play an important part in this assessment by providing information about your services and provide input into the existing and anticipated senior support services within your community.

We would like you to complete the questionnaire, which begins on the next page. Please fully answer those questions that do apply and return by March 1st, 2006.

***The following are the
2006 Needs Assessment Survey Results
for the Service Providers in the 3C's
(Coronation, Castor & Consort)***





SENIORS' HOUSING NEEDS ASSESSMENT 2006 SERVICE PROVIDERS SURVEY RESULTS

Service Providers Survey Response Results (see Appendix F)

CORONATION

Name	Address	Postal Code	Responded
Dr. Tolmie	P.O. Box 430 Coronation, Alberta	T0C 1C0	yes
Dr. McKenzie	P.O. Box 430 Coronation, Alberta	T0C 1C0	yes
FCSS - Diane Schmidt	5000 Municipal Road (Bag Service 500)	T0C 1C0	yes
Home Care - Michelle Ball	P.O. Box 338 Coronation, Alberta	T0C 1C0	yes
Hospital - Carol Funnell	5000 Municipal Road (Bag Service 500)	T0C 1C0	yes
Manors - Diane Schmidt	5000 Municipal Road (Bag Service 500)	T0C 1C0	yes
S.L. - Roxanne Osetsky	Assisted Living / Long Term Care	T0C 1C0	yes

CASTOR

Name	Address	Postal Code	Responded
Dr. DeJager	P.O. Box 210 Castor, Alberta	T0C 0X0	no
Dr. Hanton	P.O. Box 150 Castor, Alberta	T0C 0X0	no
Dr. Rossiter	P.O. Box 210 Castor, Alberta	T0C 0X0	no
FCSS - Marg Spady	P.O. Box 752 Castor, Alberta	T0C 0X0	no
Home Care - Mitzi Conver	P.O. Box 94 Castor, Alberta	T0C 0X0	no
Hospital - Marilyn Weber	Our Lady of the Rosary Hosp. Castor, Ab.	T0C 0X0	yes
Manors - Sylvia Wold	P.O. Box 209 Castor, Alberta	T0C 0X0	yes
Lodges - Sylvia Wold	P.O. Box 209 Castor, Alberta	T0C 0X0	yes

CONSORT

Name	Address	Postal Code	Responded
Dr. Malherbe	P.O. Box 58 Consort, Alberta	T0C 1B0	no
Dr. Strydom	P.O. Box 58 Consort, Alberta	T0C 1B0	no
FCSS - Sandra King	P.O. Box 490 Consort, Alberta	T0C 1B0	no
Home Care - Joan Day	P.O. Box 146 Consort, Alberta	T0C 1B0	no
Hospital - Carole Tkach	P.O. Box 310 Consort, Alberta	T0C 1B0	some **
Manors - Evelyn Williams	Service Bag 1001 Consort, Alberta	T0C 1B0	some **

VETERAN

Name	Address	Postal Code	Responded
FCSS - Beth Christianson	P.O. Box 439 Veteran, Alberta	T0C 2S0	yes

NOTE: The above service providers were invited to participate in the Coronation & District Seniors Needs Assessment 2005 Survey

- all surveys were mailed out with a self addressed / postage paid return envelope, to not economically hinder any of these organizations
- the survey responses were unable to provide comparative results for the 3C's with regard to physicians, Home Care & FCSS
- **Consort Seniors housing accommodation unit numbers provided by Carole Tkach & Evelyn Williams via phone conversation (Oct. 2006)





SENIORS' HOUSING NEEDS ASSESSMENT 2006 SERVICE PROVIDERS SURVEY RESULTS

SP1.SA - Service Providers Survey Results

Special Accommodation (Lodges; Assisted Living; Manors)

1. What is the name and address of your agency / organization?

Name: Coronation Seniors Manors // Prairie Rose Assisted Living
Castor & District Housing Authority
Address: P.O. Box 219 Coronation, Ab. T0C 10 // Mail Bag 500 Coronation, Ab. T0C 1C0
P.O. Box 209 Castor, Ab. T0C 0X0

2. How would you categorize your agency or organization (check all applicable)

PUBLIC

<input type="checkbox"/>	federal
<input checked="" type="checkbox"/>	provincial
<input checked="" type="checkbox"/>	regional or municipal
<input type="checkbox"/>	other (please specify)

NON-PROFIT / CHARITABLE

<input type="checkbox"/>	religious
<input checked="" type="checkbox"/>	service organization
<input type="checkbox"/>	community group
<input type="checkbox"/>	other (please specify)

PRIVATE

<input type="checkbox"/>	commercial operation
<input type="checkbox"/>	other (please specify)

3. Please check the type of accommodation , facility or services provided by your agency or organization and enter the corresponding numbers that are requested.

SPECIAL ACCOMMODATION

- a. Assisted Living:
- b. Manors:
- c. Lodges:
- d. Satellite Homes:
- e. Respite Accommodation:
- f. Other: Rural & Native Housing

EXISTING CAPACITY		CURRENT LEVEL OF USE		WAITING LIST	
# of existing beds for seniors		# of beds currently occupied by seniors		# of seniors on a waiting list	
Castor	Coronation	Castor	Coronation	Castor	Coronation
n/a	19	n/a	19	n/a	1
26	16	26	16	24	4
33	n/a	33	n/a	30	n/a
n/a	n/a	n/a	n/a	n/a	n/a
provided in Hospital					
4	2	4	2	4	2



4. *Briefly describe the types of special accommodation that you checked above. Also describe any special eligibility that apply to the types of special accommodation provided by your agency or organization. These would include any provisions relating to the age, marital status, religion, ethno-cultural background, health status, level of income or geographic area of residence of the client group to be served.*

a. Assisted Living:

Residential supportive housing setting; Health services directed by Home Care, A.L. worker on site 24/7, personal care, medication assistance, recreational programming provided

b. Manors:

Self-Contained; Must be 65+ years of age and able to look after their own needs to live in Manors
Rent ceilings in place

At present no geographic boundary can be from out of area and apply for residence in Manors
Priority rating is done on all residents taking into a number circumstances (e.g. income, need, health)

c. Lodges:

Priority rating is done on all residents taking into a number circumstances (e.g. income, health status both physically and mentally)

Consults done with Home Care, Hospital and physicians

d. Satellite Homes:

e. Respite Accommodation:

Provided in hospital

f. Other: Rural and Native Housing

Income level is the main requirement, especially low income (e.g. single parents, single people)

No age restriction to apply for residence in this form of housing



5. Have there been any changes during the past three years in:

a. The number of beds allocated to seniors?

X	no
	yes If yes, describe these changes:

b. The number of beds occupied by seniors?

X	no
	yes If yes, describe these changes:

c. The types of clients being served?

X	no
X	yes If yes, describe these changes:

Must now meet the David Thompson Health Region (DTHR) criteria for admission
Must have higher needs

6. Do you have any plans to reduce or increase the number of beds for seniors in your facility?

X	no changes planned
	plan to reduce the amount of beds
X	plan to increase the amount of beds

Briefly describe any planned reductions or increases:

The Castor & District Housing Authority is currently partnering with the Alberta government to add 25 rooms to the existing lodge and renovating existing smaller rooms into larger units; also creating a large recreation area for residents and guests



7. In providing your services have you encountered any problems in:

a. responding to special needs of clients (e.g.. diet, language, culture)?

X	no
	yes If yes, describe:

b. staffing (e.g.. obtaining staff or volunteers, lack of necessary training)?

X	no
X	yes If yes, describe:

Difficult finding qualified workers because of wages and shift work

c. obtaining funding?

	no
X	yes If yes, describe:

Community taxes (local requisitioning) partially supports facilities

Increasingly difficult to balance a budget due to rising salary, maintenance, heating costs, etc.

Rural area have different needs than urban, there is always a stipulation for any money given

d. transportation?

	no
X	yes If yes, describe:

Drivers for Handi-bus are sometimes hard to find, many work other jobs; increasing fuel costs for use of Handi-bus may require an increase to clients this is of great concern to low income seniors and family

e. obtaining community support?

X	no
	yes If yes, describe:

f. other?

	no
	yes If yes, describe:



8. *Does your agency or organization cooperate with other groups, agencies or organizations that also provide services for seniors in your area?*

X

no

yes

If yes, describe:

Home Care, Continuing Care - LTC at Hospital, physicians, Acute Care, CDSS and FCSS, Lifeline, Meals On Wheels, Occupational Therapist, Mental Health, DTHR and several local community groups

9. *What suggestions do you have for:*

- a. *improving existing services?*

Paintearth Lodge runs very well under Housing umbrella

- b. *developing new services?*

Services will be needed and realized

- c. *improving existing accommodations, facilities or services?*

Clients / residents are expecting and wanting more in terms of space, private showers/tubs, etc

Maintenance is extremely important

Upgrade existing facilities

- d. *developing new accommodations, facilities or services?*

Build new supportive housing - assisted living building built in 1972 (34 years old)

Lodge addition will provide more space, newer technology, offer different living options

(e.g. 1-2 bdrm)





SENIORS' HOUSING NEEDS ASSESSMENT 2006 SERVICE PROVIDERS SURVEY RESULTS

SP2.HCF - Service Providers Survey Results

Health Care Facilities (Continuing Care - LTC; Assisted Living)

1. What is the name and address of your agency / organization?

Name: Coronation Continuing Care // Our Lady of the Rosary Hospital & Care Centre

Address: Mail Bag 500 Coronation, Ab T0C 1C0 // P.O. Box 329 Castor, Ab. T0C 0X0

2. How would you categorize your agency or organization (check all applicable)

PUBLIC

<input type="checkbox"/>	federal
<input checked="" type="checkbox"/>	provincial
<input checked="" type="checkbox"/>	regional or municipal
<input type="checkbox"/>	other (please specify)

NON-PROFIT / CHARITABLE

<input type="checkbox"/>	religious
<input type="checkbox"/>	service organization
<input type="checkbox"/>	community group
<input type="checkbox"/>	other (please specify)

PRIVATE

<input type="checkbox"/>	commercial operation
<input type="checkbox"/>	other (please specify)

3. Please check the type of accommodation , facility or services provided by your agency or organization and enter the corresponding numbers that are requested.

HEALTH CARE FACILITIES

a. Continuing Care:

b. Long Term Care:

c. Palliative Care / Hospice:

d. Assisted/Supportive Living:

e. Respite Accommodation:

f. Other: please specify

EXISTING CAPACITY		CURRENT LEVEL OF USE		WAITING LIST	
# of existing beds for seniors		# of beds currently occupied by seniors		# of seniors on a waiting list	
Castor	Coronation	Castor	Coronation	Castor	Coronation
20	23	20	23	n/a	0
same as a.Continuing Care					
provided in Hospital					
see Special Accommodations Survey					
2	1				



4. Briefly describe the types of health care facilities that you checked above. Also describe any special eligibility that apply to the types of special accommodation provided by your agency or organization. These would include any provisions relating to the age, marital status, religion, ethno-cultural background, health status, level of income or geographic area of residence of the client group to be served.

a. **Continuing Care:**

An assessment form is completed by Home care Nurse and submitted to the David Thompson Health Region (DTHR) Placement Office

Services are provided by a Health Care Team, made up of physicians, nurses, rehab staff, dieticians, pharmacists, housekeepers, and other professional staff and services

b. **Long Term Care:**

see a. Continuing Care

c. **Palliative Care / Hospice**

provided in Hospital

d. **Assisted/Supportive Living:**

see Special Accommodation Survey

e. **Respite Accommodation:**

Require an assessment by Home Care

f. **Other (please specify):**

5. Have there been any changes during the past three years in:

a. **The number of beds allocated to seniors?**

X	no
	yes

If yes, describe these changes:

b. **The number of beds occupied by seniors?**

X	no
	yes

If yes, describe these changes:

c. **The types of clients being served?**

	no
X	yes

If yes, describe these changes:

Increasing number of clients with dementia and Alzheimer's



6. Do you have any plans to reduce or increase the number of beds for seniors in your facility?

<input checked="" type="checkbox"/>	no changes planned
<input type="checkbox"/>	plan to reduce the amount of beds
<input type="checkbox"/>	plan to increase the amount of beds

Briefly describe any planned reductions or increases:

7. In providing your services have you encountered any problems in:

a. responding to special needs of clients (e.g.. diet, language, culture)?

<input checked="" type="checkbox"/>	no
<input type="checkbox"/>	yes If yes, describe:

b. staffing (e.g.. obtaining staff or volunteers, lack of necessary training)?

<input type="checkbox"/>	no
<input checked="" type="checkbox"/>	yes If yes, describe:

Recruiting of professional staff and health care providers

(e.g. physiotherapy, occupational therapists, trained health care aids, registered nurses'

c. obtaining funding?

<input checked="" type="checkbox"/>	no
<input type="checkbox"/>	yes If yes, describe:

d. transportation?

<input type="checkbox"/>	no
<input checked="" type="checkbox"/>	yes If yes, describe:

Drivers for Handi-bus are sometimes hard to find, many work other jobs; increasing fuel costs for use of Handi-bus may require an increase to clients this is of great concern to low income seniors and family

e. obtaining community support?

<input checked="" type="checkbox"/>	no
<input type="checkbox"/>	yes If yes, describe:

f. other?

<input type="checkbox"/>	no
<input type="checkbox"/>	yes If yes, describe:



8. *Does your agency or organization cooperate with other groups, agencies or organizations that also provide services for seniors in your area?*

X

no

yes

If yes, describe:

DTHR, Assisted Living (Supportive Living), Home Care, CDSS and Acute Care
Community Lodge and Seniors Housing; David Thompson Health Region (DTHR)

9. *What suggestions do you have for:*

- a. *improving existing services?*

Dedicated drivers for transportation between Castor, Coronation and Consort (3C's)

More volunteer hours

- b. *developing new services?*

More support for persons choosing to stay in their homes (e.g. access to nursing services 24/7)

Handi-man services (e.g. lawn and snow removal, odd jobs)

- c. *improving existing accommodations, facilities or services?*

Ensure existing facilities are functional, bathrooms can accommodate wheelchairs, access to personal shower vs. a communal tub

- d. *developing new accommodations, facilities or services?*

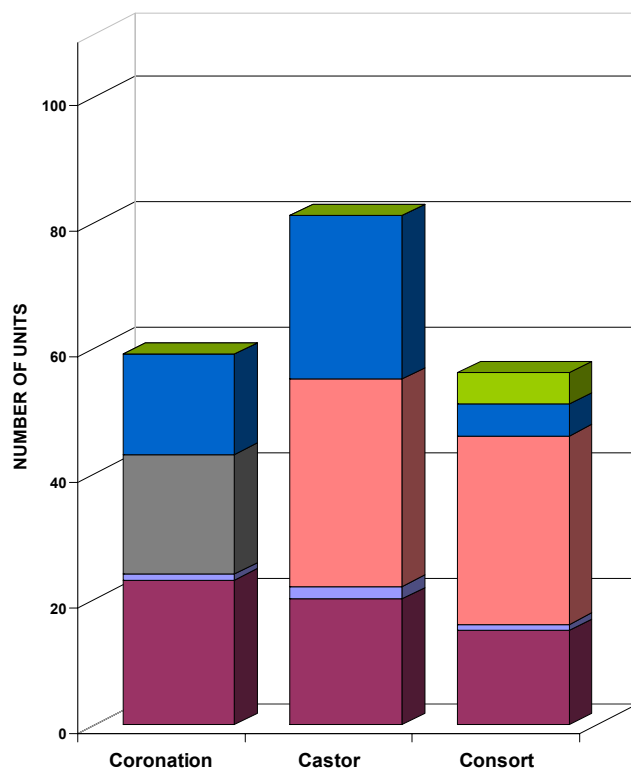
Develop housing option - age in place - services

Regular transportation to Red Deer for activities

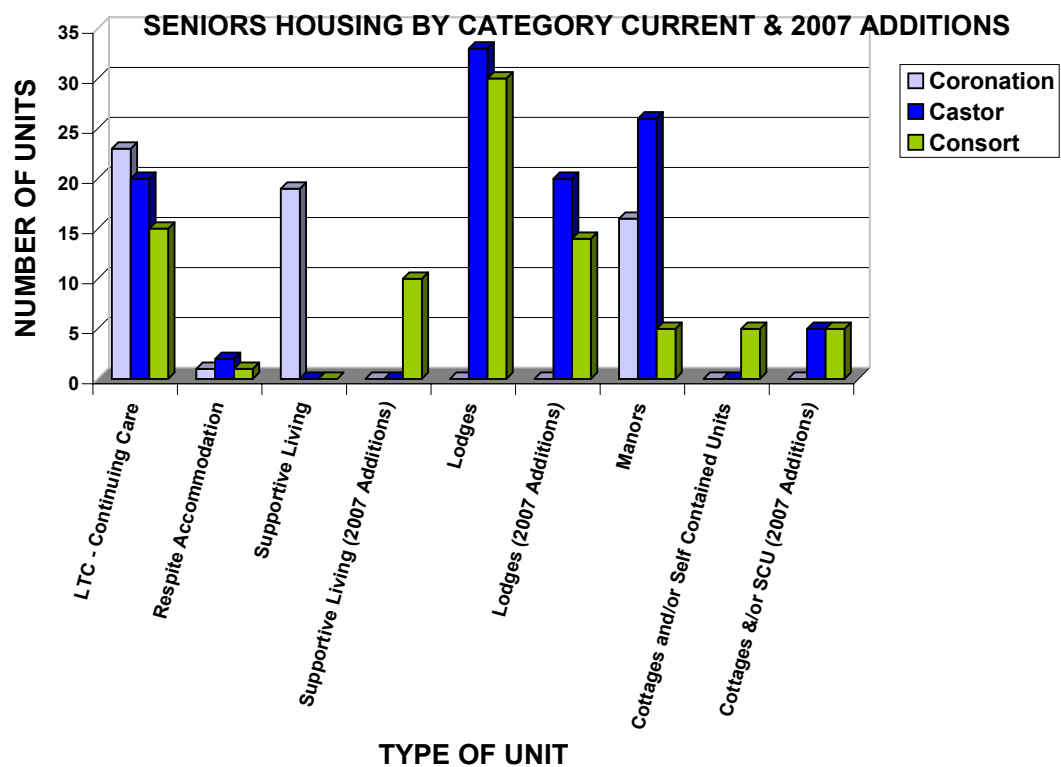
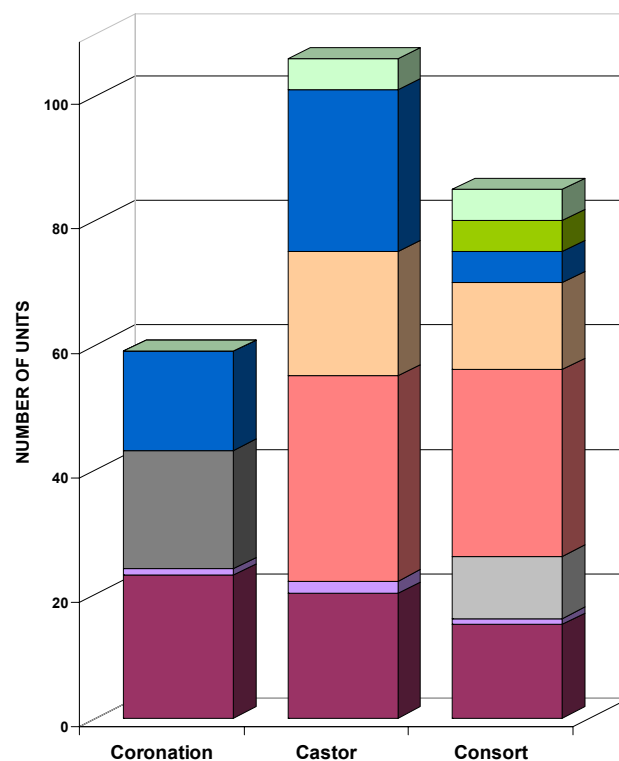
Attract high income seniors who can pay to have more services (e.g. indoor parking for scooters, indoor swimming pool)



CURRENT HOUSING AVAILABLE TO SENIORS



PROPOSED 2007 HOUSING AVAILABLE TO SENIORS





SENIORS' HOUSING NEEDS ASSESSMENT
2006 SERVICE PROVIDERS SURVEY RESULTS
SP3.CSS - Service Providers Survey Results
Community Support Services (FCSS)

1. *What is the name and address of your agency / organization?*

Name: Coronation & District Support Services // Village of Veteran

Address: Mail Bag 500 Coronation, Ab T0C 1C0 // P.O. Box 439 Veteran, Ab. T0C 2S0

2. *How would you categorize your agency or organization (check all applicable)*

PUBLIC

- | | |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | <i>federal</i> |
| <input checked="" type="checkbox"/> | <i>provincial</i> |
| <input checked="" type="checkbox"/> | <i>regional or municipal</i> |
| <input type="checkbox"/> | <i>other (please specify)</i> |

NON-PROFIT / CHARITABLE

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | <i>religious</i> |
| <input checked="" type="checkbox"/> | <i>service organization</i> |
| <input type="checkbox"/> | <i>community group</i> |
| <input checked="" type="checkbox"/> | <i>other: Government of Alberta Non-Profit (Family & Community Support Services)</i> |

PRIVATE

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | <i>commercial operation</i> |
| <input type="checkbox"/> | <i>other (please specify)</i> |



- ## COMMUNITY SERVICES

- | EXISTING CAPACITY | | CURRENT LEVEL OF USE | | WAITING LIST | |
|---------------------------------|------------|-------------------------------------|------------|--------------------------------|------------|
| # of seniors that can be served | | # of seniors currently being served | | # of seniors on a waiting list | |
| | Coronation | | Coronation | | Coronation |
| X | ~100 | X | ~50 | | |
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| X | ~20 | X | 6 | | |
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| X | ~100 | X | ~50 | | |
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COMMUNITY SERVICES**w. Widow Support Service:****x. Senior Service Club:****y. Volunteer/Self Help Service:****z. Home Delivery Service:****aa. Education/Rec Services:****bb Other: Volunteer Income Tax**

EXISTING CAPACITY		CURRENT LEVEL OF USE		WAITING LIST	
# of seniors that can be served		# of seniors currently being served		# of seniors on a waiting list	
Veteran	Coronation	Veteran	Coronation	Veteran	Coronation
30		6 to 8		0	
X	~100	X	~50		

4. Briefly describe the community support services that you checked above. What days of the week and hours are the services that you provide available to seniors. Also describe and include any special eligibility that apply to the types of special accommodation provided by your agency or organization. These would include any provisions relating to the age, marital status, religion, ethno-cultural background, health status, level of income or geographic area of residence of the client group to be served.

a. Information & Referral:

8:30 am to 4:30 pm; 5 days a week (Monday to Friday)

b. Seniors Counselling Service:**c. Emerg. Response Service****d. Security Service (Lifeline):****e. Special Transportation:****f. Volunteer Driver Service:****g. Handyman Service:****h. Home Maintenance Service:**

i. *Consulting (home repairs):*

j. *Home Adaptations Service:*

k. *Home Repair Service:*

l. *Equipment/Aids Loan Service:*

m. *Homemaker Service:*

8:30 am to 4:30 pm; 5 days a week (Monday to Friday)

Office employs homemaker to go into the home; Homemaker sets up time/dates with client.

CDSS will pay some/all of the cost of the homemaker dependent.

n. *Meals-On-Wheels:*

o. *Wheels-To Meals:*

p. *Seniors Citizen Centre:*

q. *Seniors Day Care:*

r. *Alzheimer's Service:*

s. *Senior Programs:*

8:30 am to 4:30 pm; 5 days a week (Monday to Friday)

Assist seniors in filling out government forms

t. *In Home Family Relief Service:*

u. *Friendly Visiting Service:*

v. *Telephone/Check Up Service:*

w. *Widow Support Service:*

x. *Senior Service Club:*

Veteran & Community Seniors Society meets at Community Hall every Tuesday afternoon



y. **Volunteer/Self Help Service:**

z. **Home Delivery Service:**

aa. **Education/Rec Services:**

bb **Other (please specify):**

8:30 am to 4:30 pm; 5 days a week (Monday to Friday)

Fill out income tax (at no charge) for low income seniors.

5. *Have there been any changes during the past three years in:*

a. *The number of seniors that can be served?*

X

no

--

yes If yes, describe these changes:

b. *The number of seniors being served?*

--

no

X

yes If yes, describe these changes:

As seniors become more aware of the services available to seniors through CDSS, more and more seniors are coming for assistance (e.g. 3 years ago CDSS filled ~10 'Special needs For Senior' applications, CDSS currently fill out ~30 applications: ~33% increase)

c. *The types of clients being served?*

X

no

--

yes If yes, describe these changes:

6. *Do you have any plans to reduce or increase the amount of community service that you provide?*

X

no changes planned

--

plan to reduce the amount of services

--

plan to increase the amount of services

Briefly describe any planned reductions or increases:



7. In providing your services have you encountered any problems in:
a. responding to special needs of clients (e.g.. diet, language, culture)?

X	no
	yes

If yes, describe:

- b. staffing (e.g.. obtaining staff or volunteers, lack of necessary training)?

	no
X	yes

If yes, describe:

Currently have no staff and great difficulty obtaining volunteers.

- c. obtaining funding?

	no
X	yes

If yes, describe:

CDSS funding is unlikely to change due because of population based funding, therefore as administration costs increases the amount of dollars available for programs decreases.

- d. transportation?

X	no
	yes

If yes, describe:

- e. obtaining community support?

X	no
	yes

If yes, describe:

- f. other?

X	no
	yes

If yes, describe:



8. *Does your agency or organization cooperate with other groups, agencies or organizations that also provide services for seniors in your area?*

X

no

yes

If yes, describe:

CDSS attends weekly discharge meetings at the hospital where Home Care, Occupational Therapy, RN's, physicians and Continuing Care Counselor may be present

9. *What suggestions do you have for:*

- a. *improving existing services?*
- b. *developing new services?*
- c. *improving existing accommodations, facilities or services?*
- d. *developing new accommodations, facilities or services?*

To all of the above, Seniors in the community need to take a proactive approach. There are many groups in the community who also are asking for money, services, facilities, etc. If you want something you must be willing to do the work in order to get it. You cannot expect others to do it for you. Remember, there is strength in numbers.





SENIORS' HOUSING NEEDS ASSESSMENT
2006 SERVICE PROVIDERS SURVEY RESULTS
SP4.HC-HCS - Service Providers Survey Results
Home Care / Health Care Services

1. *What is the name and address of your agency / organization?*

Name: Coronation Community Health Centre
Address: P.O. Box 338 Coronation, Ab. T0C 1C0

2. *How would you categorize your agency or organization (check all applicable)*

PUBLIC

- | | |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/> | <i>federal</i> |
| <input checked="" type="checkbox"/> | <i>provincial</i> |
| <input type="checkbox"/> | <i>regional or municipal</i> |
| <input type="checkbox"/> | <i>other (please specify)</i> |

NON-PROFIT / CHARITABLE

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | <i>religious</i> |
| <input type="checkbox"/> | <i>service organization</i> |
| <input type="checkbox"/> | <i>community group</i> |
| <input type="checkbox"/> | <i>other:</i> |

PRIVATE

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | <i>commercial operation</i> |
| <input type="checkbox"/> | <i>other (please specify)</i> |



3. Please check the type of services provided by your agency or organization and enter the corresponding numbers that are requested.

HOME CARE SERVICES

a. *Health Promotion & Fitness:*

b. *Diet & Nutrition Services:*

c. *Geriatric Services:*

d. *Case Management:*

e. *Home Care Nursing:*

f. *Adult Day Care:*

g. *Occupational Therapy:*

h. *Physiotherapy:*

i. *Foot Care Clinic:*

j. *Other: Palliative Care Nurse*

Other: Respiratory Therapist

EXISTING CAPACITY		CURRENT LEVEL OF USE		WAITING LIST	
# of seniors that can be served		# of seniors currently being served		# of seniors on a waiting list	
	Coronation		Coronation		Coronation
as needed			45		0
as needed			40		0
as needed			30		0
not available					
as needed			2		0
as needed			5		0

4. Briefly describe the home care services that you checked above. What days of the week and hours are the services that you provide available to seniors. Also describe and include any special eligibility that apply to the types of special accommodation provided by your agency or organization. These would include any provisions relating to the age, marital status, religion, ethno-cultural background, health status, level of income or geographic area of residence of the client group to be served.

a. *Health Promotion & Fitness:*

Promote healthy living through client education and referrals to other agencies.

Currently do not offer specific health promotion and fitness classes.

b. *Diet & Nutrition Services:*

Nutritionist no longer available to Home Care; clients that need these services are referred to the hospital dietician.

Meals on Wheels are provided Monday to Friday through the hospital at a cost; clients to this program as well.



c. *Geriatric Services:*

Majority of clients are geriatrics, currently have a Community Care Counsellor and Seniors Mental Health worker available by referral.

Public Health nurse provides immunizations to seniors as needed.

d. *Case Management:*

Please see below.

Also, consultations with physicians, mental health, occupational therapy, pharmacist, etc.

e. *Home Care Nursing:*

Nurse / LPN Monday to Friday

Assessment, care planning document, foot care, referrals, discharge planning, education, wound care management.

Health aids available 7 days a week and 5 evening a week provide personal care, medication assistance, respite care and am/pm care

f. *Adult Day Care:*

'Seniors Day Out' available through the hospital

g. *Occupational Therapy:*

Available in Home Care 2 to 3 days a week 8:30 to 15:30. In home assessment, care planning treatment, Alberta Aids to Daily Living equipment provision, documentation, consultation re. Home renovations for the disabled, provision of adaptive devices and education

h. *Physiotherapy:*

Not available through Home Care

i. *Foot Care Clinic:*

High risk residents/clients receive foot care with Home Care. Foot care clinic twice a month in hospital with ~ 20 to 30 clients.

j. *Other: Palliative Care Nurse*

For pain and symptom management, available as needed by referral

Other: Respiratory Therapist

1 to 2 times a month or as needed



5. *Have there been any changes during the past three years in:*

a. *The number of seniors that can be served?*

☐

no

☒

yes

If yes, describe these changes:

Evening services have been increased from 3 to 5; also increase in seniors receiving home care services.

b. *The number of seniors being served?*

☐

no

☒

yes

If yes, describe these changes:

same as above

c. *The types of clients being served?*

☐

no

☒

yes

If yes, describe these changes:

Increase in dementia clients and those with mental health illnesses

6. *Do you have any plans to reduce or increase the number of services that you provide?*

☐

no changes planned

☐

plan to reduce the amount of services

☒

plan to increase the amount of services

Briefly describe any planned reductions or increases:

As need arises services are increased



7. In providing your services have you encountered any problems in:

a. responding to special needs of clients (e.g.. diet, language, culture)?

	no
X	yes

If yes, describe:

Deal with special needs of clients. Some examples would be inaccessible businesses for the handicapped, inaccessibility of the arena, curb cuts, uneven sidewalks, cleaning of sidewalks

b. staffing (e.g.. obtaining staff or volunteers, lack of necessary training)?

	no
X	yes

If yes, describe:

No physiotherapist available in Home Care. Clients have a difficulty hiring live-in caregivers when these are required

c. obtaining funding?

	no
X	yes

If yes, describe:

People on social assistance have limited abilities to cope with financial challenges of living on a fixed income. Many of the assistance programs have very strict guidelines and are not available to everyone.

d. transportation?

	no
X	yes

If yes, describe:

Clients, especially those on fixed incomes, have a very difficult time finding transportation to appointments with specialists in the cities. When clients can no longer drive there are limited options, they experience increased isolation and difficulty managing day to day needs.

e. obtaining community support?

X	no
	yes

If yes, describe:

f. other?

	no
X	yes

If yes, describe:

Many clients have expressed a need for other housing options, especially a 2 bedroom apartment, larger than current manors, allowing couples to remain together.



8. *Does your agency or organization cooperate with other groups, agencies or organizations that also provide services for seniors in your area?*

	no
X	yes

If yes, describe:

Regularly co-ordinate services available with other organizations or refer clients to appropriate agencies.

9. *What suggestions do you have for:*

- a. *improving existing services?*

Start budgeting immediately for replacement of supportive housing facility (Assisted Living). That low income housing be available to low income seniors.

- b. *developing new services?*

Seniors fitness programs, support groups for people with chronic illness.

- c. *improving existing accommodations, facilities or services?*

Elevator / stair lift at the arena, more curb cuts and improve sidewalks.

- d. *developing new accommodations, facilities or services?*

See answer #7. All seniors cannot afford condo prices but if the community or individuals invested in these buildings then the condo could be available for rent or purchase. Location of housing is extremely important, ideally having it downtown or close to downtown. Need an indoor pool that is wheelchair assessable.





SENIORS' HOUSING NEEDS ASSESSMENT 2006 FAMILY PHYSICIAN SURVEY RESULTS

The physicians of Coronation, Castor and Consort were invited to participate in a Seniors' Needs Assessment Survey, all surveys were mailed out in January of 2006 with a self addressed / postage paid return envelope.

Family Physician 2006 Survey

Like most communities, ours has many senior citizens. The number will probably continue to grow because older Canadians seem to want to stay in their communities. Will there be adequate support services for seniors in the future? You will appreciate that we should consider this question now so that we can better plan for the future.

We need to identify community services available to seniors now and to assess how requirements are likely to change over time. Family physicians can play an important part in this assessment by providing information about their practice and provide input into the existing and anticipated senior support services within your community.

We would like you to complete the questionnaire, which begins on the next page. It should take about 30 minutes. Please fully answer those questions that do apply and return by March 1st, 2006.

The following are the 2006 Needs Assessment Survey Results for the Physicians in the 3C's (Coronation, Castor & Consort)





SENIORS' HOUSING NEEDS ASSESSMENT SURVEY 2005

Family Physician

1. *Approximate number of seniors (65+) presently served in your practice?*

Two physician practice with approx. 450 seniors

2. *What do you expect that number will be in five years?*

An increase of approx. 20%

3. *Approximately, what percentage of your practice time is spent serving this age group?*

Approx. 40 - 50% (two physician practice)

4. *How much do you expect that time will increase within the next five years?*

An increase of approx. 20 - 25 %

5. *Are there seniors in your practice that currently require and have no access to any of the following:*

<input type="checkbox"/>	<i>Seniors Housing (independent lifestyle)</i>
<input checked="" type="checkbox"/>	<i>Supportive Housing (Lodge)</i>
<input checked="" type="checkbox"/>	<i>Assisted Living</i>
<input type="checkbox"/>	<i>Protective Care Services</i>
<input type="checkbox"/>	<i>Long Term Care (nursing home)</i>

6. *Given your knowledge of illnesses inflicting the elderly patients and rates of progression how many seniors in your practice do you anticipate may require the following services within the next five (5) years?*

<input checked="" type="checkbox"/>	<i>Seniors Housing (independent lifestyle)</i>
<input checked="" type="checkbox"/>	<i>Supportive Housing (Lodge)</i>
<input checked="" type="checkbox"/>	<i>Assisted Living</i>
<input checked="" type="checkbox"/>	<i>Protective Care Services</i>
<input checked="" type="checkbox"/>	<i>Long Term Care (nursing home)</i>

An increase of approximately 20 - 25%
in all of these services

7. *In your opinion, would the quality of service of long term and protective care patients be better served within a hospital setting or as part of an overall seniors housing project?*

Favour a Seniors' Lodge Complex close to or on hospital grounds, perhaps with a connecting link', exemplified by the link from continuing care to supportive living. Services such as laundry, housekeeping and dietary might be provided by existing hospital infrastructure. Easier access to medical, nursing, physiotherapy and other services. If need to be hospitalized ambulance services should not be necessary.

Seniors' Lodges do not need to be 'close to downtown' as examples exist in other communities that work very well (eg. Castor).

An acute care hospital setting is not ideal, nor recommended for long term care or protective care patients, as it does not replicate a 'home like' environment, nor encourage independence, activity etc.



8. *What advise would you give the Seniors' Housing Committee in their continued lobby to secure appropriate housing, support services and medical supports to meet the needs of Coronation present and future senior population?*

Special effort to recruit and retain staff for nursing, medical services, home care, lab & radiology services. All of the above are essential services for a good quality of life for seniors in rural Alberta.

Work with the federal, provincial and local government to insure the necessary funding to get this housing project which is absolutely essential for the future of the town.



The Coronation and District Seniors Housing Society wishes to thank the Alberta Real Estate Foundation for their grant and helping to make this project possible.



The Alberta Real Estate Foundation supports real estate related initiatives that enhance the industry and benefit the people of Alberta. The Foundation's revenues come from the interest earned on public money deposited in real estate brokers' pooled trust accounts.

Learn more at www.aref.ab.ca.



Phone (403) 228-4786
Toll Free Within Alberta 1 (800) 520-2485
Email grants@aref.ab.ca
www.aref.ab.ca

The Coronation and District Seniors Housing Society wishes to thank the Town of Coronation for their funding and assistance in the reproduction of the Coronation Seniors' Housing Needs Assessment



Town of Coronation
P.O. Box 219
Coronation, Alberta
T0C 1C0
Phone (403) 578-3679
www.town.coronation.ab.ca

