

# Co-housing and dementia villages: Social innovations offer alternatives for long-term care

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Credit: AI-generated image ([disclaimer](#))

COVID-19 has amplified [existing cracks in the long-term care \(LTC\) system in Canada](#). We need socially innovative solutions to help seniors age safely and with dignity.

From [co-housing](#) to [community paramedicine programs](#), [home-based primary care](#) to publicly funded [dementia villages](#), there is hope on the horizon.

As a social innovation designer, I study complex challenges with the aim to find the common approaches needed to solve these issues and not just manage the symptoms.

To better understand the challenges of the LTC system in Canada, I [interviewed stakeholders involved in approaches attuned to individuals' needs at different stages of aging](#)—all of which are socially innovative.

Here are some solutions that can help when it comes to redesigning the LTC system.

## Senior co-housing

One of the goals outlined in the [National Institute on Ageing's National Seniors Strategy](#) is to help seniors stay active, engaged and maintain their independence. But many seniors struggle [finding suitable housing](#)—especially affordable housing.

While [retirement homes](#) exist, for many [the costs are out of reach](#)—so [some are choosing co-housing](#).

Louise Bardswich is a retired college dean and [co-owns a home in Port Perry, Ont.](#) She and three other women [pulled their resources together to build a shared home](#).

Their home features design elements that will allow them to age in place—like wheelchair accessible bathrooms, a spacious kitchen and a guest room that can be used for a live-in caretaker. The housemates pool their resources to cover costs, Bardswich estimates her monthly costs at

\$1,100.



This co-owned home was designed to allow the housemates to share space, build community and comfortably age in place. Credit: Louise Bardswich

While \$1,100 is not affordable for everyone, its considerably cheaper than a LTC facility in Ontario—the long stay semi-private option is [\\$2,280.04 per month](#).

Co-housing can be difficult due to zoning bylaws but legislation put forth in 2019 [called the Golden Girls Act](#), named after Bardswich and her fellow co-owners, aims to make it easier for seniors to create co-housing.

## **Community paramedicine programs**

An integral part of supporting older adults to continue living safely in their homes is ensuring that they have access to the services they need. One innovative example is [community paramedicine programs](#). These [programs use existing trained emergency medical personnel to provide primary health care](#) to people who may have a difficult time leaving the home to see a doctor.

JC Gilbert is the deputy chief in charge of operations at the County of Simcoe Paramedic Services. In the five years since the launch of its [community paramedicine programs](#), Gilbert says there's been a positive [impact on patient's overall well-being](#) and reduced [emergency calls](#). "We're seeing people able to cope with their illness much better at home."

The Ontario Ministry of Health currently funds [the development of community paramedicine programs](#) across every region of Ontario.

## Home-based primary care

[House Calls](#) is a [primary health care](#) practice for home-bound seniors living in Toronto, led by Dr. Mark Nowaczynski and [SPRINT Senior Care](#).

Dr. Nowaczynski explains that [seeing people at home gives health practitioners the ability to gain a more holistic understanding of a patient's health and well-being](#) that is not possible during an office visit. The level of care he and his team provide [can prevent hospitalizations](#) and admissions to nursing homes.

According to Dr. Nowaczynski, House Calls serves 450 seniors with an average age of 89. "We make it possible for our patients to live out their days at home and die at home," he says.

Dr. Nowaczynski estimates that in Toronto there are 100,000 to 150,000 seniors who would benefit from [home-based primary care](#). Between House Calls and other programs, "We're probably meeting the needs of not even two percent of that population. So, we are barely scratching the surface and the consequences of that are that there's a large population of seniors who are receiving inadequate ongoing care."

Making it [possible for people to age at home has been shown to reduce the reliance on the health care system and be cost effective](#). Some countries have even shifted more of their health-care budget to community and home-based care. Denmark spends 36 percent of its LTC funding on care in designated buildings (like nursing homes), and the rest on home and community-based care.

In Canada, only [13 percent of its LTC budget goes to home and community-based care](#).

## **Dementia villages**

[Dementia villages](#) are communities of care designed to give their residents freedom and choice within a safe and supporting environment.

The first dementia village in the world opened in 2009 in the Netherlands. [The Hogeweyk](#) is an intentionally designed village with 23 houses for 152 seniors living with dementia. The village has a bar, restaurant, theater, grocery store, streets and gardens for residents to use and enjoy. [It is publicly funded and runs on a budget comparable to conventional nursing homes](#).

Providence Living in partnership with Island Health [will open Canada's first publicly funded dementia village care model in Comox, B.C.](#) With construction starting this year, it will feature smaller households that support freedom of movement, access to nature and connection with the

community.

Candace Chartier, president and CEO of Providence Living, explains that this village concept is not just about the physical design but encompasses a shift in the model of care in which residents, staff, family members work together to create a [home](#) environment where residents can thrive.

These examples show potential for the future of LTC in Canada—the challenge is to make them the new standard of care instead of a patchwork of services that result in wait lists, drive-up health care costs and create confusion for seniors and their caregivers.

Canada's LTC can become a human-centered system that helps seniors get the care they need. But first we need to make humane, dignified care for seniors a top priority.

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