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SOCIAL AND ECONOMIC DIMENSIONS OF AN AGING POPULATION

Local Planning for an Aging Population in Ontario: Two Case Studies

Lynda M. Hayward

SEDAP Research Paper No. 47

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June 2001

The Program for Research on Social and Economic Dimensions of an Aging Population (SEDAP) is an interdisciplinary research program centred at McMaster University with participants at the University of British Columbia, Queen's University, Univérsité de Montréal, and the University of Toronto. It has support from the Social Sciences and Humanities Research Council of Canada under the Major Collaborative Research Initiatives Program, and further support from Statistics Canada, the Canadian Institute for Health Information, and participating universities. The SEDAP Research Paper series provides a vehicle for distributing the results of studies undertaken by those associated with the program. Authors take full responsibility for all expressions of opinion.

LOCAL PLANNING FOR AN AGING POPULATION IN ONTARIO: TWO CASE STUDIES*

By

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A paper presented at the 29th Annual Scientific and Educational Meeting
of the Canadian Association on Gerontology,
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* This research was supported by a SSHRC Doctoral Fellowship (725-94-1454)

ABSTRACT

Local planning for an aging population in Ontario is multi-sectorial, involving a variety of policy initiatives and a complex funding system. It is important to understand what planning bodies have jurisdiction over issues associated with aging in the community, the extent to which such issues are acknowledged and acted upon, and how these planning initiatives come together in a local context. This paper examines planning activity related to aging issues in two contrasting upper-tier municipalities, Simcoe County and Metropolitan Toronto (prior to amalgamation), as case studies. Planning documents from the upper-tier municipalities, their constituent lower-tier municipalities, and corresponding District Health Councils were reviewed. On the surface, the aging of the populations of these two municipalities appeared to be much the same as for the province as a whole. However, the context in which these populations were aging was very different, not just at the upper-tier level, but also between and within their lower-tier municipalities. The specific aging related issues identified by the local planning bodies and the approaches used to address them varied considerably, often at a very local, neighbourhood level. It was found that in the absence of other contextual information, the proportion of the elderly in the population *per se* can be a poor indicator of the specific planning issues which develop.

Planning for an aging population involves a dynamic system of inter-related policy issues associated with housing, transportation, community support services and land use which present planners with a number of dilemmas which are particularly sensitive to local context. Examples would include issues associated with competing models of care and service delivery, provision of appropriate housing, access to facilities and services, community development, the introduction of housing options within neighbourhoods, and localized differences in demand, to mention a few. As Hodge (1991a:12) has argued, "next to health care professionals, [community] planners probably have the most to offer seniors in maintaining their independence". Local planners in Ontario show considerable variation in their recognition of issues associated with an aging population, and the approaches they use to address them. After a discussion of the context in which local planning for the elderly in Ontario is conducted, this paper examines the planning activity in two contrasting upper-tier municipalities, Simcoe County and Metropolitan Toronto (prior to amalgamation), as case studies.

Planning for Older People in Ontario

During the postwar period in Canada, there was a rapid growth in health and social programs for the elderly (Havens, 1989; Novick, 1985) at a time when gerontological expertise and research was underdeveloped (Marshall, 1987). The result has been "an uncoordinated panoply of aging and health policy initiatives at federal, provincial, and local levels" (Marshall, 1994:240). The federal government's primary policy area associated with aging is income security. It is constitutionally limited in its role in health, community and social services and housing policy, which are considered to be under provincial jurisdiction. However, it has considerable influence in these policy areas through a variety of cost-sharing arrangements with the provinces (McDaniel and Gee, 1993).

Within the provinces, aging policy tends to be compartmentalized by ministry and delivered at the local level, also involving a variety of cost-sharing arrangements. In addition, "service delivery policies are made throughout Canada at community and district levels, often without guidance, mandate, or financial support from higher levels" (Marshall, 1994:233). Although other non-governmental organizations and private interests also play a part, the public sector controls much of the planning, regulation, and funding of programs and services for the elderly in Ontario. In order to examine planning practice in Ontario, it is important to understand what local planning bodies have jurisdiction over issues associated with aging, the extent to which such issues are acknowledged and acted upon, and how these planning initiatives come together within a local context.

Local Planning Bodies in Ontario

As mentioned earlier, responsibilities of the federal and provincial governments are constitutionally determined, however local government institutions have no constitutional status. They are considered to be a responsibility of the province (Hodge, 1991b).

The provision of health and social services for the elderly has largely remained the prerogative of the Province of Ontario, under the Ministry of Health (Ontario, 1994). Local planning and resource allocation of long-term care services and facilities for the elderly had been delegated, subject to Ministerial approval, to District Health Councils which are special purpose bodies appointed by the Ministry. At that time, the Long-Term Care Division of the Ministry of Health (now the Ministry of Health and Long-term Care) also maintained area offices whose function was to implement the District Health Councils' plans. In addition to their administrative and regulatory tasks, these offices were also expected to "support community planning and local decision-making" with respect to long-term care, and form liaisons with local municipalities and planning bodies

(Ontario, 1996a:35). Although local municipal governments in Ontario had taken leadership in the integrated planning of health and social services for the elderly in the past (Novick, 1985), they now have very limited roles, usually at the upper-tier level as administrators/providers of provincially supported services such as municipal homes for the aged and social housing projects (Ontario, 1997). The federal government continues to play a relatively small role in health and social policy areas affecting the elderly, through a variety of grants and cost-sharing arrangements (Marshall, 1994; McDaniel and Gee, 1993).

Responsibility for the planning of land use, local infrastructure and transportation systems, associated urban design, cultural and recreational services and facilities, community and economic development, and the implementation of Provincial housing policy, has been delegated to local municipalities - subject to the approval of the Ontario Ministry of Municipal Affairs and Housing (*i.e.* Ontario, 1983; 1996b). Recent Ontario housing policy has not explicitly addressed issues associated with aging, rather it has focussed on the creation of opportunities to provide affordable housing, small scale intensification, and on ensuring that there is sufficient land designated for residential development to meet anticipated growth for the next decade (Ontario, 1995a).

However, it should be noted that with regard to housing issues, broad housing policy is centralized at the federal government level under the auspices of the Canada Mortgage and Housing Corporation (Golant *et al.*, 1991), largely due to the link between the housing industry and the economy. Although lacking jurisdictional authority, in effect, the Canada Mortgage and Housing Corporation represents senior governmental interests in issues associated with the housing of older people in Ontario. At the local level, they have actively promoted the development of housing options for older people through their regional offices, arguing that they "are in a strong position to serve as a catalyst to encourage appropriate linkages between services and housing" (Canada

Mortgage and Housing Corporation, 1992:26). However, such links do not appear to have developed in Ontario. Because of their extensive research program and growing resource centre, the main role of the Canada Mortgage and Housing Corporation in local planning for an aging population in Ontario has been as an initiator and supporter of pilot projects, a developer of planning tools, and as an important source of information concerning issues associated with the housing of the elderly.

In addition, there are other local planning bodies (*e.g.* social planning councils), or local advisory committees (*e.g.* the Toronto Mayor's Committee on Aging), which "act in an advisory capacity without decision-making responsibilities" with respect to issues associated with aging (Ontario, 1988:105). Some municipalities have social planning councils whose responsibilities include, "local planning, research, information sharing and advocacy. [However,] substantial differences exist among social planning councils with respect to their resources and their ability to provide effective planning services" (Ontario, 1988:104).

Other non-governmental organizations, professional, or private interests are represented in local planning activities through membership in committees, or through public consultation which is encouraged, or mandated in the case of municipal planning through the Planning Act (*i.e.* Ontario, 1983; 1996b), as part of the planning process.

In sum, there are two types of local planning bodies which have provincially delegated authority with respect to planning for older people: the District Health Councils, and municipal governments. However, they are answerable to two different provincial ministries - the Ministry of Health, and the Ministry of Municipal Affairs and Housing, and "interministerial coordination mechanisms are generally weak" (Marshall, 1994:241). In addition, each of these local bodies, especially municipalities, also have an internal compartmentalization of planning activities by department or committee. This is further compounded by a two-tiered municipal system for many communities

in Ontario.

General Awareness of Aging Issues

To examine how planning practice in Ontario addresses issues associated with an aging population, it would be useful to first look at the general awareness of this trend exhibited by local planning bodies across the province, particularly as they envision the future of their communities

During the extended process of long-term care reform in Ontario, the aging population was acknowledged as a major factor shaping policy (Ontario, 1993). Since this reform process resulted in the delegation of local planning responsibilities to Long-Term Care Committees in District Health Councils, these special purpose planning bodies have a mandate to examine issues associated with the provision of health and social services for the elderly. General awareness of these issues is high since even in districts with relatively young populations there is a demand for community services for older people. However, inter-related issues associated with land use, housing, and urban design are only marginal to their mandate which is primarily focussed on funding allocations for health and social services.

On the other hand, municipal planning bodies have a more general mandate. The extent to which they identify and address issues associated with an aging population is quite variable. Examining documents from 36 municipal visioning exercises in Ontario, it can be seen that a large majority of these municipalities across Ontario (80.6%) demonstrated some awareness of planning issues associated with an aging population (Hayward, 1998). On the other hand, with respect to specific policy areas, such as community services or housing, less than half of the municipalities mentioned issues associated with older people. The remaining 19.4 per cent of the municipalities, who made no mention of future aging trends or of specific issues associated with older residents in

the documentation they supplied, had visions and associated policies which usually incorporated inclusionary phrases such as "for all residents", or in a couple of cases, somewhat qualified statements similar to "for residents of all ages".

In these visioning documents, the use of inclusionary policy statements was common among both those who did and those who did not identify planning issues related to older people (61.1% in total). Such statements could reflect legal concerns (*e.g.* City of Etobicoke, 1990) with the possible violation of the Canadian Charter of Rights and Freedoms (Canada, 1982) or the Ontario Human Rights Code (Ontario, 1981), which prohibit discrimination on the basis of age. However, the Charter of Rights permits affirmative action to benefit the disadvantaged, and as of 1996 there were no examples in Canadian case law of challenges to policies or programs for senior citizens, with the exception of mandatory retirement age policies (Meehan *et al.*, 1997). Similarly, the Ontario Human Rights Code explicitly states that "a right ... to non-discrimination because of age is not infringed where an age of sixty-five years or over is a requirement, qualification or consideration for preferential treatment" (Ontario, 1981:254). Moreover, in Ontario there was a planning law precedent set in 1995, when the Ontario Municipal Board "held that a by-law for a residential care facility whose residents were required to be over 65 years of age did not infringe the Ontario Human Rights Code ... [or] the Canadian Charter of Rights and Freedoms" (Weir and Foulds, 1997:PA59). It would appear that the development of planning and policy initiatives specifically for senior citizens is permitted in Ontario provided that it is to their advantage. However, there is also a growing concern about what has become known as "people planning" by land use planners in Ontario (*eg*. Ontario, 1989; City of Etobicoke, 1995). This has led to a general understanding that municipal planners should regulate the use of land, not the characteristics of the users, which could also be contributing to the more inclusionary approaches. Although it is not

illegal to plan for the special needs of senior citizens in Ontario, inclusionary wording can be used to avoid potentially exclusionary impacts on other age groups, and possible legal challenges in the future. However, associated with these inclusionary approaches is a general assumption that if a variety of options (often unspecified) is available, then the needs of all residents will be met. While general inclusionary wording does not create barriers and could be used to enable or facilitate planning for older people, in the absence of specific policies dealing with issues associated with planning for an aging population, it provides little direction or incentive to address these issues.

In sum, there also was a considerable variation in the policy issues associated with aging that were identified in these visioning exercises. Given the information provided, it is difficult to determine whether the variation reflected a lack of awareness, differences in local context, or different, possibly more inclusionary, approaches to the issues. A more comprehensive appreciation of the complexity and variation of issues related to planning for an aging population at the local level in Ontario can be gained by comparing the planning activity in different upper-tier municipalities, plus their constituent lower-tier municipalities and corresponding District Health Councils, as case studies.

Two Case Studies

The Municipality of Metropolitan Toronto (Metro), and Simcoe County (see Figure 1) are good candidates for such a comparison for a number of reasons. In both instances the political boundaries of the upper-tier municipalities correspond with those of the District Health Council, which means that the major local planning bodies are contained within the same geographical area. In addition, the proportion of the population that was 65 years of age and over in 1991 was similar for both municipalities (12.8% for Metropolitan Toronto; 12.9% for Simcoe County) and only slightly above

the provincial average (11.7%)[1]. On the surface the aging of their populations appears to be much the same as that for the province as a whole.

However, Metropolitan Toronto is a highly urbanized community which contains about a quarter of Ontario's elderly population in a relatively small geographical area. As such, it represents an important component of planning for aging in Ontario. It has been argued that, "perhaps, nowhere else in Canada will aging be more strongly felt than in Metro in the next decade or so" (Municipality of Metropolitan Toronto, 1996:50). Moreover, Metro is a sending community, characterized by a net outflow of older migrants elderly which would be even greater if not for international immigration (Northcott, 1988; Rosenberg *et al.*, 1989).

By way of contrast, Simcoe County is largely a rural area offering a high level of recreational amenities which attract older migrants from all across Ontario (Dahms, 1996). It has about three per cent of Ontario's elderly population, distributed over a land area which is 7.5 times larger than Metropolitan Toronto (Ontario, 1995b). Although Simcoe County is only one of many receiving communities in Ontario (Dahms, 1996; Rosenberg *et al.*, 1989), it has the added advantage that recent political restructuring has stimulated a great deal of planning activity in the County providing excellent examples of current planning practice. In combination, these two examples present a broad range of issues associated with planning for an aging population.

In 1997, requests for information regarding local planning for the elderly, plus copies of Official Plans, were sent to the directors of each of the planning bodies within the two districts. In total, 29 local planning bodies were contacted and 26 (90%) responded providing a wide range of information and up-to-date planning documents. On the basis of this information, it was possible

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[1] Based on Statistics Canada 1991 census data as compiled by Strategic Projections Inc.

to obtain an overview of local planning practice with regard to issues associated with planning for an aging population within the two districts. Each will be examined in turn, beginning with a general profile.

Metropolitan Toronto

At the time of this research, the Municipality of Metropolitan Toronto, encompassed six lower-tier municipalities - the Cities of Etobicoke, North York, Scarborough, Toronto, and York, plus the Borough of East York (Figure 2). The Metropolitan Toronto District Health Council was responsible for the planning and allocation of funds for the long-term care health and social services provided to Metro's seniors by 113 different agencies (Metropolitan Toronto District Health Council, 1996).

This large metropolitan centre can be characterized as a sending community with a net outflow of older people, primarily to the surrounding regional municipalities which form the urban fringe and to high amenity areas elsewhere in Ontario (Rosenberg *el al.*, 1989). Migration schedules for Metro show more pronounced retirement peaks over a broader age range than for the nation as a whole (Liaw and Nagnur, 1985). Nonetheless, the municipality's own internal momentum associated with past growth in younger age groups who have remained in the community as they aged, plus international immigration, has resulted in the continued growth of its elderly population (Rosenberg *et al.*, 1989). As can be seen in Table 1, the numbers of people aged 65 and over have increased throughout Metro in the period between 1981 and 1991. With such large numbers of elderly in their constituent populations, it is reasonable to expect that local planning bodies would give consideration to the needs of this age group, as has been the case. All have dealt with a wide range of issues associated with an aging population in their planning documents.

However, the elderly population and associated planning issues are not equally distributed

across the metropolis. Using an index of segregation, Hodge and his associates (1994) found a pattern of generational separation in the Toronto Census Metropolitan Area that is unique in Canada. In 1991, age groups were intermixed in the central core of the city, while the elderly were highly concentrated in the inner suburbs, and younger age groups were dominant in the outer suburbs in what has come to be known as the "Greater Toronto Area". An alternative measure of the distribution of the elderly is location quotients, which basically indicate the extent to which the proportion of a group in the local population is above or below that of the province overall. For example, a location quotient of 2.0 would indicate that the proportion in the local population is twice that for the province as a whole. As can be seen in Table 1, there is considerable variation in the magnitude and the trends of location quotients for seniors (aged 65 and over) among the lower-tier municipalities in Metro. In the period between 1981 and 1991, the Cities of Etobicoke and North York have experienced a considerable aging of their populations, above the provincial proportion in 1991, while the population of the City of Scarborough has also aged but remained below the provincial average. The population in the City of Toronto, which contains the central core, became increasingly less elderly during this period and closely resembled the province overall by 1991. The Borough of East York had a similar decline in location quotients but remained well above the provincial average. Of the six municipalities, only the City of York maintained a relatively constant location quotient, also above average. With such localized differences in population aging, one would expect associated differences in planning.

When one examines the planning documents of the various planning bodies of Metro with regard to issues associated with an aging population, it can be seen that the out- migration of older people is of little policy concern (*e.g.* City of Toronto, 1991). The possible impact of elderly migration is dwarfed by the large flow of young families out of Metro into the urban fringe in the

"Greater Toronto Area" (Municipality of Metropolitan Toronto, 1996). This trend, coupled with a large number of older homeowners that are aging-in-place, has resulted in major changes in the demographic profiles of area municipalities as suburbs mature, beginning earlier in East York, now evident in Etobicoke and increasingly in North York. As can be seen in Table1, not only the proportions of baby boomers (born 1947 to 1966), but also their numbers, have declined in Etobicoke and North York in the period from 1981 to 1991. However, it has been estimated that "by 2011, over half of Metro's homeowners will be over the age of 55" (Municipality of Metropolitan Toronto, 1996:ii). As homeowners age-in-place and their children leave home, the associated decrease in the average household size has led to population losses in parts of Metro (Municipality of Metropolitan Toronto, 1996). Moreover, since growth has occurred in stages, there is considerable variation by neighbourhood within municipalities (City of Etobicoke, 1988a; City of York, 1989). As a result, the prevention of population decline and the maintenance of mixed community profiles have become major planning challenges requiring intervention in a number of the local municipalities (*e.g.* City of Etobicoke, 1988b). It should be noted that although the net effects of this trend are similar to those of rural communities who also have concentrations of the elderly due to aging-in-place coupled with the out-migration of younger age groups (Rosenberg *et al.*, 1989), the reasons for this trend differ, as do potential planning responses. While younger age groups are predominantly leaving rural communities for employment reasons, triggering economic development responses, an analysis of Metro's housing market has suggested that many young families are leaving because of a shortage of appropriate housing (Municipality of Metropolitan Toronto, 1996). Due to a limited supply of land for new or redevelopment, many of Metro's municipalities have formed what are basically local mobility policies encouraging the development of medium or high density housing options for older homeowners (especially condominiums),

explicitly to make more low density housing available to young families (Borough of East York, 1995; City of Etobicoke, 1988a; City of North York, 1996; City of Scarborough, 1997; City of York, 1989; Municipality of Metropolitan Toronto, 1996).

It is interesting that the City of Scarborough with an overall proportion of elderly well below the province overall, has recognized the aging trend in their population and has also adopted this policy. However, this should not be surprising since there are large parts of Scarborough that were developed during the same period as Etobicoke or North York, and share many characteristics with these communities. Scarborough's relatively young age profile can be attributed to its unique position in Metro as a municipality which still is developing "greenfields", albeit not for much longer (Municipality of Metropolitan Toronto, 1996; City of Scarborough, 1995). As a result of a more prolonged development period, coupled with changing patterns of immigration, the City of Scarborough's neighbourhoods exhibit a considerable diversity in population profiles (City of Scarborough, 1996).

Although the policy direction has been similar in these municipalities with maturing suburbs, they differ in the planning tools employed/proposed to ensure the implementation of these policies. Most have used more inclusionary land use designations permitting a broader range of uses, either as-of-right or under conditions (*e.g.* City of York, 1994) and zoning by-laws including the use of temporary zoning for garden suites (*e.g.* Borough of East York, 1995) and holding by-laws (*e.g.* City of Etobicoke, 1988b), but the specifics of these measures vary considerably. Additional examples of planning tools used/proposed in their planning documents to ensure a full range of options for older people are: location criteria for the redesignation of land (*e.g.* City of Etobicoke, 1990); secondary plans (*e.g.* City of Etobicoke, 1990; and City of Scarborough, 1997); special policy areas (*e.g.* Borough of East York, 1995); site plan control (*e.g.* City of Etobicoke, 1988c; and City of

Scarborough, 1990); density bonuses (*e.g.* Borough of East York, 1995; City of Etobicoke, 1990; City of Scarborough, 1997; and City of York, 1994); relaxing of parking or open space requirements (*e.g.* Borough of East York, 1995; and City of York, 1994); flexibility in development and other standards (*e.g.* City of Scarborough, 1994; City of York, 1994; and Municipality of Metropolitan Toronto, 1994); the wording of condominium declarations and other registered agreements (*e.g.* City of Etobicoke, 1990); partnerships with community organizations and the private sector (City of North York, 1996; Municipality of Metropolitan Toronto, 1994); innovative financial mechanisms (Municipality of Metropolitan Toronto, 1994); tax incentives (Municipality of Metropolitan Toronto, 1996); direct provision of housing (Municipality of Metropolitan Toronto, 1994; 1996); development of government land (City of Etobicoke, 1988b; Municipality of Metropolitan Toronto, 1996); support of demonstration projects (Municipality of Metropolitan Toronto, 1994; 1996); and streamlining of the development process (*e.g.* City of North York, 1996; and City of Scarborough, 1994). This long list suggests that, although any one municipality may focus on only a few strategies to obtain this goal, the current planning system in Ontario would appear to have sufficient flexibility to accommodate a wide variety of approaches. However, the successful application of many of these strategies requires a careful monitoring of neighbourhood change on an ongoing basis, first to indicate a need for intervention and later to gauge its effectiveness and unintended impacts (Municipality of Metropolitan Toronto, 1996). Moreover, given the overall aging of the population in Ontario, it is unlikely that such interventions will be able to recreate a young age profile in the suburbs, which means that local planners will still be faced with the challenge of converting services, facilities, and physical environments designed for young families to also accommodate an older population which requires services increasingly at a more decentralized, local or neighbourhood level (City of Etobicoke, 1988c).

In contrast to these more suburban municipalities in Metro, the City of Toronto has experienced a net inflow of younger age groups over the last decade. As can be seen in Table1, the numbers of residents 65 years of age and older has remained fairly constant, while the numbers and proportion of baby boomers in the City have increased. Moreover, there is little evidence of age segregation at the census tract/neighbourhood level in the central core of the Census Metropolitan Area, which is largely the City of Toronto (Hodge *et al.*, 1994). As one would expect, different planning issues associated with aging have developed. The main thrust of the City of Toronto's policy has been the physical and social integration of older people into the community, relying heavily on integrated housing policies and inclusionary wording in the Official Plan (City of Toronto, 1994) and Zoning By-laws, based on recommendations from the Toronto Mayor's Committee on Aging (City of Toronto, 1991). This committee, composed of 21 appointed citizens, the majority of whom must be age 55 and over, plus a member of Council and the Mayor, "advises City Council and City departments on matters affecting seniors" (City of Toronto, 1997). As such, it has a strong role to play in ensuring an integrated approach to planning for aging across City departments. For example, upon their recommendation, the community services and facilities section of the new Official Plan has a sub-section dealing with planning for the integration of older people and people with disabilities in the community, which includes a statement that: "Council will adopt policies and goals for housing, transportation, health, recreation, community services and facilities, and public works that will promote the provision of appropriate services" (City of Toronto, 1994:7.5). This advisory group has also advocated the involvement of older people in all aspects of the planning process, including representation on boards and committees such as the Toronto Transit Commission. The existence of such an advisory group at the municipal level in Metro appears to be unique to the City of Toronto. Other area municipalities appear to rely heavily on consulting firms or their planning

departments, for advise/research on issues associated with planning for an aging population, which may or may not involve public consultation. The North York Planning Department also mentioned research done at York University concerning aging issues in the City (Bergum *et al.*, 1992), and by the City's Public Health Department.

An additional challenges mentioned by a number of the Metro municipalities has been planning for the great diversity within the elderly population, which has been exacerbated by the large volume and changing cultural and ethnic backgrounds of post-war immigrants to the area (City of Etobicoke, 1988c; City of Toronto, 1991; City of York, 1989; Municipality of Metropolitan Toronto, 1996). Family reunification policies have resulted in an increase in the number of older immigrants arriving in Metro, which "will probably not have much effect on the proportion of older people ... but it may create significant new needs for service" (City of Toronto, 1991:18). Moreover, if as the migration literature suggests, the healthy and wealthy elderly are those migrating out of Metro, then those who remain in the community could be relatively needy. It may have been this great diversity that provided some of the impetus for the Metropolitan Toronto District Health Council's development of "a population needs-based approach to planning" for long-term care which is being tested throughout Ontario (Ontario, 1996c:3). This approach emphasized a "shift in focus from a compartmentalized approach to health planning (long-term care) to a population based approach (seniors 65+)", which facilitates the inclusion of broader community-based health determinants (Ontario, 1996c:32) and issues associated with an aging population. It also "encourages the comprehensive development of complementary strategies and collaboration between organizations/agencies" (Ontario, 1996c:42). However, this diversity plus increasing life expectancy have made it difficult to predict both the future numbers and the needs of Metro's aging population (City of Toronto, 1991). This has led to an emphasis by some of Metro's municipalities on the need

for flexibility in planning for an aging population, arguing that the:

> trends point to the need for greater flexibility in planning and policy making ... for example, the increasing proportion of elderly residents, coupled with government policies to keep people in the community mean the need to plan for a broader range of living environments and provision of facilities and programs". (City of Etobicoke, 1988c:39)

Nonetheless, as desirable as flexibility may be, community capacity and resource constraints will require some prioritizing of issues and the appropriate means of addressing these (Ontario, 1996c). To accomplish this, data at the appropriate level of aggregation are required, particularly at the neighbourhood level (Municipality of Metropolitan Toronto, 1996; Ontario, 1996c). A general lack of readily available data at this level with regard to health needs, has prompted the suggestion that, "one means of addressing the collection and assembling of baseline data is by way of agencies and service providers forming coalitions with planning agencies, academic institutions and others" (Ontario, 1996c:43). Similarly, to enable the development of healthy communities, Metro's Official Plan (Municipality of Metropolitan Toronto, 1994:46) proposes to set up a coordinated data management system to facilitate efficient research and information sharing, in addition to "assessing, in cooperation with other planning agencies and service providers, needs, characteristics, and changes within Metropolitan Toronto communities".

It is interesting that few of the lower-tier municipalities appear to have planning issues associated with the integration of planning for the elderly. The City of Toronto has internally addressed such issues through the work of the Mayor's Committee on Aging. A second exception is the City of Etobicoke, which recognized a number of integration issues associated with planning for human service needs. In addition to the difficulty of making accurate projections, Etobicoke's planners observed that much of the funding for community services came from the Province with little local input, and argued the need for a local coordinating and planning body (City of Etobicoke, 1991). Since that time, the responsibility for the planning of local health and social services for the

elderly has been delegated to local District Health Councils, supposedly filling that role. However, the City also observed a blending of distinctions between leisure and social service needs for the elderly in Etobicoke that required a more integrated delivery system (City of Etobicoke, 1988c), which would be beyond the mandate of the present District Health Council. It will be interesting to see how such issues will be handled with the restructuring of Metro into a single-tier municipality in 1998. At the time of this study, the upper-tier municipality appears to be the main municipal planning body in Metro expressing an interest in "cooperating with the Province, the Area Municipalities and the providers of health care, social services and housing" (Municipality of Metropolitan Toronto, 1994:46), and this is with specific reference to anticipating the impact of future residential development.

In sum, all Metro planning bodies currently address issues associated with the aging population. However, specific issues and the particular approaches used to address them, differ across the metropolis. The more suburban municipalities are concerned with aging population profiles, associated losses of population and changing service needs, and have chosen to approach these as local mobility issues. On the other hand, the City of Toronto has focussed on the general integration of older people into the urban fabric, largely addressing issues associated with aging-in-place and to a lesser extent with local mobility. Most of the planning bodies are trying to come to grips with the planning implications of the great diversity in Metro's elderly population, which is further complicated by evidence of considerable variation in population characteristics and aging issues within municipalities at the planning district or neighbourhood level. A lack of data, particularly at this level, has made planning for an aging population difficult for all planning bodies. In addition, little attention has been given to the integration of planning for an aging population, particularly across planning bodies, with the exception of some discussion of the advantages of pooling resources

to create a better data collection and information management system upon which to base decisions. It is interesting to see how these findings compare with those for a different planning district such as Simcoe County.

Simcoe County

Covering a large geographical area, Simcoe County has recently been restructured to form sixteen lower-tier municipalities, in addition to the two separated Cities of Barrie and Orillia which are not formally part of Simcoe County's governmental structures or subject to its Official Plan. Before this decade there were more than 30 different municipalities within the County. The restructuring which took place in 1991 and 1994 has been major, not just involving amalgamation but also changes in borders, and some lands have yet to be transferred in 1998. For example, as can be seen in Figure 2, parts of what used to be the Township of Medonte are now in four different municipalities. After the restructuring, many of the newly formed municipalities had four or more sets of Official Plans and Zoning By-laws. As a result, there has been considerable recent planning activity in the County, at both the upper- and lower-tier levels. Hence, many of the planning documents supplied by the municipalities were very current. In addition, the County has a wide range of contrasting community types, from the rapidly growing urban centre that is the City of Barrie, to the sparsely populated rural agricultural Township of Adjala-Tosorontio, to the rapidly aging recreation-oriented community of Wasaga Beach. Compared with Metropolitan Toronto, even the restructured County has a daunting number and variety of municipalities. On the other hand, the District Health Council only has to deal with approximately 25 local agencies providing long-term care health and social services (Simcoe County District Health Council, 1996a), as compared with more than 113 in Metro. There are also a number of First Nation lands in the County which are under Federal and Band jurisdiction, and not

dealt with in detail in this analysis.

In general, this county is a receiver of large numbers of elderly migrants to the high amenity areas on Georgian Bay (Dahms, 1996), and migrants of all ages to the southern communities which are on the fringe of the "Greater Toronto Area". Preliminary figures from the 1996 Census of Canada indicate that Simcoe County's growth rate over the preceding five years was more than twice the provincial average (Canada, 1997). As can be seen in Table 2, the number of residents 65 years of age and over in Simcoe County increased by 42.4 per cent in the decade from 1981 to 1991. However, the declining location quotient in 1991 indicates that this increase had not kept up with that of the general population. Unfortunately, population statistics were not available for the 1994 municipalities, however in Table 2, the 1991 municipalities have been grouped together to approximate the new municipalities. For example, the new Township of Clearview contains the major portions of the old Township of Notawasaga, the Village of Creemore, the Town of Stayner, and the Township of Sunnidale, which have been grouped together. As can be seen in Table 2, there is considerable variation in the distribution of the elderly population both within and between the municipalities in Simcoe County. The majority of the municipalities bordering on Georgian Bay, specifically the Towns of Collingwood, Midland, Penetanguishene, and Wasaga Beach, plus the Townships of Tay, Tiny, and the old Township of Matchedash (now part of the Township of Severn), have proportions of elderly in their populations which are well above that of the province overall. On the other hand, the Town of Bradford West Gwillimbury on the southern border of the County has an increasing number of older people in its population, but a rapidly declining proportion of elderly, well below the province overall. The Town of New Tecumseth, also on the southern border, shows a different pattern with the proportion of older people in the population increasing rapidly, possibly because of its retirement communities. In general, the rural townships that are not bordering

large bodies of water have relatively low proportions of elderly in their populations except in their larger settlements such as Creemore, Stayner, Coldwater, and Elmvale. These are probably what are commonly termed "local service centres" which are known to attract the retired rural residents, although Creemore has also become a trendy tourist community (Dahms, 1996). The two major urban centres, the Cities of Barrie and Orillia, show contrasting patterns, with Orillia's proportion of seniors remaining well above the provincial average, while the proportion of elderly in Barrie's population has dropped to below the provincial average.

Before planning for local health and social long-term care services for the elderly was delegated to the Simcoe County District Health Council, the County of Simcoe had a small Senior Citizens' Planning Department, and a Senior Services Committee of Council. The County had a pivotal position in local planning for the elderly, in that it was both a planner and provider of local community services, administratively connected to the lower-tier municipality's planning departments. For example, in 1989 the County's Senior Citizens' Planner put together a Municipal Planners Task Force with the goal "to provide a forum in which planning recommendations are formulated with regard to senior services and housing" (Simcoe County, 1990:Appendix A). Their recommendations to Council "were drawn up to assist communities in addressing the needs of seniors when they conduct the required updates of their Municipal Housing Policy Statements and Official Plans and in their review of specific development proposals" (Simcoe County, 1991:1), and specifically addressed issues associated with accessory housing (apartments and garden suites), adaptable housing, and accessible housing. Shortly after this time, with the restructuring of the County and the transfer of many local health and social planning responsibilities to the District Health Council, the position of Senior Citizens' Planner was terminated, and the link with many local municipalities was lost. The County has representation on the District Health Council's Long-Term

Care Committee as a service provider, primarily Homes for the Aged. Although the District Health Council's "Multi Year Plan" speaks of the importance of linking with other service systems, they predominantly refer to linkages within the health care community. Hence, as a result of a provincial initiative to co-ordinate local health and social services planning, Simcoe County has become a classic example of the sectorial separation of the planning of housing and the planning of community services for the elderly observed by Schwenger (1989) and Marshall (1994), as is probably the case throughout Ontario. However, in Simcoe County an initiative towards a more integrated approach to planning for an aging population at the local level has been lost.

However, this does not mean that the recommendations of the Municipal Planners Task Force have been lost. General awareness of issues associated with an aging population is quite high in the County's municipalities. A number of the municipalities have since developed policies regarding accessory apartments (*e.g.* Simcoe County, 1997; Town of Midland, 1994; the old Township of Orillia, 1991; Township of Tay, 1994; Township of Tiny, 1997), and garden suites (*e.g.* Simcoe County, 1997; Township of Clearview, 1996; Town of Innisfil, 1997; Township of Tay, 1994; Township of Tiny, 1997), albeit only for rural/agricultural land use designations in most cases. Given the great range of land uses in many of these rural municipalities, from urban to agricultural, it is not unusual to have policies that apply to specific designations, or specific settlements. Like Metropolitan Toronto, there is considerable variation between and within municipalities in the identification of issues associated with an aging population, and the particular approaches used to address them in Simcoe County.

As a receiving community, a common planning issue in Simcoe County associated with planning for an aging population, not found in Metro, is the development of retirement/adult lifestyle communities. Although these developments are commonly located in rural areas, there also is one

situated in the City of Orillia. This exception was an interesting example of a proactive approach taken by a local municipal government to supply much needed seniors housing by inviting proposals to buy and develop City land as a "Continuing Care Retirement Community" (City of Orillia, 1987). A number of Simcoe County municipalities have developed or proposed policies concerning retirement communities, usually as a land use designation that requires site specific amendments of the Official Plan and possibly the Zoning By-law (*e.g.* City of Orillia, 1988; Town of Innisfil, 1997; Town of New Tecumseth, 1996a; Township of Oro-Medonte, 1997; Township of Springwater, 1997). One municipality was able to sidestep the issue when the proponent was not able to demonstrate a market for this type of community, and another is in the early stages of reviewing the Official Plan and is just beginning to look at these issues (Town of Bradford West Gwillimbury, 1997). To some extent, retirement communities are a "wild card" in Simcoe County. The population projections and scenarios developed for the proposed Simcoe County Official Plan (Simcoe County, 1997) did not include estimates of growth from the development of retirement communities. However, an adult lifestyle community the size of Briar Hill in the Town of New Tecumseth (1996b) which will have 900 units with an estimated 1660 residents predominantly from outside the local area, will have a considerable effect on the age profile of a town which had 2,475 residents aged 65 and over in 1991. The planning issues are very different from those for a comparably sized condominium development in Metro which would predominantly attract local seniors. The long-term impact is not clear, especially with regard to the future demand for community services. Some of Simcoe's municipalities have location criteria for these communities, to ensure that they are near community services and facilities (*e.g.* Township of Springwater, 1997). Others encourage the developer to plan for a continuum of care on the site, so that residents can age-in-place (*e.g.* City of Orillia, 1988; Town of Innisfil, 1997; Town of New Tecumseth, 1996b). However, given the present

difficulty obtaining long-term care bed allocations in under-serviced areas of the County (Simcoe County District Health Council, 1996b), this may not be possible. The new Official Plan of one municipality (Township of Springwater, 1997) has limited the number of adult lifestyle communities which can be developed during the life of the Plan, to help regulate this growth.

On the other hand, it is interesting that there is a general absence of special planning policies for the elderly in a number of the municipalities on Georgian Bay, where so many retired people have settled (Dahms, 1996). In their responses to the request for information, the planners in the Towns of Collingwood, Penetanguishene, and Wasaga Beach, indicated that special policies were not required since their land use designations and Zoning By-laws were sufficiently permissive or inclusive to allow for a wide range of housing options for seniors, and that they were generally receptive to development proposals targeting older people. One can only speculate on the apparent lack of aging issues in these communities. The location quotients (Table 2) indicate that the proportions of elderly in their populations are well above the provincial average, but appear to be dropping or stabilizing, possibly contributing to a lack of concern about future aging trends. In addition, these towns are more geographically concentrated than the more rural municipalities in the County, possibly resulting in fewer concerns about access to community services and facilities.

In general, the great geographical diversity within this third largest county in southern Ontario has meant that issues associated with an aging population are very localized, presenting major challenges to those trying to plan for the County as a whole. To meet these challenges and respond to local needs, the Simcoe County District Health Council has set up its own two tiered planning system for long-term care services. They have divided the County into planning areas whose borders, interestingly enough, correspond more closely to the old municipal borders than the new. Three representatives from each of these districts sit on the County Committee, in addition to

representatives from the Native and Francophone communities, the County, and the Cities of Barrie and Orillia. The First Nations in Simcoe County generally do their own planning and delivery of community services, although the Long-Term Care Act (Ontario, 1994) does allow for agreements with First Nations for the provision of services. The local committees found a considerable variation between planning areas in terms of service needs, access to and utilization of community services. Moreover, they found the prediction of future needs to be difficult, particularly in the rapidly changing high growth areas of the south where it was difficult to estimate numbers of potential users, let alone the severity of disability and utilization rates. More information, concerning the characteristics of migrants likely to be attracted to specific communities would be helpful.

In sum, the sectorial separation between planning for community health and social services and planning for housing, land use and urban design has become more polarized in recent years in Simcoe County. Developments, such as retirement communities, which are bringing large numbers of older people into the community, could benefit from a more integrated approach. In particular, these developments exacerbate the difficulties of predicting the number and characteristics of the future elderly in the County. Once again as was the case in Metro, it can be seen that the aging of the population differs considerably within the County, and within lower-tier municipalities, as do associated planning issues and the approaches taken to address them. If additional examples of local planning for an aging population were examined, it seems reasonable to expect that specific issues and approaches would similarly differ, however the general findings would be much the same as for the two case studies described.

Summary and Conclusions

To summarize, an environment has evolved for planning for an aging population in Canada that is

fragmented, ill-structured, turbulent and unpredictable. Planning for an aging population involves a broad range of inter-related, sometimes conflicting, planning issues associated with housing, transportation, community services and land use, which are particularly sensitive to local context (Hayward, 1998). However, local planning in Ontario with regard to these issues is multi-sectorial, involving a variety of policy initiatives, limited jurisdictions, and a complex funding system. Although it would appear that a large proportion of local planning bodies in Ontario are aware of issues associated with an aging population, the specific issues that are identified and the approaches used to address them vary considerably.

Although situationally different, the Municipality of Metropolitan Toronto and Simcoe County illustrate some important common aspects of local planning for an aging population in Ontario. While both appeared to have average population age profiles, they exhibited a considerable variation in the geographical distribution of their older population within and between the lower-tier municipalities. Under these conditions, it would be unreasonable to expect that the same aging issues would be common throughout the district, but rather that they would be sensitive to local context. In the absence of other contextual information, the proportion of the elderly in the population *per se* can be a poor indicator of the specific planning issues which develop. For example, the two planning districts had similar overall aging profiles but very different planning issues. On the other hand, the Cities of Scarborough and Etobicoke had very different proportions of elderly in their populations but identified a common housing issue associated with elderly homeowners aging-in-place. Specific issues associated with the aging population and approaches used to address them, were found to vary considerably with local context. Issues also differ within planning districts at a very local, often neighbourhood level. However, there is a lack of information at this level of detail on which to base planning decisions. As a result, there was a common need

expressed by local planning bodies for more shared information concerning the characteristics of older residents at a local/neighbourhood level.

However, sectorial barriers at both the provincial and local level have made it difficult for local planners to take an integrated approach to address these issues, particularly those concerning the links between community services and housing (Marshall, 1994). In Simcoe County, the attempt by the Provincial government to integrate long-term care planning under the District Health Council has served to widen this gap. There is little reason to believe that other local planning districts in Ontario would be much different, especially when the geographical boundaries of the District Health Council do not correspond to upper-tier municipal boundaries. Under the present system, no planning body has a clear mandate to ensure integrated local planning for an aging population, or that much needed information is shared. Any movement toward a more integrated approach depends on the good will of local planning bodies and requires a concerted effort to be maintained in times of fiscal restraint and staff cutbacks. Many continue to compartmentalize responses to issues associate with aging, accompanied by a considerable redundancy in the collection and organization of information.

If there is to be effective local planning for an aging population in Ontario, these sectorial barriers need to be addressed. It would appear that they are not going to disappear without intervention at both the Provincial and local levels.

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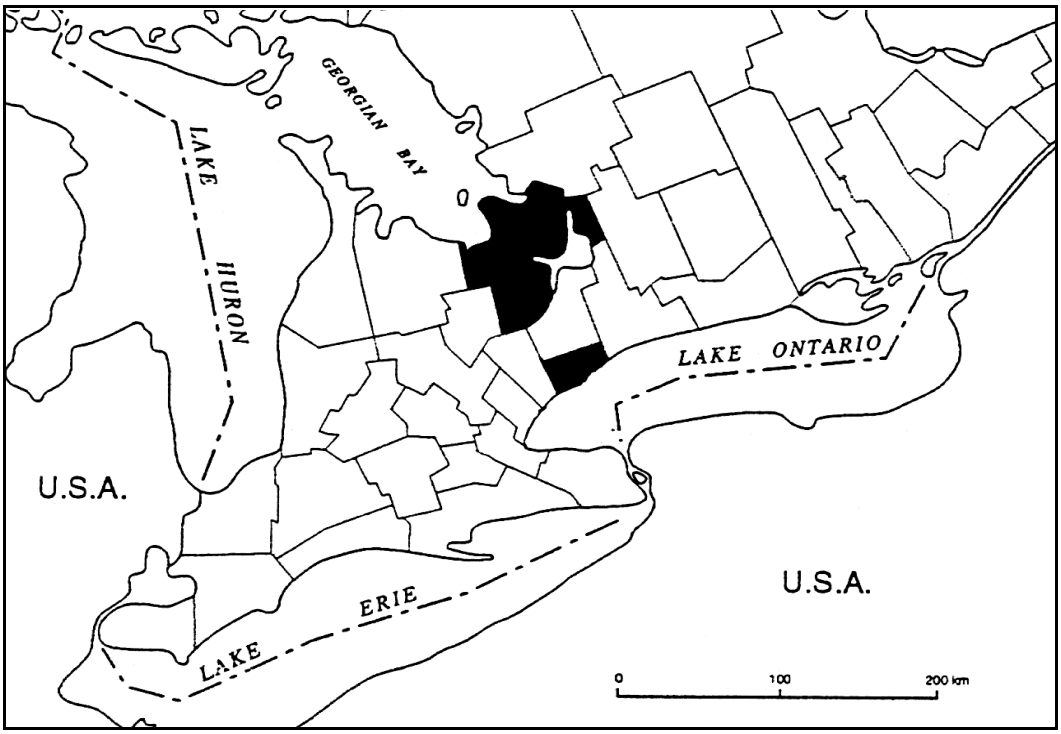

Figure 1 Location of case studies within Ontario

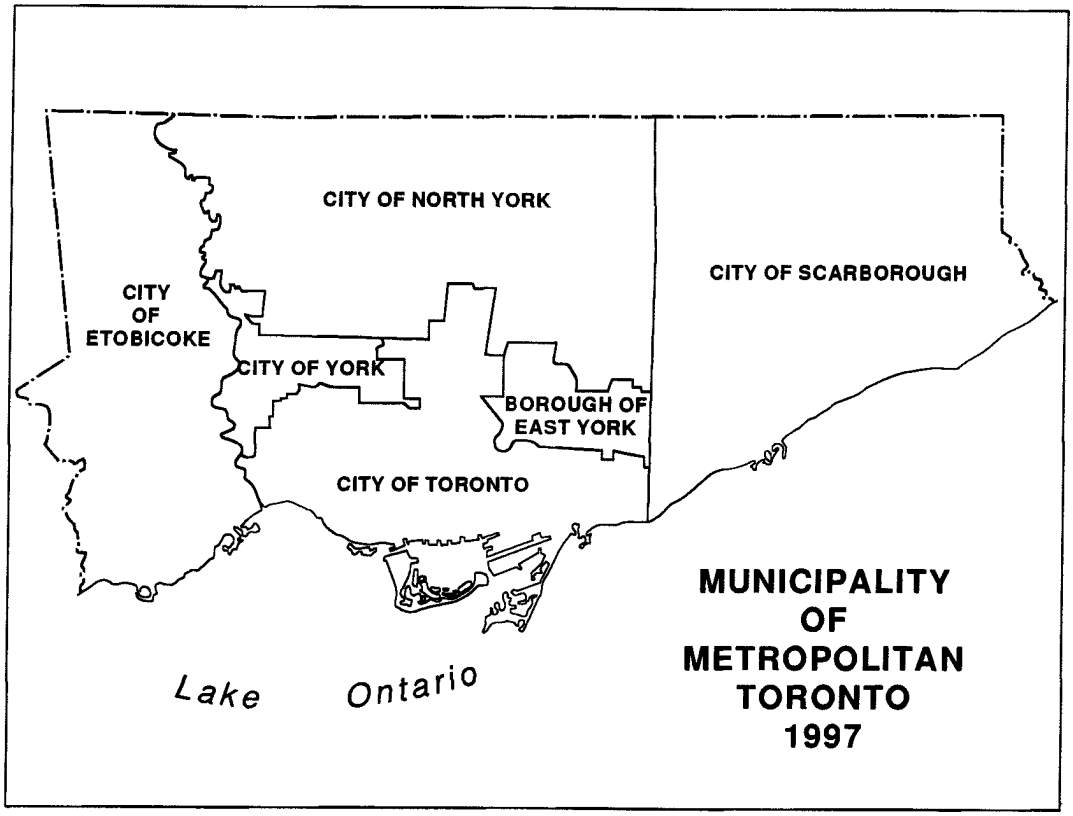

Figure 2 Political boundaries of the Municipality of Metropolitan Toronto in 1997.

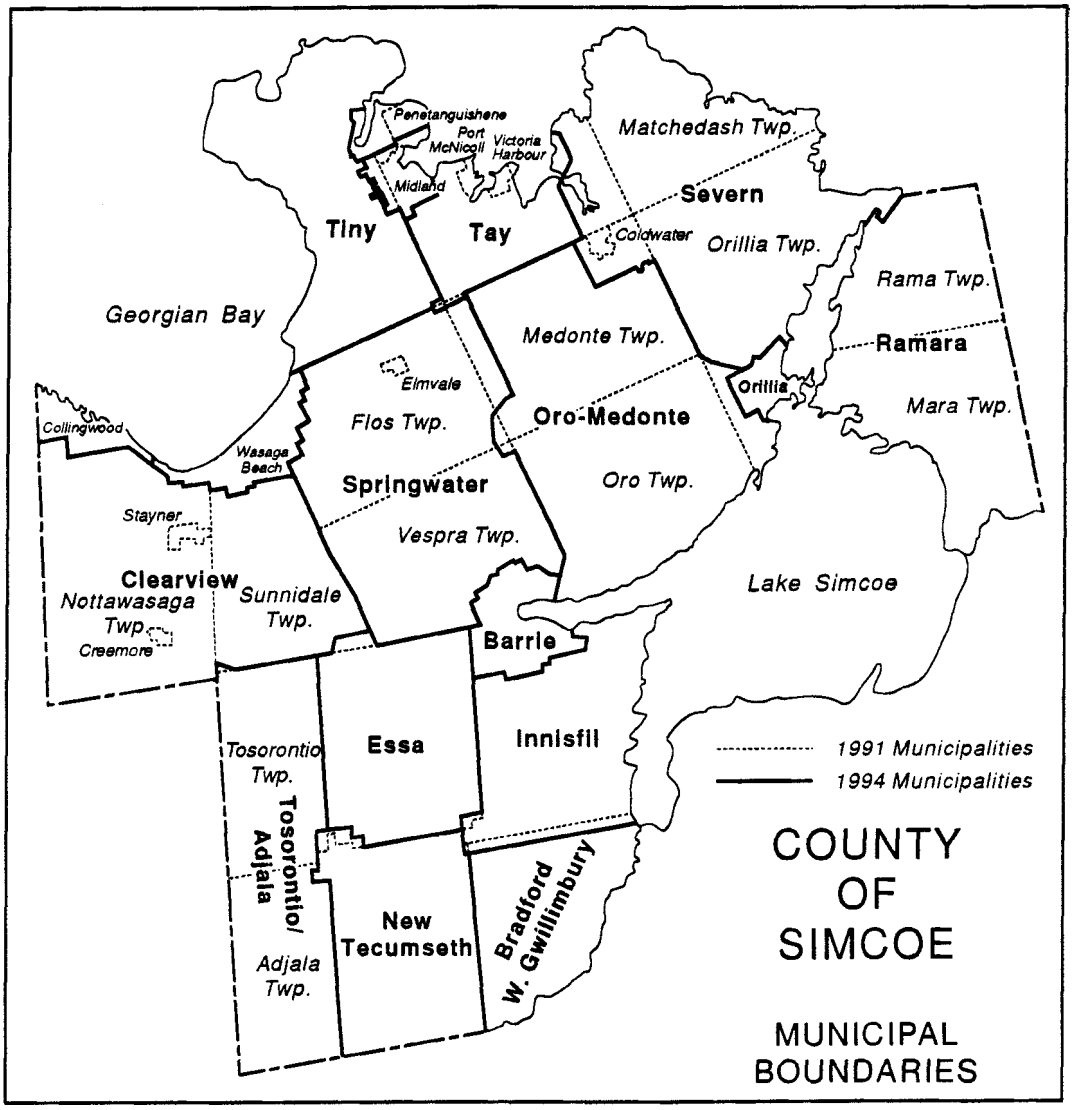

Figure 3 Political boundaries of Simcoe County, 1991 and 1994.

Table 1 Location quotients for seniors (65+) and "baby boomers" (born 1947-1966) in Metropolitan Toronto and Area Municipalities, 1981 - 1991

Municipality	Location Quotients (number) 1981	1986	1991
Municipality of Metropolitan Toronto			
Seniors	1.05 (226,115)	1.05 (252,160)	1.09 (291,105)
Boomers	1.03 (777,947)	1.07 (805,330)	1.06 (814,650)
City of Etobicoke			
Seniors	1.04 (31,209)	1.12 (37,045)	1.25 (45,455)
Boomers	.99 (104,239)	.98 (102,240)	.97 (101,660)
City of North York			
Seniors	.96 (54,293)	1.07 (65,155)	1.19 (78,430)
Boomers	1.01 (199,860)	1.00 (191,120)	.96 (182,765)
City of Scarborough			
Seniors	.76 (34,067)	.81 (42,725)	.89 (54,535)
Boomers	1.02 (160,886)	1.02 (170,120)	1.01 (179,000)
City of Toronto			
Seniors	1.24 (74,668)	1.10 (73,275)	1.02 (76,285)
Boomers	1.09 (230,546)	1.21 (255,010)	1.22 (262,175)
City of York			
Seniors	1.17 (15,808)	1.18 (17,405)	1.17 (19,295)
Boomers	1.00 (47,858)	1.08 (50,210)	1.08 (51,255)
Borough of East York			
Seniors	1.57 (16,070)	1.50 (16,555)	1.42 (17,105)
Boomers	.96 (34,558)	1.05 (36,630)	1.09 (37,795)

Source: Statistics Canada 1981, 1986 and 1991 census data as compiled by Strategic Projections Inc.

Table 2 Location quotients for seniors (65+) in Simcoe County and Area Municipalities, 1981 - 1991

Municipality	Location Quotients (number) 1981	1986	1991
Simcoe County	1.15 (26,064)	1.18 (30,750)	1.10 (37,110)
City of Barrie	.99 (4,315)	1.03 (5,415)	.93 (6,820)
City of Orillia	1.48 (3,560)	1.58 (4,160)	1.52 (4,625)
Town of Bradford West Gwillimbury	.79 (919)	.75 (1.070)	.59 (1,230)
Town of Collingwood	1.48 (1,792)	1.52 (2,020)	1.44 (2,290)
Town of Innisfil	1.68 (2,271)	1.70 (2,710)	1.26 (3,215)
Town of Midland	1.29 (1,582)	1.36 (1,785)	1.42 (2,305)
Town of New Tecumseth	.89 (1,444)	.91 (1,675)	1.04 (2,475)
Town of Penetanguishene	1.41 (781)	1.27 (775)	1.23 (960)
Town of Wasaga Beach	2.11 (1,000)	2.00 (1,120)	1.90 (1,390)
Township of Adjala	.73 (284)	.65 (290)	.73 (385)
Township of Tosorontio	.68 (195)	.64 (235)	.50 (240)
Township of Notawasaga	1.18 (556)	1.08 (565)	.98 (605)
Village of Creemore	1.71 (204)	1.87 (240)	1.78 (275)
Town of Stayner	2.05 (522)	2.07 (645)	1.71 (690)
Township of Sunnidale	.77 (183)	.78 (195)	.72 (235)
Township of Essa	.44 (602)	.48 (700)	.48 (795)
Township of Oro	1.12 (781)	1.20 (990)	1.13 (1,200)
Township of Medonte	.96 (396)	.90 (445)	.83 (570)
Township of Rama	1.56 (222)	1.40 (230)	1.09 (255)
Township of Mara	1.43 (545)	1.57 (730)	1.64 (930)

(continued)

Table 2 (continued)

Municipality	Location Quotients (number) 1981	1986	1991
Township of Orillia	1.18 (818)	1.30 (1,015)	1.29 (1,230)
Village of Coldwater	1.97 (191)	1.66 (195)	1.73 (255)
Township of Matchedash	1.64 (85)	1.59 (90)	1.11 (80)
Township of Vespra	.61 (311)	.65 (415)	.62 (565)
Township of Flos	.84 (212)	.80 (225)	.72 (255)
Village of Elmvale	2.26 (269)	2.03 (330)	1.82 (355)
Township of Tay	1.07 (684)	1.30 (925)	1.31 (1,075)
Village of Port McNicoll	.98 (185)	.81 (160)	.84 (175)
Village of Victoria Habour	1.50 (167)	1.38 (175)	.98 (180)
Township of Tiny	1.31 (936)	1.39 (1,180)	1.32 (1,395)

Source: Statistics Canada 1981, 1986 and 1991 census data as compiled by Strategic Projections Inc.

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