Age Friendly Community Plan

The Village on Main

MAIN STREET DARTMOUTH COMMUNITY IMPROVEMENT DISTRICT

"Canadian communities are generally not prepared to meet the needs of an aging population"
- CMHC, 2008

June 2017
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David W. Harrison Ltd.

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Community Profile and associated appendices updated August 2018 by Emilie Pothier; maps by Karen Brake.

Acronyms

AFC	Age Friendly Community
AFCT	Age Friendly Community Team
AV	Affirmative Ventures
CID	Main Street Community Improvement District
DCHT	Dartmouth Community Health Team
DGH	Dartmouth General Hospital
DSSC	Dartmouth Seniors Service Centre
HNS	Housing Nova Scotia
HRM	Halifax Regional Municipality
NSCC	Nova Scotia Community College, Akerley Campus
OVCCC	Ocean View Continuing Care Centre

Table of Contents

About the Main Street Community Improvement District		*5*
	• Village on Main • The Extended District • Dartmouth East	*5* *6* *8*
Community Profile		*9*
	• Seniors Population • Income Distribution • Households • Transportation	*10* *12* *13* *14*
Vision		*16*
List of Goals		*16*
Goal 1	Open Space and Built Environment	*18*
Goal 2	Transportation	*23*
Goal 3	Housing	*26*
Goal 4	Social Connectivity and Civic Engagement	*30*
Goal 5	Health and Community Support Services	*33*
Goal 6	Community Economic Development (Silver Economy)	*36*
Goal 7	Awareness and Communication	*39*
Goal 8	Implementation	*41*
List of Champions, Actions and Start Dates		*42*
Idea Bank		*44*
	Appendices • Age Friendly Small Business Checklist • Statistics Canada Data Analysis Method • Demographics • Implementation Guide	 *46* *48* *50* *57*

About the Main Street Community Improvement District

The "Village on Main" is transforming the Main Street area of Dartmouth into a "welcoming community by increasing accessibility to the neighbourhood, fostering new developments, and promoting greater density to transition from a corridor into a pre-eminent urban community in the Dartmouth suburbs."

The business improvement district has recently become a "Community Improvement District" and this Age Friendly Community (AFC) Plan is an integral part of that change. The AFC plan it is intended to create and support:

- The designation of the District as an Age Friendly Community and certified as such by the World Health Organization
- Transformation of the community into a suburban village that blends commercial and residential opportunities
- An inclusive and sustainable community where spaces and neighbours are welcoming and connected
- Solidifying the commercial district – already location of the largest number of health services in Nova Scotia – as a "health hub"
- The use of an "age friendly" lens by taking an "8 to 88" approach for planning and decision-making
- Transformation of the area's housing stock, ensuring that residents are cared for, involved in the community, and are able to "age well in place" in their own community, and
- Pursuit of community economic development opportunities associated with an aging population.

Main Street within Dartmouth

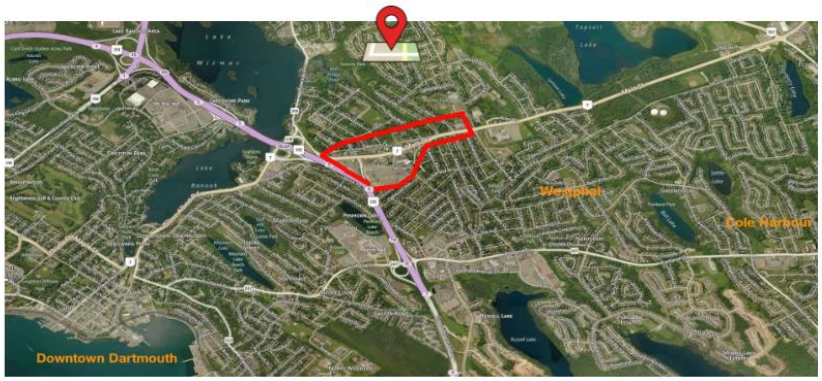


Image courtesy of Bing Maps

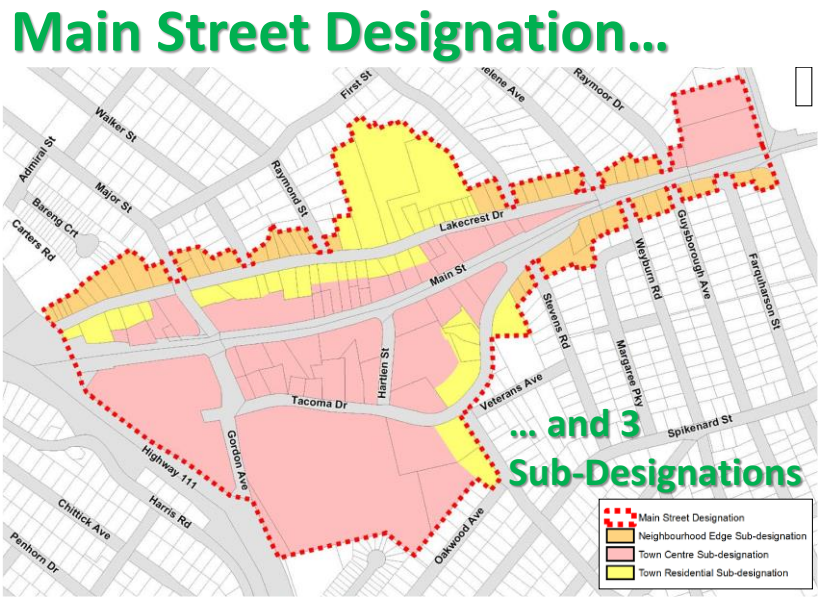
The Village on Main

The Village on Main

The Village on Main includes the Main Street corridor and has approximately 180 businesses. There are about 58 different health and wellness services in the commercial district.

Main Street is predominantly the domain of commercial land uses, along with some institutional uses (i.e. churches, schools) and a couple of small residential projects. Changes to the Dartmouth Municipal Plan and Land Use By-law in 2013 established goals to transform the District into a mixed-use (residential / commercial) area through a streamlined planning approval process.

The Village on Main is just starting this transformation, and the AFC Plan is intended to help provide directions on needs (such as in transit), to better inter-connect residential and commercial environments adjacent to the Village, and to better connect the District in turn with other important locations such as Burnside, Downtown Dartmouth, Cole Harbour and ferry connection(s) to Halifax.



The Extended District

Primarily due its health and wellness services[1], the Village on Main attracts customers from a wide area and well beyond Main Street's adjacent suburbs.

The promotion of "aging-well-in-place" relates primarily to actions for an aging population.[2] The Community Improvement District, its Board of Directors and activities are supported by a commercial area rate levied on businesses in the Village on Main. An important question is, therefore, how to best engage adjacent residential areas (the local consumers) in the AFC Plan objectives and actions?

From a business and economic development perspective, there are clear reasons to bridge this 'gap' in geography and perspective. For example, some of the housing data below will show certain 'risks' associated with the housing stock that are likely creating pressure on older adults. One risk is the need for appropriate housing and integrated levels of care and associated risk of seniors leaving the Village or Extended District. While Dartmouth East's generally larger homes might be attractive to younger families, the AFC Plan needs to consider linking consumers of all ages to the businesses located in the Village on Main.

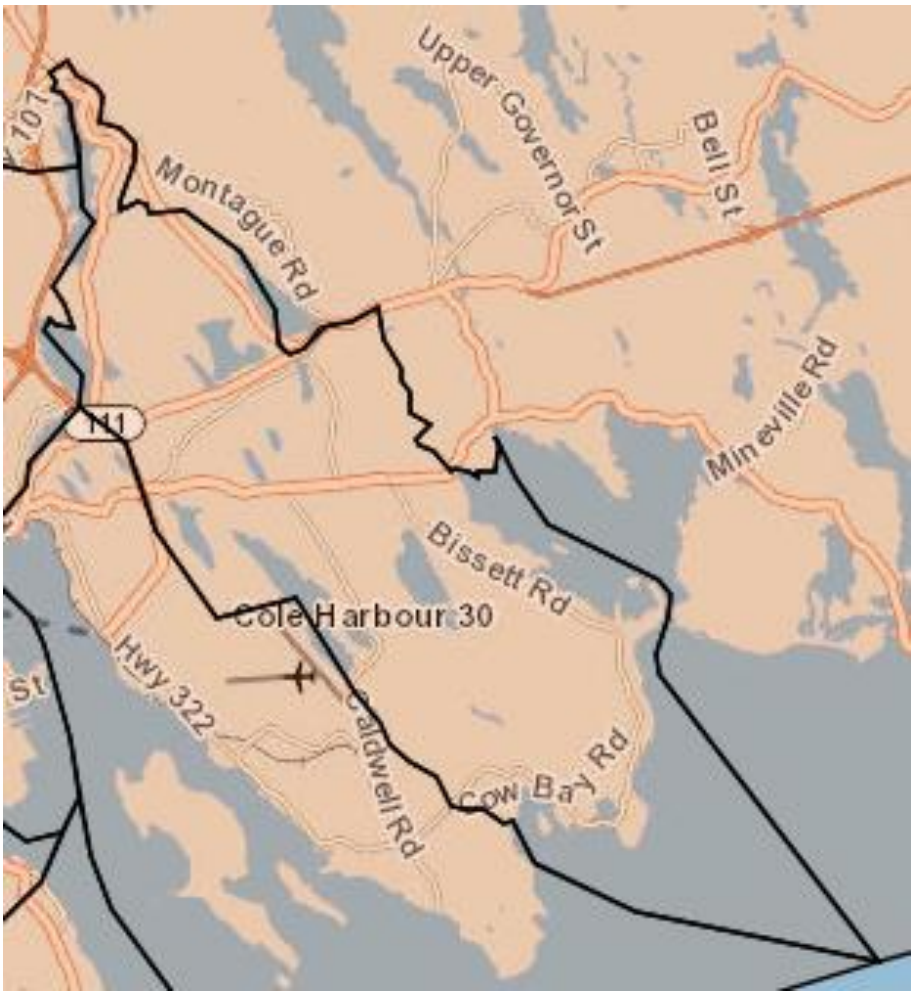
From this perspective, the Extended District[3] might be considered as:

[1] As well as specialty commercial services (music, automotive repair, restaurants), nearby sports / recreational spaces, and churches or NSCC Akerley Campus, etc.
[2] Businesses can also become "age friendly"
[3] Assume references made to the "District" in the plan refer to the Extended District

Dartmouth East

Trends within local neighbourhoods or districts can usually be extrapolated from larger data districts; however, there may not be a perfect fit of geographical, planning or political boundaries when making such extrapolations.

Nonetheless, the AFC Plan needs to consider socio-economic data and trends, so the Dartmouth East area (comprised of 15 Census Tracts) is the most relevant source of data. It includes the Village on Main District, the Extended District, and other nearby communities such as Cow Bay and most of Cole Harbour.



Community Profile

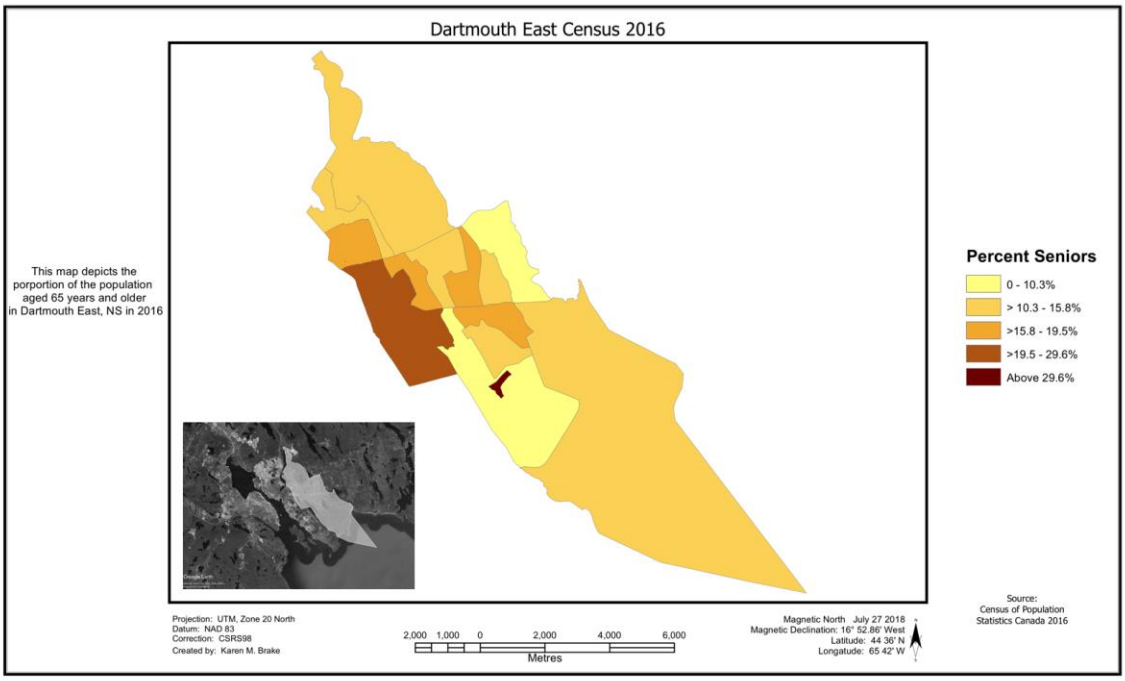
Please see the Appendix for associated data in table form. Some general observations:

- Between 2006 and 2016, there was a 2.0% increase in population, compared to an 8.2% increase for HRM and a 1.1% increase for the province.
- There has been a decrease in married families (-2.5%) in Dartmouth East, compared to a 3.6% increase in HRM in the same period.
- Incomes for individuals and families in Dartmouth East are on par with the average incomes in HRM, but 11.6% and 12.1% higher than the Provincial average for individuals and families, respectively.
- Dartmouth East has, on average, 6.1% fewer low income individuals than HRM and 8.5% fewer low income individuals than the Province.
- Dartmouth East has a high percentage of home ownership – 18.3% higher than the HRM average and 9.8% higher than the Provincial average.
- There is a corresponding lower percentage of renters in Dartmouth East – 18.4% fewer renters than the HRM average and 9.3% fewer than the Provincial average.
- Dartmouth East, HRM, and the Province share in the trend of decreasing home ownership between 2006 and 2016.
- Home values in Dartmouth East are 16.7% lower than the HRM average and 12.1% higher than the Provincial average.
- Dartmouth East has a comparable unemployment rate (7.2%) to HRM (7.3%) which is favourable when compared to the Province (10.0%).
- Residential vacancy rates in Dartmouth East have been dropping steadily since 2011 – and in October 2017, stood at 1.1% (lower than HRM's vacancy rate of 2.3%). The decrease in vacancy rates is "driven by a rise in demand in the markets offering more affordable options"[4]. Millennials, seniors, international immigrants, and students are all groups that are seeking rental housing.
- From 2001 to 2016, across all levels of geography, the population that is 50 years of age and older increased and the population less than 50 years of age decreased (except the age groups 25-29 in Dartmouth East and Nova Scotia, and 20-29 in HRM, which increased).
- The rates of population increase and decline are higher in Dartmouth East than in HRM and the Province: there was an 18.1% decrease of individuals under 50 years of age in Dartmouth East (compared to 4.3% in HRM and 16.7% in the Province) and a 69.7% increase of individuals 50 years of age and older (compared to 57.1% in HRM and 41.8% in the Province) over the same time period.

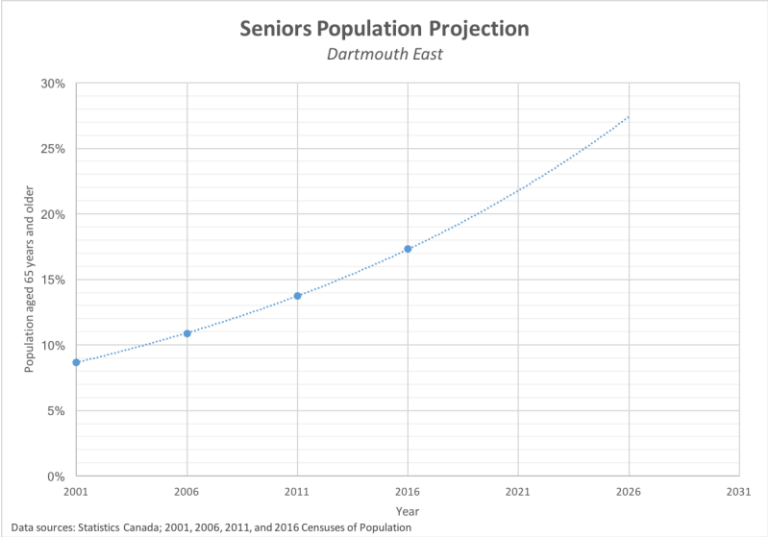
[4] *"Rental Market Report: Halifax CMA", CMHC, 2017, p. 2.*

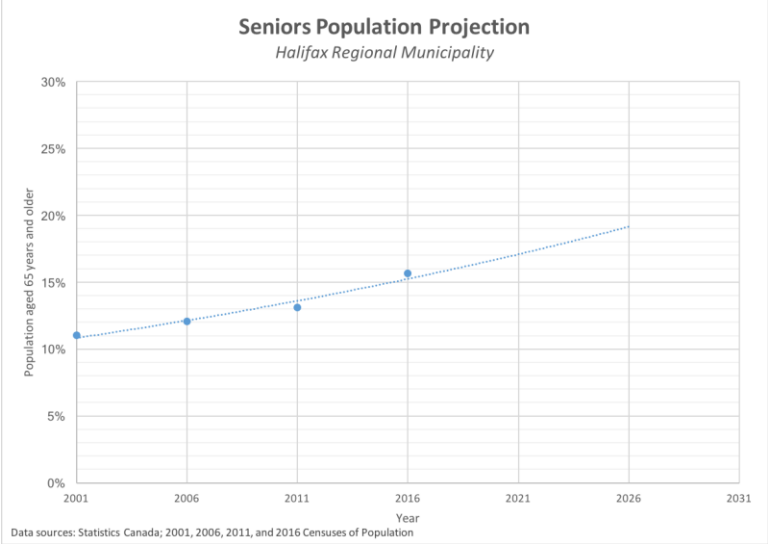
Seniors Population

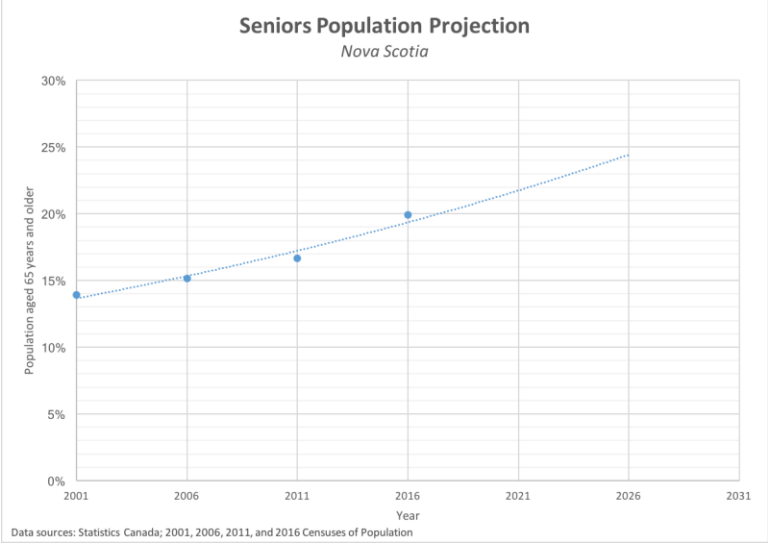
The below map depicts the proportion of the population that is 65 years and older in each Census Tract in Dartmouth East as of 2016. The areas with the highest proportion of seniors are around Tacoma Drive-Baker Drive-Portland Estates and the Cole Harbour 30 Indian Reserve. The areas with the lowest proportion of seniors are Colby Village and around Auburn Drive.



The following charts indicate the increasing proportion of the population aged 65 years and older in Dartmouth East, HRM, and the Province. Should current trends (from 2001 to 2016) continue, Dartmouth East would be composed of approximately 27% seniors (individuals aged 65 years and older) by 2026. This is a larger proportion than HRM (approximately 19% seniors by 2026) and the Province (approximately 24% seniors by 2026).

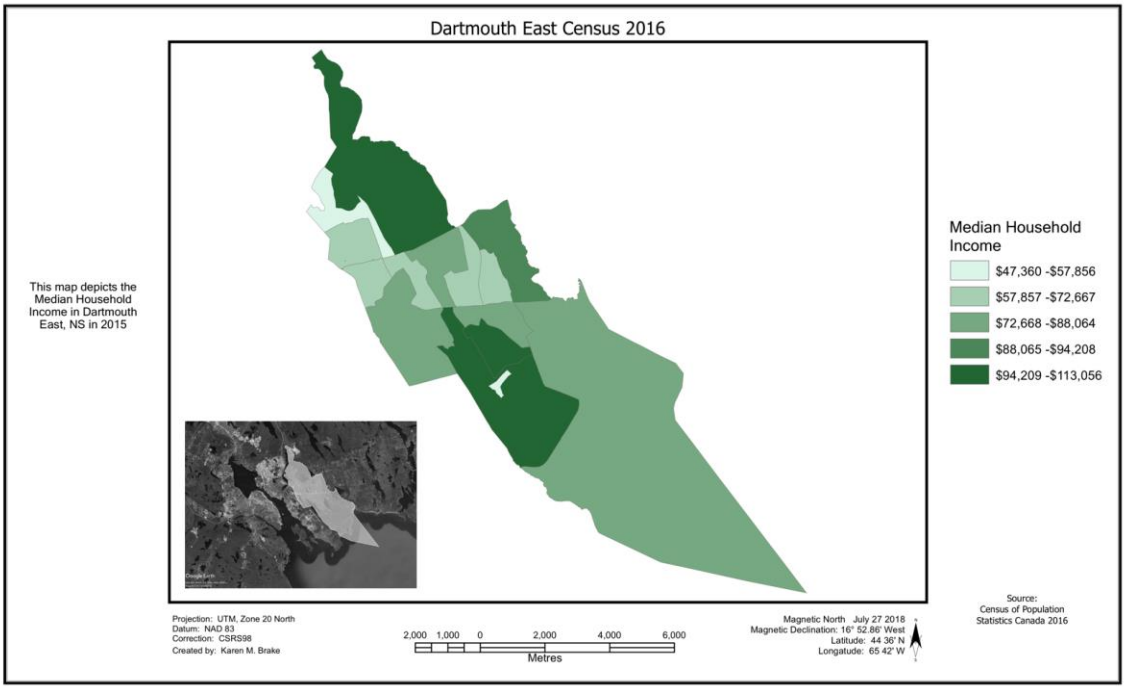

Seniors Population Projection
Dartmouth East
30%
25%
20%
15%
10%
5%
0%
Population aged 65 years and older
2001
2006
2011
2016
2021
2026
2031
Year
Data sources: Statistics Canada; 2001, 2006, 2011, and 2016 Censuses of Population


Seniors Population Projection
Halifax Regional Municipality
30%
25%
20%
15%
10%
5%
0%
Population aged 65 years and older
2001
2006
2011
2016
2021
2026
2031
Year
Data sources: Statistics Canada; 2001, 2006, 2011, and 2016 Censuses of Population


Seniors Population Projection
Nova Scotia
30%
25%
20%
15%
10%
5%
0%
Population aged 65 years and older
2001
2006
2011
2016
2021
2026
2031
Year
Data sources: Statistics Canada; 2001, 2006, 2011, and 2016 Censuses of Population

Income Distribution

The following map depicts the Median Household Income for each Census Tract in Dartmouth East in 2015. The areas with the highest Median Household Income are Montebello and Colby Village; while the areas with the lowest Median Household Income are mostly around Main Street (particularly the area encompassing west of Waverley Road and east of Caledonia Road) and the Cole Harbour 30 Indian Reserve.



Households

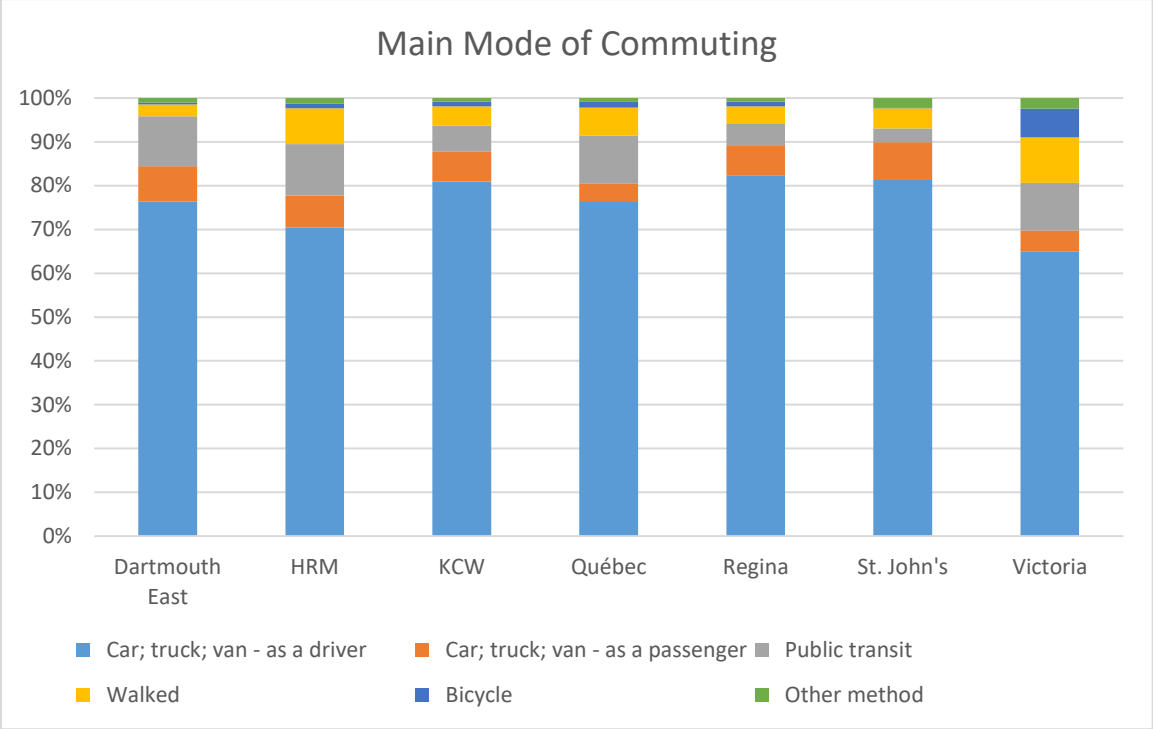
One of the pressures likely being felt, and increasingly so in the future, is the need for more maintenance of Dartmouth East's relatively larger homes, which is creating pressures to downsize; given the aging population, declining household sizes, and rising utility costs.

In 2016, Dartmouth East had a lower level of major home maintenance needs, but it also had larger houses on average, compared to Halifax Regional Municipality as a whole.

- Dartmouth East has a higher proportion of single- and semi-detached dwellings (78.9%) than HRM (56.7%) and a lower proportion of apartments (15.2%) than HRM (37.0%).
- The housing stock in Dartmouth East is generally well maintained: 5.4% needing major repairs in 2016, compared to 6.6% for HRM and 8.8% for the Province.
- Having said this, a significant proportion of the housing stock in Dartmouth East (68.5%) was built before 1990, similarly to HRM (64.4%) and the Province (71.0%) for the same period.
- While there is a declining population in the younger age cohorts in Dartmouth East, housing in Dartmouth East is on average larger in size than HRM or the Province. In Dartmouth East, 49.0% of the housing has 8 rooms or more, compared to 31.5% in HRM and 31.3% provincially.
- 80.2% of the housing stock in Dartmouth East has 3 bedrooms or more, compared to 58.8% in HRM and 62.1% provincially.
- Dartmouth East has a comparatively favourable position on shelter costs, where, in 2016, 82.9% of households spent less than 30% of their income on shelter costs (compared to 75.0% in HRM and 78.4% in the Province).
- In Dartmouth East, 17.1% of households spent 30% or more on shelter costs, compared to 25.0% in HRM and 21.6% in the Province.
- In Dartmouth East, the total number of private households has grown by 9.1%, slightly below HRM's increase of 11.8% between 2006 and 2016, and surpassing the Province's growth of 6.7% during the same period.
- In Dartmouth East, there has been a significant growth in the number of 1 person households (20.7%) similarly to HRM (19.0%) and the Province (18.7%) between 2006 and 2016.
- In Dartmouth East, there has been a decrease in average household size from 2.7 in 2006 to 2.5 in 2016. This is an exaggerated example of the same trend found in HRM and the Province, which both decreased from 2.4 in 2006 to 2.3 in 2016.

Transportation

The below chart compares Dartmouth East's commuting mode split with that of HRM and its "benchmark cities[5]": Kitchener-Cambridge-Waterloo (KCW), Québec, Regina, St. John's, and Victoria.



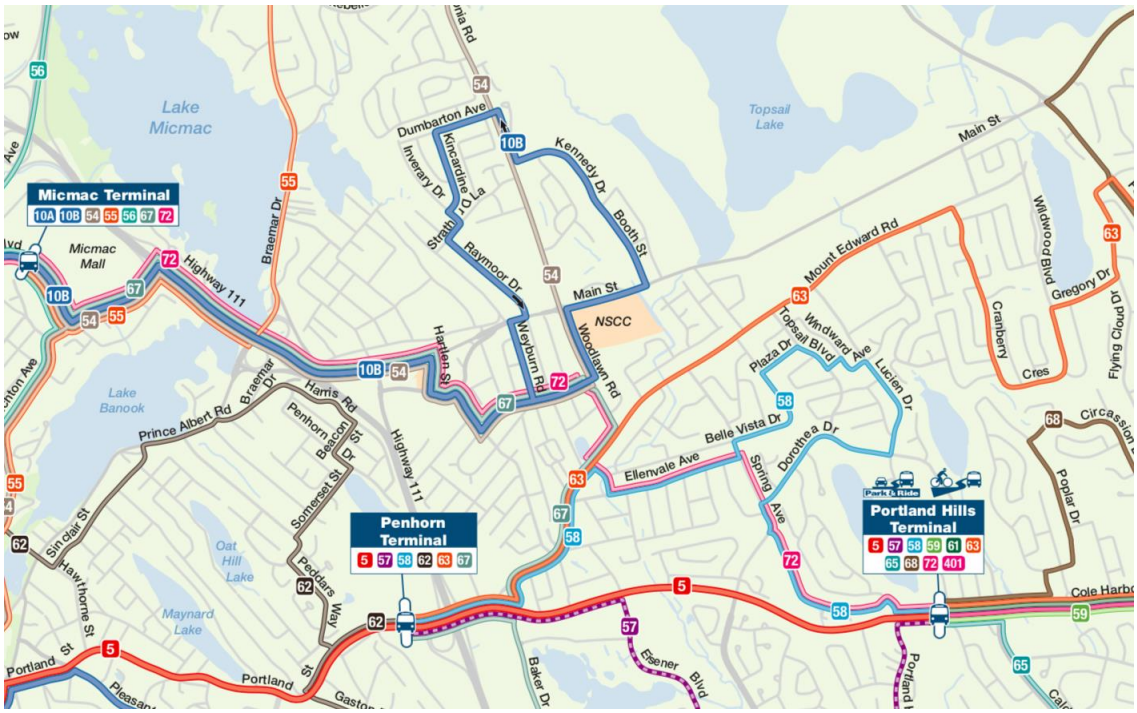
Similarly to the other benchmark cities, the majority of commuters in HRM drive to work. However, HRM is in a favourable position as the city with the second lowest proportion of people who drive to work (behind Victoria) and the second highest proportion of people who walk to work (again, behind Victoria). Dartmouth East's mode split is comparable to HRM's, although the proportion of people who walk to work is lower.

HRM is on par with Québec City and Victoria in terms of the proportion of commuters taking transit (approximately 11%); however, this is significantly less than other cities with more established transit systems like Montréal, Toronto, and Vancouver (22%, 24%, and 20%, respectively).

Transit is a major challenge facing HRM and the Village on Main, more specifically. Main Street Dartmouth is a hub for services and employment, and yet it has no

[5] "*Halifax Index", Halifax Partnership, 2018, http://www.halifaxpartnership.com/site/media/Parent/Halifax%20Index%202018.pdf*

reliable, high frequency connection from any part of Dartmouth other than from the Bridge Terminal via Woodland Ave. This is an unfortunate situation given the Village's current status as a Health Hub and restricts its ability to better serve needs in Dartmouth-Cole Harbour.



Proposed Halifax Transit Routes: Corridors, Local Peak, and Rural Routes, Moving Forward Together Plan, Halifax Transit, 2016, https://www.halifax.ca/sites/default/files/documents/transportation/halifax-transit/MFTP_PlanOnly.pdf

Several transit initiatives involving different groups and with varying scopes have taken place in recent years, without much recognition at the municipal level. The Village on Main is now proud to be a partner in the HRM-wide transit coalition "Leading With Transit":

> *Leading With Transit is a community based initiative sponsored by more than 20 public, private, institutional and NGO partners. This grassroots movement is advocating for a bold vision for the future of public transit. Our mission is to make transit the first and best choice for getting around in HRM.*
>
> *The difficulty with transit plans developed by government agencies is that they are limited, not only in terms of budget and policy, but also in their scope. By developing a plan that is "for the people and by the people", we are not operating under these same constraints and are therefore free to do the kind of visioning that is desperately needed.*[6]

[6] *"Mission & Goals", Leading With Transit, 2018, https://www.leadingwithtransit.com/*

Vision	**To be an Age Friendly Community**

List of Goals

Goal 1: Open Space and Built Environment
Ensure the CID has a safe, accessible, high quality environment for the enjoyment of all District employees, residents and visitors. Work with HRM and other partners to expand public space and seek opportunities to improve public and semi-public space with an emphasis on human scale design.

Goal 2: Transportation
Provide sustainable transportation options within the District and better connectivity to the Greater Halifax-Dartmouth Area

Goal 3: Housing
Ensure that a range of housing options is available, responds to changing needs, and that mobility, safety, sustainability, affordability and security needs are being addressed. Reduce dislocation of older adults and ensure that graduated levels of care are available and integrated with age friendly housing options.

Goal 4: Social Connectivity and Civic Engagement
Strengthen the sense of community by building bonds that tie neighbourhoods and residents together. Bridge inter-generational gaps and build community empowerment through small-scale activities and civic engagement initiatives.

Goal 5: Health and Community Support Services
Improve access to and awareness of health and community support services

Goal 6: Community Economic Development (Silver Economy)
Encourage the creation of age friendly businesses while supporting and promoting new business opportunities and services in the Extended District. Engage older adults in the new economy.

Goal 7: Awareness and Communication
Establish a communication strategy to promote all age friendly planning goals to governments, stakeholders and residents throughout the District.

Goal 8: Implementation
Establish a collaborative structure and method that facilitates implementation of the Age Friendly Community Plan.

Goal 1: Open Space and Built Environment
Ensure the CID has a safe, accessible, high quality environment for the enjoyment of all District employees, residents and visitors. Work with HRM and other partners to expand public space and seek opportunities to improve public and semi-public space with an emphasis on human scale design.

Objective 1 Identify opportunities for expanding and enhancing public space in the District.	
Action 1.1.1	Continue to work with HRM on acquiring land for public space.
Connection to goal/objective	Contributes to acquiring more land for public uses. Provides the opportunity for an improved public realm. Provides the opportunity for active, public centres for activities, greenery and meeting places.
Champion	CID
Start date	Review options within 12 months of plan adoption
Action 1.1.2	Explore the feasibility of establishing a community land trust for the purposes of acquiring land for public uses.
Connection to goal/objective	Contributes to acquiring more land for public uses. Provides the opportunity for an improved public realm. Provides the opportunity for active, public centres for activities, greenery and meeting places. Allows the CID, the community at large, and other stakeholders to acquire and manage its own land.
Champion	CID
Start date	Within 12 months of plan adoption
Action 1.1.3	Review HRM Land Use By-laws for the area. Advocate for by-law changes that promote the establishment of high quality public spaces and connectivity as development occurs in the district. Focus advocacy efforts during HRM's upcoming By-Law Simplification Project.
Connection to goal/objective	Creates opportunities for more public spaces and connections in the District.

Champion	CID, Gou
Start date	Within 3 months of plan adoption
Action 1.1.4	Work with business and land owners in the district to improve private space.
Connection to goal/objective	The CID can work with its members and land owners to enhance the semi-public private space of the District. The CID should offer resources in the form of staffing, research, information and grant applications to assist local businesses revitalize their spaces and contribute to the overall goal.
Champion	CID, Gou
Start date	Within 10 months of plan adoption.
Cost to implement	Depends on projects chosen.
Objective 2 Strive to have the District comply with accessibility handbook standards and be a comfortable space for people of all abilities to navigate.	
Action 1.2.1	Review the district for accessibility issues using the Accessibility Act as a standard. Make the results freely available to the public, HRM and the Province. Focus on the existing condition of the physical environment with the intention to improve safety. Connect with organizations, such as Reachability, to improve accessibility in the district.
Connection to goal/objective	Establishes a benchmark of accessibility and will allow the CID to form priorities for accessibility in the future.
Champion	CID
Start date	Within 10 months of plan adoption
Action 1.2.2	Review options for public seating around the district and research age friendly seating designs and standards to support an overall district seating rationale. Promote the HRM Parks Civic Support Program. (http://www.halifax.ca/municipalops/ParksCivicSupportPr

	ogram.php). Seek funds for the CID to purchase benches and place them throughout the district with Village on Main branding.
Connection to goal/objective	Allows people of all ages to rest when needed. Contributes to overall accessibility. Improves public space. Creates meeting spaces.
Champion	CID
Start date	On-going
Objective 3 Strive to improve the quality and safety of active transportation in the District.	
Action 1.3.1	Investigate ways to increase the amount of pedestrian crossings, particularly mid-block crossings on Main Street. Work with HRM on implementation.
Connection to goal/objective	Improves safety of the pedestrian environment. Supports safety and accessibility in the district.
Champion	CID, Gou
Start date	Within 3 months of plan adoption
Action 1.3.2	Investigate the speed of traffic on Main Street, and accepted design standards for reducing traffic speeds. Advocate for slower speeds on Main Street, and a redesign of the street itself. Work with HRM and community partners to collect data on traffic speed, counts and pedestrian and cycling counts.
Connection to goal/objective	Improves safety of the pedestrian and cycling environment. Supports safety and accessibility in the district. Improves the quality of active transportation in the district by giving more priority to pedestrians.
Champion	CID
Start date	Within 10 months from plan adoption

Action 1.3.3	Investigate ways to improve the safety and comfort of existing pedestrian crossings.
Connection to goal/objective	Improves safety of the pedestrian environment. Supports safety and accessibility in the district. Improves the quality of active transportation in the district by giving more priority to pedestrians.
Champion	CID
Start date	Within 10 months of plan adoption
Action 1.3.4	Investigate ways to improve the connectivity of the active transportation network. Advocate for the expansion of cycling infrastructure in the district, including bicycle lanes and shared streets. Connectivity to existing cycling networks (lanes) should be a priority. Connect pedestrian network to Lake Micmac and the trail system.
Connection to goal/objective	Provides a safe, high quality environment for cyclists.
Champion	CID, Gou
Start date	Within 1 month after plan adoption

Objective 4 Improve access to information and networking related to the built environment.	
Action 1.4.1	Work with community groups to expand and strengthen networks with the intention of creating place-making and other projects in the district.
Connection to goal/objective	Provides a high quality public environment for the enjoyment of all workers and residents in the District.
Champion	CID
Start date	Ongoing, place-making project to be initiated within 24 months of plan adoption

Action 1.4.2	Ensure locations for programmed physical activity in the District are well documented and advertised. This includes, but is not necessarily limited to, gyms, community centres, yoga studios, senior's centres and schools.
Connection to goal/objective	Ensures residents of the District have access to a variety of options for physical activities for a wide range of ages and abilities.
Champion	CID
Start date	Ongoing, with asset mapping project

Goal 2: Transportation
Provide sustainable transportation options within the District and better connectivity to the Greater Halifax-Dartmouth Area

Objective 1 Improve transit in the District.	
Action 2.1.1	Continue working with the Greater Burnside Business Association, Destination Dartmouth, and others, to develop, promote and secure better transit for the District.
Connection to goal/objective	Builds sustainable transportation. Improves access to health services and centres of employment. Reduces need to own and maintain a car. Associated costs of car ownership can be re-allocated to housing, health, food/nutrition, etc. Allows better access from transit corridors to Main Street businesses, education and health services.
Champion	CID
Start date	On-going
Action 2.1.2	Conduct research on HRM plans and District needs for Para-Transit
Connection to goal/objective	Same as 2.1.1, but with a focus on those with mobility or other special transit needs.
Champion	CID, Gou
Start date	3 months after plan adoption
Cost to implement	
Action 2.1.3	Conduct research and hold dialogue with special needs groups on their transportation challenges.
Connection to goal/objective	Improves access to health services and centres of employment. Reduces need to own and maintain a car. Solutions can help reduce isolation and loneliness.
Champion	DCHT, CID, Churches, Seniors Groups

Start date	Within 10 months of plan adoption

Objective 2 Encourage the establishment, and promote, car sharing service(s) in the District.	
Action 2.2.1	Monitor and report progress on the establishment of 2 CarShare spaces in The GardenView underground parking garage.
Connection to goal/objective	Builds sustainable transportation. Improves access to health services and centres of employment. Reduces need to own and maintain a car. Associated costs of car ownership can be re-allocated to housing, health, food/nutrition, etc. Allows better access from transit corridors to Main Street businesses, education and health services.
Champion	Greg Fong
Start date	Within 12 months of plan adoption
Action 2.2.2	Research possibility of a 2nd service through Enterprise Car Rental on Portland St.
Connection to goal/objective	Builds sustainable transportation. Improves access to health services and centres of employment. Reduces need to own and maintain a car. Associated costs of car ownership can be re-allocated to housing, health, food/nutrition, etc.
Champion	CID, Gou
Start date	Within 3 months of plan adoption

Objective 3 Promote opportunities for active transportation throughout the District.	
Action 2.3.1	Assess the design of the proposed Lakecrest Trail connector to Braemar Drive and present findings to the Harbour East Marine Drive Community Council.
Connection to goal/objective	Builds sustainable transportation. Improves walkability, reduces need to own a car and improves health.

Champion	CID
Start date	Within 6 months of plan adoption
Cost to implement	
Action 2.3.2	Create active transportation plan to better connect the District to existing and planned active transportation routes.
Connection to goal/objective	Builds sustainable transportation. Improves walkability, reduces need to own a car and improves health.
Champion	CID, Cycling Coalition, trails groups and running clubs
Start date	Within 6 months of plan adoption

Objective 4 Establish collaborative initiative with the Dartmouth Seniors Service Centre transportation service, and other DSSC services	
Action 2.4.1	(a) Promote volunteering with the DSSC transportation service (and other services), and (b) promote DSSC services within the District.
Connection to goal/objective	Helps those who need help get to their medical appointments. Reduces isolation.
Champion	CID, DCHT (Gina Hanley and Graziella Grbac), Gou
Start date	Within 3 months of plan adoption
Cost to implement	
Action 2.4.2	Update the health and wellness services list, assess opportunities for better transportation and access to these services, and promote the services to the community.
Connection to goal/objective	Helps those who need transportation get to their medical appointments. Reduces isolation.
Champion	CID, DCHT and DSSC
Start date	Within 6 months of plan adoption

Goal 3: Housing
Ensure that a range of housing options is available, responds to changing needs, and that mobility, safety, sustainability, affordability and security needs are being addressed. Reduce dislocation of older adults and ensure that graduated levels of care are available and integrated with age friendly housing options.

Issues identified April 26, June 7 and June 13, 2017 and summary of stats taken from Dartmouth East Census Area (2016) – see Community Profile and Appendix.

- Average size of homes – greater than HRM average
- Higher proportion of home ownership than HRM
- Home values 16.7% lower than HRM average
- **Significant drop in vacancy rates from 7.3% (2011) to 1.1% (Oct 2017)**
- 18.1% population decline (2001-2016) up to 49 years of age
- Decrease in married families compared to an increase in HRM
- Greater increase in number of 1 person households than in HRM
- Greater increase in population 50 years and older than in HRM or the Province
- Proportion of the population aged 65 years and older projected to increase to 27% by 2026.
- Need for local housing / care options
- Potential opportunities exist with the Main St. District Plan, but a 2-10 year timeframe exists for new housing
- What is the extent of demand and what are the demand drivers?
- Affordability!

Objective 1 Monitor all trends associated with the Extended District's housing needs	
Action 3.1.1	Take an inventory or "snapshot" of the number of independent living, assisted living and long term care units that exist today, and document the services being provided and associated levels of employment.
Connection to goal/objective	Establishes a starting point for addressing the Extended District's age friendly housing needs. Begins to position housing / care providers as a "sector" of the local economy.
Champion	CID, Gou
Start date	Within 3 months of plan adoption
Action 3.1.2	Assess housing gaps by tracking population and housing data and trends and make related projections. Update AFC Plan data when 2016 Dartmouth East census data is available. Annually monitor CMHC's housing portal and research bulletins for Dartmouth East and HRM. Monitor Nova Scotia Community Profile information for CH1 and track housing and health indicators.
Connection to goal/objective	Helps identify local housing demand factors. Helps inform strategy when considering future needs versus what's currently available.
Champion	CID, Gou
Start date	Within 3 months of release of 2016 census data.
Objective 2 Promote affordable housing options	
Action 3.2.1	Promote all housing programs, especially HNS programs and Credit Union Atlantic (CUA) Home Value Program, to help support home adaptation and development of secondary suites. Research and promote low interest/no interest loans and grants from government to assist home owners interested in building secondary suites or garden suites.

Connection to goal/objective	Helps support aging-well in-place objectives while providing opportunities for income supports. Outside the Main Street Business District, "invisible density" is a strategy that can reduce NIMBY exposure for special needs groups.
Champion	CID, Gou
Start date	3 months following plan adoption
Action 3.2.2	Determine, for the Extended District: (a) The number of under-utilized R2 properties in the Extended District (b) Government low interest / no interest loans for secondary suites and garden suites (c) As part of District or Dartmouth MPS / Land Use By-law review, relax minor variance barriers for developing secondary suites in available R2 properties (d) As part of District or Dartmouth MPS / Land Use By-law review, and / or via HRM By-law Simplification Process, permit secondary suites in all residential properties
Connection to goal/objective	Will help identify the potential number of secondary suites and promote secondary suites as an option to address age friendly housing needs.
Champion	CID, HRM
Start date	Within 6 months of plan adoption
Action 3.2.3	Consider opportunities, including potential sites, for establishing a Housing Nova Scotia seniors' housing project to support housing needs for low-income earners.
Connection to goal/objective	Addresses housing needs for low-income earners aged 58 or older.
Champion	CID
Start date	Within 12 months of plan adoption

Objective 3 Attract new homebuyers and renters to the Extended District.	
Action 3.3.1	Hold an annual session with real estate agents to help understand the market and trends and assess opportunities. Make District's housing advantages known to immigrants.
Connection to goal/objective	Will help validate housing trends and may help to mitigate effects of the decline of those under the age of 45.
Champion	CID, local real estate agents, Immigrant Services Association of Nova Scotia.
Start date	12 months following plan adoption
Action 3.3.2	Meet with NSCC to learn about student housing needs and issues, including needs of international students.
Connection to goal/objective	Addresses housing needs of students. Helps connect the district to NSCC and student needs.
Champion	CID, NSCC
Start date	Within 12 months of plan adoption

Goal 4: Social Connectivity and Civic Engagement
Strengthen the sense of community by building bonds that tie neighbourhoods and residents together. Bridge inter-generational gaps and build community empowerment through small-scale activities and civic engagement initiatives.

<u>Issues Identified May 10, 2017</u>

- Isolation
    - Churches have defined outreach programs but they are willing to participate in new ways to connect with the community
    - Social media could play an important role at connecting the community. There's a need for computer literacy for some elders. Library gives computer literacy 101 courses.
    - Seniors need recognition of their experience and knowledge to feel they are still useful to their community.
- Sense of community
    - Need small-scale inclusive events
    - Communication and marketing of events has to be adapted to the scale of the event.
    - Extend the 'party on the street' concept (parade)
    - Build on the strengths and assets of the community (5 churches, 3 pet shops, displaced-kids homes, college and high school, students associations). However, assets and capabilities within the community are unknown.
    - Community develops the initiatives and HRM encourages them. It has to be grass-root.
- Intergenerational bound
    - Need for business succession in the district
    - Intergenerational exchange of knowledge. Need a cultural shift.
    - Youth wants to learn. Millennials need to be valued too
    - Need a passionate driver

Objective 1 Foster social connectivity and intergenerational engagement in the Extended District.	
Action 4.1.1	Hold a roundtable of social, religious, youth and senior groups to find a passionate driver and to suggest potential actions.
Connection to goal/objective	Social, religious, youth and senior groups need to gather in order to launch collaboration.
Champion	CID, Churches, Seniors groups, School Board Representatives
Start date	9 months following plan adoption
Action 4.1.2	Develop an asset map of the social activities and the civic engagement initiatives in the District.
Connection to goal/objective	Will provide an inventory that can be used to feed the intergenerational civic engagement initiatives and to set up a local mentorship program.
Champion	CID, Churches, seniors' groups, School Board Representatives
Start date	9 months following plan adoption
Action 4.1.3	Invite social, religious, youth and senior groups to participate in the Annual Parade & Festival in Tribute to Veterans & Those Who Serve!
Connection to goal/objective	Joining forces will broaden the outreach for this activity and augment the networking with willing volunteers within the community.
Champion	CID, Churches, Seniors groups, Social groups
Start date	Yearly in June
Objective 2 Bridge intergenerational gaps and build community empowerment through small-scale activities and civic engagement initiatives.	
Action 4.2.1	Set up a meeting between a seniors group and a youth group

Connection to goal/objective	Seniors group(s) and a youth group need to gather in order to launch collaboration and to feed the intergenerational civic engagement initiatives and to set up a local mentorship program.
Champion	CID, Gou, Seniors groups, School Board Representatives
Start date	1 month following plan adoption

Goal 5: Health and Community Support Services
Improve access to and awareness of health and community support services

Issues identified April 19, 2017

- Access, awareness
- Isolation
    - Who can help with visits?
    - Need to build trust and consistency
    - Need for housing options
- Frailty, dementia

Objective 1 Promote access to and awareness of Main Street's health and wellness services as well as Dartmouth Community Health Centre, mental health and DGH geriatric services.	
Action 5.1.1	Promote health tables at the Tribute Festival
Connection to goal/objective	Builds linkages between the community and DCHT, DGH and Health Hub services
Champion	CID, DCHT, DGH
Start date	Immediately, and for June 2018
Action 5.1.2	Give a presentation to the Woodlawn Medical Clinic on the goals and objectives of the AFC Plan
Connection to goal/objective	Connects physicians to the AFC Plan, and scope of actions and initiatives
Champion	CID, DCHT, Gou
Start date	Within 3 months of plan adoption
Cost to implement	
Action 5.1.3	Establish a community health forum to involve all health stakeholders in the AFC plan and its implementation

Connection to goal/objective	Mobilizes the health service providers around the AFC Planning goals and objectives and subsequent actions and directions.
Champion	CID, DCHT, DGH, AV
Start date	Within 12 months of plan adoption
Action 5.1.4	Develop an asset map of the community support organizations and agencies, and determine management objectives. Use 211 to assist, and identify relevant gaps that might be addressed.
Connection to goal/objective	Will provide an inventory that can be used to address transportation and socialization needs, and lay the foundation for an awareness campaign, while promoting local health hub services.
Champion	CID, DCHT, DGH, AV, Churches
Start date	Within 12 months of plan adoption.
Cost to implement	

Action 5.1.5	Assess opportunities to hold a roundtable to build the awareness campaign.
Connection to goal/objective	Addresses health, transportation and socialization goals and objectives.
Champion	DCHT, CID
Start date	Within 12 months of plan adoption.
Action 5.1.6	As part of the inventory and roundtable work, consider how to engage older adults through pet clubs, “adopt a grandparent” and other socialization / mental health supports. Hold consultations with seniors on needs for recreation. Others: arts and culture (Main St. arts hub); inter-generational approach and youth engagement; recreational /OT / PT; documenting elder experiences.
Connection to goal/objective	Addresses health and socialization needs.

Champion	DCHT, CID, AV, Churches, HRM Recreation
Start date	Within 12 months of plan adoption.

Objective 2 Promote food security and better nutrition.	
Action 5.2.1	Identify existing services and resources to better promote access to fresh food and better nutrition.
Connection to goal/objective	Community garden(s), mobile food market, and lunch and dinner programs can support health and food security while reducing isolation.
Champion	DCHT, Churches, CID, Councillor Mancini, Go Pro, NSCC Akerley, Darren Hirtle (HRM).
Start date	10 months following plan adoption.
Cost to implement	

Objective 3 Align innovative health and community supports to support housing needs	
Action 5.3.1	Liaise with Ocean View and Northwood on their respective programs and services (OV's Neighbourhood Program, NW's In Touch, Med Dispenser and Cook Stop services) and any products and services in the Health Hub that will assist with "aging-well-in-place" – in the home and in the neighbourhood.
Connection to goal/objective	Helps promote health, aging-well-in-place, and safety within the Extended District's housing stock.
Champion	DCHT, DGH, CID
Start date	Within 10 months of plan adoption.
Cost to implement	

Goal 6: Community Economic Development (Silver Economy)
Encourage the creation of age friendly businesses while supporting and promoting new business opportunities and services in the Extended District. Engage older adults in the new economy.

Objective 1 Encourage the creation of age friendly businesses	
Action 6.1.1	Implement the small business age friendly checklist found in the Appendix. Consult with communities such as London (Ont.) or Saskatoon for implementation advice. Consider an annual award system.
Connection to goal/objective	Improves small business competitiveness, customer relations and customer service.
Champion	CID
Start date	12 months following plan adoption

Objective 2 Encourage entrepreneurship and consider establishing a seniors' business advisory council. Liaise with NSCC and Entrepreneurs with Disabilities to explore an entrepreneur's forum. Promote sustainability, support systems and cultural shift towards the new economy.	
Action 6.2.1	Conduct an inter-generational focus group(s) to identify opportunities for business service and product needs, start-ups, mentorship, skills and labour force development needs.
Connection to goal/objective	Engages seniors along with other ages in addressing opportunities and needs for: new ventures, creation of new services, arts and culture, role of crafts and makers, and in marketing the community.
Champion	CID, NSCC, Entrepreneurs with Disabilities
Start date	6 months following plan adoption

Action 6.2.2	Promote Ocean View's Neighbourhood Program
Connection to goal/objective	Addresses aging-well- in-place needs while supporting entrepreneurs
Champion	CID, OVCCC
Start date	8 months following plan adoption
Action 6.2.3	Engage Dalhousie School of Sustainability on a work term project focussing on sustainability, gaps and opportunities in developing the Extended District's silver economy.
Connection to goal/objective	Identifies an economic development strategy to advance the area's silver economy.
Champion	CID, Dalhousie University
Start date	12 months following plan adoption

Objective 3 Promote the full scope Health and Wellness services (the Health Hub) in the District.	
Action 6.3.1	Encourage real estate marketing to include health & wellness and age friendly designation in marketing; highlight the Health Hub in Village-on-Main marketing; encourage health and wellness service providers to participate in implementing the AFC Plan.
Connection to goal/objective	Links existing health and wellness services to economic development opportunities associated with promoting the District as an age Friendly Community.
Champion	CID
Start date	12 months following plan adoption

Objective 4 Promote the District as a place for new immigrants to live, invest and start new businesses.	
Action 6.4.1	Liaise with Immigrant Services Association of Nova Scotia, local real estate agents, and encourage all local cultures to participate in CID events.
Connection to goal/objective	Assists with the attraction of new residents into the community, broadens the arts and cultural context and can assist with growing the local economy.
Champion	CID
Start date	12 months following plan adoption

Objective 5 Promote sustainability and aging well in place by encouraging the use of professional financial planning, estate planning and tax planning services in the Extended District.	
Action 6.5.1	Encourage CID members to consider offering seminars or other methods to promote qualified services to help maintain the incomes of families and individuals.
Connection to goal/objective	Addresses aging-well-in-place while promoting safety, security and engaging qualified local service providers.
Champion	CID
Start date	12 months following plan adoption

Goal 7: Awareness and Communication
Establish a communication strategy to promote all age friendly planning goals to governments, stakeholders and residents throughout the District.

Objective 1 Develop a communication strategy	
Action 7.1.1	Document, as part of the asset mapping work and roundtables, all existing communication tools that might be deployed in developing a communication strategy in order to raise awareness of the Age Friendly Community Plan.
Connection to goal/objective	Raises awareness and promotes all goals associated with the Age Friendly Community plan.
Champion	AFCT
Start date	Within 10 months of plan adoption
Action 7.1.2	Develop a communications strategy that mobilizes all available communication tools and new ones as may be required, and in cooperation with all stakeholders.
Connection to goal/objective	Raises awareness and promotes all goals associated with the Age Friendly Community plan.
Champion	AFCT
Start date	Within 12 months of plan adoption
Action 7.1.3	As part of the communications strategy assess and address the following promotional needs as listed in the AFC Plan: Goal 2, Objective 2 (Promote car sharing services) Goal 2, Objective 3 (Promote active transportation) 2.4.1 (Promote volunteering / DSSC services) 2.4.2 (Promote health & wellness services, & transportation) 3.2.1 (Promote housing programs) 3.2.2 (Promote secondary suites)

	Goal 5, Objective 1 (Promote health & wellness services) 5.1.4 (Promote health and wellness services) 5.1.5 (Hold a roundtable to build awareness campaign) 5.2.1 (Promote access to fresh food & better nutrition)
Connection to goal/objective	Raises awareness and promotes all goals associated with the Age Friendly Community plan.
Champion	AFCT
Start date	12 months following plan adoption

Goal 8: Implementation
Establish a collaborative structure and method that facilitates implementation of the Age Friendly Community Plan.

Objective 1 Establish an Age Friendly Community Team (AFCT) that will report to the Community Improvement District Board of Directors.	
Action 8.1.1	Establish a terms of reference for the AFCT which shall include a meeting every 2 months.
Connection to goal/objective	Provides a community-based structure to help mobilize and monitor the actions contained in the Age Friendly Community Plan
Champion	CID / AFCT, Gou
Start date	Within 2 months of plan adoption
Action 8.1.2	Update the Age Friendly Community plan on an annual basis and make adjustments to the goals, objectives and actions as may be required, and consider any opportunities for implementing ideas contained in the Idea Bank. Give a progress report to the community during the Community Improvement District annual general meeting (AGM).
Connection to goal/objective	Establishes a regular review and reporting mechanism to monitor progress on all goals.
Champion	AFCT
Start date	Annually

Objective 2 Become recognized by the World Health Organization as an Age Friendly Community.	
Action 8.2.1	CID to apply, in cooperation with NS Dept. of Seniors, for AFC designation.

Connection to goal/objective	Builds momentum, recognition and support for all goals. Will help market the District as a progressive place to live, work and invest.
Champion(s)	CID, Gou
Start date	6 months following the date of plan adoption

List of Champions, Actions and Start Dates

Champion(s)	Action	Start Date (within)
CID	1.1.1	12 months
CID, Gou	1.1.2	12 months
CID	1.1.3	10 months
CID, Gou	1.1.4	10 months
CID	1.2.1	10 months
CID	1.2.2	Ongoing
CID, Gou	1.3.1	3 months
CID	1.3.2	10 months
CID	1.3.3	10 months
CID, Gou	1.3.4	1 month
CID	1.4.1	On-going
CID	1.4.2	On-going
CID	2.1.1	On-going
CID, Gou	2.1.2	3 months
CID, DCHT, Churches, Seniors Groups	2.1.3	10 months
Fong	2.2.1	12 months
Boivin	2.3.1	6 months
CID, Cycling Coalition, Trails Groups, Running Clubs	2.3.2	6 months
CID, DCHT, Gou	2.4.1	3 months
CID, DCHT, DSSC	2.4.2	6 months
CID, Gou	3.1.1	3 months
CID, Gou	3.1.2	3 months of 2016 data
CID, Gou	3.1.3	3 months

CID, HRM	3.2.2	6 months
CID	3.2.3	12 months
CID, Real estate agents, Immigrant Services Association	3.3.2	12 months
CID, NSCC	3.3.2	12 months
CID, Churches, Seniors Groups, School Board	4.1.1	9 months
CID, Churches, Seniors Groups, School Board	4.1.2	9 months
CID, Churches, Seniors Groups, School Board	4.1.3	Yearly, in June
CID, Churches, Seniors Groups, School Board, Gou	4.1.4	1 month
CID, DCHT, DGH	5.1.1	Yearly, in June
CID, DCHT, Gou	5.1.2	3 months
CID, DCHT, DGH, AV	5.1.3	12 months
CID, DCHT, DGH, AV, Churches	5.1.4	12 months
CID, DCHT	5.1.5	12 months
CID, DCHT, DGH, AV, Churches, HRM Recreation	5.1.6	12 months
CID, DCHT, DGH, Councillor Mancini, Go Pro, NSCC, Darren Hirtle (HRM)	5.2.1	10 months
CID, DCHT, DGH	5.3.1	10 months
CID	6.1.1	12 months
CID, NSCC, Entrepreneurs with Disabilities	6.2.1	6 months
CID, OVCCC	6.2.2	8 months
CID, Dalhousie University	6.2.3	12 months
CID	6.3.1	12 months
CID	6.4.1	12 months
CID	6.5.1	12 months
AFCT	7.1.1	10 months
AFCT	7.1.2	12 months

AFCT	7.1.3	12 months
CID / AFCT, Gou	8.1.1	2 months
AFCT	8.1.2	Annually
CID, HRM, NS Department of Seniors, Gou	8.2.1	3 months

IDEA BANK

The Idea Bank holds ideas that were identified by the Steering Committee (and on an on-going basis by the Age Friendly Community Team) that cannot be reasonably undertaken within the first 24 months following the Plan's adoption. As the Age Friendly Community Plan is implemented and reviewed, opportunities will arise to assess the viability of these ideas and the resources required to undertake them.

This Age Friendly Community Plan is a collaborative management tool that encourages change by focusing on implementation. By regularly reviewing and assessing the progress being made on the Actions, the AFCT may determine that:

a) The Action may need more resources (time, personnel or money)
b) The scope of the proposed Action was greater or more complex than originally envisioned, and the Action should be dropped or placed in the Idea Bank for future consideration.
c) An opportunity presents itself to implement an Action that was not foreseen, and it needs to be pursued as a matter of priority
d) As Actions are completed, other Actions from the Idea Bank can be brought forward.

The following ideas are currently deposited in the Idea Bank. Other ideas may be added to the Idea Bank at any time. They might be developed further as part of the AFC Plan review, but also by reviewing and considering how to respond to the general scope of issues listed in most of the Goals.

Idea Bank[7] (2017)	
Open Space & Built Environment	Investigate the possibility of offering free public Wi-Fi in all or parts of the district. Wi-Fi networks with ranges of up 30kms are possible to install for as little as $150. See companies like "Simple Wi-Fi" and "Ubiquiti Networks".
	Research pedestrian scale lighting standards and designs and advocate for the installation of pedestrian scale lighting in the district to HRM.
Transportation	Monitor and promote reduced parking standards and shared vehicle opportunities in HRM land use by-law changes in the District.
	Identify and promote car-charging stations in the District.
	Consider District needs for an Active Living Strategy
Housing	Encourage HRM to establish a Housing Business Plan that enunciates the Municipality's role and commitment to affordable age friendly housing solutions
Social connectivity and civic engagement	Party on the street (or in the park) to get to know your neighbours
	Halloween for pets/dogs in a park
	Business succession planning and mentorship program
	Business creation that implies intergenerational connectivity (e.g., herbal tea garden, bike taxi)
	Creation of a pool of seniors mentors based on their experience and knowledge

[7] *There are no bad ideas. Good ideas are those that get implemented.*

Appendix

Age Friendly Small Business Checklist

IS YOUR SMALL BUSINESS AGE-FRIENDLY?

Attracting and keeping customers in an aging population is essential to growing a business. Think about how to develop different product lines or improve your customer service. Here is a checklist to help you make sure your business is taking care of the safety, comfort, visibility, clarity and respect of your clients.

Safety

☐ Are your entrances clear of street furniture?

☐ Are your doors wide enough for wheelchairs?

☐ Is accessible seniors' parking available close to your premises?

☐ Do you have sturdy handrails on your stairways and have you marked the stair edges clearly?

☐ Is your flooring non-slip?

☐ Do you shelve your most popular items at medium height?

Comfort

☐ Do you have seating at lineups?

☐ Are your service counters accessible to customers in wheelchairs?

☐ Do you have customer telephones with large-print buttons and ways to increase the sound volume?

Visibility and clarity

☐ Are your premises evenly lit?
☐ Is your signage clear and understandable?
☐ Have you trained staff to speak clearly and help customers who have vision or hearing challenges?
☐ Is loud music playing that distracts those with hearing challenges or makes them uncomfortable?

Respect

☐ Have you trained staff to avoid condescending behaviour and to be patient and friendly?

☐ Can your staff identify if a person is experiencing a medical emergency?

☐ Does your workplace promote an environment of respect among staff and customers, without stereotyping or drawing conclusions from age or ability?

Ask your customers or clients

☐ Have you checked with your customers to find out what they see as obstacles?

Your market area

☐ Have you researched the number of older people in your market area and their disposable income to assess the size of your affected market?

Source

- Creating an Age-friendly Business in B.C.' Seniors Healthy Living Secretariat, B.C. Ministry of Health, 2011

Statistics Canada Data Analysis Method

The Dartmouth East area is composed of 15 Census Tracts (CTs) as of the 2016 Census. The following table indicates the geographic codes of these CTs and how they have changed since the 2001 Census.

2001 Census	***2016 Census***
2050104.01	2050104.01
2050104.02	2050104.02
2050105.01	2050105.01
2050105.02	2050105.02
2050106.01	2050106.01
2050106.02	2050106.02
2050107.00	2050107.00
2050121.02	2050121.02
2050121.03	2050121.03
2050121.08	2050121.08
2050121.07	2050121.09[8]
	2050121.10
2050122.01	2050122.01
2050122.02	2050122.04
	2050122.05

[8] *The CT 2050121.09 includes only the Cole Harbour 30 Indian Reserve. Given the particular nature of this CT, it was omitted from certain calculated averages and medians (when its value was 0).*

For attributes where the unit is a total number (of individuals, households, dwellings, etc.), the values of all the CTs were summed to provide the total number for Dartmouth East.

For attributes where the unit is not a total number (i.e. income, unemployment rate, etc.), the value for Dartmouth East was achieved according to the following procedure:

- For medians, the median of all the Dartmouth East CT values was taken;
- For averages, the average of all the Dartmouth East CT values was taken; and
- For rates/percentages, the average of all the Dartmouth East CT values was taken.

In order to estimate the proportion of the population that will be composed of individuals aged 65 years and older in future, a trend line was added to a plot of 2001, 2006, 2011, and 2016 values. An exponential trend line provided the best fit, indicated by high R^2-values across all three levels of geography (see below table).

Chart	***R^2 Value***
Dartmouth East	0.9999
Halifax Regional Municipality	0.96335
Nova Scotia	0.96287

Any category in the following tables which is associated with an asterisk (*) was only gathered on the long-form census (i.e. all data comes from a 25% sample of the population).

It is important to note that all Statistics Canada Census information is randomly rounded to a multiple of 5 to maintain confidentiality. [9]

[9] "*Census Profile – Random Rounding", Statistics Canada, last modified January 5, 2016, http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/help-aide/N2.cfm?Lang=E*

Demographics

Table: Socio-Economic Data

Stat	*Dartmouth East*	*HRM*	*NS*
2016 Population	54,451	403,390	923,598
Population Under Age of 20 (2016)	22.1%	20.5%	20.0%
Population Over 65 (2016)	17.3%	15.7%	19.9%
Population Growth, 2006-2016	2.0%	8.2%	1.1%
Total Census Families, 2006-2016	3.5%	8.0%	1.3%
Married Families, 2006-2016	-2.5%	3.6%	-3.2%
Lone Parent Families, 2006-2016	13.7%	8.8%	3.6%
Immigration, % of Total, 2016*	6.7%	9.4%	6.1%
% Who Moved (in the last 5 years)*	31.8%	39.8%	12.5%
% Who Moved within the Municipality*	24.2%	26.3%	19.6%
% Who Moved Elsewhere in NS*	1.6%	3.2%	2.1%
% Who Moved Elsewhere in Canada*	4.5%	6.5%	1.8%
Average Total Income, Individuals, 2015	$46,610	$46,429	$41,479
Average Total Income, Economic Families, 2015	$104,976	$106,483	$93,027
Low Income Measure, 2015	8.7%	14.8%	17.2%
% Who Own Their Home, 2016*	78.5%	60.1%	68.7%
% Who Rent, 2016*	21.5%	39.9%	30.7%
Average Home Value, 2016*	$260,083	$307,511	$230,441
Unemployment Rate, 2016	7.2%	7.3%	10%

Table: Population by 5-year Age Groups

	Dartmouth East									*HRM*	*NS*
	2001 (#)	2001 (%)	2006 (#)	2006 (%)	2011 (#)	2011 (%)	2016 (#)	2016 (%)	Change	Change	Change
Total	52180	-	53415	-	54845	-	54460	-	4.4%	12.3%	1.7%
0-4	3030	5.8%	2685	5.0%	2885	5.3%	2630	4.8%	-13.2%	-0.7%	-11.5%
5-9	3755	7.2%	3275	6.1%	2930	5.3%	3025	5.6%	-19.4%	-7.3%	-17.7%
10-14	4225	8.1%	3870	7.2%	3375	6.2%	3010	5.5%	-28.8%	-15.6%	-25.7%
15-19	4105	7.9%	4200	7.9%	3875	7.1%	3355	6.2%	-18.3%	-2.5%	-17.0%
20-24	3080	5.9%	3115	5.8%	3320	6.1%	3035	5.6%	-1.5%	13.8%	0.0%
25-29	2640	5.1%	2605	4.9%	2700	4.9%	2795	5.1%	5.9%	14.2%	-1.4%
30-34	3380	6.5%	3205	6.0%	3150	5.7%	3125	5.7%	-7.5%	-0.5%	-14.8%
35-39	4965	9.5%	3810	7.1%	3630	6.6%	3410	6.3%	-31.3%	-21.7%	-31.1%
40-44	5145	9.9%	5025	9.4%	3925	7.2%	3600	6.6%	-30.0%	-15.8%	-25.9%
45-49	4485	8.6%	5060	9.5%	5040	9.2%	3815	7.0%	-14.9%	-1.2%	-12.9%
50-54	4035	7.7%	4345	8.1%	4930	9.0%	4860	8.9%	20.4%	28.0%	12.6%
55-59	2750	5.3%	3760	7.0%	4050	7.4%	4600	8.4%	67.3%	66.9%	49.2%
60-64	2060	3.9%	2605	4.9%	3540	6.5%	3810	7.0%	85.0%	90.5%	69.4%
65-69	1745	3.3%	2000	3.7%	2470	4.5%	3245	6.0%	86.0%	90.1%	77.1%
70-74	1200	2.3%	1610	3.0%	1870	3.4%	2275	4.2%	89.6%	59.8%	46.7%
75-79	845	1.6%	1065	2.0%	1450	2.6%	1675	3.1%	98.2%	29.6%	22.8%
80-84	455	0.9%	700	1.3%	945	1.7%	1210	2.2%	165.9%	35.7%	17.0%
85+	290	0.6%	430	0.8%	795	1.4%	1030	1.9%	255.2%	64.0%	39.6%

Table: Occupied Dwellings, 2016

	Dartmouth East	*HRM*	*NS*
Only regular maintenance or minor repairs needed*	94.5%	93.4%	91.2%
Major repairs needed*	5.4%	6.6%	8.8%
By Period of Construction*			
1960 or before	10.2%	20.2%	28.0%
1961 to 1980	36.3%	28.5%	28.3%
1981 to 1990	22.0%	15.6%	14.7%
1991 to 2000	13.9%	14.3%	12.4%
2001 to 2005	7.6%	7.6%	5.7%
2006 to 2010	6.7%	7.3%	6.0%
2011 to 2016	3.1%	6.4%	4.9%
By Number of Rooms*			
1 to 4 rooms	9.7%	26.7%	21.8%
5 rooms	9.6%	14.6%	16.1%
6 rooms	14.9%	14.3%	16.6%
7 rooms	16.9%	12.9%	14.2%
8 or more rooms	49.0%	31.5%	31.3%
By Number of Bedrooms*			
No bedrooms	0.0%	0.5%	0.3%
1 bedroom	3.7%	14.5%	11.4%
2 bedrooms	15.9%	26.2%	26.2%
3 bedrooms	46.6%	36.3%	39.5%
4 or more bedrooms	33.5%	22.5%	22.6%
By Type of Occupancy*			
Owner	78.4%	60.1%	68.7%
Renter	21.5%	39.9%	30.7%
Band housing	0.1%	0.0%	0.6%
By Condominium Status*			
Part of a condominium development	4.0%	6.0%	3.3%
Not part of a condominium development	96.0%	94.0%	96.7%
By Number of Maintainers*			
1 household maintainer	53.1%	56.8%	60.2%
2 household maintainers	45.0%	40.6%	38.1%
3 or more household maintainers	2.0%	2.6%	1.8%
By Age Group of Primary House*			
Under 25 years	1.2%	5.2%	3.6%
25 to 34 years	11.5%	16.1%	12.4%
35 to 44 years	17.3%	16.7%	14.8%

45 to 54 years	22.0%	19.9%	19.3%
55 to 64 years	21.9%	19.4%	21.2%
65 to 74 years	14.9%	13.5%	16.6%
75 to 84 years	8.7%	6.9%	9.0%
85 years and over	2.4%	2.2%	3.1%
By Number of Persons Per Room*			
One person or fewer per room	99.7%	99.2%	99.5%
More than one person per room	0.1%	0.8%	0.5%
By Housing Suitability*			
Suitable	97.8%	96.5%	97.1%
Not suitable	2.1%	3.5%	2.9%
By Total Owner and Rented Households*			
Spending less than 30% on shelter cost	82.9%	75.0%	78.4%
Spending 30% or more on shelter costs	17.1%	25.0%	21.6%
With a mortgage	64%	64.1%	55.2%
Owner households spending 30% or more	10.2%	12.9%	12%
Median monthly shelter costs for owned dwellings ($)	$1,153	$1,187	$819
Average monthly shelter costs for owned dwellings ($)	$1,181	$1,268	$987
Median value of dwellings ($)	$249,975	$269,126	$199,886
Average value of dwellings ($)	$260,083	$307,511	$230,441
Tenant households in subsidized housing	5.1%	8.3%	12.3%
Tenant households spending 30% or more on shelter costs	37.9%	43.3%	42.8%
Median monthly shelter costs for rented dwellings ($)	$1,063	$962	$849

Table: Households by Size and Type

	Dartmouth East		*HRM*		*NS*	
	2016 #	**2016 %**	**2016 #**	**2016 %**	**2016 #**	**2016 %**
Total Private Households	21,480	-	173,460	-	401,990	-
Persons in Households	53,820	-	397,635	-	908,340	-
Average Household Size	2.5	-	2.3	-	2.3	-
Structural Type of Dwelling						
Single-detached house	14,085	65.6%	86,615	49.9%	263,470	65.5%
Apartment in a building that has five or more storeys	525	2.4%	21,000	12.1%	21,350	5.3%
Movable dwelling	125	0.6%	3,995	2.3%	14,870	3.7%
Semi-detached house	2,865	13.3%	11,785	6.8%	20,465	5.1%
Row house	1,120	5.2%	6,655	3.8%	10,215	2.5%
Apartment or flat in a duplex	285	1.3%	6,270	3.6%	12,435	3.1%
Apartment in a building that has fewer than five storeys	2,465	11.5%	36,895	21.3%	58,405	14.5%
Other single-attached house	15	0.1%	235	0.1%	780	0.2%
Private Households - By Size	14085	65.6%	86615	49.9%	263470	65.5%
1 Person	4,450	20.7%	51,180	29.5%	118,670	29.5%
2 Persons	8,380	39.0%	64,425	37.1%	156,825	39.0%
3 Persons	3,990	18.6%	27,260	15.7%	60,250	15.0%
4 Persons	3,180	14.8%	21,020	12.1%	44,970	11.2%
5 or more Persons	1,485	6.9%	9,575	5.5%	21,275	5.3%
Private Households - By Household Type						
One-Family Households	15,970	74.3%	109,000	62.8%	260,280	64.7%
Multiple-Family Households	370	1.7%	2,290	1.3%	5,285	1.3%
Non-Family Households	5,115	23.8%	62,170	35.8%	136,425	33.9%

Table: Journey to Work, 2016

	Dartmouth East	*HRM*	*NS*
Commuting Destination*			
Commute within census subdivision (CSD) of residence	96.9%	96.4%	72.5%
Commute to a different CSD within census division (CD) of residence	0.3%	0.1%	16.6%
Commute to a different CSD and CD within province or territory of residence	1.8%	2.4%	9.3%
Commute to a different province or territory	1.0%	1.1%	1.5%
Main Mode of Commuting*			
Car; truck; van - as a driver	76.4%	70.4%	78.0%
Car; truck; van - as a passenger	8.0%	7.3%	7.3%
Public transit	11.4%	11.8%	6.4%
Walked	2.7%	8.2%	6.3%
Bicycle	0.4%	1.0%	0.6%
Other method	1.2%	1.3%	1.4%
Commuting Duration*			
Less than 15 minutes	25.5%	24.9%	34.3%
15 to 29 minutes	43.9%	40.8%	36.5%
30 to 44 minutes	19.1%	22.0%	17.6%
45 to 59 minutes	5.7%	7.2%	6.1%
60 minutes and over	5.8%	5.1%	5.5%

Data Sources

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Implementation Guide

The (2017) Age Friendly Community Plan is the starting point for addressing current and future challenges facing the Village on Main (Main Street, Dartmouth, Nova Scotia) and the Extended District. It provides a framework and a proven method that will keep the AFC Plan focused on implementation and moving forward as a "living document."

The planning template contained in the AFC Plan is the community's to use and modify over time. To achieve maximum benefit, all efforts must be taken to avoid the AFC Plan becoming a "shelf document."

Chief among these efforts is the establishment of an Age Friendly Community Team (AFCT), which might be established as a sub-committee reporting to the Community Improvement District Board of Directors.

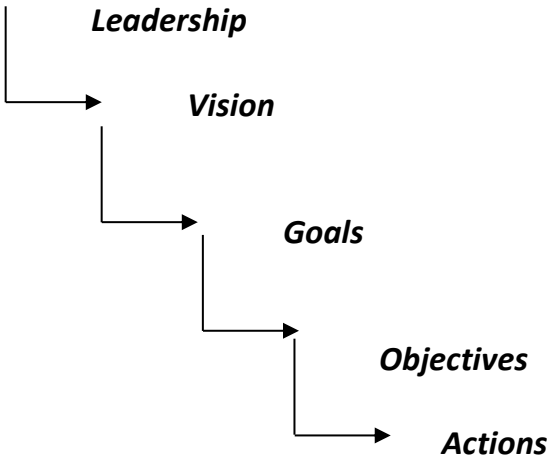
While the Plan provides specific direction and calls for the engagement of a number of "Champions", it is also intended to be flexible. The AFCT should have the flexibility to call on stakeholders at any time in order to address opportunities that may arise or help with obstacles that may be encountered; but in any event, an important step is conducting regular reviews of the plan, and this is suggested twice per year. The list of Champions and Actions (Page 46) provides a suggested schedule. The Plan should be updated annually.

The Plan will be more successful, and capacity for community leadership and involvement will be better built, if individuals take actions as outlined in the Plan, or when new groups and partnerships can be mobilized, in order to help accomplish the Goals and Objectives.

Progress with the AFC Plan will be more successful if implementation is shared between community members and other agencies. Keeping the planning process alive, active, and in front of the community on a regular basis is one way to accomplish this. Recognizing volunteer actions is another.

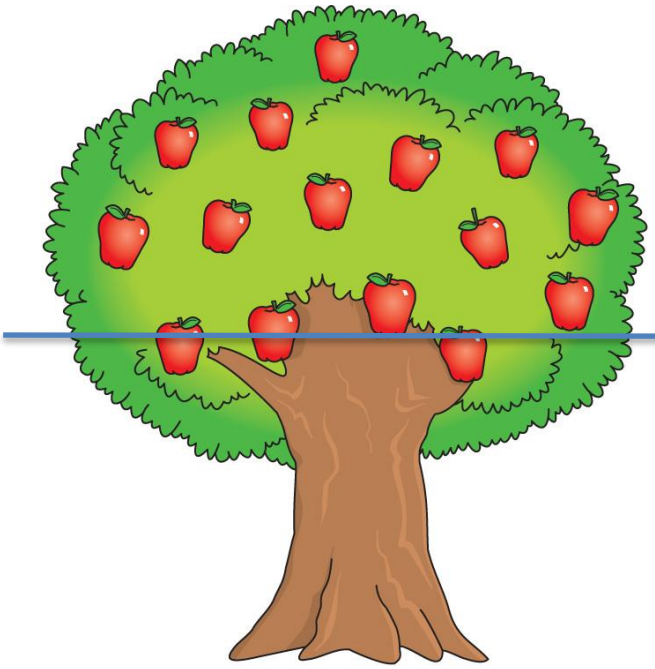
A couple of community development concepts are worth considering, in relation to building community leadership and how the Goals, Objectives and Actions helps to build community leadership. One concept is a simple hierarchy:

Hierarchy of Age Friendly Community Planning Steps



Another related community development concept (developed through strategic planning work with the Annapolis Valley First Nation) shows community leadership in the centre of a circle, and implementation of actions as a fruit tree:

The Low and High Hanging Fruit Tree



*Actions that are like **high hanging fruit**:*

- Take more time, effort and resources
- They are longer term
- Take longer than 24 months

*Actions that are like **low hanging fruit**:*

- Are easy to do
- Are short term
- Give us time to think about the high hanging fruit
- In our Plan, can be accomplished within 24 months

"Actions" are the key to the implementation of the Age Friendly Community Plan. Actions are measurable, and during the plan review sessions, the AFCT should have the authority to re-position, adjust or delete actions at any time. Adjustments can, however, be normally expected during plan review, which is why the annual review session is so important.

Finally, a couple of guiding principles are worth:

- It is always best to establish a limited number of goals, objectives and actions. In terms of developing actions, try reaching for the "low hanging fruit" first – some early successes will help build capacity and momentum.

- 'Champions' need to be regularly identified. These are groups or individuals who will be asked to do something, in other words, they will take ownership of a particular action. "Champions" can also be "partnerships" that are identified and mobilized to address a particular action(s). The AFCT and its partners need to be mindful of community capacity and volunteer burnout.

Perspectives on "Healthy Communities"

In 2012, the Canadian Institute of Planners (CIP) identified 25 determinants of a healthy community. There may well be other determinants from the perspective of the health professions. However, the CIP felt that urban / city planning, rural planning, and community planning practices had important roles to play in developing healthier communities. In short, the planning profession can and should help influence positive outcomes with the topics included in this list.

The over-arching goals associated with **Healthy Communities** are:

- The need for proactive health-planning partnership(s) and linking health and planning through community engagement.

- Integrating health into built environment decision-making, through effective planning policy, health impact statements, integration of community health profiles, implementation of best practices, use of toolkits and practice guides, etc.

1) Development and location of new highways and roads (i.e. to 'solve' traffic / commuting problems)
2) Parking standards (rigidity, excessiveness)
3) Walkability and level of planning for active transportation
4) Regional land use planning (sprawl vs. growth centres?)
5) Densification, incorporation of mixed use neighbourhoods, support for mixed use buildings and densification of downtowns and suburbs
6) Urban design
7) Accessibility of parks and recreation
8) Commitment to social planning, inclusive zoning
9) Location and access to healthcare facilities
10) Level of / commitment to public transit
11) Vibrant downtowns
12) Sustainable environmental policies
13) Sustainable economic policies
14) Climate change action and mitigation
15) Good air and water quality
16) Attention to noise reduction in built environments

17) Attention to public safety and security

18) Access to healthy food, including food safety and security
19) Hazard and disaster management planning
20) Support for mental health and related services
21) Planning for affordable housing / special needs housing
22) Level of homelessness
23) Workplace health and safety
24) Age friendly community planning, and
25) Access to sports, cultural and recreational opportunities

Perspectives on an "Age Friendly Community"

Source: "Planning for Age Friendly Communities", Ryerson University, 2010

In considering the principles associated with Age Friendly Communities and Aging-Well-in-Place, a common theme is to accommodate the health needs (e.g. graduated levels of care) and housing needs of older adults within the local neighbourhoods and communities where they live

> *The definition is focused largely on the needs of older adults, however…*
> ***"If you plan and design for older adults then you include the young."***

An Age-Friendly Community:

- Promotes development intensification around local hubs (mixed use, mixed densities, transit nodes) that encourage a wide range of community activities and access for older adults
- Has accessibility standards to support mobility
- Has design policies that promote public safety including legible street signage
- Provides accessible open spaces, walking and recreation opportunities including well-lit public spaces
- Considers the needs of older adults in all land use / urban design guidelines
- Monitors housing trends and needs for all ages and capabilities
- Provides transportation shelters, public seating, adequate lighting at hubs

- Accommodates the use of scooters and electric wheelchairs
- Has accessible transit, passenger pick-up and convenient schedules
- Has adequate snow and ice clearing practices
- Provides programming to support social interaction between all age groups
- Promotes partnerships with the private and non-profit sectors to ensure adequate programs for all ages
- Finds solutions and promotes independent living, assisted living and affordable housing
- Promotes de-institutionalized long term care
- Addresses programming needs in a variety of languages
- Promotes volunteerism with, and among, older adults
- Has 24 hour home care and home support programs within the community
- Has health services (hospitals, emergency medical services, doctors, pharmacists, dentists) in close proximity to a concentration of older adults (e.g. a seniors complex), and these health services in turn have capacity to accommodate a growing number of older adults, and
- Has addressed the need for caregivers (paid and unpaid) as well as the needs of caregivers (respite).

Perspectives on "Aging-Well-in-Place"

Sources:

- *Community Indicators for An Aging Population, CMHC, July 2008*
- *Community Services Department Report (Feb. 19, 2009). In 2009 the City of Edmonton commissioned an Aging-in-Place Study that examined best practices in nine North American municipalities.*

"Aging-Well-in-Place" means:

- Maintaining a continuity of relationships with family members, friends and neighbours
- Maintaining a continuity of relationship with the community – striving to keep older adults in the neighbourhoods that they know best and feel part of
- Creating 'age friendly' neighbourhoods
- Encouraging a positive vision for aging – supporting and celebrating our elders, their experiences and contributions
- Focusing on flexible support options for individuals as opposed to age ranges or diagnostic categories, and
- Addressing health needs with a continuum of services that help support "aging-well-in-place"

In 2009, the City of Edmonton examined best planning practices to support aging-well-in-place. These include:

- Maintaining diversity in accommodations
- Promoting mixed use developments
- Locating seniors' facilities close to services
- Ensuring barrier free design and visitability in buildings
- Providing public transit that recognizes the needs of older adults
- Providing an attractive pedestrian environment that allows for easy navigation and walkability
- Recognizing the needs and wants of seniors in the design and programming of outdoor spaces and gathering areas, and
- Use of Crime Prevention Through Environmental Design (CPTED) to enhance community safety for all ages.