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# Exploring Naturally Occurring Retirement Communities (NORCs) in the Context of the Social Determinants of Health

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## Abstract

**Background:** Ontario seniors face a range of challenges as they age, including financial, physical and social barriers. Addressing these challenges is essential to improving the health and well-being of older adults in the province. Objective: The discussion proposes that naturally occurring retirement communities (NORCs) offer a viable and safe alternative to formal retirement communities and evaluates how NORCs can support seniors when examined through the lens of the social determinants of health.

**Methods:** The analysis focuses on the role and impact of NORC-specific service programming, distinct from NORCs themselves, and assesses their potential in mitigating age-related challenges faced by seniors in Ontario.

**Findings:** NORC-specific service programs have shown success in supporting senior wellness and improving quality of life. These service address key social determinants of health and demonstrate potential for broader application across Ontario's NORCs.

**Discussion:** The discussion recommends increased attention from governments and policy-makers, including efforts to identify NORCs across Ontario, expand affordable and accessible housing options for seniors, and invest in health and social supports. Strategic development of NORC programs can play a significant role in building capacity and delivering targeted wellness services to seniors.

## Résumé

Les personnes âgées de l'Ontario font face à des défis d'ordre financier, physique et social en vieillissant. Cet article postule que les communautés de retraite naturelles (CRN) sont une solution de rechange appropriée et sécuritaire aux milieux de vie structurés pour les personnes âgées. Nous examinons comment les défis cités ci-dessus peuvent être atténués en les analysant sous l'angle des déterminants de la santé. Outre les CRN elles-mêmes, notre réflexion porte en particulier sur le succès des programmes de services spécifiques aux CRN, et suggère l'application de ces services à l'ensemble des CRN de l'Ontario. Cette réflexion se conclut par des recommandations aux gouvernements et décideurs politiques visant à soutenir les futurs travaux de recherche et le développement de la capacité. Nous recommandons notamment de recenser les CRN actuelles en Ontario, d'aménager des solutions de logement abordable et accessible pour les personnes âgées, et de développer la capacité grâce à des mesures de soutien sanitaires et sociales et à des investissements dans des programmes de CRN axés sur les services de mieux-être pour les personnes âgées.

## Introduction

When assessed through the lens of the social determinants of health (SDH), seniors, aged 65 and up, are considered a vulnerable population facing a myriad of challenges, including socio-economic factors that influence individuals' health and social outcomes (Sanchini et al., 2022; World Health Organization (WHO), 2023). Healthy aging and aging in place can be challenged by vulnerabilities that are both intrinsic and extrinsic in the senior population, where the SDH can significantly affect quality of life and access to essential services, thereby shaping the ability to age in place with dignity and autonomy (Cross-Deny & Robinson, 2017).

The potential for naturally occurring retirement communities (NORCs) to improve the SDH status for seniors is a critical consideration for policymakers in the ongoing development and delivery of seniors' health and social programs. This discussion explores the role of NORCs in Ontario, Canada, examining the potential impact on the quality of life for seniors through the

lens of the SDH. Furthermore, recommendations to improve Ontario's public health and social support structures are proposed herein.

### Social determinants of health

The WHO (2023) defines the SDH as 'conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions on daily life' (para. 1). The Government of Canada (2020) has further distilled this definition to include the following aspects: '(1) income and social status, (2) employment and working conditions, (3) education and literacy, (4) childhood experiences, (5) physical environments, (6) social supports and coping skills, (7) healthy behaviours, (8) access to health services, (9) biology and genetic endowment, (10) gender, (11) culture, [and] (12) race/racism' (para. 3). These various components of the SDH create tangible measures of quality of life and help to identify areas of health and social vulnerability for all Canadians (Government of Canada, 2020). This is demonstrated by the Government of Canada's (2024) Health Inequalities Data Tool, which measures various components, indicators, or predictors of health and wellbeing.

The SDH can be used to measure wellness and vulnerability in many ways. For example, SDH data can demonstrate linkages between education and literacy in early life to employment opportunities and income in adulthood (Government of Canada, 2024). Another example is the ability to access health services and the presence of uncontrolled chronic diseases, such as diabetes (Government of Canada, 2024). Using the SDH, researchers and policymakers can examine specific parameters to determine wellbeing and vulnerability within various groups, such as age-based or ethnic groupings.

Certain aspects of age-based vulnerabilities may be viewed as inherently deterministic, such as the biological process of aging. Anticipated aspects of the aging process, such as loss of senses (i.e., sight, hearing, touch, taste, smell), loss of muscle tones and body fat percentage, cognitive decline, changes to the immune system, etc., can all be intrinsic contributing factors to physical and social frailty and vulnerability in older adults (McNutt & Ismail, 2023). Overall, Canadians report increased frailty, increased hospital admissions, and a higher incidence of chronic disease in the over-65 population (McNutt & Ismail, 2023; Public Health Agency of Canada, 2021). However, the pathway to seniors' vulnerability is also constructed by the social constructs (i.e., the SDH) that shape our society in Ontario. These extrinsic factors, such as economic and financial factors (i.e., living on fixed or limited incomes, housing insecurity, or biological impairments as a barrier to employment and income), social factors (i.e., loss of social networks and reduced mobility or digital literacy as barriers to socialization), access to healthcare and support services (i.e., increased reliance on overburdened health systems or caregiver dependence), and environmental and community design challenges (i.e., inaccessible architecture, reliance on public transportation services, or lack of mobility in difficult weather conditions) are all modifiable constructs of society that contribute to (and potentially exacerbate) the vulnerabilities of seniors in Ontario (Brydges et al., 2022; Levasseur et al., 2015; McNutt & Ismail, 2023).

Canadian census data captures various components of the SDH, such as age, gender, income, or ethnicity (Statistics Canada, 2023). The collection of demographic data presents opportunities for researchers, policymakers, and health and social professionals to develop and strengthen knowledge surrounding the SDH as

predictors of wellbeing and vulnerability. These learnings can potentiate opportunities for advocacy in the development and implementation of policies and programs that support improvements across the SDH categories.

### Naturally occurring retirement communities

NORCs were originally defined by Hunt and Gunter-Hunt (1986) as geographical areas (i.e., apartment complexes or neighbourhoods) that house predominantly older adults, despite not having been originally developed or intended, specifically as retirement communities (Brydges et al., 2022; Jiaxuan et al., 2022). NORCs differ from formal retirement communities in that they were not initially designed or marketed as retirement communities, yet organically developed as such, ultimately housing a proportionately higher number of older adults (Hunt & Ross, 1990; Jiaxuan et al., 2022). NORCs are a phenomenon, primarily resulting from individuals and families aging in place (Brydges et al., 2022; Hunt & Gunter-Hunt, 1986). For those individuals or families who do not age in place within NORCs, there is a multitude of factors that attract aging seniors to NORCs, including seeking out more socially aligned, economic, accessible, and supportive alternatives to mainstream housing (Brydges et al., 2022; Hunt & Gunter-Hunt, 1986; Hunt & Ross, 1990). The benefits of residing in NORCs include improved access to health and social services, improved overall wellbeing and health outcomes, and delayed admission to long-term care (LTC) facilities (Brydges et al., 2022; Council on Aging of Ottawa, 2022; Kyriacou & Vladeck, 2011; University Health Network OpenLab, 2018).

### Importance of NORCs

The importance of NORCs stems from the need for affordable and accessible senior housing options. Ontario is experiencing a rapid growth in the proportion of seniors, with estimates projecting an increase in the percentage of seniors from 18.4% in 2022 to 20.3% by 2046 (Government of Ontario, 2021). As Ontario's overall demographic continues to skew toward an aging population, there is increased pressure on formal seniors' housing, such as retirement homes and LTC facilities. According to Health Quality Ontario (2023), LTC homes have projected wait times for admission of over 200 days, which highlights a need for more Canadians to be capable of, and, consequentially, supported to age in place.

Before the COVID-19 pandemic, there was a pre-existing reluctance toward relocation into formal seniors' housing, for fear of losing independence and autonomy, connections with family and friends, a sense of self and pride, and mobility and physical abilities (Chamberlain et al., 2019; Millett et al., 2023). Multiple studies conducted in Canadian LTC homes before the pandemic found that roughly 4% of residents experienced social isolation, which has a demonstrable correlation with both co-morbid conditions and psychiatric disorders (Chamberlain et al., 2019; Millett et al., 2023). The COVID-19 pandemic has exacerbated resistance and fear of formal seniors' housing options, with 72% of Canadians now reporting an aversion to entering formal seniors' living environments (Achou et al., 2022). The increased social isolation of older adults during the pandemic compromised social and health-related wellbeing and contributed to a decline in the functional capacities of older adults, such as strength, power, and flexibility (Damasceno de Albuquerque Angelo et al., 2022). Fears of health and social decline create a barrier to entry into formal housing, leaving many

older Canadians wondering what other options are available, and how long they can remain in their homes or communities.

### Ontario NORCs and NORC-specific services programming

As NORCs develop naturally over time, as opposed to planned development, there is moderate insight into the location and population of NORCs across Ontario. According to the Ontario COVID-19 Science Advisory Table (2021), it is estimated that there were nearly 500 identified NORCs in Toronto, housing over 70,000 adults over the age of 65 between January 2020 and January 2021. Across Ontario, the population of seniors residing in NORCs is unknown, as to date, there has not been an Ontario-wide initiative to identify all NORCs. A small number of studies were completed to identify NORCs to target relevant programming and health and wellness services, such as DePaul et al.'s (2022) study which identified NORCs in four Ontario cities of varying sizes and population densities, including, from largest to smallest, Hamilton, London, Kingston, and Belleville/Quinte. The purpose of identifying these NORCs was to assess the viability of NORC-specific services programming (NORC-SSPs) (DePaul et al., 2022). The NORC-SSPs are invaluable to seniors' communities, especially considering higher risks of injury or hospitalization from frailty among adults over the age of 65 living in the community (Ramage-Morin et al., 2017).

The NORC-SSPs target on-site health and wellness programs and services that are developed utilizing principles of community capacity-building and participatory action (Brydges et al., 2022; DePaul et al., 2022; Kyriacou & Vladeck, 2011). In general, NORC-SSPs focus on the development of programming that targets physical wellbeing, social wellbeing, and nutritional services, as well as developing common/shared spaces for the residents (Brydges et al., 2022; DePaul et al., 2022). Examples of physical wellbeing programming may include group exercise, on-site medical care, visiting health services, or maintenance of public areas, including plowing/shoveling walkways in the winter or maintaining common areas (Mills et al., 2023). Examples of social wellbeing may include on-site cultural or religious gatherings, workshops and classes, and encouraging community safety, such as checking in regularly (i.e., wellness checks) (Mills et al., 2023). Examples of nutritional services may include community gardening, shared meal programs, or nutritional workshops (Mills et al., 2023).

A well-discussed example of NORC-SSPs is the Oasis Senior Supportive Living (Oasis), which has multiple NORC-SSP sites located in Kingston, Ontario (Brydges et al., 2022; DePaul et al., 2022; Mills et al., 2023). Oasis programming is targeted at supporting seniors residing in NORCs, fostering a participatory community, and enabling more seniors to age in place (DePaul et al., 2022; Mills et al., 2023). Oasis is comprised of various support structures, including an internal community board of directors, community townhall meetings, and community volunteers, while and providing an on-site program coordinator to oversee various activities and programming (Mills et al., 2023). Through this intentional design, community members are empowered to participate in both the operation and development of services and programming within their communities, leading to a participatory model of community development.

Another NORC-targeted service from a private provider is Bayshore Healthcare's Vyta fee-for-service program (Vyta, 2023). Vyta offers consumers an individualized concierge service, promoting

a subscription-based model, which enables seniors to access an array of services needed to maintain independent living at home, thereby fostering an aging-in place model (Vyta, 2023). Examples of the services offered through Vyta include property maintenance (i.e., plowing, cleaning, or lawn care), activities of daily living support (i.e., laundry, cleaning, or mealtime supports such as grocery shopping and meal preparation), personal care services (i.e., assistance with bathing, dressing, or personal hygiene), and companionship services (i.e., social visits) (Vyta, 2023). While this model is a private fee-for-service model, it does offer support for aging in place for those who can financially afford the program.

### Aging, NORCs, and the SDH

Although all aspects of the SDH as outlined by the Government of Canada (2020) implicate life in senior years, the purpose and scope of this manuscript focus on an examination of those factors through which NORC and NORC-SSPs may directly impact the quality of life for seniors. As previously reviewed, vulnerabilities for seniors are produced by both intrinsic (natural aging process) and extrinsic (modifiable social constructs that form our society) factors, and NORC and NORC-SSPs specifically address the physical and social wellbeing of seniors. This discussion considers the (1) economic factors (income and social status), (2) physical factors (physical environments and access to health services), and (3) social factors (social and cultural supports and healthy behaviours) in a holistic review of the implications.

### Economic

Affordable and accessible housing options for all Ontarians have become a significant concern. According to the Ontario Chamber of Commerce (2023), economic pressure, inclusive of rising inflation, has hit modern highs in Ontario, creating a crisis of both availability and affordability in both the ownership and rental markets. A scoping review by Sheppard et al. (2022) highlighted this housing affordability crisis, identifying seniors as being particularly vulnerable to the economic impact of rising housing costs and general lack of availability. According to the Canada Mortgage and Housing Corporation (2020), nearly 20% of Ontario seniors are unable to access affordable housing options. Considering Ontario's rapidly aging population, it is reasonable to expect that this housing crisis will increase in intensity in the coming years.

Moreover, financial access to formal senior housing is an even greater concern for many Ontarians, with Ontario's cost of living in a retirement home among the highest in the country. Basic accommodations in Ontario retirement homes, including shelter and meals, but excluding any additional care services, are approximately \$7000 per month (Manis et al., 2022). Basic accommodations in retirement homes are vastly different from living at home, often requiring older adults to significantly downsize in terms of square footage and possessions. As retirement homes are not subsidized like LTC facilities, residents are required to pay these costs entirely out-of-pocket (Closing the Gap Healthcare, 2019; Manis et al., 2022). Additional services, such as assistance with bathing or medications, are typically fee-for-service arrangements that residents must pay for privately and above the base price. Basic rental increases are governed by the Ontario Government under the *Residential Tenancies Act* (2006), which stipulates that rent can only be increased once per year, and residents must be provided with a written 90-day notice. However, retirement home



operations include a segmentation between the cost of rent and the cost of services, meaning that the cost of services can be increased (with 90-day notice) without limitations (i.e., more than once per year, no cost caps on increases) (*Retirement Homes Act*, 2010).

Despite LTC subsidies (resulting from provincial funding models), copayments of LTC in Ontario still range from roughly \$2000–\$3000 a month (Government of Ontario, 2023). While LTC costs are much less on average than retirement homes, older adults are still faced with challenges in managing the financial burden while simultaneously downsizing to, what is most commonly, a shared accommodation (roommate) and a significant loss of privacy. Furthermore, in both retirement homes and LTC settings, there are additional costs associated with additional services, such as social outings or recreational activities, especially when those activities require transportation to different locations.

This financial burden for entry to formal senior housing presents a discussion regarding equity. The SDH indicates that higher-incomes and social-status individuals will have a higher quality of life and longer life expectancy (DePaul et al., 2022). Higher-income individuals may have more options in terms of senior housing, with the ability to choose facilities based on a variety of factors, including location, amenities, and in-house service options. Instead, lower-income individuals may be more restricted in choice, possibly limiting options to those homes offering fewer amenities and in-house services, which may be in less desirable locations. Additionally, the ability to afford private suites and additional services may present as a higher quality of life for those in a higher income bracket. Alternatively, NORCs offer more accessibility for those in lower income brackets, existing across Ontario in a range of both rural and urban settings and higher-income and lower-income neighbourhoods. In combination with publicly funded health and social services, NORCs offer a financially accessible alternative to formal senior housing, whereby financial barriers to aging in place can be reduced (Brydges et al., 2022).

### Physical

Hunt and Ross (1990) indicate that NORCs often develop in communities or areas that meet specific parameters, such as access to goods, services, and transportation, and offer a secure and safe living environment. Goods and services found within proximity to NORCs may include clinics, hospitals, pharmacies, community centres, seniors' centres, libraries, retail, grocery stores, religious congregations and churches, banks, post offices, parks, and outdoor recreation areas (Hunt & Gunter-Hunt, 1986; Levasseur et al., 2015). Access to public transportation is also a common denominator, making any services not immediately available in the area accessible by transit (Brydges et al., 2022).

As per the Public Health Agency of Canada (2021), the 2017–2018 Canadian Community Health Survey indicated that roughly 37% of Canadians over the age of 65 reported living with at least two chronic diseases. Chronic diseases, such as high blood pressure, diabetes, or chronic obstructive pulmonary disease, require frequent and, at times, significant oversight from medical practitioners (Public Health Agency of Canada, 2021). Living near health services can improve the health status and functioning of individuals choosing to remain in the community instead of entering formal senior living environments (Brydges et al., 2022).

Additionally, security is one of the most important factors seemingly influencing the development of and attraction to NORCs (Hunt & Gunter-Hunt, 1986; Hunt & Ross, 1990). Factors, such as well-lit streets and well-maintained public spaces (i.e., wide

sidewalks and maintaining walkways in the winter), are seemingly found in areas in which NORCs develop. Specific to vertical living (i.e., condominiums or apartment buildings), having a locked entry or manned front desk is an attractive attribute for NORC development and seniors living. Secure buildings are the ideal environment for seniors, considering both real and perceived threats. The Department of Justice highlights that nearly 10% of Canadian seniors have fallen victim to petty crimes, such as those related to property, and that roughly 45% of seniors have fallen victim to a form of abuse, most frequently either financial or emotional abuse (Government of Canada, 2006). Security features within living environments help to mitigate concerns relating to seniors and vulnerability.

The intrinsic and extrinsic vulnerabilities of seniors indicate a need for supportive physical environments that offer an array of necessities and services needed to maintain independence and to age in place. The natural development of NORCs in such spaces offers seniors the ability to age in place and maintain independence outside of formal seniors' housing.

### Social

As identified in the examples of NORCs and NORC-SSPs, NORCs can offer a social and supportive housing option for those seniors who wish to remain in the community, instead of relocating to formal seniors' housing settings. NORCs present an opportunity for socialization with age-homogenous groups, while simultaneously offering an opportunity to be supported by those younger residing within that community (Brydges et al., 2022). Social connections among NORCs can increase the sense of belonging and reduce social isolation, which has previously been determined to be a factor in improving health and health outcomes (Brydges et al., 2022; Cross-Deny & Robinson, 2017).

Through social development, individuals residing in NORCs can access supports through their community, as well as co-habitants, and where NORCs have access to or develop more formal community support (i.e., NORC-SSPs), can participate in giving back within their communities by participating in the operation of NORC-SSPs and participating in community with reciprocal supports. The examples above, such as NORCs in which Oasis has been implemented, demonstrate how NORCs can be effective at fostering healthy seniors' programming and support to age in place. Healthy behaviours or activities, such as group meals or potlucks, social outings, community gardening, exercise groups, etc., individually or collectively, lend to building strong social relationships and reducing isolation, thereby improving overall health and wellness (Mills et al., 2022). A study conducted by Cross-Deny & Robinson (2017) applied the SDH to determine predictors of depression in older adults, finding that the maintenance of physical wellbeing (i.e., socially engaged active or passive physical activities), in conjunction with supportive social systems, had the largest impact.

Beyond the benefits listed above, NORCs also offer an opportunity to connect socially with culturally relevant peers and activities. This connectedness is particularly important when considering the impact of social belonging on mental health and physical wellbeing. According to Brydges et al. (2022), NORCs and NORC-SSPs utilize a participatory framework to engage residents within a community to, in turn, contribute to their community. This participatory action ensures that activities, services, and supports are not only serving the community's health and social needs but also present opportunities for culturally relevant supports and

services. For example, NORCs, developing naturally over time, can contain a high volume of a specific ethnicity, religious affiliation, or other minority, such as racialized populations (Brydges et al., 2022). According to the Toronto 2021 Census, roughly 17.3% of Torontonians are not Canadian citizens (City of Toronto, 2022). As identified through the 2021 Census, there are specific neighbourhoods that have higher percentages of minority groups, such as North York, central Toronto (i.e., downtown and waterfront areas), and midtown (City of Toronto, 2022). One such example of cultural development in major urban settings is the formation of a Chinatown. Higher densities of individuals of Asian descent necessitate the development of culturally safe and relevant NORCs and NORC-SSPs. The SDH looks to culture as a consideration for the impact of racialization or discrimination against minority groups, indicating that those groups may experience inequalities in health and wellbeing as a result (Cross-Deny & Robinson, 2017).

### Discussions and opportunities

NORCs are grounded in social theory. Researchers and practitioners in health and community development are beginning to recognize the power of NORCs and NORC-SSPs. As a naturally occurring phenomenon, Ontario's public and private health sectors, as well as the social sector, need to recognize the occurrence and ensure longevity and sustainability in their development and social operation as viable neighbourhoods. Understanding how NORCs and NORC-SSPs align and impact the SDH positions NORCs as a positive alternative to formal seniors' housing and fosters a community of mutual care and leadership. NORCs and NORC-SSPs help to address socioeconomic inequalities in health and wellness in the senior years. More research is required to identify and target NORCs for further programming and service development and delivery. Health and social policies that support and improve the quality of life, general wellbeing (i.e., physical and mental), health and social equity, and physical environments of Ontario seniors will have immense impacts on this population (Gan et al., 2022). With increased visibility and knowledge about NORCs and NORC-SSPs, Ontario, specifically, and Canada, more broadly, have an opportunity and responsibility to deliver effective health and social age-related policies.

### Putting knowledge to good use

An example of the benefits of increased visibility of NORCs is the Ontario COVID-19 Science Advisory Table's (2021) targeting the COVID-19 vaccination campaign for Ontario's vulnerable seniors living in the community. This high-density and community-based immunization program has been deemed an effective model, reducing death and hospitalization related to vaccine-preventable disease (Ontario COVID-19 Science Advisory Table, 2021). Through the identification of NORCs within the Toronto area, this program was able to map senior population densities and evaluate each community based on risk (Ontario COVID-19 Science Advisory Table, 2021). Where risk was highest (i.e., low-income housing), targeting visiting immunization programs were delivered on-site within those NORCs, thereby aiding in the protection and immunity-building of those communities (Ontario COVID-19 Science Advisory Table, 2021). This example potentiates discussions regarding identifying NORC and NORC-SSPs and how targeted implementation of health and social services can and should be done.

### Recommendations

Brydges et al. (2022) make the following policy recommendations regarding NORC and NORC-SSP development and sustainability: (1) develop a national NORC strategy, (2) foster local community engagement, (3) advance sustainable funding mechanisms, and (4) develop improved system capacity for knowledge exchange and NORC research. This author further proposes three specific recommendations for the Ontario government to address NORCs and NORC-SSPs: (1) identify all NORCs within Ontario and create visibility for future development; (2) prioritize development of affordable and accessible housing options for seniors; and (3) support and invest in NORC-SSPs and targeted seniors' health and wellness services.

While there has been some development in the identification of Ontario NORCs, such as the work done by the NORC Innovation Centre and the Council on Aging of Ottawa, more organized Ontario-wide efforts are required to identify the current and future potential of NORCs (Council on Aging of Ottawa, 2022; NORC Innovation Centre, 2022). Through these efforts, governments can strengthen their knowledge of geographical needs, essentially what can be considered supply and demand. Healthcare services, such as homecare programs, currently operate blindly, or in a retroactive referral-based model, where patients are referred for services after experiencing a hospitalization or decline in health, such as through illness or injury. Through the identification of NORCs, health and home care services can be proactively developed and targeted in communities based on anticipated needs.

As previously reviewed, affordable and accessible housing options for all Ontarians, and, more specifically, for seniors, have become a significant concern and will likely continue to pose a problem in the coming decades relating to Ontario's aging population and housing affordability crisis. There is a dire need for continued development of affordable housing options, such as apartment complexes, condominiums, co-operative housing, or social housing complexes, through which NORC and NORC-SSP development can occur both naturally and intentionally through strategic planning. Without immediate and effective action, Ontario is unlikely to see growth and development in NORC and NORC-SSPs, leaving many seniors without the supportive communities needed to improve their quality of life in their senior years.

Lastly, Ontario and Canada's public health sector must invest in NORC-SSP to strategically target healthcare and wellness services. Supporting existing programs, such as the Council on Aging of Ottawa and the NORC Innovation Centre, and fostering further development will ensure that NORCs are supported and serviced appropriately to maintain a plausible aging-in-place model for Ontario's seniors. Sustainability in health and social programming requires ongoing funding and support from governments, ensuring that Ontario's aging population is met with more than adequate services in the coming years and decades.

### Conclusion

Ontario's population growth projections align with national and international trends, together with the expected strain and impact of health and social support delivery. The existing formal structures are insufficient to accommodate this cohort. Policy and decision-makers must recognize these limitations. It is possible to leverage organic NORCs and NORC-SSPs, as well as formally support their development through non-organic development. This is necessary

to meet the impending increased demand for senior care and support and will provide a framework to adapt public health and social systems to these communities (Jiaxuan et al., 2022).

Aging in place is a viable alternative to formal seniors' housing options, such as retirement or LTC homes. This is not to say that retirement and LTC homes are ineffective or outdated models of supportive living. Retirement homes and LTC centres provide advanced care and support for those individuals who can and should access this model of living. However, when older adults cannot or do not wish to reside in a care facility, they should be supported to age in place. It has been demonstrated that NORCs, and individuals who are empowered to age in place, can anticipate an increase in quality of life, as seen through the lens of the social determinants of health. More specifically, the examination of the economic, physical, and social implications of the SDH has been demonstrated to have a positive impact on the quality of life for seniors residing in NORCs.

Ontario policymakers and government bodies must prioritize the identification and support of NORCs, address the Ontario housing affordability crisis, strengthen existing NORC-SSPs, and support the development of new programming. In doing so, Ontario will see more seniors not only aging in place but thriving within the environments they have grown accustomed to throughout their adult or senior years. The predominant motivating factors to adopt the proposals within this manuscript are already upon us, namely, a generationally robust seniors' cohort. More research and policy development are required to prepare for this inevitable outcome.

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