

Pearson Residents Redevelopment Group

Visitability and Accessibility:
A Unifying Concept for the Pearson / Dogwood Redevelopment

Report 2 / February 2013



Pearson Residents
Redevelopment Group

Background

The Pearson Residents Redevelopment Group issued its first report in October 2012. Since that report, PRRG members participated at all four Vancouver Coastal Health sponsored Roundtables in November 2012. These Roundtables engaged over 120 organizations and individuals in envisioning the future of the Pearson Dogwood site in terms of health services, community development, sustainability and housing.

PRRG members also participated at the City of Vancouver sponsored Open Houses in January and February 2013 where they met many of their neighbours to discuss their needs and ideas.

Using this concept, PRRG believes it is possible to realize the opportunities identified at the Roundtables:

- The creation of **new housing options** where residents can live full lives integrated with their community
- An opportunity for VCH to contribute to **sustainable public funds for health care** in an innovative way
- A unique opportunity to envision a **forward thinking, diverse neighbourhood** where healthy living and health services are community prioritiesⁱ

History engenders a legacy

George Pearson Centre was created in order to meet an urgent health crisis in the early 1950's - the control and treatment of tuberculosis. It was drafted into even more urgent service later in the decade to treat people who had contracted polio. Some of these people have remained at Pearson Centre throughout their lives. It evolved into a facility for the care of people with disabilities as older facilities in the neighbourhood closed and their residents were moved to Pearson Centre. The Dogwood facility was added to the Pearson site in the 1970s to provide care for elders.

The history of the site proves the valuable role that this land has played in providing housing, supports and health care to people with disabilities and elders. The future of the site should recognize this important history by creating a modern legacy for future populations of seniors and people with disabilities. This modern legacy can be compatible with Vancouver Coastal Health's goal to increase the revenue that can be generated from the mixed use of the land in order to provide updated housing options for people with disabilities and meet the growing demands on the health system.ⁱⁱ



The Modern Legacy

The Pearson Dogwood site is nestled between two Cambie corridor hubs - the Oakridge shopping hub and the new Marine Gate housing and entertainment hub. Both of these hubs are being developed at high density for mixed use.

VCH has an opportunity to position the **Pearson/Dogwood lands as a complementary high density hub that develops and markets full inclusion through visitable and accessible housing linked to an array of health care and support services. This will benefit the whole Cambie corridor and the Marpole/Langara/ Oakridge and South Vancouver neighbourhoods.**

Unique features

- All market housing has visitabilityⁱⁱⁱ
- A designated number of units of market housing is fully accessible^{iv} and developed with a non profit provider based upon a successful formula^v
- All village amenities, including common pathways are designed for universal access
- A full range of community health resources including walk-in urgent care is located on the Pearson/Dogwood hub^{vi}
- An expanded warm water therapeutic pool is a major feature of the site
- All fully accessible residences and all village amenities are designed to maximize the use of universal communication and control accessibility^{vii}
- Housing for people of any age with complex care needs is designed on the principle of small home-like units^{viii}

The Market

Branding the Pearson/Dogwood site as the most inclusive community in Vancouver and the hub for community, recreational and health services that are age and ability friendly speaks particularly to the growing demographic of 55 to 74 year olds who are estimated to be holding \$88 billion in clear title single family homes and who are predicted to be buying down in order to hedge their assets and preserve their lifestyle^{ix}.

In 2011, 26% of Vancouver's population was over 55 years of age and 45% of the total population lived in single detached or semi detached dwellings^x. In a survey of Marine Gateway buyers, 41% of buyers came from the development's own postal code and the adjoining 5 postal codes and 75% of the buyers already owned a home.^{xi} In the postal codes adjacent to the Pearson/ Dogwood site single family home occupancy averages 46%^{xii}.



If the prediction that consolidation of the \$88 billion in freehold title assets will take place over the next 15 years is accurate, then the best market for an inclusive age friendly village may be the local population. Younger families will also be attracted to an age friendly, universally accessible community because the demands of raising children increases the need for accessibility to health, recreation and educational services, all of which would be on or adjacent to the site.

If the local population is attracted to the idea then there is more likely to be buy-in from the neighbourhood for the increased density that will achieve the goal of deriving maximum revenue from the redevelopment project.

Benefits

The literature on the benefits of designed visitability and accessibility is extensive and cites benefits that include:

Significant Reduction in Health Care Costs^{xiii}

- Decreased costs in health care through the prevention of falls for both seniors and children^{xiv}
- Significant costs savings in residential care when admission is delayed by even one year^{xv}
- Reduced length of hospital stays for temporary disability^{xvi}

Increased Livability^{xvii}

- Builds cohesive neighbourhoods^{xviii}
- Improves social connections and mental health^{xix}
- Meets changing needs at every stage of life^{xx}

Significant Savings in Housing Costs

- Decrease in government subsidized home modifications^{xxi}
- Savings to the home owner in retrofitting^{xxii}
- Decreased investment in residential care facilities^{xxiii}



Value

The Pearson/Dogwood redevelopment presents a rare opportunity to build a modern legacy that is derived from an important history. There is value in this proposition to all of the stakeholders.

Vancouver Coastal Health

- Provides a unifying concept for development that is rooted in health promotion and prevention
- Levers high density marketable development to create a comprehensive set of urgent and primary health care resources that will serve a growing population
- Allows an exciting blend of housing and supports that will enable less facility care and more home and community care

City of Vancouver

- Recognizes that transit hub development needs to target the aging population as well as the younger working population
- Provides a testing ground for visitability and accessibility standards and practice and an incentive to extend these standards to other developments
- Creates a needed complement to the Oakridge and Marine Gate developments

Pearson residents

- Creates a range of primary health care services that are accessible to them
- Broadens the range of housing options available to them
- Removes all the barriers to their inclusion in village life

Marpole/Langara/Oakridge and South Vancouver neighbours

- Provides a health care hub that can serve a dense population along the developed corridor
- Recognizes their need to stay in the neighbourhood as they age
- Builds on their recognition of the previous use of the land as serving an important public purpose

Developers

- Gives them an opportunity to market the age friendly, accessible health care hub concept and identify target customer segments more precisely
- Opens opportunities to integrate market housing with other accessibility or aging in place services and products



Conclusion

Building for a sustainable future means respecting the past and making good predictions about what lies ahead.

As baby boomers age and consolidate their assets, the best predictions see them using their assets to finance a life style where they can age in place.

As the Cambie rapid transit corridor densifies, the need for primary and urgent health care will increase.

Vancouver has yet to recognize the benefits of visitable and accessible housing for want of a platform to demonstrate them.

The Pearson Dogwood redevelopment needs a concept that integrates the vision that was put forward at the round tables of a forward thinking neighbourhood where residents of Pearson can be fully integrated into a village where healthy living and healthy services are a priority.

The modern legacy for the Pearson Dogwood lands builds on the past history of service to people with disabilities and elders by creating a village where accessibility and health promotion and prevention are showcased.



End Notes

- i. *Pearson Dogwood Roundtable Report*, Vancouver Coastal Health. January 14, 2013, page 3.
- ii. This value proposition is derived from the *Pearson Dogwood Roundtable Report*, page 5.
- iii. Visitability is described as housing that enables everyone to visit each other and usually incorporates three minimum criteria: an accessible zero step entrance on an accessible path to any entrance, wider doors and hallway spaces suitable for wheelchair maneuver and at least a half bathroom on the main floor that is designed to enable wheelchair maneuverability with the door closed.

See: Jordana L. Maisel at al. *Increasing Home Access: Designing for Visitability*, AARP Public Policy Institute, 2008.
http://assets.aarp.org/rgcenter/il/2008_14_access.pdf
- iv. Fully accessible units have all of the features needed by a person who uses a wheelchair.
- v. Vancouver Resource Society has described the successful formula in the following way:
 - a.) Developer brings non profit organization (NPO) into the process early.
 - b.) Number of units and configuration negotiated between the NPO, City and Developer.
 - c.) NPO pays \$200 per sq foot for freehold title to the unit and contributes 10% down payment.
 - d.) City secures the unit by covenant.
 - e.) Tenant pays 30% of income or \$375 per month, whichever is greater.
 - f.) BCHMC provides financing and a rent supplement to top rent up to \$800 per month.
- vi. It was proposed at one of the VCH Round tables that the BC Ambulance services station that is currently on site could be expanded to see paramedics providing urgent care. This would be an innovative use of existing resources. Provision of urgent care would relieve the current burden on Vancouver Hospital emergency services.
- vii. See PRRG's *Report 1: Issues and Recommendations*, October 2012, page 9.
<http://www.pearsonresidents.org/wp-content/uploads/2012/10/PRRG-Report-Oct-2012b.pdf>
- viii. See PRRG's *Report 1: Issues and Recommendations*, October 2012, page 3.
- ix. See Bob Rennie's speech to the Urban Design Institute, May 17, 2012, page 21
paste into browser: [http://forms.rennie.com/RMS/2012 UDI Speech.pdf](http://forms.rennie.com/RMS/2012%20UDI%20Speech.pdf)
- x. S.K. Smith et al. *Aging and Disability: Implications for the Housing Industry and Housing Policy in the United States*, Journal of the American Planning Association, Vol.74, No3. Summer 2008: pages 289 - 306: estimate that "there is a 60% probability that a newly built single-family detached unit will house at least one disabled resident during its expected lifetime."
https://www.aucd.org/docs/sdh/japa_smith_et_al_2008.pdf
- xi. Bob Rennie, op cit. page 18.



xii. This average was derived from the demographic data presented on Block talk for the Marpole, South Vancouver and Oakridge regions. <http://www.blocktalk.ca/vancouver/south-vancouver/>

xiii. "The Australian Housing and Urban Research Institute (AHURI) has estimated that if 20 per cent of new homes included universal housing design, the cost savings to the Australian health system would range from \$37 million to \$54.5 million per annum. Assuming 100 per cent adoption in new homes, the cost savings ranged from \$187 to \$273 million per annum". *National Dialogue on Universal Housing Design – Strategic plan*, FaHCSIA, 2012 page 11.

http://www.fahcsia.gov.au/sites/default/files/documents/05_2012/national_dialogue_strategic_plan.pdf

xiv. In Alberta, 1 in 3 seniors fall each year and Alberta spends \$96 million/year on seniors' falls: cited in City of Edmonton: *Making our Homes Lifelong Homes: Accessible Housing for Seniors*, 2009.

http://www.edmonton.ca/for_residents/AccessibleHousingSeniors.pdf

For a description of the magnitude of the problem in Canada, see Vicky Scott et al. *Falls and Related Injuries among Older Canadians: Fall related Hospitalizations and Intervention Initiatives*. Public Health Agency of Canada, Division of Aging and Seniors, 2012.

http://www.hiphealth.ca/media/research_cemfia_phac_epi_and_inventor_20100610.pdf

In Australia, children less than 9 years of age have the highest falls rate after seniors. See: *National Dialogue on Universal Housing Design – Strategic plan*, FaHCSIA, 2012.

xv. F. Heywood and L Turner. *Better Outcomes, Lower Cost : Office for Disability Issues*, Department for Work and Pensions, UK, 2007.

<http://odi.dwp.gov.uk/docs/res/il/better-outcomes-report.pdf>

xvi. In Australia, "The most commonly reported cause of physical limitations and impairment for people of all ages is an accident or injury (22 per cent). Over 14,000 hospitalisations a year result from sporting injuries".

xvii. A number of livability benefits for all ages are cited in Department of Planning and Community Development (Victoria, Australia): *Visitable and Adaptable Features in Housing: Regulatory Impact*

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[http://www.vcec.vic.gov.au/CA256EAF001C7B21/WebObj/VCECLiveabilityReport-FINALFULLREPORT/\\$File/VCEC%20Liveability%20Report%20-%20FINAL%20FULL%20REPORT.pdf](http://www.vcec.vic.gov.au/CA256EAF001C7B21/WebObj/VCECLiveabilityReport-FINALFULLREPORT/$File/VCEC%20Liveability%20Report%20-%20FINAL%20FULL%20REPORT.pdf)

xviii. Jordana L. Maisel at al. *Increasing Home Access: Designing for Visitability*, AARP Public Policy Institute, 2008

http://assets.aarp.org/rgcenter/il/2008_14_access.pdf

xix. City of Edmonton: *Making our Homes Lifelong Homes: Accessible Housing for Seniors*, 2009. http://www.edmonton.ca/for_residents/AccessibleHousingSeniors.pdf

xx. S. Truesdale and E. Steinfeld. *Visitability: An Approach to Universal Design in Housing, Rehabilitation Engineering Research Center on Universal Design*, University of Buffalo, 2002 page 8: argue that universal design provides maximum flexibility for all stages of life but that "visitability is a universal design goal that can be achieved today on a widespread basis."



<http://www.ap.buffalo.edu/idea/visitability/booklet/visbk%20ver3-7-03.pdf>

xxi. C. Cobbold. *A Cost Benefit Analysis of Lifetime Homes*, Joseph Rowntree Foundation, 1997. Cobbold estimates this to be \$700 million in the UK.

xxii. Martin Hill. *Breaking into Adaptable Housing: A Cost Benefit Analysis of Adaptable Housing*, ACT Adaptable and accessible Housing Conference, 1999. Hill estimates that adaptations are 8 to 24 times more expensive if the original construction was not adaptable.

<http://www.anuhd.org/wp-content/uploads/2011/08/1999-Hill-BreakingIntoAdaptableHousingCostBenefit.doc>

xxiii. Martin Hill estimates that delayed entry into residential care saves \$59 million annually in Australia with present value over 30 years extending to \$229 million.



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